

# New Literature on Old Age

EDITOR

**Gillian Crosby**VOLUME  
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## ABUSE

- 191/1      Distraction burglary: recorded crime data: online supplement to HOSB 12/06; by Research Development and Statistics Directorate, Home Office. London: Home Office, 25 January 2007, 6 pp.  
Distraction burglary, often called 'bogus calling' or 'burglary artifice' is a crime primarily targeted at vulnerable older people. Offenders may pose as officials, such as council workers, police officers and utility workers, or pretend to be a person in urgent need of help, in order to gain access to homes. Once inside the victim is distracted and the burglary is committed. This is the second report on distraction burglary published by the Home Office. The first report was published as an online supplement to Home Office Statistical Bulletin 14/04 in October 2004. In 2005/06, distraction burglary comprised 4% of all burglaries, with the highest rates in London (10 per 10,000 households), followed by Leicester, Northamptonshire, and South Yorkshire (9 per 10,000 households); and Surrey and Hertfordshire (8 per 10,000 households). (RH)  
From : Available only through the Home Office RDS website at:  
<http://www.homeoffice.gov.uk/rds/pdfs07/hosb1206supp.pdf>
- 191/2      Domestic violence happens to old people too; by John Lawrence.  
Professional Social Work, August 2008, pp 18-19.  
This article reflects on the author's experiences of working with older people and wonders why society, and service providers, have made relative progress in tackling domestic violence among wider society but remain poorly prepared for responding to incidents of domestic violence within the homes of elderly couples. It features the findings of the Department of Health/Comic Relief survey, "The UK study of the abuse and neglect of older people" carried out by the National Centre for Social research (NCSR) in 2007. The author concludes that it is hoped the Government's review of the No Secrets guidance will progress the issue of elder abuse, including domestic violence, further forward. (KJ)  
ISSN: 13523112
- 191/3      The effects of loneliness on telemarketing fraud vulnerability among older adults; by Linda M Alves, Steve R Wilson.  
Journal of Elder Abuse & Neglect, vol 20, no 1, 2008, pp 63-85.  
Older people are disproportionately affected by telemarketing fraud, especially those who are socially isolated. 28 such victims of fraud completed a questionnaire assessing loneliness and other variables associated with telemarketing fraud vulnerability. Victims tended to be male, divorced or separated, college educated, and aged between 60 and 70. Age and marital status were significantly associated with loneliness. This study is an important first step for additional research in this area, and may enhance the prevention and intervention efforts of social service providers who work with older people who may be most vulnerable. (RH)  
ISSN: 08946566  
From : Haworth Document Delivery Service, 10 Alice St., Binghamton, NY 13904-1580, USA.  
<http://www.HaworthPress.com>
- 191/4      Elder abuse: what it is and how to stop it; by Help the Aged. London: Help the Aged, January 2007, 16 pp.  
Older people have the right to feel and be safe, and to live their lives free from abuse, neglect or exploitation. This resource explains types of elder abuse and where the abuse happens; and describes how to recognise abuse in an older person. It offers advice on talking about abuse, and getting help and support, including useful contacts. (RH)  
From: [http://www.helptheaged.org.uk/en-gb/Boilerplate/Results.htm?HtaQuery=financ\\*+abuse&CategoryList=Resources](http://www.helptheaged.org.uk/en-gb/Boilerplate/Results.htm?HtaQuery=financ*+abuse&CategoryList=Resources)
- 191/5      The financial abuse of older people; by Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, August 2008, 5 pp (CPA briefings 2008).  
The Centre for Policy on Ageing (CPA) welcomes the Prevalence survey report on elder abuse

published in 2007 by King's College London and the National Centre for Social Research (NatCen) on behalf of Comic Relief. CPA has been working with Help the Aged in supporting their work on financial exclusion among older people, and was commissioned to conduct a review of the literature on financial abuse. As part of its ongoing information work, the Centre has drawn together this briefing to highlight key points on financial abuse drawn from the reports and studies held in the CPA Library. It highlights key points on the various definitions, extent, recognition, prevention, legislation and regulation of financial abuse. It also points to the need to devise information, education, advice and advocacy services centred on older people's needs. (RH)

From : CPA, 25-31 Ironmonger Row, London EC1V 3QP.

<http://www.cpa.org.uk/policy>

191/6 An inspector calls: adult protection in the context of the NSFOP review; by Jill Manthorpe, Steve Iliffe, Roger Clough (et al).

The Journal of Adult Protection, vol 2, no 1, March 2007, pp 4-14.

This article reports on the findings of the inspections and consultations undertaken as part of the National Service Framework for Older People (NSF). Manthorpe and colleagues focus on what they found about the implementation of adult protection systems, by synthesising the inspectors' findings, drawing on older people's comments in meetings and interviews concerning care in hospitals, as an illustration, and by reporting the results from a survey. Together, these sources of information revealed that adult protection systems are in place, and that the majority of older people say that they know to whom they can report concerns, but that older people and their families weigh up the decision to make complaints carefully. Questions are raised about the interface between adult protection and concerns about dignity and quality of hospital care. (RH)  
ISSN: 14668203

From : Website: <http://www.pavpub.com>

191/7 Perceptions of elder abuse among Australian older adults and general practitioners; by Edward Helmes, Marianela Cuevas.: Blackwell Publishing, September 2007, pp 120-124.

Australasian Journal on Ageing, vol 26, no 3, September 2007, pp 120-124.

The objectives of this research were to examine the perceptions of elder abuse among older Australian adults and general practitioners, a topic that has not been explored to the same extent as elsewhere. 48 general practitioners, 40 independent older adults, 38 older adult caregivers and 36 older care receivers completed a modified version of Moon and Williams' (1993) questionnaire, which describes 10 potential elder abuse scenarios. Results showed that split-plot analysis of variance showed significant differences in the perceptions of severity of elder abuse scenarios across groups and gender. General practitioners tended to view the scenarios as less severe than the older-aged groups. Within the older adult groups, caregivers generally perceived the scenarios as less abusive. Females generally perceived sexual abuse scenarios as more severe compared to males. With such differences in views evident, the development of effective assessment strategies will require more targeted efforts to increase the awareness of elder abuse in the community. (KJ/RH)

ISSN: 14406381

From : <http://www.cota.org.au> / <http://www.blackwellpublishingasia.com>

#### **AGE DISCRIMINATION**

191/8 Ageism in Britain 2006: a Age Concern research briefing; by Katerina Tasiopoulou, Dominic Abrams, Policy Unit, Age Concern England - ACE; Centre for the Study of Group Processes - CSGP, University of Kent. London: Age Concern Reports, May 2008, 12 pp.

In 2004, Age Concern England (ACE) worked with social psychologists at the Centre for the Study of Group Processes (CSGP), University of Kent, to develop research into age-related prejudice and discrimination in Great Britain. The partnership resulted in a questionnaire which was grounded in current social psychological theory on prejudice. This 2006 survey repeats the 2004 survey, and was conducted with a sample of more than 2000 people, to test whether and how public attitudes

were changing. This briefing on the findings notes early indicators of change, continuing trends, and new findings. While there are positive attitudes to older people (e.g. being warm and friendly), negative views such as being incompetent and incapable abound. Detailed findings are presented on: categorising age (how young is "young" and how old is "old"); identifying with own age group; stereotypes; attitudes towards equal opportunities for older people; perceived impact on society; experiences of discrimination; perceived seriousness of age discrimination; and intergenerational contact. While people are becoming more aware of the importance of tackling ageism, this form of discrimination continues to be experienced widely. (RH)

From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER.

<http://www.ageconcern.org.uk>

191/9

Cost-effectiveness analysis and ageism: a review of the theoretical literature; prepared for the Department of Health; by Richard Edlin, Jeff Round, Christopher McCabe (et al), Leeds Institute of Health Sciences, Faculty of Medicine and Health, University of Leeds. Leeds: Leeds Institute of Health Sciences, June 2008, 90 pp.

Cost-effectiveness analysis (CEA) is a form of economic evaluation in which outcomes are normally measured using the quality-adjusted life-year (QALY), which combines information about the length and health-related quality of life. Researchers at Leeds Institute of Health Sciences, the Centre for Health Economics, University of York, and the Department of Economics and Related Studies, University of York used Econlit, EMBASE, HMIC and Medline to search for terms relating to ageism, discrimination, cost-effectiveness and quality of life. Their review summarises the theoretical literature to answer four main questions. First, what are the specific age-based criticisms and defences of CEA (and the QALY) within the literature? Second, to what degree could alternative methods address different equity concerns raised within the general debate? Third, are alternatives presented to standard CEA within the theoretical literature incorporating equity arguments? Lastly, to what degree could alternative methods (including CEA variations) address specific proposals in the DCLG Green Paper, 'Discrimination Law Review: a framework for fairness: proposals for a Single Equality Bill for Great Britain'? (RH)

From : Download (16/9/08): [http://www.leeds.ac.uk/lihs/auhe/papers/cea\\_ageism.pdf](http://www.leeds.ac.uk/lihs/auhe/papers/cea_ageism.pdf)

191/10

The human rights of older persons in healthcare: response [to the Joint Committee on Human Rights inquiry] from the Faculty of Old Age Psychiatry of the Royal College of Psychiatrists; by David Anderson (chair), Faculty of Old Age Psychiatry, Royal College of Psychiatrists.: unpublished, 13 February 2007, unnumbered.

The Faculty of Old Age Psychiatry provides evidence of discrimination against older people to the House of Commons /House of Lords Joint Committee on Human Rights. Referred to are: inequalities in community services; concerns about older people's privacy and dignity in their treatment in care homes and hospitals; discrimination in access to healthcare, also issues of abuse or neglect; and attitudes of the National Institute for Health and Clinical Excellence (NICE) and the Healthcare Commission. While it cites a few positive examples of treatment for physical or mental illness, the Faculty also gives examples illustrating poor training and knowledge about human rights. The Faculty concludes that the new Commission for Equality and Human Rights (CEHR) should give priority to a formal inquiry on the discrimination and infringement of older people's human rights. (RH)

From : <http://www.rcpsych.ac.uk/default.aspx?page=0>

191/11

A literature review of the likely costs and benefits of legislation to prohibit age discrimination in health, social care and mental health services and definitions of age discrimination that might be operationalised for measurement: carried out by the Centre for Policy on Ageing on behalf of the Department of Health; by Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, December 2007, 31 pp (+ 39 pp appendices).

Older people are disproportionately high users of health care facilities, but closer examination reveals that proximity to death rather than age may be the principal factor in health care costs. This review distinguishes ageism, an attitude of mind, from age discrimination, an unjustifiable difference in treatment based solely on age. Age discrimination is inherently measurable, and this

review looks for ways in which age discrimination Has been or might be measured. Legislation outside the UK outlawing age discrimination in goods and services (including health services) is also discussed. Although this review provides a useful analysis, from literature written internationally, of age discrimination in health, social care and mental health services, and the costs of providing these services for an ageing population, no studies were found which directly address the key focus, namely a post hoc analysis of the costs and benefits to social care, health and mental health services of introducing legislation prohibiting age discrimination. Appendix 1 (7 pp), on methodology, notes search strategies and processes, and the search results for the databases searched. Appendix 2 (32 pp), a bibliography, lists all items found; key items cited are also listed at the end of the main report. (RH)

From : Centre for Policy on Ageing, 25-31 Ironmonger Row, London EC1V 3QP. Available at: <http://www.cpa.org.uk/information/reviews/reviews.html>

191/12 Worth fighting for: ten stories of ageism; by Help the Aged. London: Help the Aged, 2008, 12 pp (Just Equal Treatment campaign).

Help the Aged believes that only through anti-discrimination legislation can we bring an end to ageism. This booklet is part of Help the Aged's campaign, Just Equal Treatment. Ten older people describe how the health service, social care system and financial sector have failed them because of their age. (RH)

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ.

[www.helptheaged.org.uk/justequaltreatment](http://www.helptheaged.org.uk/justequaltreatment) Email: [info@helptheaged.org.uk](mailto:info@helptheaged.org.uk)

#### **AGEING (GENERAL)**

191/13 The region for all ages : a vision for ageing and demographic change in North East England: Draft strategic plan 2008-2011 (for consultation with partner organisations); by Years Ahead, Institute for Ageing and Health (IAH), Newcastle upon Tyne. Newcastle-upon-Tyne: Electronic format only, [2008], 26 pp.

Years Ahead, the North East Regional Forum on Ageing, was established in 2005 to influence key policy and decision-makers concerned with demographic change and ageing, and to promote partnership working to advance such issues. This draft strategic plan introduces themes for action 2007-09: implications for demographic change; productive ageing and employability; arts and culture; older people and the research agenda; and new task groups on "transport" and "health". (RH)

From : Download from website: [http://www.yearsahead.org.uk/strategic\\_plan\\_280208.pdf](http://www.yearsahead.org.uk/strategic_plan_280208.pdf)

191/14 When I'm 65 : ageing in 21st century Britain: a guide for donors and funders; by Esther de Jong, Sarah Keen, Sylvia Rowley, New Philanthropy Capital. London: Electronic format - New Philanthropy Capital, April 2008, 16 pp.

Today in the UK, men who reach age 65 can expect to live another 17 years and women another 20 years; but what can we expect these extra years to be like? Although this last phase of life has the potential to be happy, many older people live in poverty, have little contact with friends, or suffer isolation and/or inactivity leading to poor physical or mental health. This New Philanthropy Capital report examines some of the social issues, ranging from happiness and having a sense of purpose, to poverty, discrimination, loneliness, social exclusion, and elder abuse. It highlights government policy developments since 2004 relating to money, health, social care, social inclusion, education and employment. It comments that children's charities receive 4.5 times more money than older people's charities. It describes and recommends charities that NPC believes to be highly effective, and which would welcome private donations to fund their work. (RH)

From : New Philanthropy Capital, 3 Downstream, 1 London Bridge, London SE1 9BG.

[www.philanthropycapital.org](http://www.philanthropycapital.org)



## ARTS AND MUSIC

- 191/15 Arts and minds; by Westminster Arts. London: Westminster Arts, [2008], 23 pp.  
Westminster Arts is a charity in the City of Westminster that provides funding and other support to a wide range of local groups. This publication is intended both as a practical guide to, and celebration of, the Arts and Minds Project which took place in three care settings for older people in Westminster in 2007. This pilot project comprised: a video project in sheltered flats; a photography project in a setting for clients who need some support because they live alone or have early stage dementia; and a music project in a residential centre. (RH)  
From : Westminster Arts, Council House, Marylebone Road, London NW1 5PS.  
E-mail: info@westminsterarts.org.uk Website: www.westminsterarts.org.uk
- 191/16 An investigation of long-term effects of group music therapy on agitation levels of people with Alzheimer's Disease; by Alison J Ledger, Felicity A Baker.  
Aging & Mental Health, vol 11, no 3, May 2007, pp 330-338.  
12 nursing homes in Queensland and one in Victoria, Australia participated in this study, two of which already offered music therapy services to residents. A non-randomised experimental design was used, with one group of 26 residents receiving weekly music therapy and another group of 19 receiving standard nursing home care. Agitation levels were measured five times over one year using the Cohen-Mansfield Agitation Inventory. Although music therapy participants showed short-term reductions in agitation, there were no significant differences between the groups in the range, frequency and severity of agitated behaviours manifested over time. Multiple measures of treatment efficacy are necessary to better understand the long-term effects that music therapy services have on this population. (RH)  
ISSN: 13607863  
From : <http://www.tandf.co.uk/journals>

## ASSISTIVE TECHNOLOGY

- 191/17 Assistive technology and older people; by Roger Beech, Diane Roberts, Social Care Institute for Excellence - SCIE.  
This briefing focuses on various forms of assistive technology (AT) supplied to people over the age of 65. AT can be defined as "... an umbrella term for any device or system that allows an individual to perform a task they would otherwise be unable to do or increases the ease and safety with which the task can be performed." An alternative definition which emphasises the role of AT in maximising the independence of older people is, "AT is any product or service designed to enable independence for disabled and older people." This briefing notes that most of the research to date is based on case studies or on observable evidence. However, while the existing research supports the greater use of AT and case studies of individuals confirm its usefulness, perceptions vary as to whether AT has sufficient benefits. Implications from the research for policy makers, health and social care organisations, health and social care practitioners, users and carers are discussed. A listing of useful weblinks is included. An advisory group is considering an ethical code for the AT and telecare sector. (KJ/RH)  
From : Download from website: <http://www.scie.org.uk/publications/briefings/briefing28/index.asp>
- 191/18 Perceptions and use of gerotechnology: implications for aging in place; by Atiya Mahmood, Toshiko Yamamoto, Megan Lee (et al.): The Haworth Press, Inc., 2008, pp 104-126.  
Journal of Housing for the Elderly, vol 22, nos 1/2, 2008, pp 104-126.  
Understanding perceptions and use of gerotechnology is crucial to optimising design, application and education strategies that may reduce caregiver burden, extend healthy ageing in place, and minimise demands on the health care system. A pilot project was conducted to explore attitudes, opinions and preferences of older people concerning the use of technology to support and extend their ability to "age in place". Four major themes emerged as important: safety and independence; social interactions; use of technology in the past; and the desire for support. Based on the literature of gerotechnology and the pilot study findings, the authors present a conceptual model

that integrates gerotechnology into the life span theory of control. (RH)

ISSN: 02763893

From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.  
(www.taylorandfrancis.com) email: haworthpress@taylorandfrancis.com

## **BLACK AND MINORITY ETHNIC GROUPS**

(See 191/19, 191/103)

## **CARERS AND CARING**

(See 191/20)

## **DEMENTIA**

(See Also 191/16, 191/61, 191/70, 191/98)

- 191/19 Attitudes and support needs of Black Caribbean, south Asian and White British carers of people with dementia in the UK; by Vanessa Lawrence, Joanna Murray, Kritika Samsi (et al).  
British Journal of Psychiatry, vol 193, September 2008, pp 240-245.  
Family carers are the most important source of dementia care, especially among ethnic minority populations, who are less likely to access health or social services. The evidence base on the carer experience in these communities is profoundly limited. The aim of this study was to explore the caregiving attitudes, experiences and needs of family carers of people with dementia from the three largest ethnic groups in the UK. It was a qualitative study, using a grounded theory approach. In-depth individual interviews were conducted with 32 carers of people with dementia (10 Black Caribbean, 10 south Asian, 12 White British). Results showed that carers were identified as holding 'traditional' or 'non-traditional' caregiver ideology, according to whether they conceptualised caregiving as natural, expected and virtuous. This informed feelings of fulfilment, strain, carers' fears and attitudes towards formal services. The majority of the south Asian, half of the Black Caribbean and a minority of the White British participants were found to possess a traditional ideology. The findings suggest that specific cultural attitudes towards the caregiving role have important implications for how carers can best be supported. (KJ/RH)  
ISSN: 00071250 From : <http://bjp.rcpsych.org>
- 191/20 Changes in social support and their impact on psychosocial outcome over a 5-year period for African American and White dementia caregivers; by Olivio J Clay, David L Roth, Virginia G Wadley (et al).  
International Journal of Geriatric Psychiatry, vol 23, no 8, August 2008, pp 857-862.  
African Americans have been found to be more resilient to the caregiving role than Whites. Amount of social support and satisfaction with social support were studied as possible explanations for these racial differences. Family caregivers of patients diagnosed as having dementia (56 caregiver-patient dyads) participated in a longitudinal study in Birmingham, Alabama, and completed annual follow-up assessments. Linear random effects regression models examined the longitudinal trajectories of social support, depressive symptoms and life satisfaction over 5 years of community follow-up. Social support was also included as a time predictor of depressive symptoms and life satisfaction. The number of people able to offer helpful support decreased significantly for both racial groups. African American caregivers reported more satisfaction with their social support networks, fewer depressive symptoms and higher levels of life satisfaction compared to their White counterparts. Higher levels of satisfaction with social support were associated with fewer depressive symptoms and increased levels of life satisfaction and explained some of the racial differences on these measures of psychosocial outcome. Results suggest that health care providers should view low levels of social support and cultural variables that might explain racial differences in caregiver outcomes. (RH)  
ISSN: 08856230 From : <http://www.interscience.wiley.com>

- 191/21 Croydon leads on dementia; by Amy Taylor.  
Community Care, issue 1733, 31 July 2008, pp 28-29.  
A "memory" service in Croydon has been pioneering work in the early intervention and management of dementia since 2004. The author reports on the service, which is funded by Croydon Primary Care Trust and run by a small team from mental health (South London and Maudsley NHS Foundation Trust) and social services (London Borough of Croydon). (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>
- 191/22 The dementia tax: charging people with dementia for inadequate care: the evidence for change; by Alzheimer's Society. London: Alzheimer's Society, 2008, 78 pp.  
The "fair access to care services" (FACS) system of charging is effectively a tax on many people with disabilities. This report is based on a survey completed by 2364 people with dementia and their carers in England in February and March 2008, and three focus groups in Harlow, Maidstone and Vale Royal. The report describes the types of services people currently receive at home or in care homes, and how much people are contributing financially towards the costs of care. It also presents results from the survey on help for carers, and on what disability-related benefits they currently receive: most people did not want benefits money to be moved into care services. Overall, people with dementia and their carers believe that the current system of care fails to provide access to good quality care, and that the system of charging is particularly unfair to them. The report recommends scrapping this "dementia tax"; a new system that delivers good quality care at a fair price; scrapping FACS; an end to age discrimination in funding social care; and recognising the role of carers. Recommendations for the short term include: early implementation of the National Dementia Strategy for England; implementation of personal budgets; reducing financial pressure on those paying for care; and an ambitious research programme. (RH)  
From : Alzheimer's Society, Devon House, 58 St Katharine's Way, London E1W 1JX.  
Website: [www.alzheimers.org.uk](http://www.alzheimers.org.uk)
- 191/23 Excellence in dementia care: research into practice; by Murna Downs, Barbara Bowers (eds). Maidenhead: Open University Press, 2008, 531 pp.  
Drawing principally on UK and US current thinking, practice and policy, eminent practitioners cover a range of evidence about quality dementia care, including user and family carer experience. This book is intended for practitioners, professionals and academics working or volunteering in health and social care with people with dementia. It is organised in four sections and a modular structure: each chapter includes learning objectives, text exercise, debates and controversies in the field, and information about relevant organisations. Part 1, on principles and perspectives, includes discussions of prevalence, subjective experiences, ethnicity, family carer perspectives, and person-centred, ethical considerations. Part 2, knowledge and skill for supporting people with dementia, focuses on ways of improving quality of life for people with dementia: appropriate assessment; supporting cognition; communication and social exclusion; understanding the language of behaviour; promoting physical health and well-being; alleviating emotional distress; and working with life history. Part 3, on journeys through dementia care, discusses diagnosis and early support, and forms of care provision: at home, in hospital, specialist housing, and care homes. The section also has discussions of end of life care, and grief and bereavement. Part 4, on embedding excellence in dementia care, includes chapters on service user involvement; having a trained and supportive workforce; and attending to the needs of all stakeholders. (RH)  
Price: \$26.99 (pbk); £65.00 (hbk)  
From : Open University Press, McGraw-Hill Education, McGraw-Hill House, Shoppenhangers Road, Maidenhead, Berkshire SL6 2QL. Email: [enquiries@openup.co.uk](mailto:enquiries@openup.co.uk) Website: <http://www.openup.co.uk>
- 191/24 Partners in care: a training package for involving families in dementia care homes; by Bob Woods, John Keady, Helen Ross (et al). London: Jessica Kingsley, 2008, DVD + booklet, 29 pp (Bradford Dementia Group good practice guides).

This training package is intended primarily for use by mixed groups of relatives and staff who are associated with the same home, to encourage mutual understanding and support. Four major themes are covered: sharing information; sharing the care; developing supportive relationships; and making it work. The aim is to help staff and relatives understand each other better, to develop positive ways of working together, and to have greater awareness of issues around family involvement. Other features include: examples of good practice for encouraging family involvement; reviewing current practice regarding family involvement in the care home; and identifying areas for improvement with an action plan. The package complements the book, 'Involving families in care homes: a relationship-centred approach to dementia care' by Bob Woods, John Keady and Diane Seddon (2007). (RH)

Price: £25.52

From : Jessica Kingsley (Publishers) Ltd., 116 Pentonville Road, London N1 9JB.

<http://www.jkp.com>

191/25 The patient with dementia, the caregiver and the doctor: cognition, depression and quality of life from three perspectives; by Sönke Arlt, Juliane Hornung, M Eichenlaub (et al).

International Journal of Geriatric Psychiatry, vol 23, no 6, June 2008, pp 604-610.

Patients with mild to moderate dementia are capable of reporting their own health-related quality of life (HRQOL) and depressive symptoms. Family caregivers tend to rate patients' HRQOL lower than patients themselves. Patients tend to underestimate their cognitive impairment. Information from the patient, the caregiver and the health care professional should be combined in order to obtain a comprehensive view of the patient's condition-related situation. These are among the findings from a study of 100 outpatients with mild to moderate dementia or mild cognitive impairment (MCI) at the University of Hamburg Medical Centre Department of Psychiatry and Psychotherapy's Memory Clinic. Depression and cognitive impairment were examined using self- and proxy-ratings as well as the Mini Mental State Examination (MMSE), SF-12 Health Survey and the EUROHIS quality of life index. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

191/26 Social representations of barriers to care early in the careers of caregivers of persons with Alzheimer's disease; by Normand Carpentier, Francine Ducharme, Marie-Jeanne Kergoat (et al). Research on Aging, vol 30, no 3, May 2008, pp 334-357.

The first signs of cognitive impairment in older people generally elicit much concern among family members. Reactions range from denial to the active search for information. Some families manage to set up relatively well-organised networks of informal support to help both caregivers and older relatives. However, little is known about the processes underlying the different pathways that families follow on the onset of Alzheimer type dementia in older relatives. To gain a better understanding of barriers to care early in the caregiving career from the first signs of illness to diagnosis, the authors conducted interviews with 32 caregivers recruited in two cognition clinics in Montreal, Canada. Barriers to help resources were analysed from the viewpoint of social representations. This approach allowed the consideration of a broad range of individual and group phenomena capable of fashioning caregivers' representations of this period. The results confirmed the importance of the symbolic dimension of experience in steering social practice. (RH)

ISSN: 01640275

## **DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING**

(See Also 191/13)

191/27 Differences in mortality between rural and urban areas in England and Wales, 2002-04; by Andrea Gartner, Daniel Farewell, Frank Dunstan (et al).

Health Statistics Quarterly, no 39, Autumn 2008, pp 6-13.

This article examines differences in mortality between rural and urban areas in England and Wales in the years 2002-04 using the Rural and Urban Area Classification 2004. The analysis includes

adjustment using the Index of Multiple Deprivation 2004 and Welsh Index of Multiple Deprivation 2005 to investigate whether mortality differences between rural and urban areas could be explained by differences in the distribution of deprivation. (KJ/RH)

ISSN: 14651645

From : <http://www.statistics.gov.uk>

191/28

Impact of late-life self-reported emotional problems on disability-free life expectancy: results from the MRC Cognitive Function and Ageing Study; by Karine Pérès, Carol Jagger, Fiona E Matthews (et al).

International Journal of Geriatric Psychiatry, vol 23, no 6, June 2008, pp 643-649.

Depression in old age is a major public health problem, though its relationship to onset of disability and death is not well understood. Longitudinal analysis of 11022 individuals from the Medical Research Council Cognitive Function and Ageing Study (MRC CFAS) in Cambridgeshire, Newcastle, Nottingham, Oxford, Gwynedd and Liverpool have been followed at intermittent times intervals over 10 years. Subjects reporting at baseline that they had consulted about emotional problems for the first time since the age of 60 were considered along with a subgroup where a general practitioner suggested depression. Disability was defined as an IADL or ADL disability that required help at least once a week. Total Disability-Free Life Expectancy (TLE or DFLE) were calculated using multi-state models, separately by gender, and with presence of emotional problems of depression and multi-morbidity as covariates. Emotional problems after age 50 before first interview resulted in significantly reduced remaining years without disability. The effect of depression was most marked in the subgroup of older people with three or more other health conditions. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

## **DEPRESSION**

(See Also 191/25)

191/29

Depression and elder abuse and neglect among a community-dwelling Chinese elderly population; by Xinqi Dong, Melissa A Simon, Richard Odwazny (et al).

Journal of Elder Abuse & Neglect, vol 20, no 1, 2008, pp 25-42.

The authors' recent survey of a cohort of older people in mainland China suggests that elder abuse and neglect are common. Unfortunately, there is minimal knowledge about the risk factors for abuse and neglect in this population. The authors performed a cross-sectional analysis in a major urban medical centre in Nanling, China, to examine depression as a risk factor for elder abuse and neglect. Depression was assessed using the Geriatric Depression Scale (GDS), and direct questions were asked of the 412 people ( 34% female; mean age 70) completing a survey regarding any abuse and neglect experienced since the age of 60. Depression was found in 12% of the participants, and abuse and neglect in 35%. After multiple logistic regression, feeling of dissatisfaction with life, often feeling helpless, and feeling worthless were associated with increased risk of elder abuse and neglect. Multiple logistic regression modelling showed that depression is independently associated with elder abuse and neglect. These findings suggest that depression is a significant risk factor associated with elder abuse and neglect in Chinese older people. (RH)

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<http://www.HaworthPress.com>

191/30

A randomised controlled trial of cognitive behaviour therapy vs treatment as usual in the treatment of mild to moderate late life depression; by Ken Laidlaw, Kate Davidson, Hugh Toner (et al).

International Journal of Geriatric Psychiatry, vol 23, no 8, August 2008, pp 843-850.

An empirical evaluation of cognitive behaviour therapy (CBT) alone vs treatment as usual (TAU)

alone (generally pharmacotherapy) for late life depression is provided. General practitioners (GPs) in Fife and Glasgow referred 114 participants to the study; 44 met inclusion criteria, and 40 provided data that permitted analysis. All participants had a diagnosis of mild to moderate major depressive episode, and were randomly assigned to receive either TAU alone or CBT alone. Participants to both treatment conditions benefited from treatment, with reduced scores on primary measures of mood at end of treatment and at 6 month follow-up. CBT on its own is shown to be an effective treatment procedure for mild to moderate late life depression and has utility as a treatment alternative for older people who cannot or will not tolerate physical treatment approaches for depression. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

## **DIGNITY**

(See Also 191/84)

- 191/31 Dignity in care; by Social Care Institute for Excellence - SCIE. Community Care, issue 1709, 14 February 2008, pp 34-35. The Social Care Institute for Excellence (SCIE) analyses research findings behind an area of social work practice, in this instance dignity for older people. The article takes as its starting point the Department of Health (DH) report 'The essence of care' (2001) which highlights the importance of communication between nurses and patients. It presents short reviews of four articles that illustrate in various ways how communication enhances dignity, and suggests some sources of web-based information. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>

## **DISCHARGE FROM HOSPITAL**

- 191/32 Coming out of hospital: a guide for carers; by Carers UK. London: Carers UK, 2008, 6 pp (Factsheet). This guide provides carers with information on what to expect when a patient is coming out of hospital. It offers guidance and includes checklists on practical help and services that might be available (e.g. direct payments), arrangements about the day of discharge from hospital, on resolving complaints, and making benefit claims. Sources of further advice and information are suggested, including the Carers UK advice line CarersLine. The guide applies only to England and Wales, and is correct as of February 2008. (RH)  
Price: FOC  
From : Carers UK, 32-36 Loman Street, Southwark, London SE1 0EE. [www.carersuk.org](http://www.carersuk.org)

- 191/33 Seamless support: [transition from hospital care back to independent living]; by Jon Hanlon. Community Care, issue 1709, 14 February 2008, pp 32-33. Willow Housing and Care, a housing association in Wembley, north-west London, is helping older people make the transition from hospital care back to independent living. This article describes how timely discharge from hospital improves joint working between housing, health and social services, and provides support and advice to older patients enabling them to lead fuller lives, play an active part in decisions, and be involved in social and recreational activities. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>

## **EMPLOYMENT**

- 191/34 Age and productivity capacity: descriptions, causes and policy options; by Vegard Skirbekk. Ageing Horizons, 2008, no 8, 2008, pp 4-12. Ways in which work performance differs over the life cycle are reviewed by describing and

discussing findings from various approaches. These include: managers' evaluations; the quantity and quality of goods produced by workers of different ages; the performance of age-mixed teams; the extent to which the age distribution of employees depends on the type of work and how the age distribution changes due to technological change and business cycle shocks; analyses of employer-employee datasets; and descriptions of age-earnings profiles in settings where they could reflect performance and the output of researchers and artists over the life cycle. The causes of productivity variation by age are also considered, with a particular focus on experience and cognitive abilities. The findings suggest that productivity tends to increase during the initial years in the labour market before it stabilises and often declines towards the end of the working life. Productivity reductions at older ages are strongest in job tasks where problem solving, learning and speed are important, while for work tasks where experience and verbal abilities matter more, there is less or no reduction in productivity among older workers. Trends in the age-productivity relation are discussed in relation to changing work tasks and job requirements, combined with changes in the requirements of skills (decline in demand for physical strength, increase in the need to learn new skills). Policies that could be considered to raise productivity in older workers include on-the-job training, education and promotion of health. However, a later retirement could also raise incentives to update one's own skills and work harder at older ages (which may be achieved through pension reforms and wage liberalisation). Moreover, a better age mix in the workplace allowing older and younger individuals to benefit from their comparative advantages, is likely to improve overall productivity in ageing nations. (RH)

From : Download only from: <http://www.ageing.ox.ac.uk/ageinghorizons>

191/35

Upskilling older workers; by Ken Mayhew, Matt Elliott, Bob Rijkers.

Ageing Horizons, 2008, no 8, 2008, pp 13-21.

Governments across much of the developed world are concerned to increase activity rates and employment among older workers and more generally to improve their position in labour markets. The use of education and training is prominent among the various policies that have been advocated for this purpose, and this paper evaluates the role that such provision might play. Training is intended to increase the human capital of its recipients by enhancing their knowledge and skills. However, if that training is to improve the labour market position of those individuals, the extra human capital must be economically productive and, as with any government intervention, the policy benefits must be evaluated against the costs and with alternative policy options in mind. (RH)

From : Download only from: <http://www.ageing.ox.ac.uk/ageinghorizons>

#### **END-OF-LIFE CARE**

191/36

A strategy for end of life care in the UK; by Julia Riley.

British Medical Journal, vol 337, no 7663, 26 July 2008, pp 185-186.

We need to overcome taboos about death and to communicate better on this subject. The author outlines and comments on the content of the government's recent strategy for end-of-life care (Department of Health - DH). (RH)

ISSN: 09598138

From : <http://www.bmj.com>

#### **ENVIRONMENTAL ISSUES**

191/37

Local urban environments and the wellbeing of older people; by Rosemary Day, Scottish Centre for Research on Social Justice (SCRSJ), University of Glasgow; University of Birmingham.: SCRSJ (Electronic format only), 2008, 60 pp.

Using a multi-case study approach, the research for this report explored how older urban residents feel their well-being is affected by their outdoor local environments. The research was conducted in three urban neighbourhoods in the Strathclyde region of West Scotland: a deprived inner city neighbourhood; a suburban estate slightly more deprived than the Scottish median; and a more affluent small town on the coast. The research approach was qualitative, with data collection

using one-to-one in-depth interviews, a smaller number of group interviews, and additional observation of older people outdoors in each area. Analysis of data looked across the three areas to build a set of themes that affected older people's well-being and their local environmental experiences of, for example: cleanliness and pollution; peace and quiet; physical exercise and walking; social interaction; and the behaviour of others in the local environment. (RH)

From : Download website from: [http://www.scrsj.ac.uk/media/media\\_70702\\_en.pdf](http://www.scrsj.ac.uk/media/media_70702_en.pdf)

## **EPIDEMIOLOGY**

191/38      Epidemiology of balance and dizziness in a national population: findings from the English Longitudinal Study of Ageing; by Kara N Stevens, Iain A Lang, Jack M Guralnik (et al).

Age and Ageing, vol 37, no 3, May 2008, pp 300-305.

Impaired balance and dizziness are common in older people, but their association with socio-economic and behavioural factors has not been established. Using data from a large-scale population-based study, the English Longitudinal Study of Ageing (ELSA), the authors find a marked socio-economic gradient in the prevalence of these problems. Of 2925 participants aged 65+, there were 619 (21.5%) with impaired balance and 375 (11.1%) reported dizziness. Impaired balance was statistically associated with age, diabetes, arthritis, eyesight and grip strength. The wealthiest 20% were less likely to have impaired balance than the poorest 20%. Dizziness problems were not associated with age, gender or health, but were significantly associated with an abnormal heart rhythm, hearing, eyesight and grip strength. Differences in the epidemiologies of balance and dizziness may necessitate different approaches to intervention and to falls prevention. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

## **FALLS**

(See Also 191/111)

191/39      Fall risk-assessment tools compared with clinical judgment: an evaluation in a rehabilitation ward; by Michael Vassallo, Lynn Poynter, Jagdish C Sharma (et al).

Age and Ageing, vol 37, no 3, May 2008, pp 277-281.

200 patients admitted to a geriatric rehabilitation hospital had a STRATIFY and a Downton Fall Risk Assessment and were observed for wandering behaviour. Wandering had a predictive accuracy of 78%, with 157/200 identified compared to 100/200 using the Downton score of 93/200 using STRATIFY. The Downton and STRATIFY tools demonstrated predictive accuracies of 50% and 46.5% respectively. Sensitivity for predicting falls using wandering was 43.1%, significantly worse than Downton (92.9%) and STRATIFY (82.3%). While the study showed that clinical observation had a higher accuracy than the two risk assessment tools, it was significantly less sensitive implying that fewer patients who fell were correctly identified as being at risk. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

191/40      Rate of accidental falls in institutionalised older people with and without cognitive impairment halved as a result of a staff-oriented intervention; by Anne Bouwen, Jan de Lepeleire, Frank Buntinx.

Age and Ageing, vol 37, no 3, May 2008, pp 306-310.

A simple staff-oriented intervention had a substantial effect on the frequency of accidental falls. In a clustered randomised controlled trial, 10 nursing wards from 7 nursing homes, 5 wards were randomised in a control 5 in an intervention group. Nurses from the intervention group received multi-faceted training about the occurrences of accidental fall, risk factors for falls, and possible environmental modifications. For each fall, they were asked to record the relevant risk factors, to keep a fall diary and to evaluate fall causes and possible preventive actions. For all residents, cognition and mobility were evaluated using a Mini Mental State Examination (MMSE) and a Timed Up and Go Test (TUGT). Fall rate were recorded in an identical way for 6 months before and



after the start of the intervention. The relative risk of falling at least once in people in the intervention versus the control group adjusted for the pre-intervention results was 0.46. There was no difference between residents with and without cognitive impairment or impaired mobility. In those falling at least once, the difference between the average number of falls in the two intervention arms was not significant. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

#### **FAMILY AND INFORMAL CARE**

(See Also 191/24)

- 191/41 Psychosocial moderators of the effects of transitioning into filial caregiving on mental and physical health; by Nadine F Marks, James David Lambert, Heyjung Jun (et al).  
Research on Aging, vol 30, no 3, May 2008, pp 358-389.  
A life-course theoretical perspective guided this study examining how effects on mental and physical health (depressive symptoms, hostility, global happiness, self-esteem, personal mastery, psychological wellness, self-rated physical health) of transitions into filial caregiving for a sole surviving parent are moderated by previous relationship quality, filial obligation, race or ethnicity, education, income, employment status, marital status, and parental status. Results from models estimated using longitudinal data for 1060 adults aged 25-65 at baseline from the US National Survey of Families and Households 1987-1994 suggested that life-course and contextual factors do contribute to patterning health risks of caregiving, often in different ways for men and women. For example, low income puts daughter caregivers at greater risk for decline in physical health, combining employment with filial caregiving is more problematic for daughters' mental health, and being an unmarried filial caregiver is more problematic for men. Heterogeneity in the experience of filial care needs further attention in future research.  
ISSN: 01640275

#### **GOVERNMENT AND POLICY**

- 191/42 Restructuring the welfare state: reforms in long-term care in Western European countries; by Emmanuele Pavolini, Costanzo Ranci.  
Journal of European Social Policy, vol 18, no 3, August 2008, pp 246-259.  
Faced with problems associated with an ageing society, many European countries have adopted innovative policies to achieve a better balance between the need to expand social care and the imperative to curb public spending. Although embedded within peculiar national traditions, these new policies share some characteristics. First, a tendency to combine monetary transfers to families with the provision of in-kind services. Second, the establishment of a new social care market based on competition. Third, the empowerment of users through their increased purchasing power. Lastly, the introduction of funding measures intended to foster care-giving through family networks. This article presents the most significant reforms recently introduced in six European countries (France, Germany, Italy, the Netherlands, Sweden and the UK) regarding long-term care. It analyses the impact at the macro- (institutional and quantitative), meso- (service delivery structures) and micro-level (families, caregivers and people in need). As a result, the authors find a general trend towards convergence in social care among the countries, and the emergence of a new type of government regulation designed to restructure rather than to reduce welfare programmes. (RH)  
ISSN: 09589287  
From : <http://esp.sagepub.com>

- 191/43 Sustainable development indicators in your pocket : an update of the UK Government Strategy indicators: editions in stock: 2007, 2008; by Department for Environment, Food and Rural Affairs - Defra. London: Department for Environment, Food and Rural Affairs - Defra, 2008, A6 pocket-sized booklet (Product code: PB 13122).

These 68 indicators measure progress in key issues for sustainable development of the environment, society and economic wellbeing, to help identify where action is required. The issues include, amongst others, contextual indicators such as demography, household dwelling; societal e.g crime and employment and poverty which encompass pensioner poverty and pension provision; health includes healthy life expectancy and wellbeing. To accompany the indicators key facts are given and a set of "traffic lights" is used to highlight whether progress is being made or not. For example, pensioners in relative low-income households, after housing costs have been taken into account, has improved between 1990-1 to 2005-6, down from 37 per cent to currently 17 per cent. An A4 sized version containing the same information but with larger print and graphics is also available. (KJ)

Price: FOC

From : Defra Publications, Admail 6000, London SW1A 2XX.

email: defra@cambertown.com tel: 08459 556000

<http://www.sustainable-development.gov.uk>

## **HEALTH CARE**

(See Also 191/10)

- 191/44      Foot care survey 2008: completed with the assistance of Age Concern Bristol, and the financial support of Age Concern England, and Quartet Community Foundation; by Bristol Older People's Forum (BOPF). Bristol: Bristol Older People's Forum, July 2008, 53 pp (BOPF Opinion research survey, no 8).  
In August 2007, Age Concern England launched the Feet for Purpose Campaign, calling for basic free foot care to be made for all older people living in Britain. A postal questionnaire was sent to 2716 members of Bristol Older People's Forum (BOPF) in January 2008; 884 were completed. The survey investigated older people's experiences of foot care in Bristol: their current foot care, and access to and use of chiropody and podiatry services. Seven out of ten reported suffering from problems with their feet, rising to 8 out of 10 in those aged 80+ and those who suffer from diabetes. Appendices include the questionnaire, the preliminary report, and some individual responses on experiences of foot care services in Bristol. Age Concern Bristol are having talks with Bristol PCT about providing a basic toe nail cutting service in the city. (RH)  
Price: £5.00  
From : Bristol Older People's Forum, c/o Age Concern Bristol, Canningford House, 38 Victoria Street, Bristol BS1 6BY. E-mail: bopf@ageconcernbristol.org.uk
- 191/45      Incidence, preventability and consequences of adverse events in older people: results of a retrospective case-note review; by A B A Sari, Alison Cracknell, Trevor A Sheldon.  
Age and Ageing, vol 37, no 3, May 2008, pp 265-269.  
An adverse event can be defined as any unintended injury or complication to a patient that results in harm, and is caused at least partly by health care, rather than the disease process itself. In a random sample of 1006 non-psychiatric patients in a large NHS hospital in England, 45 (13.5%) of 332 patients aged 75+ and 42 (5.2%) of 674 patients aged under 75 had at least one adverse event. There was a significantly raised risk of experiencing an adverse event with increasing age. There was no statistically significant difference to preventability of adverse events and also in experiencing disability or death as a result of an adverse event by age after adjustment for potential confounders. (RH)  
ISSN: 00020729  
From : <http://www.ageing.oupjournals.org>
- 191/46      The interaction of age and gender in illness narratives; by Clive Seale, Jonathan Charteris-Black.  
Ageing and Society, vol 28, part 7, October 2008, pp 1025-1046.  
Recognition of the greater capacity of older women to draw on supportive social networks has now supplemented an earlier focus of research into gender and ageing which portrayed older men as a 'privileged gerontocracy' because of their greater access to financial resources and spousal

care. This study of the experiences of cancer among people of three different age groups conducted a comparative keyword analysis of their narratives to consider the gender differentiation of a third resource: access to medical information and personnel. The analysed narratives were sampled from a large archive of research interviews. It was found that older men with cancer demonstrated a greater involvement with medicine as an expert system than young men or women or older women. This stemmed from their social confidence when interacting with doctors and their interest in treating their illness as a 'problem' to be fixed with medico-scientific solutions. Compared with younger men and women of all ages, older men were less likely to draw on informal social and family networks for support, or to discuss in a direct style the emotional dimension of illness experience. The findings contrast with other studies that have reported linguistic disadvantage in older people in elderly care settings, which underlines the importance of context for linguistic studies. (KJ/RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/ASO>

- 191/47      New model of health promotion and disease prevention for the 21st century; by Robert N Butler, Richard A Miller, Daniel Perry (et al).  
British Medical Journal, vol 337, no 7662, 19 July 2008, pp 149-150.  
Our susceptibility to disease increases as we grow older. Robert Butler and colleagues argue that, rather than targeting individual diseases, a concerted effort to slow ageing would provide a broad strategy for primary prevention that would greatly enhance and accelerate improvements in health at all ages. However, they do propose an increase in resources to research diseases such as type 2 diabetes, congestive heart failure, Alzheimer's disease (AD), Parkinson's disease, osteoporosis and most cancers and how these interact with ageing. (RH)  
ISSN: 09598138  
From : <http://www.bmj.com>

#### **HEALTH SERVICES**

(See Also 191/60, 191/63)

- 191/48      Towards world class commissioning?: new approaches to service delivery for people facing social exclusion; by Richard Kramer.  
Journal of Integrated Care, vol 16, issue 3, 2008, pp 3-7.  
Persistent and particular health and social care challenges face socially excluded groups and communities in the more deprived areas of the country. Involvement of communities in design and delivery of services, including those whose voices have traditionally not been heard, will help to shape services to meet better their health and well-being needs. Effective community-led commissioning can empower individuals and communities by giving them the chance to voice their needs, while local ownership of the process will increase the relevance of services and improve their uptake and sustainability. For commissioners, the "world class" commissioning agenda is about connecting development of services with the real requirements of communities, and increasing engagement and satisfaction with services. (RH)  
ISSN: 14769018  
From : <http://www.pavpub.com>

#### **HIV AND AIDS**

- 191/49      Seven 'deadly' assumptions: unravelling the implications of HIV/AIDS among grandmothers in South Africa and beyond; by May Chazan.  
Ageing and Society, vol 28, part 7, October 2008, pp 935-958.  
Over the past few years, the pivotal roles older women play in responding to the unprecedented HIV/AIDS epidemic in southern Africa has received increasing recognition by academics, governments, funding agencies, non-governmental organisations, and citizens around the world. Yet, discourses surrounding AIDS and 'grandmotherhood' are laden with a number of ungrounded

assumptions that have important implications for researchers, advocates and decision-makers. Drawing on ethnographic and survey data pre-dominantly from South Africa, this paper challenges seven such assumptions. The paper illustrates how certain prevailing 'wisdoms' about grandmothers and AIDS in southern Africa are not entirely accurate and may mask many women's struggles and vulnerabilities, perpetuate stereotypes and misguide well-meaning policies. It also suggests that the societal impacts of AIDS in the region are, at present, not as dramatic as often portrayed, largely because the strength and resilience of many older women have cushioned some of the negative consequences. The paper thus calls for more nuanced and forward-looking analyses and interventions - ones that recognise grandmothers as central to the society's thin safety net and that grapple with older women's complex and diverse vulnerabilities. (KJ/RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/ASO>

## **HOSPITAL SERVICES**

(See 191/32, 191/33)

## **HOUSING**

191/50

Affordable clustered housing-care: a category of long-term care options for the elderly poor; by Stephen M Golant.: The Haworth Press, Inc., 2008, pp 3-44.

Journal of Housing for the Elderly, vol 22, nos 1/2, 2008, pp 3-44.

What we label as affordable clustered housing care options are making it increasingly possible for poor and frail older Americans to age in place comfortably and securely in residential-like settings combining both affordable shelter and long-term care. The hallmark of these housing arrangements is their sizeable population clusters of low-income frail people in need of supportive services. Despite their greater availability and the competing factors underlying their growth, the diversity of their supportive services and operations cloud their identity, resulting in uncertainty as to whether they have a common mission. In response to the need for a more careful delineation of this ageing in place option, this paper describes the distinguishing features of these hybrid settings and constructs a typology of their representative exemplars or prototypes. (RH)

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191/51

Local Housing Allowance final evaluation: the housing and labour market impacts of the Local Housing Allowance; by Julie Rugg, David Rhodes, Steve Wilcox, Centre for Housing Policy - CHP, University of York; Housing Research and Analysis Division, Department for Work and Pensions - DWP. Leeds: Corporate Document Services, [2008], 116 pp (Local Housing Allowance evaluation, 16).

As part of its reform of Housing Benefit (HB), the Government has introduced a Local Housing Allowance (LHA), payable to low income tenants in the private rented sector. The Department for Work and Pensions (DWP) has commissioned an evaluation of LHA in the nine Pathfinder local authorities, where it was introduced between November 2003 and February 2004: Brighton & Hove, Lewisham, Edinburgh, Leeds, Blackpool, Conwy, Coventry, North East Lincolnshire and Teignbridge, Devon. This report draws on interviews with claimants and landlords during the evaluation. It presents quantitative and qualitative findings on national and local housing and labour market trends, as well as on the housing market and labour market impacts of the LHA. Appendices include local house prices and earning data for the Pathfinder areas for 2002-2006. This and other publications about the LHA evaluation are available on the DWP website (at <http://www.dwp.gov.uk/housingbenefit/lha/evaluation/index.asp>). (RH)

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Website: [www.cds.co.uk](http://www.cds.co.uk)

Weblink: <http://www.dwp.gov.uk/housingbenefit/lha/evaluation/index.asp>

191/52

Working with planners to maximise choice for older people; by Sue Burlumi, Jenny Tuck.  
Housing, Care and Support, vol 11, no 1, July 2008, pp 26-31.

This article outlines reasons why it is vital that housing, health and adult social care work together with planners in the fast-moving agenda on older people's housing. Effective partnership working will provide significant benefits for older people, manifested in development of a range of innovative, well-planned and well-designed housing that is future-proofed and affordable, to enable older people to continue to live independently in the community for as long as possible. Examples from East Sussex and Eastbourne Borough Council illustrate the perspectives suggested. (KJ/RH)

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From : Website: <http://www.pavpub.com>

## **HUMAN RIGHTS**

(See Also 191/10)

191/53

Human rights in practice; by Jef Smith.

Care Home Management Bulletin, issue number 64, 15 July 2008, pp 2-8.

Jef Smith considers the place of human rights within social care. While the Human Rights Act purports to protect citizens, more usually it strengthens the rights of the state to police its provisions. This article looks briefly at findings of the Parliamentary Joint Committee on Human Rights' report 'The human rights of older people in healthcare' (2007). Article 3 of the European Convention on Human Rights (ECHR) - which outlaws "inhuman or degrading treatment" - is relevant to discussions of the right to life, and issues around physical restraint, respect and dignity. Implications for care homes, disruptions caused by enforced moving, freedom from discrimination, and dignity and choice are discussed in the context of the Act, the ECHR, the National Service Framework for Older People (NSF), and the Department of Health (DH) Dignity in Care campaign. In 2007, the House of Lords ruled that the Act did not apply to independent sector homes, because they are "not technically carrying out public functions". The regulations are to be amended to close this loophole, so that care homes and agencies will be obliged to observe users' human rights. (RH)

ISSN: 14765934

From : <http://www.croner.co.uk>

## **INDEPENDENT LIVING**

(See 191/33, 191/59)

## **INHERITANCE**

191/54

The age of inheritance: a report of research carried out by the National Centre for Social Research on behalf of the ILC-UK; by Andy Ross, James Lloyd, Michael Weinhardt, National Centre for Social Research - NatCen; International Longevity Centre UK - ILC-UK. London: ILC UK, May 2008, 36 pp.

Changing patterns of family wealth transfers in the UK are explored, using two nationally representative panel studies: the British Household Panel Survey (BHPS), and the English Longitudinal Study of Ageing (ELSA). The research on which this report is based analysed receipt of past and future inheritance transfers and inter-vivo transfers (when the giver is still alive) variously by age, socio-economic group, housing tenure and parental status. A policy report, 'Navigating the age of inheritance' published at the same time, provides accompanying policy analysis and discussion. (RH)

From : Download from: [www.ilcuk.org.uk](http://www.ilcuk.org.uk) ILC UK, 22-26 Albert Embankment, London SE1 7TJ.

- 191/55 Navigating the age of inheritance; by James Lloyd, International Longevity Centre UK - ILC-UK. London: ILC UK, May 2008, 36 pp.  
This policy report provides accompanying policy analysis and discussion to the National Centre for Social Research (NatCen) report 'The age of inheritance', for both a general and specialist readership. Its primary purpose is to provoke discussion on issues relating to family wealth transfers, which have both positive and negative effects for public policy. On the one hand, such transfers can reduce poverty and encourage responsible behaviour and investment in skills. On the other hand, family wealth transfers can increase material inequality and inequality of opportunity. The report discusses family wealth transfers in relation to inheritance tax and the property market, and in relation to finance for an ageing population. It suggests a policy framework which recognises that family wealth transfers are not universal, and that an objective of social policy should be for individuals to decumulate as much of their wealth as they should wish. (RH)  
From : Download from: [www.ilcuk.org.uk](http://www.ilcuk.org.uk) ILC UK, 22-26 Albert Embankment, London SE1 7TJ.

### **INTEGRATED CARE**

(See Also 191/33)

- 191/56 Community health (and care) partnerships in Scotland; by Isobel Freeman, Keith Moore.  
Journal of Integrated Care, vol 16, issue 3, 2008, pp 38-47.  
Community health partnerships (CHPs) have been set up in Scotland, where they are seen as the key in developing joint services and modernisation of the National Health Service (NHS), as set out in the 'Better health, better care' action plan (Scottish Government, 2007). This article attempts to describe this approach to integrated care, covering historical background, policy context, progress towards implementation and current issues. (RH)  
ISSN: 14769018  
From : <http://www.pavpub.com>

- 191/57 Professional identity in multi-disciplinary teams: the staff speak; by Ann Workman, Jeremy Pickard.  
Journal of Integrated Care, vol 16, issue 3, 2008, pp 29-37.  
The authors reflect on the experience of an integrated multi-disciplinary team in Sedgefield, Co Durham over three years. They argue that initial anxieties about dilution of professional identity have not been realised in practice, partly because such anxieties were over-stated in the first place, partly because of good planning, and partly because the benefits of integrated working are so evident to professional staff that their confidence in their contribution is enhanced. They also suggest that new roles can make a substantial contribution to integrated working. The evidence for these conclusions is mainly the views of the staff involved. The article concludes with two case studies which highlight improved user outcomes. (RH)  
ISSN: 14769018  
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### **INTERGENERATIONAL ISSUES**

- 191/58 Intergenerational learning and the contributions of older people; by Sally Newman, Alan Hatton-Yeo. Oxford: Oxford Institute of Ageing, 2008, pp 31-39.  
Ageing Horizons, 2008, no 8, 2008, pp 31-39.  
The rationale for a new intergenerational learning paradigm is explained. This paper describes "intergenerational programmes", their rationale, definition and outcomes; introduces "social capital", a related intergenerational learning paradigm. It identifies and explains characteristics of intergenerational learning programmes in the context of selected courses. It considers the role of universities in intergenerational learning; and presents ideas related to global implications for intergenerational learning. (RH)  
From : Download only from: <http://www.ageing.ox.ac.uk/ageinghorizons>

## INTERNATIONAL AND COMPARATIVE

(See Also 191/7, 191/29, 191/85, 191/105)

- 191/59 Factors that contribute to levels of independent activity functioning among a group of Navajo elders; by Tanya R Fitzpatrick, Sara Alemán, Thanh Van Tran.  
Research on Aging, vol 30, no 3, May 2008, pp 318-333.  
Data were collected from a sample of Navajo elders from Tuba City, Arizona. A health assessment survey was also administered. Multilevel regression analysis was used to examine the effects of social support and demographic factors on levels of independent activity functioning, such as bathing, toileting, dressing, eating, walking and getting in and out of bed. The results indicated that assistive devices, marital status, the frequency of visits to Tuba City, and visits to other older Navajos significantly affected independent activity functioning. Although other factors of social support were not significant, it appeared that visiting Tuba City and visits to older people in their homes were important factors in maintaining higher levels of independent activity functioning in older Navajos.  
ISSN: 01640275
- 191/60 Health services use by older people with disabilities in Spain: do formal and informal care matter?; by Jesús Rogero-García, María-Eugenia Prieto-Flores, Mark W Rosenberg.  
Ageing and Society, vol 28, part 7, October 2008, pp 959-978.  
As people grow older in late life, their need for help with the activities of daily living increases. In Spain, those who need such help constitute about 20% of the population aged 65+. Support may be from formal care, informal care or both, and the type has different consequences for care receivers and their social networks. This paper examines the relationship between informal and formal care and the use of health services among older people in Spain. Using a sample of 1,148 respondents aged 65+ from the Spanish National Health Survey of 2003, the authors analysed the association between the sources of care (formal, informal, both or no care) and the frequency of three types of health-care utilisation : hospitalisation, emergency services and medical consultations. After controlling for sex, age, level of difficulty in the activities of daily living, self-perceived health status and social class, it was found that older people with disabilities who received neither informal nor formal care were more likely to consult physicians than those who received informal care, but that there were no significant relationships between the type of care and health services use. The findings provide new information about the consequences of the different types of care of older people with disabilities, and suggest specifically that informal care substitutes for some tasks usually done by health professionals. (KJ/RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/ASO>
- 191/61 The legislative and political contexts surrounding dementia care in India; by Bianca R Brijnath.  
Ageing and Society, vol 28, part 7, October 2008, pp 913-934.  
There is no specific policy on dementia care in India. The responsibility for care for people with dementia is not clearly articulated and formal care services straddle mental health and aged care. The result is that much care is placed upon individual families. This paper critically reviews Indian legislative and policy documents on this field of care, namely, the Mental Health Act 1987, the National Mental Health Programme, the National Policy on Older Persons and the Senior Citizen's Act 2007. The invisibility of dementia care in public policy translates into the absence of adequate treatment facilities and mental health staff, and leaves informal care-giving unsupported. This gap is replicated in mental health and dementia-care research and literature in India, with little being known about how family carers respond to the experiences of care-giving, manage the stigma and access support. As India, like other middle-income and low-income countries, is experiencing an increase in its older population, more research is needed to develop the epidemiological, medical and anthropological understanding of ageing, dementia and care. This knowledge is vital to understanding the cultural context of the disease and must also be incorporated into public health

policy if there is to be effective management of the rising need for personal care. (KJ/RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/ASO>

### **LEARNING DIFFICULTIES**

- 191/62 Learning disabilities: barriers to choice in residential services; by Social Care Institute for Excellence - SCIE.  
Community Care, issue 1733, 31 July 2008, pp 30-31.  
A recent study has revealed the extent of the obstacles to choice and control in residential settings for people with learning disabilities. The Social Care Institute for Excellence (SCIE) provides an overview of some recent research on residential services and learning disabilities, and suggests online resources for relevant policy documents. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>

### **LEGAL ISSUES**

- 191/63 Health and Social Care Act 2008: 2008 Chapter 14; by Department of Health - DH. London: TSO, 2008, 208 pp.  
The Act establishes and makes provision in connection with a Care Quality Commission; and makes provision about health care (including provision about the National Health Service), and about social care reviews and investigations under the Mental Health Act 1983. The Act also establishes and makes provision in connection with an Office of the Health Professions Adjudicator, and other provisions about the regulation of the health care professions. It confers power to modify the regulation of social care workers; and amends the Public Health (Control of Disease) Act 1984. It amends the functions of the Health Protection Agency (HPA). Explanatory notes have been produced to assist in the understanding of this Act, and are available separately. (RH)  
Price: £26.00  
From : TSO, PO Box 29, Norwich NR3 1GN. <http://www.tsoshop.co.uk>

### **LIFE-LONG LEARNING**

(See Also 191/58)

- 191/64 Age is just a number?: rethinking learning over the lifecourse; by Maria Slowey. Oxford: Oxford Institute of Ageing, 2008, pp 22-30.  
Ageing Horizons, 2008, no 8, 2008, pp 22-30.  
The relationship is explored between European Union (EU) lifelong learning policies and strategies on the one hand and on the other, the attributes and practices of adults in relation to learning later life. Following a brief summary of the genealogy of the concept of lifelong learning, a critical examination is provided of EU policies on and participation rates in lifelong learning. Discussion particularly focuses on that intersection between later life and lifelong learning, by highlighting the failure of much current EU legislation and perspectives on lifelong learning to take account of the changing nature of life-course patterns and, in particular, the role and involvement of the "post-work" population. (RH)  
From : Download only from: <http://www.ageing.ox.ac.uk/ageinghorizons>

### **LONELINESS**

(See 191/3)



## **LONG TERM CARE**

(See Also 191/50)

- 191/65 Older people's vision for long term care; by Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, August 2008, 4 pp (CPA briefings 2008).  
This briefing summarises work undertaken by the Centre for Policy on Ageing (CPA) in partnership with The Older People's Programme (OPP) to explore older people's experiences of living with high support needs. It is a project commissioned by the Independent Living Committee of the Joseph Rowntree Foundation (JRF). The aim of the project is to identify the critical elements of independent living for older people with high support needs. A final report will be available in November 2008. This briefing can be downloaded from the CPA website. (KJ/RH)  
From : CPA, 25-31 Ironmonger Row, London EC1V 3QP.  
<http://www.cpa.org.uk/policy>
- 191/66 TigerPlace, a state-academic-private project to revolutionize traditional long-term care; by Marilyn J Rantz, Rosemary T Porter, Debra Cheshier (et al.): The Haworth Press, Inc., 2008, pp 66-85.  
Journal of Housing for the Elderly, vol 22, nos 1/2, 2008, pp 66-85.  
The Aging in Place Project at the University of Missouri (MU) required legislation in 1999 and 2001 to be fully realized. An innovative home health agency was initiated by the Sinclair School of Nursing, specifically to help older adults age in place in the environment of their choice. In 2004, an innovative independent living environment was built; which is operated by a private long-term care company as a special facility where residents can truly age in place and never fear being moved to a traditional nursing home, unless they choose to do so. With care provided by the home care agency with registered nurse care coordination services, residents receive preventative and early illness recognition assistance that has markedly improved their lives. Evaluation of ageing in place reveal registered nurse care coordination improves outcomes of cognition, depression, activities of daily living (ADLs), incontinence, pain and shortness of breath, as well as delaying or preventing nursing home placement. Links with MU students, family and nearly every school or college on campus enriches the lives of the students and residents of the housing environment. Research projects are encouraged, and residents who choose to participate are enjoying helping with developing cutting edge technology to help other seniors to age in place. (RH)  
ISSN: 02763893  
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.  
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## **LONGEVITY**

- 191/67 Has the time come to take on time itself?; by Colin Farrelly.  
British Medical Journal, vol 337, no 7662, 19 July 2008, pp 147-148.  
Staying healthier for longer has benefits for society as well as for individuals. In examining the efforts of science to delay ageing, the author refers to UK and American research. (RH)  
ISSN: 09598138  
From : <http://www.bmj.com>

## **MEDICAL ISSUES**

(See Also 191/75)

- 191/68 Acute respiratory failure in the elderly: diagnosis and prognosis; by Samuel Delerme, Patrick Ray.  
Age and Ageing, vol 37, no 3, May 2008, pp 251-257.  
Acute respiratory failure (ARF) in patients aged 65+ is common in emergency departments (EDs) and is one of the key symptoms of congestive heart failure (CHD) and respiratory disorders. Searches were conducted of MEDLINE for published studies in the English language between

January 1980 and August 2007, using "acute dispnea", "acute respiratory failure", "heart failure", "pneumonia" or "pulmonary embolism" keywords and selecting articles concerning patients aged 65 or over. The age-related structural changes of the respiratory system, their consequences in clinical assessment and the pathophysiology of ARF are reviewed. CHF is a common cause of ARF in older people. Inappropriate diagnosis that is frequent and inappropriate treatment in ED are associated with adverse outcomes. B type natriuretic peptides (BNPs) help to determine an accurate diagnosis of CHD. Non-invasive ventilation (NIV) should be considered for older patients admitted to hospital with CHF or acidotic chronic obstructive pulmonary disease (COPD) who do not improve with medical treatment. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

191/69

Lessons learned from a multidisciplinary heart failure clinic for older women: a randomised controlled trial; by N Azad, F Molnar, A Byszewski.

Age and Ageing, vol 37, no 3, May 2008, pp 282-287.

Many heart failure disease management programmes are primarily conducted in the male population. An approach that incorporates disciplines such as physiotherapy, occupational therapy, social work, dietary and pharmacy merits further investigation in older women with HF. 91 community-dwelling women aged 63-89 in Ottawa, Canada were randomised to a control group or an intervention group receiving the multidisciplinary pathway consisting of 12 visits over a 6-week period to an outpatient clinic. Comparison of changes between the two groups from baseline in the Minnesota Living with Heart Failure Questionnaire score did not show a difference. There was also no difference between the two groups in functional outcome as measured by change from baseline by the Physical Self Maintenance Scale. The treatment group had significantly more admissions to hospital and cardiologist visits during the study period. The authors suggest that future studies should provide insight into the optimal intensity and duration of heart failure management programmes with optimal targeting. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

## **MEDICATION**

191/70

Effect of an interdisciplinary educational program on antipsychotic prescribing among nursing home residents with dementia; by Jahanne Monette, Nathalie Champoux, Michèle Monette (et al). International Journal of Geriatric Psychiatry, vol 23, no 6, June 2008, pp 574-579.

A longitudinal pilot study to test the implementation of a 7-month interdisciplinary educational course with residents with dementia receiving psychotics in Montreal, Canada, included consciousness-raising, educational sessions and clinical follow-up. Administrators, physicians, pharmacists, nursing staff and personal care attendants were involved. The effect of the course was assessed over a 6-month period, in terms of the proportion of discontinuations and dose reductions of antipsychotics. Repeated measures for use of other psychotropics and restraints, frequency of disruptive behaviours, and stressful events experienced by nursing staff and personal care attendants were simultaneously assessed. Among the 81 residents still present at the end of the course, there were 40 (49.4%) discontinuations and 11 (13.6%) dose reductions. No significant changes were found in the use of other psychotropics, use of restraint, or in the number of stressful events experienced by nursing staff and personal care attendants. The frequency of disruptive behaviours decreased significantly over the 6-month period. These findings suggest that implementation of recognised practice guidelines could be an effective way to target residents who might not benefit from antipsychotics or who may tolerate a dose reduction. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

191/71 Medication errors in older people with mental health problems: a review; by Ian D Maidment, Camilla Haw, Jean Stubbs (et al).  
International Journal of Geriatric Psychiatry, vol 23, no 6, June 2008, pp 564-573.  
Medline, Embase, PHARMLINE, Cochrane Collaboration and PsychINFO were searched in a systematic review to identify studies that investigated medication errors in older people with mental health problems. Any studies identified were scrutinised for further references; and the title, abstract or full text were systematically reviewed for relevance. Data were extracted from 8 studies. In total, information about 728 errors (459 administrations, 248 prescribing, 7 dispensing, 12 transcribing, 2 unclassified) was available. The dataset related almost exclusively to inpatients, frequently involved non-psychotropics, and the majority of errors were not serious. Due to methodology issues, it was impossible to calculate overall error rates. Future research should concentrate on serious errors within community settings and clarify risk factors. (RH)  
ISSN: 08856230 From : <http://www.interscience.wiley.com>

### **MENTAL HEALTH**

(See Also 191/30, 191/71, 191/75)

191/72 Mild cognitive impairment in the older population: who is missed and does it matter?; by Blossom C M Stephan, Carol Brayne, Ian G McKeith (et al).  
International Journal of Geriatric Psychiatry, vol 23, no 8, August 2008, pp 863-871.  
The magnitude of missed "at risk" cases in the application of different mild cognitive impairment (MCI) criteria in the population is unknown. The authors used data from the Medical Research Council Cognitive Function and Ageing Study (MRC CFAS), a large population-based study of older aged individuals in Cambridgeshire, Newcastle, Nottingham, Oxford, Gwynedd and Liverpool. Prevalence and 2-year progression to dementia in individuals where impairment failed to fulfil published criteria for MCI was evaluated. Prevalence estimates of individuals not classified from current MCI definitions were extremely variable (range 2.5% to 41%). Rates of progression to dementia in these non-classified groups were also very variable (1.7% to 30%), reflecting heterogeneity in MCI classification requirements. Narrow definitions of MCI developed for clinical settings when applied in the population result in a large proportion of individuals who progress to dementia being included from MCI classifications. More broadly defined criteria would be better for selection of individuals at risk of dementia in population settings, but at the possibility of high false positive rates. While exclusion may be a good thing in the population since most people are presumably "normal", over-inclusion is more likely to be harmful. Further work needs to investigate the best classification system for application in the population. (RH)  
ISSN: 08856230 From : <http://www.interscience.wiley.com>

191/73 Reviews of cognitive assessments for older adults; by Alison Douglas, Lori Letts, Lili Liu.: The Haworth Press, Inc., 2008, pp 13-43.  
Physical & Occupational Therapy in Geriatrics, vol 26, no 4, 2008, pp 13-43.  
Occupational therapists who work with older people commonly assess cognition - including capacities such as memory and attention - to evaluate daily living function. The occupational therapy literature describes the cognitive assessments; however, those standardised with older people are not critically reviewed. This review identifies which standardised cognitive assessments for older people are documented in the occupational therapy literature, to compare their psychometric properties, and to provide practice recommendations. 32 assessments met the inclusion criteria. They were grouped into three categories, and the evidence regarding their psychometric properties was summarised. The assessments that demonstrated the greatest rigour were: in the "brief" screening category, the Mini Mental State Examination (MMSE) and Modified Mini Mental Status Exam (3MS); in the "testing" category, the Cognitive Assessment Scale for the Elderly (CASE/PEPCA-2r) and the Cognistat; and in the "activity/participation" category, the Assessment of Motor and Process Skills (AMPS). Limitations of each assessment are discussed. (RH) ISSN: 02703181  
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.

## MENTAL HEALTH SERVICES

- 191/74 Nurse-led liaison psychiatry service for older adults: service evaluation; by Daniel Anderson, Howard Cattell, Elaine Bentley.  
Psychiatric Bulletin, vol 32, no 8, August 2008, pp 298-302.  
The aim of this study was to comprehensively describe a nurse-led consultation liaison service for older adults at Wrexham Maelor Hospital by retrospectively reviewing all referrals received in 2006 and comparing them against other services and benchmark reports. Of the 298 individuals referred to psychiatric services from other hospital wards, 120 were aged 85-94 years old (40%), 193 were male (65%), and 152 were referred from geriatrics (51%). A majority of 204 have not had previous contact with psychiatric services (69%). The most common diagnosis was dementia (33%, n=88), with 65 individuals (27%) being referred onwards to secondary care. This nurse-led service, using a novel approach of a support worker providing further community support, functions well compared with traditional consultation models. It helps identify many individuals with dementia and engages them into community psychiatric services. (KJ)  
ISSN: 09556036  
From : <http://pb.rcpsych.org>

## MENTAL ILLNESS

- 191/75 The effects of ECT on cognitive functioning in the elderly: a review; by Caroline E M Tielkes, Hannie C Comijs, Esmée Verwijk (et al).  
International Journal of Geriatric Psychiatry, vol 23, no 8, August 2008, pp 789-795.  
Electroconvulsive therapy (ECT) as a single course or in maintenance form (M-ECT) is an effective treatment for depressed older people. However, ECT may have adverse effects on cognition. The authors reviewed all studies from 1980 to 2006 on ECT and cognition in people aged 55+ or a mean age of 55, and with valid measurements of cognition before and after ECT. Of 15 eligible studies, 9 were focused exclusively on older people. Three studies reported verbal learning recall problems post-ECT, while three studies found positive effects of ECT on memory, speed of processing and concentration. Global cognitive functioning in patients with cognitive impairment improved in all studies. At follow-up, most studies reported improvement of cognitive functions. Learning verbal information and executive functioning were impaired in M-ECT patients, whereas global cognition remained stable after M-ECT over a year. Given the limited amount of research on ECT on older people's cognitive functioning, more extensive research is needed - and with larger sample sizes. (RH)  
ISSN: 08856230  
From : <http://www.interscience.wiley.com>
- 191/76 Insight, quality of life, and functional capacity in middle-aged and older adults with schizophrenia; by Ashley S Roseman, John Kasckow, Ian Fellows (et al).  
International Journal of Geriatric Psychiatry, vol 23, no 7, July 2008, pp 760-765.  
The quality of life (QoL) for individuals with schizophrenia is determined by a number of factors not limited to symptomatology. This study examined lack of insight as one such factor that may influence subjective QoL or functional capacity. It was hypothesised that insight would interact significantly with symptom severity to influence subjective QoL. Insight was not expected to influence the relation between symptom severity and functional capacity. Participants were American middle-aged and older outpatients who met diagnostic criteria for schizophrenia or schizophrenic disorder, and subsyndromal depression. Insight, psychopathology and subjective QoL were assessed via semi-structured interviews, and functional capacity was assessed via performance-based measures. Insight moderates the relation between negative symptom severity and subjective QoL for individuals with schizophrenia. Negative symptom severity contributes directly to functional capacity. Individuals with intact insight may be better able to manage their symptoms, resulting in improved QoL. Treatment implications for improving the QoL of middle-aged and older people with schizophrenia are discussed. (RH)  
ISSN: 08856230 From : <http://www.interscience.wiley.com>

## MIGRATION

191/77

Actuation of mobility intentions among the young-old: an event-history analysis; by Don E Bradley, Charles F Longino, Eleanor P Stoller (et al).

The Gerontologist, vol 48, no 2, April 2008, pp 190-202.

Although migration decision-making is central to understanding later life migration, this critical step between migration intentions and mobility outcomes has received only limited empirical attention. The authors ask two questions: how often are intended moves actuated; and what factors condition the likelihood that mobility intentions will be actuated? They used data from the 1994-2002 US Health and Retirement Survey (HRS), a nationally representative panel targeting households including people aged 53-63 at baseline. Event history techniques were used to examine the link between mobility intentions at baseline and mobility outcomes across the study period, net of relevant controls. They conducted separate household level analyses for couples and single-person households, and identify three types of move: local, family-oriented and non-local. Findings confirm the utility of mobility expectations as a predictor of future mobility. More importantly, results highlight the complex nature of later-life mobility. The actuation of mobility intentions appears to operate differently for couple and single-person households. Moreover, the findings suggest that the role of several key variables depends on the type of move under consideration. The ability to identify potential "retirement migrants" may be of practical importance for state and local government officials as well as developers interested in recruiting or retaining young-old residents. Consistent with early theoretical work on this topic, the authors' analysis suggests that, in order to avoid misleading results, empirical studies must account for heterogeneity in older movers. (RH)

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## OLDER OFFENDERS

191/78

Older prisoners in England and Wales: a follow-up to the 2004 thematic review by HM Chief Inspector of Prisons; by Her Majesty's Inspectorate of Prisons. London: Her Majesty's Inspectorate of Prisons, June 2008, 44 pp.

The 2004 thematic review, 'No problems - old and quiet', described the conditions for and treatment of older prisoners. This short follow-up report revisits issues concerning the growing number of older prisoners in England and Wales. The population of men over 60 in prison has risen slightly (nearly 3%), while for women over 50 it has increased significantly to nearly 7%. The report comments on the environment and facilities for older prisoners; management of older prisoners; regimes and relationships with staff; health services; and resettlement. It notes that the 2004 report triggered a number of practical initiatives to develop services for older people in prison, for example work by the Older People in Prison Forum, Nacro, Age Concern, the Older Prisoners' Action Group, the Prison Reform Trust (PRT), and the National Offender Management Service (NOMS). In the South West and the West Midlands, the Care Services Improvement Partnership (CSIP) has offered recommendations for social care. Appendices detail inspections carried out, numbers of older prisoners held at the time of inspection, and the results of surveys carried out with representative samples of older prisoners in conjunction with inspections. (RH)

From : [http://inspectrates.homeoffice.gov.uk/hmiprison/thematic-reports1/Older\\_Prisoners\\_Thematic.pdf?view=Binary](http://inspectrates.homeoffice.gov.uk/hmiprison/thematic-reports1/Older_Prisoners_Thematic.pdf?view=Binary)

HM Inspectorate of Prisons, First Floor, Ashley House, 2 Monck Street, London SW1P 2BQ.  
Telephone enquiries: 020 7035 2136.

## OLDER WOMEN

(See Also 191/97)

191/79

Beyond fun and friendship: the Red Hat Society as a coping resource for older women; by Susan L Hutchinson, Careen M Yarnal, Julie Staffordson (et al).

Ageing and Society, vol 28, part 7, October 2008, pp 979-1000.

How older women cope with challenges and losses in later life influences not only their physical health but also their psychological well-being and quality of life. The purpose of the analysis reported in this paper was to understand how participation in a women's leisure-based social group - the Red Hat Society - serves as a coping resource for older women. The Society is an international organisation of women aged 50 or more years, and has the mission to 'celebrate the silliness of life'. The Society currently has an estimated one million members in 30 countries. To understand the ways that social group participation may contribute to older women's health and well-being, this paper examines the dynamics of leisure-based coping with positive emotions as the focus. Based on an analysis of responses to an open-ended question about meaningful experiences associated with being involved in the Red Hat Society, the sample of 272 members identified the main reasons for their involvement as chronic and acute stressors, challenging life transitions and daily hassles. In addition, they described four ways that participation helped them to manage these stressors: as a context for social support, emotional regulation, sustaining coping efforts, and meaning-focused coping. The results are discussed in relation to theory and previous evidence on the role of positive emotions and leisure in coping. (KJ/RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/ASO>

## **PARTICIPATION**

191/80 Marginalised or enabled voices? 'User participation' in policy and practice: [Choice or voice? The impact of consumerism on public services]; by Catherine Bochel, Hugh Bochel, Peter Somerville (et al).

Social Policy & Society, vol 7, pt 2, April 2008, pp 201-210.

The idea of participation has been central to many policy developments in recent years. Both Conservative and Labour governments have used notions of participation and involvement in attempts to justify and implement their social policies. Yet, despite a plethora of initiatives and guidance around 'participation' emerging from all levels of government, and a substantial academic literature, there remains a major, and potentially damaging, lack of clarity over many aspects of participation, while the secret of achieving 'real' participation appears to continue to remain elusive. (KJ/RH)

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From : <http://www.journals.cambridge.org/sps>

191/81 Putting people into public services: [and] Intelligent commissioning; Better regulation and inspection; [and] Involving people in policy; by National Consumer Council - NCC. London: National Consumer Council, 2008, 4 items in folder.

80% of consumers want to get involved in the design, delivery and scrutiny of their services. This series of four campaign reports make the case for more consumer-focused public services. 'Putting people into public services' lists and comments on the benefits of user engagement, such as improved quality of services and reducing exclusion. 'Intelligent commissioning' includes results of a study on how service users rate third sector, public sector and private sector providers of social housing, domiciliary care and employment services. It challenges those commissioning services to engage with people at the outset and change the way commissioning is done to respond to their priorities. 'Better regulation and inspection' makes recommendations on how best to engage people in scrutiny, in order to provide better, user-oriented services. 'Involving people in policy' indicates that there is an appetite for public engagement, and suggests a strategy for effective involvement in national and local public bodies. (RH)

From : National Consumer Council, 20 Grosvenor Gardens, London SW1W 0DH. <http://www.ncc.org.uk> (Note: the NCC is merging with energywatch and Postwatch on 1 October 2008, to form a new organisation, Consumer Focus.)

191/82 Realising the potential of co-production : negotiating improvements in public services: [Choice or voice? The impact of consumerism on public services]; by Catherine Needham.

Social Policy & Society, vol 7, pt 2, April 2008, pp 221-232.

The concept of co-production - also called co-creation - is gaining widespread attention as a way to increase user involvement in service provision in the UK. One definition of co-production is "the involvement of citizens, clients, consumers, volunteers and/or community organisations in producing public services as well as consuming or otherwise benefiting from them". Thus it is usually taken as self-evident that more co-production will improve services. However, it is necessary to be clear about how far and in what ways co-production can improve public services. This article looks at the purported advantages of co-production, and considers how these can best be accessed. A case study workshop involving social housing users and providers, conducted as part of the National Consumer Council / Unison Shared Solutions project, is used to illustrate the need for collective dialogue and deliberation between co-producers rather than purely transactional forms of co-production. (KJ/RH)

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## **PENSIONS AND BENEFITS**

191/83 Decent state pensions for all generations: briefing paper, national lobby of Parliament, Wednesday 22 October 2008; by State Pension Campaign 100, National Pensioners Convention - NPC. London: National Pensioners Convention - NPC, 2008, 4 pp (+ information sheet).

To tie in with the State Pension Centenary Campaign, the National Pensioners Convention (NPC) and the trade union movement have organised this event campaigning not only for a decent state pension for today's pensioners, but also for future generations. This briefing includes basic rules to follow when meeting one's Member of Parliament (MP), also a model letter to send to an MP in advance of the lobby. The accompanying information sheet provides facts and figures on pensions to use when lobbying. (RH)

From : National Pensioners Convention, 19-23 Ironmonger Row, London EC1V 3QN. E-mail: [info@npcuk.org](mailto:info@npcuk.org)

<http://www.npcuk.org.uk>

191/84 Old age pensions, poverty and dignity: historical arguments for universal pensions; by Nanna Kildal, Stein Kuhnle.

Global Social Policy, vol 8, no 2, August 2008, pp 208-237.

The article refers to studies indicating that universal old age pension programmes alone or in combination with earnings-related schemes are conducive to poverty alleviation and less income inequality. Universalism matters, but few countries in the world have introduced universal old age pension programmes. This article does not research this apparent paradox, but asks the empirical question of whether poverty was a prime concern and reflected in arguments used in favour of universal old age pensions when such programmes were introduced historically. The article looks at the arguments for establishing universal old age pensions in three selected countries, all belonging to the group of pioneer countries in this respect: Canada, Mauritius and Norway, which introduced universal pensions in the 1950s. Historical arguments for universal pension systems in these countries are presented and compared. The ambition to reduce poverty was an important motivation in two of the countries, but the main consideration cutting across all three countries was the moral aversion to means testing and the desire to achieve fairness and respect to human dignity. Another argument found in all three countries was the pragmatic one that a universal scheme would lead to a reduction of the administrative cost of old age provision compared with a system based on means testing. (RH)

ISSN: 14680181

From : <http://www.sagepublications.com>

191/85 Pension reform in Nigeria: how not to "learn from others"; by Bernard H Casey, Jörg Michael Dostal.

Global Social Policy, vol 8, no 2, August 2008, pp 238-266.

While the Chilean pension reform has received considerable attention, its emulation in Nigeria has not. This article is the first in-depth analysis of the Nigerian pension reform introduced in 2004.

It suggests that the Nigerian authorities failed to learn the lessons of the system introduced in Chile. They transposed a system that both failed to serve the country from which it was copied and that is inappropriate to the country to which it was copied. For countries such as Nigeria, alternative forms of provision for old age are needed. A social pension might be considered. (RH)  
ISSN: 14680181

From : <http://www.sagepublications.com>

## PERSONALISATION

- 191/86            Back to the future: bringing about personal control in care; by Joan Beck.  
Social Caring, issue 35, July 2008, pp 12-13.  
A brief article exploring self-directed support, an inclusive phrase, encompassing Direct Payments, Individualised Budgets and Personal Budgets; all of these are more fully explained on the Care Services Improvement Partnership website ([www.csip.org.uk](http://www.csip.org.uk)). The implications of self-directed support for the future of social care are considered. (KJ/RH)  
From : <http://www.socialcareassociation.co.uk>
- 191/87            Brokerage and co-operation: [personalisation]; by Melanie Henwood.  
Community Care, issue 1734, 7 August 2008, pp 32-33.  
There is a divide over how to deliver external support in the move to personalisation of services. This article reviews and compares the findings of two reports. The discussion paper, 'Choice and control: the training and accreditation of independent support brokers' by Steve Dawson of the National Development Team (NDT), considers NDT's earlier work on brokerage. The New Economics Foundation (NEF) paper, 'Co-production: a manifesto for growing the care economy' draws mainly on US literature and practice in which people are perceived in terms of the personal assets they can bring to their local communities, for example through "time banks" and social capital. The author of this article suggests that the two sides represented by the two reports are given more to evangelising than offering evidence. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>
- 191/88            Empower and protect: [personalisation and choice]; by Louise Hunt.  
Community Care, issue 1732, 24 July 2008, pp 28-29.  
Personalisation gives users more choice, but how should this be balanced with risk? This article looks at how Halton Council in Cheshire has dealt with implementing direct payments - which also has resonance for the government's review of the 'No Secrets' guidance in respect of safeguarding vulnerable adults. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>
- 191/89            Gaining independence: an evaluation of service users' accounts of the individual budgets pilot; by Guy Daly, Annette Roebuck.  
Journal of Integrated Care, vol 16, issue 3, 2008, pp 17-25.  
Coventry City Council has pursued an outcomes-focused approach to care planning. Researchers from Coventry University's Faculty of Health and Life Sciences present the findings of an evaluation of the impact on service users of that local authority's individual budgets pilot. The research suggests that these service users and their families see individual budgets as a very positive development. Service users have been able to gain greater control over their lives, not least in that they are able to determine to a much greater extent how they have their needs met. This facilitates service users' ability to engage more fully and on a more equal footing with their families and communities. However, a number of challenges remain before individual budgets - or personal budgets generally - can be introduced successfully across adult health and social care. (RH)  
ISSN: 14769018  
From : <http://www.pavpub.com>



- 191/90            Knowing me, knowing you: [personalisation]; by Anabel Unity Sale.  
Community Care, issue 1734, 7 August 2008, pp 28-29.  
Self-assessment will be a key element of personalisation. Barnsley was one of the individual budget (IB) pilots (2005-2006). This article looks at how the authority is using self-assessment following a single assessment process (SAP), and has devised a basic awareness training scheme for health and social care professionals that will help clients in securing individual budgets. (RH)  
ISSN: 03075508    From : <http://www.communitycare.co.uk>
- 191/91            Person centred approaches to care; by Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, August 2008, 3 pp (CPA briefings 2008).  
Person centred approaches are ways of helping older people to live in their communities as they choose, that commission, provide and organise services rooted in listening to what people want. Services strive to adjust to the person, not the other way round. The Centre for Policy on Ageing (CPA) is working to advance person centred care for older people and all adults requiring support. This briefing looks at two aspects of delivering person centred care - the Single Assessment Process (SAP) for older people, and the Common Assessment Process (CAF) for adults - and how these relate to policy implementation. It also draws attention to the CPA's national CAF/SAP learning and development resource (at [www.cpa.org.uk/sap](http://www.cpa.org.uk/sap)). (RH)  
From : CPA, 25-31 Ironmonger Row, London EC1V 3QP.  
<http://www.cpa.org.uk/policy>
- 191/92            Person-centred support: what service users and practitioners say; by Michael Glynn, Peter Beresford (et al), Joseph Rowntree Foundation - JRF; Shaping Our Lives; De Montfort University; Centre for Citizen Participation, Brunel University; Values into Action - VIA. York: Electronic format - Joseph Rowntree Foundation - JRF, 2008, 93 pp.  
Person-centred support means putting the person rather than the service at the centre of the process in providing services: the aim is for provision to be shaped by people's rights and needs. This research asks what person-centred support means to people who use, work with and manage services; what barriers exist to making services person-centred; and how the obstacles might be overcome. The report builds on new evidence from the national Standards We Expect Project (which was funded by the Joseph Rowntree Foundation - JRF), bringing together for the first time direct experiences in 20 areas of the UK from different service sectors and a wide range of service user groups. Some of the findings are drawn from a Get Together day attended by service users, practitioners and managers involved in the project, and confirming the participatory nature of the research. (RH)  
From : JRF, The Homestead, 40 Water end, York YO30 6WP.  
Download document : <http://www.jrf.org.uk/knowledge/findings/socialcare/2258.asp>
- 191/93            The rise of the personal assistant; by Alison Petch.  
Community Care, issue 1732, 24 July 2008, pp 30-31.  
Personalisation promises to extend career opportunities for personal assistants. The author reviews 'Employment aspects and workforce implications of direct payments', by Lorna Adams and Laura Godwin of IFF Research, whose study was commissioned by Skills for Care. Their survey was based on face-to-face interviews with 526 people in receipt of direct payments in 2007 and self-completion surveys returned by 486 personal assistants. Issues discussed range from job satisfaction and satisfaction with care, to experiences of abuse and the need for training and staff development. (RH)  
ISSN: 03075508    From : <http://www.communitycare.co.uk>
- 191/94            Self directed support and individual budgets; by Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, August 2008, 2 pp (CPA briefings 2008).  
The Centre for Policy on Ageing (CPA) is working with the Older People's Project (OPP) and Helen Sanderson Associates (HSA) on an 18-month development programme designed to

initiate and support eleven small scale projects to apply to the principles and practices of self-directed support with and for older people. The project 'Practicalities and Possibilities: person centred thinking and planning with older people' aims to develop a shared understanding and approach to establishing person-centred thinking and support planning with older people. This briefing outlines the project and its three key components: shared learning, practical support, and capacity building. A national "how to" guide is planned for early in 2009. (RH)

From : CPA, 25-31 Ironmonger Row, London EC1V 3QP.  
<http://www.cpa.org.uk/policy>

191/95

This time it's personal: making self-directed support a reality for people with learning difficulties in Northamptonshire; by Sarahlee Richards, John Waters, Brian Frisby, Transformation Project, Northamptonshire County Council; in Control; Care Services Information Partnership - CSIP. [Northampton]: Northamptonshire County Council, [2008], 14 pp.

Self-directed support places control over an individual budget in the hands of the person needing support (or if the person lacks capacity, with a representative, usually a close family member). This short paper describes attempts to learn about how the social care system in Northamptonshire might work very differently through self-directed care. By reorganising the approach to social care, the local authority wanted to find out if local people with learning disabilities could really take more control over their lives. In 2004, Northamptonshire had 60 people with a direct payment, which by 2008 had increased to 650. Within the East Midlands area, it was the first local authority to sign up to "In Control". This paper describes how recipients have spent their money and the outcomes in being able to take control of their lives. (RH)

From : Transformation Team, Northamptonshire County Council; tel 01933 220720  
[www.northamptonshire.gov.uk](http://www.northamptonshire.gov.uk)

## **POVERTY**

(See Also 191/84)

191/96

Do we eat or do we heat: difficult decisions encountered by English older people; by Elsie Richardson, Audrey Lax, Ken Brown, North East England Older People's Research Group, North East England Older People's Advisory Group (NEOPAG). [Newcastle upon Tyne]: North East England Older People's Advisory Group, [2008], 20 pp.

This user-led study conducted by the North East England Older People's Research Group was prompted by anxieties from North East England Older People's Advisory Group (NEOPAG) members about obtaining food supplies where local shops were closing, the spiraling cost of living, and having to make difficult choices between having a nutritious diet and heating the home. The study had two stages: a survey concerning individuals' choices about food and factors in obtaining food; and "café style" group interviews examining the main topics identified. This report includes findings on: living arrangements and access to food; income and expenditure; the experiences of a rapidly changing society; developing strategies to cope with adverse circumstances; and the experience of living with rising costs of living. The project was funded by the Avril Osborne Trust [sic] (Averil Osborn Fund). (RH)

From : Correspondence to: Elsie Richardson MA, 56 Redcar Road, North Heaton, Newcastle upon Tyne NE6 5UE.

191/97

Engaging and empowering women in poverty; by Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, July 2008, 2 pp.

Findings, 2219, July 2008, 2 pp.

The Voices of Experience project consisted of a series of workshops where women living in poverty came together to express their experiences of poverty and learn more about the policy-making process. It also enabled them to develop policy proposals to improve their

situations and present these to policy-makers. These findings outline the participatory research that was carried with women in poverty living in Birmingham, Cardiff and London. The full report, 'Women and poverty: experiences, empowerment and engagement' by the Women's Budget Group, is published by the Joseph Rowntree Foundation (JRF) and available as a free download on the JRF website. (RH)

ISSN: 09583084

Price: FOC

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.

<http://www.jrf.org.uk>

## **PUBLIC SERVICES**

(See 191/81)

## **REMINISCENCE**

191/98

Remembering yesterday, caring today: reminiscence in dementia care: a guide to good practice; by Pam Schweitzer, Errollyn Bruce. London: Jessica Kingsley, 2008, 224 pp (Bradford Dementia Group good practice guides).

Reminiscence is a vital way of stimulating communication, promoting confidence and self-worth, and improving quality of life for people with dementia. Most of this book is based on ideas developed and tested over a 10-year period with people with dementia and their carers, through the "Remembering Yesterday, Caring Today" project. This originated with and was developed by the European Reminiscence Network with funding from the European Union (EU), and ran in 16 cities across Europe. The book is also an outcome of funding by the Medical Research Council (MRC) in 2004 to prepare for a controlled trial of RYCT, for which a manual was required. This practical guide explains how creative reminiscence work can stimulate and enrich communication, and contribute to positive relationships between people with dementia and those who care for them. It offers advice on setting up a project using the RYCT approach, and includes session plans for themes based on a life course framework. The book highlights the value of combining good practice in reminiscence with a person-centred approach to dementia. (RH)

Price: £19.99

From : Jessica Kingsley (Publishers) Ltd., 116 Pentonville Road, London N1 9JB.

<http://www.jkp.com>

## **RESEARCH**

191/99

Older people and research: summary report and recommendations of the Years Ahead Task Group; by Years Ahead, Institute for Ageing and Health (IAH), Newcastle upon Tyne. Newcastle-upon-Tyne: Electronic format only, [2008], 5 pp.

The importance of involving end-users in the research process, and of involving service users in policy and strategy planning, is now widely recognised. In the North East, Years Ahead has drawn attention to the need to harness the social and intellectual capital of its older people.

The aim of the Older People and Research Task Group has been to review and inform ways in which relevant research is organised and managed in the region, and to promote older people's engagement in the research process. This summary report outlines recommendations made on such involvement in initiatives such as Science City, work with academic researchers and the region's five universities, and with NHS Trusts and local authorities. (RH)

From : Download from website: <http://www.yearsahead.org.uk/researchtg.pdf>

## **RESIDENTIAL AND NURSING HOME CARE**

(See Also 191/24, 191/70)

191/100

Advance care planning in care homes for older people: a survey of current practice; funded by the Nuffield Foundation; by Katherine Froggatt, Suzanne Vaughan, Caroline Bernard (et al), International Observatory on End of Life Care, Institute for Health Research, Lancaster University; Counsel and Care; University of the West of England - UWE. London: Counsel and Care, 2008, 54 pp (+ appendix).

The study aims to describe current advance care planning practice (ACP) in care homes for older people, to what extent this is currently undertaken, how this is done, and to highlight good practice already in use, in respect to planning for care when communication or cognition becomes impaired, and/or at the end of life. The authors report on Phase 1, a postal questionnaire survey sent to 500 managers of care homes (213 responded, a 42% response rate). Managers viewed ACP as a positive and beneficial process which they recommend residents complete. Most care homes had staff trained in communication and listening skills, palliative care and bereavement care. Fewer have staff trained in ACP, religious practices or spiritual care. Managers reported lower levels of confidence regarding their knowledge of end of life issues and supporting staff to undertake decisions. They also reported staff confidence as one of the biggest barriers to consultation with residents about end of life care; also challenges in finding out and carrying out a resident's wishes. Good ACP practice comprised attention to ensuring that ACP was focused on the individual and tailored to their needs and abilities. (RH)

From : <http://www.counselandcare.org.uk/assets/library/documents/ACP>

International Observatory on End of Life Care, Institute for Health Research, Bowland Tower East, Lancaster University. Lancaster LA1 4YT.

## SEXUALITY

191/101

Secular trends in self reported sexual activity and satisfaction in Swedish 70 year olds: cross sectional survey of four populations, 1971-2001; by Nils Beckman, Margda Waern, Deborah Gustafson (et al).

British Medical Journal, vol 337, no 7662, 19 July 2008, pp 151-154.

Most older participants in surveys on sexual behaviour developed their views during the early part of the 20th century. The authors examined secular trends in sexual behaviour and attitudes to sexuality in later life in four samples of 70 year olds (946 women and 560 men) from Gothenburg, Sweden who were surveyed in 1971-2, 1976-7, 1992-3 and 2000-1. From 1971 to 2000, the proportion of 70 year olds reporting sexual intercourse increased among all groups: married men from 52% to 68%, married women from 38% to 56%, unmarried men from 30% to 54%, and unmarried women from 0.8% to 12%. Men and women from later birth cohorts reported higher satisfaction with sexuality, fewer sexual dysfunctions, and more positive attitudes to sexuality in later life than those from earlier birth cohorts. A larger proportion of men (57% vs 40%) and women (52% vs 35%) reported very happy relationships in 2000-1 compared with those in 1971-2. Sexual debut before age 20 increased in both sexes: in men from 52% to 77%, and in women from 19% to 64%. Self-reported quantity and quality of sexual experiences among Swedish 70 year olds has improved over a 30 year period. (RH)

ISSN: 09598138

From : <http://www.bmj.com>

191/102

Sex in the middle ages; by Anne Gullard.

Community Care, issue 1733, 31 July 2008, pp 24-25.

Instances of sexually transmitted infections in over 45s are increasing. This article's author asks what is causing the trend and what can be done to ensure that people receive the treatment they need. She cites the findings of studies conducted by the Health Protection Agency in the West Midlands and the Family Planning Association (FPA) which comment on the trend, while also noting the importance of sexual activity to self-perception of well-being. Safer sex campaigns and promoting access to sexual health clinics are required for an increasingly vulnerable age group just as much as for the under 25s. (RH)

ISSN: 03075508 From : <http://www.communitycare.co.uk>

## **SHELTERED HOUSING**

- 191/103      Belonging in Britain: black older people's experiences of a sheltered housing scheme in London; by Audrey Allwood.  
Housing, Care and Support, vol 11, no 2, August 2008, pp 32-40.  
The author's research entitled "The negotiation of belonging among long-term West Indian migrants residing in a sheltered housing scheme in Brixton, London", examined the intricacies of identity and placement. The Supporting People Framework governs this BME supported housing scheme within the Council's equalities ethos. Allwood's research sample of 26 women and men aged between 60 and 86 were working-class migrants who had moved to England in the 1950s and 1960s. Influenced by Gramsci's (1990) ideas about the involvement of ordinary people in social change, and Bhabha's (1994) idea of placement, Allwood investigated how the elders, assisted by others who acted on their behalf, negotiated their place in British society as recipients of support services, and engaged in consultation and user involvement processes. Both conflicting and supportive service provision arose. This created shifting boundaries in relation to belonging that emerged between the elders, their place of birth, their formative culture and their on-going engagement with new experiences, other groups and the state.  
(KJ/RH)  
ISSN: 14608790  
From : Website: <http://www.pavpub.com>

## **SOCIAL CARE**

(See Also 191/48)

- 191/104      "Duty and obligation" - the invisible glue in services and support; by Kalyani Gandhi, Helen Bowers, Joseph Rowntree Foundation - JRF; Older People's Programme - OPP. York: Joseph Rowntree Foundation - JRF, September 2008, 12 pp.  
Viewpoint, 2291, September 2008, 12 pp.  
The Department of Health (DH) consultation paper, 'The case for change', has opened a debate on the long-term future of England's care and support system. In this Viewpoint, the authors argue that if social care services are to transform people's lives, they must be based on a deeper understanding of human relationships and the nature of duty and obligation inherent within them. The current dialogue about demographic change needs shifting from global forecasts about population ageing - and assumptions about what this brings - to a detailed exploration of the ways in which people age, in different circumstances and across the life course. It should include a range of responses to the societal and economic challenges all of us face. The authors debunk some of the "myths" around care of older people by families, minority ethnic groups, and young people, as well as the "myths" concerning older people living alone, or the demands made by older people for (expensive) statutory services. (KJ/RH)  
ISSN: 09583084  
Price: FOC  
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.  
<http://www.jrf.org.uk/knowledge/findings/socialcare/pdf/2291.pdf>

- 191/105      Building quality report cards for geriatric care in The Netherlands: using concept mapping to identify the appropriate "building blocks" from the consumer's perspective; by A Stef Groenewoud, N Job A van Exel, Marc Berg (et al).  
The Gerontologist, vol 48, no 1, February 2008, pp 79-92.  
A new Health Care Insurance Act came into effect in the Netherlands in January 2006, whereby people can now choose their own health care insurer and provider. This article reports on a study to define the "building blocks" for quality report cards for geriatric care, using Concept Mapping / Structured Conceptualisation. The authors carried out Concept Mapping using these data collection methods: a Web search, semi-structured interviews, document analysis, questionnaires, and focus groups. The study found that although home care and institutional

care for older people share many quality themes, experts need to develop separate quality report cards for the two types of geriatric care. Home care consumers attach more value to the availability, continuity and reliability of care, whereas consumers of institutional care value privacy, respect and autonomy most. Unlike many other quality report card studies, this study also showed that consumers want information on structure, process and outcome indicators, and rating outcome indicators such as effectiveness and safety of care, both for home care and institutional care. Concept Mapping proved to be a valuable method for developing quality report cards in health care. (RH)

ISSN: 00169013

From : <http://www.geron.org>

191/106

Self reported receipt of care consistent with 32 quality indicators: national population survey of adults aged 50 or more in England; by Nicholas Steel, Max Bachmann, Susan Maisey (et al). British Medical Journal, vol 337, no 7667, 23 August 2008, pp 441-445.

Studies of single health conditions have suggested shortfalls in quality of care in England. 8688 participants in the English Longitudinal Study of Ageing (ELSA) answered a structured survey questionnaire by face-to-face interview regarding medical panel endorsed quality of care indicators for both publicly and privately provided care. 4417 reported diagnosis on one or more of 13 conditions. Participants were eligible for 19082 items of indicated care, receipt of which varied substantially by condition. The percentage of indicated care received by eligible participants was highest for ischaemic heart disease (83%), followed by hearing problems (79%), pain management (78%), diabetes (74%), hypertension (72%), stroke (65%), depression (64%), patient centred care (58%), poor vision (58%), osteoporosis (53%), urinary incontinence (51%), falls management (44%), osteoarthritis (29%), and overall (62%). Substantially more indicated care was received for general medical (74%) than for geriatric conditions (57%), and for conditions included in the general practice pay for performance contract (75%) than excluded from it (58%). Shortfalls in receipt of basic recommended care by adults aged 50+ with common health conditions in England were most noticeable in areas associated with disability and frailty, but few areas were exempt. Efforts to improve care have substantial scope to achieve better health outcomes and particularly need to include chronic conditions that affect older people's quality of life. (RH)

ISSN: 09598138 From : <http://www.bmj.com>

### **SOCIAL EXCLUSION**

(See Also 191/48)

191/107

Financial inclusion in the UK: review of policy and practice; by Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, July 2008, 4 pp.

Findings, 2234, July 2008, 4 pp.

Financial inclusion is the inability, difficulty and reluctance to access appropriate, so-called mainstream, financial services. The reduction of financial inclusion is a priority for the present government, because it can lead to social exclusion. This study was a review of current policies and practices aimed at reducing financial inclusion. The financial services covered include money and debt advice, financial capability, banking, affordable credit and insurance. The study concluded that, overall, the number of those without access to banking services will continue to fall, while the need to have a bank account will increase. These findings outline the study's aims and methods, and indicate those groups particularly vulnerable to financial exclusion and the services available to them. The full report (same title), by Lavinia Mitton, is published by the Joseph Rowntree Foundation (JRF) and available as a free download on the JRF website. (RH)

ISSN: 09583084

Price: FOC

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.  
<http://www.jrf.org.uk>

- 191/108 The role of social isolation of elders in recidivism of self-neglect cases at San Francisco Adult Protective Services; by Catherine Spensley.  
Journal of Elder Abuse & Neglect, vol 20, no 1, 2008, pp 43-62.  
A secondary chart review was conducted on 704 of San Francisco Adult Protective Services' clients with confirmed cases of self-neglect in 2004. Bivariate and multivariate analyses showed a positive relationship between substance or alcohol abuse and recidivism, and a negative relationship between cognitive decline and recidivism. No significant relationships were found for social isolation or mental health concerns and recidivism. This study supports previous research suggesting significant relationships between substance abuse and self-neglect, further demonstrating a need for more substance and alcohol abuse programmes for older people. (RH)  
ISSN: 08946566  
From : Haworth Document Delivery Service, 10 Alice St., Binghamton, NY 13904-1580, USA.  
<http://www.HaworthPress.com>

### **SOCIAL POLICY AND THEORY**

(See Also 191/42)

- 191/109 Choice and values: individualised rational action and social goals; by Peter Taylor-Gooby.  
Journal of Social Policy, vol 37, part 2, April 2008, pp 167-186.  
In response to pressures from social, economic and political changes, welfare states are undergoing reform. A central theme in the new policies, particularly influential in the UK, is the use of incentives through activation programmes and reforms to public sector management to promote rational responsible choices by both service users and providers. The theoretical underpinning of this approach relies on a model of people as plural in their values, but holding values that are independent from social context and institutional framework. Policy seeks to harness those values to produce desired behaviour. This article focuses on two relevant literatures. Analyses of rational action at an individual level by economic psychologists, evolutionary biologists and game theorists indicate that the context in which choices are framed influences responses. Further work by economic sociologists and social psychologists suggests that the values that guide behaviour have an important social element as normative systems embodied in institutional frameworks. The norms appropriate to market interactions typically differ from welfare norms, so that different value frameworks and responses apply. The implication is that the transition to quasi-market and individualised incentive systems risks damaging the norms that sanction support for distant but vulnerable groups. The article falls into three sections: reviewing the background to reform and the emergence of an emphasis on individualised rational choice, considering each of the literatures mentioned above, and discussing policy consequences. (KJ/RH)  
ISSN: 00472794  
From : <http://www.journals.cambridge.org>

### **SOCIAL SERVICES**

(See 191/63)

### **STROKE**

- 191/110 Dysphagia treatment post stroke: a systematic review of randomised controlled trials; by Norine Foley, Robert Teasell, Katherine Salter (et al).  
Age and Ageing, vol 37, no 3, May 2008, pp 258-264.  
Dysphagia (a swallowing disorder) is known to be a common and potentially serious complication of stroke. This article reports a systematic review of randomised controlled trials (RCTs) updating previous work and evaluating the range of therapeutic interventions

intended for use in adults recovering from stroke and dysphagia. 15 RCTs were found that evaluated the benefit of general dysphagia therapy programmes, non-oral feeding, medications, and physical and olfactory stimulation in the treatment of post stroke dysphagia. The risk of death associated with the use of nasogastric and percutaneous endoscopic gastrostomy (PEG) tubes is equal. Fewer tube failures and decline in variables associated with nutritional status are associated with the use of PEG tubes. There is emerging evidence that general dysphagia programmes reduce the risk of pneumonia in the acute stage of stroke. Despite the recent addition of several newly published RCTs, few utilise the same treatment and outcomes; thereby comparison across studies continues to be limited. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

191/111

Predicting people with stroke at risk of falls; by A Ashburn, D Hyndman, R Pickering (et al). *Age and Ageing*, vol 37, no 3, May 2008, pp 270-276.

Falls are common following stroke, but knowledge about predicting future fallers is lacking. Of 512 people identified by this study who had been admitted to hospital with stroke, 122 (mean age 70.2 years) completed a battery of tests (balance, function, mood and attention) within 2 weeks of leaving hospital and 12 months post-discharge. Fall status was available for 115, of whom 63 (55%) had experienced one or more falls, 48 (42%) experienced repeated falls, and 62 (54%) experienced near falls. All variables available at discharge were screened as potential predictors of falling. Six variables emerged: near-falling in hospital; Rivermead leg and trunk score; Rivermead upper limb score; Berg Balance score; mean functional reach; and the Nottingham extended activities of daily living (NEADL) score. A score of near falls in hospital and upper limb function was the best predictor with 70% specificity and 60% sensitivity. Participants who were unstable (near falls) in hospital with poor upper limb function (unable to save themselves) were most at risk of falls. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

191/112

Stroke: diagnosis and initial management of acute stroke and transient ischaemic attack (TIA); by National Collaborating Centre for Chronic Conditions; National Institute for Health and Clinical Excellence - NICE. London: NICE - National Institute for Health and Clinical Excellence, July 2008, 16 pp (Quick reference guide : NICE clinical guideline 68).

The National Collaborating Centre for Chronic Conditions, based at the Royal College of Physicians (RCP), has developed this guideline on stroke for NICE. The guide covers interventions in the acute stage of a stroke. There is evidence that rapid diagnosis, admission to a specialist stroke unit, and immediate brain imaging and use of thrombolysis where indicated can all contribute to a better outcome for patients. For people with a transient ischaemic attack (TIA), rapid assessment for risk of subsequent stroke allows appropriate treatment to be initiated to reduce the likelihood of stroke occurring. (RH)

ISBN: 1846292247

From : National Institute for Health and Clinical Excellence, MidCity Place, 71 High Holborn, London WC1V 6NA. Website: <http://www.nice.org.uk/guidance/CG068>



# CALENDAR OF COURSES AND CONFERENCES

*All contributions to this section of New Literature on Old Age will be welcome.*

**There are now hundreds of courses, conferences, training events, workshops etc which are held throughout the year about older age issues.**

**A fuller listing is available on AgeInfo CD-ROM/Web.**

1 - 4 October 2008

## **11th European Health Forum Gastein - Values in Health - from visions to reality**

The main objective of the EHFG is to facilitate the establishment of a framework for advising and developing European health policy while recognising the principle of subsidiarity.

Conference focus on: Promoting health - preventing disease; Health ethics; Rare diseases; Equity in Health; Innovations in coordinated care; Quality and safety; with other workshops.

*Organised by:* European Health Forum Gastein

*Location :* Bad Hofgastein, Austria

*Details :* International Forum Gastein, Tauernplatz 1, 5630 Bad Hofgastein, Austria

*Tel :* +43 (6432) 3393 270, *Fax :* +43 (6432) 3393 271

1 October 2008

## **Dignity in Care on the Wards: Moving Forward**

*Speakers:* Chair: Paul Cann (Director, Help the Aged)

*Organised by:* Healthcare Events

*Venue:* 20 Cavendish Square

*Location :* London, England

*Details :* Healthcare Events, 2 Acre Road, Kingston, Surrey, KT2 6EF

*Tel :* +44 (0)20 8541 1399, *Fax :* +44 (0)20 8547 2300

1 October 2008

## **Moving on Up : Developing the London Workforce**

*Organised by:* Skills for Care London

*Venue:* Holiday Inn Bloomsbury

*Location :* London, England

*Details :* FREEPOST RLUZ-ATEU-RYUZ, Richmond House, Richmond Road, Brighton, BN2 3RL

*Tel :* +44 (0)870 890 1080, *Fax :* +44 (0)870 890 1081

1 - 14 October 2008

## **The Age Debate : A series of discussions and debates about the future of ageing**

Aimed at the general public as part of the Manchester Full of Life Festival which runs from 29 September to 10 October.

*Speakers:* various

*Organised by:* Valuing Older People in Manchester

*Venue:* various in Manchester

*Location :* Manchester, England

*Details :* Natalie Pink

*Tel :* +44 (0)161 234 3547

1 October 2008

## **UK Older People's Day and UN International Day of Older People**

This is the second national older people's day in the UK and will focus on inter-generational work.

The date kick-starts a co-ordinated programme of events nationwide throughout October. The UK focus this year is intergenerational work with the Beth Johnson Foundation commissioned by the Department for Work and Pensions to develop information packs for schools and older people's organisations around activities for the day.

*Organised by:* Department for Work and Pensions - DWP (Lead Department)

*Venue:* Nationwide throughout the United Kingdom

*Location :* Nationwide, United Kingdom

5 October 2008

## **Grandparents Day**

The Day was brought to the UK by Age Concern in 1990. The national event celebrates the important role grandparents play in society and highlights the special relationship they have with their

grandchildren. Regional celebrations held by many local councils e.g. Manchester City Council's Full of Life Festival runs from Monday 29 September to Friday 10 October 2008.

*Location* : regional, United Kingdom

8-9 October 2008

### **Social Exercise**

Sociable Exercise - 2 day course for health and social care staff. Tutor: Diane Amans. Various locations from October to March 2009. This course can be booked in your area as part of our regional training programme. Linda Neary is the contact to discuss hosting this course for people in your area (tel: 0113 236 3344).

*Organised by*: National Centre for Movement, Learning and Health - JABADAO

*Venue*: regional

*Location* : England

*Details* : Pat Pickavance, JABADAO, The Yard,

Viaduct Street, Stanningley, Leeds, LS28 6AU

*Tel* : +44 (0)113 236 3318, *Fax* : +44 (0)113 236 2266

13 October 2008

### **Changing the shape of learning disabilities services : What are the real costs of personalisation and individual budgets on a changing provider marketplace?**

Conference also on 16 October at Armada House, Bristol.

*Speakers*: Chair: William Laing (CE Laing & Buisson).

*Organised by*: Laing & Buisson supported by brookdale

*Venue*: The Met, Leeds

*Location* : Leeds, England

*Details* : Laing & Buisson (Conferences) Ltd, 29

Angel Gate, City Road, London, EC1V 2PT

*Tel* : +44 (0)20 7923 5348, *Fax* : +44 (0)20 7841 0048

13 October 2008

### **Implementing the Mental Capacity Act in End of Life Care : Moving forward**

*Speakers*: Chair: Dr Teresa Tate (Barts and The London NHS Trust, Consultant in Palliative Medicine)

*Organised by*: Healthcare Events

*Venue*: Manchester Conference Centre

*Location* : Manchester, England

*Details* : Healthcare Events, 2 Acre Road, Kingston,

Surrey, KT2 6EF

*Tel* : +44 (0)20 8541 1399, *Fax* : +44 (0)20 8547 2300

13-24 October 2008

### **International Programme in Policy Formulation, Planning, Implementation and Monitoring of the Madrid International Plan of Action on Ageing**

Programme consists of lectures, seminars, site visits and workshops.

*Organised by*: International Institute on Ageing (United Nations - Malta) (INIA) in collaboration with UNFPA

*Venue*: Malta

*Location* : Valletta, Malta

*Details* : International Institute on Ageing, 117 St Paul Street, Valletta VLT 07, Malta

*Tel* : +356 21-243044/5/6, *Fax* : +356 21-230248

13 October 2008

### **Reducing MRSA : Making a Difference - Board to Ward**

*Organised by*: Healthcare Events

*Venue*: Manchester Conference Centre, Manchester

*Location* : Manchester, England

*Details* : Healthcare Events, 2 Acre Road, Kingston, Surrey, KT2 6EF

*Tel* : +44 (0)20 8541 1399, *Fax* : +44 (0)20 8547 2300

14 October 2008

### **Mainstreaming Healthy Ageing in the renewed Social Agenda**

Registration by 1st October. Morning only discussion.

*Organised by*: Lambert Van Nistelrooij MEP and Claude Moraes MEP, Co-Presidents of the Intergroup on Ageing, in cooperation with AGE and EPHA

*Venue*: Room A5E-2 at the European Parliament, Brussels

*Location* : Brussels, Belgium, Information and Communications Officer

*Details* : Karen Vandeweghe, AGE - The European Older People's Platform, Rue Froissart 111, B - 1040 Brussels

15 October 2008

### **Age Concern Cymru Autumn Conference and Annual General Meeting : Age Of Opportunity**

Registration by 8 October.

*Speakers*: Professor Vanessa Burholt; Dr Ian Millington.

*Organised by*: Age Concern Cymru

*Venue:* The All Nations Centre, Heath  
*Location :* Cardiff, Wales  
*Details :* Ty John Pathy, 13/14 Neptune Court,  
Vanguard Way, Cardiff, CF24 5PJ  
*Tel :* +44 (0)29 2043 1555

15 October 2008

**Delivering effective end-of-life care: developing partnership working**

Recognition of the need for good-quality end-of-life care has been steadily increasing, with the release of the government's End of Life Care Strategy. Much pioneering work has been done by a wide range of organisations across health and social care. In order to enable greater choice for those at the end of their life, there is now a move towards more effective commissioning and co-ordination of this care. Produced in partnership between the The King's Fund, Marie Curie Cancer Care, and the National Council for Palliative Care, this one-day conference will look at the best ways to deliver end-of-life care. Keynote speakers: Professor Mike Richards CBE, and, Dr James Beattie.

*Speakers:* Chairs: Niall Dickson (Chief Executive, The King's Fund); Thomas Hughes-Hallett, (Chief Executive, Marie Curie Cancer Care); Eve Richardson (Chief Executive, National Council for Palliative Care)

*Organised by:* The King's Fund in partnership with Marie Curie Cancer Care and the National Council for Palliative Care

*Venue:* Royal College of Obstetricians and Gynaecologists, London

*Location :* London, England

*Details :* Events, The King's Fund, 11-13 Cavendish Square, London, W1G 0AN

*Tel :* +44 (0)20 7307 2584, *Fax :* +44 (0)20 7307 2809

15 October 2008

**Managing Long Term Conditions : Personalising care through collaborative working and patient empowerment**

*Organised by:* HSJ Conferences

*Venue:* Cavendish Conference Centre

*Location :* London , England

*Details :* Long Term Conditions Conference Registration, HSJ Conferences, , Greater London House, Hampstead Road, London, NW1 7EJ

*Tel :* +44 (0)845 056 8299, *Fax :* +44 (0)20 7505 6001

16 October 2008

**Bridging the gap : Contemporary issues in meeting the mental health needs of people with learning disabilities**

*Speakers:* Chair: Deborah Klee

*Organised by:* Pavilion in partnership with Estia Centre

*Venue:* ORT House Conference Centre, London NW1

*Location :* London, England

*Details :* Customer Service Team, Freepost RLUZ-ATEU-RYUZ, Pavilion, Richmond House, Richmond Road, Brighton, BN2 3RL

*Tel :* 0870 890 1080, *Fax :* 0870 890 1081

16 October 2008

**Dying Well with Dignity : Meeting the challenges of multiple conditions**

*Organised by:* National Council for Palliative Care - NCPC

*Venue:* The Hellenic Centre

*Location :* London, England

*Details :* Mridu Rana, Events Coordinator, Fitzpatrick Building, 188-194 York Way, London, N7 9AS

*Tel :* +44 (0)20 7697 1520, *Fax :* +44 (0)20 7697 1530

20 October 2008

**Fifth National Conference : A Practical Guide to Safeguarding Vulnerable Adults**

This conference builds on the multi-professional approach advocated by a new protocol for safeguarding adults developed by the Directors of Adult Social Services (ADASS), Association of Chief Police Officers (ACPO) and Commission for Social Care Inspection (CSCI), which has been designed to protect people who may be the subject of abuse or neglect.

*Speakers:* Chair: Professor Paul Kingston. Mervyn Eastman; Paul Snell; Teresa Bell; Bill Nicol with Debbie Griffiths; Daniel Blake (and others).

*Organised by:* Healthcare Events

*Venue:* 4 Hamilton Place, London

*Location :* London, England

*Details :* Healthcare Events, 2 Acre Road, Kingston, Surrey, KT2 6EF

*Tel :* +44 (0)20 8541 1399, *Fax :* +44 (0)20 8547 2300

22 October 2008

**Better access: bringing health services into the care home**

When older people go into residential care, families often worry about the care their relatives are going to receive. They do not know what to expect on their behalf, or what rights they have as families to be kept informed and involved. Following our successful health and wellbeing conference in July, and in response to demand, the R&RA is running another conference looking at more of the same issues. The conference will explore the concerns that families have and hear from health and social care professionals responsible for providing the care that residents receive. Tea and the R&RA AGM follow.

*Speakers:* Chair: Kina, Lady Avebury

*Organised by:* Relatives & Residents Association

*Venue:* The London Voluntary Sector Resource Centre

*Location :* London, England

*Details :* Joy McCarthy, The Relatives & Residents Association , 24 The Ivories , 6-18 Northampton Street , London N1 2HY

*Tel :* +44 (0)20 7359 8148, *Fax :* +44 (0)20 7226 6603

22 October 2008

**Changing Times : The future of race equality in housing**

*Organised by:* Communities and Local Government; Race Equality Foundation; Hact

*Venue:* The Abbey Centre, Westminster

*Location :* London, England

*Details :* Tracey Bignall

*Tel :* +44 (0)20 7619 6225, *Fax :* +44 (0)20 7619 6230

22 October 2008

**Lobby of Parliament : a decent State Pension for all generations**

12 noon rally point with 2pm onwards to Lobby of MPs, House of Commons.

*Organised by:* National Pensioners Convention (NPC)

*Venue:* Rally @ Methodist Centre Hall

*Location :* London, England

*Details :* Alison Purshouse, 19-23 Ironmonger Row, London, EC1V 3QN

*Tel :* +44 (0)20 7553 6510, *Fax :* +44 (0)20 7553 6511

28-30 October 2008

**3rd UK Dementia Congress**

The UK's largest dementia-focused event. First professional analysis of the National Dementia Strategy.

*Speakers:* include Terry Pratchett (author).

*Organised by:* Hawker Publications organised by Journal of Dementia Care, main sponsor Barchester Healthcare

*Venue:* International Centre, Bournemouth

*Location :* Bournemouth, England

*Details :* Shital Patel, Hawker Publications, 2nd Floor, Culvert House, Culvert Road, London, SW11 5DH

*Tel :* +44 (0)20 7720 2108, *Fax :* +44 (0)20 7493 3023

28 October 2008

**LCS Ninth Annual Conference : Where next for Health and Social Care?**

Organised by LCS International and the Westminster Think Tank, Public Policy Projects, this conference is now established as a leading annual policy debate guiding the NHS and Social Services and the independent sector on the significant challenges and opportunities in care services reform.

*Organised by:* LCS International Consulting in association with The Times Public Agenda

*Venue:* 1 Birdcage Walk

*Location :* London, England

*Details :* LCS International Consulting Ltd.,, 2 Manchester Square, London, W1U 3PA

*Tel :* +44 (0)20 7034 3490, *Fax :* +44 (0)20 7935 7925

29 October 2008

**TAEN Annual Conference : Staying the Work Course**

Panel discussion on innovative employment policies and practices.

*Speakers:* Barbara Follett MP; David Lammy MP; Dr Bill Gunnyeon; Professor Juhani Ilmarinen; Professor Michael O'Donnell.

*Organised by:* Third Age Employment Network - TAEN

*Venue:* The Apothecaries' Hall

*Location :* City of London, England

*Details :* TAEN, 207-221 Pentonville Road, London, N1 9UZ

*Tel :* +44 (0)20 7843 1590, Launch of Unum Chief Medical Officer's Report on Ageing and Employment.

29 October 2008

**The 2008 Annual Investing in Healthcare Conference**

*Speakers:* Chair: Alan Dexter (Healthcare Consultant)  
*Organised by:* Laing & Buisson sponsored by Barclays Commercial  
*Venue:* America Conference Centre  
*Location :* London, England  
*Details :* Laing & Buisson (Conferences) Ltd, 29 Angel Gate, City Road, London, EC1V 2PT  
*Tel :* +44 (0)20 7923 5348, *Fax :* +44 (0)20 7841 0048

11-12 November 2008

**INVOLVE 6th National Conference: Public involvement in Research, getting it right and making a difference**

A unique forum for people who are interested in public involvement in research and development to debate current practice, future challenges and opportunities.

*Organised by:* INVOLVE (formerly: Consumers in NHS Research) supported by the Dept of Health  
*Venue:* East Midlands Conference Centre  
*Location :* Nottingham, England  
*Details :* Professional Briefings, Registration Dept, 37 Star Street, Ware, Herts, SG12 7AA  
*Tel :* +44 (0)1920 487672, *Fax :* +44 (0)1920 462730

11 November 2008

**Retirement : promised land or barren wilderness?**

*Speakers:* Colin Johnson  
*Organised by:* Leveson Centre for the Study of Ageing, Spirituality and Social Policy  
*Venue:* Leveson Centre, Temple Balsall  
*Location :* Knowle, Solihull, England  
*Details :* The Revd Dr James Woodward, Temple House, Fen End Road, Temple Balsall, Knowle, Solihull, B93 0AN  
*Tel :* +44 (0)1564 778022, *Fax :* +44 (0)1564 778432

12 November 2008

**AGM and Carers Summit 2008**

A summit for carers and former carers only.  
*Speaker:* Rt. Hon. James Purnell MP, Secretary of State for Work & Pensions.  
*Organised by:* Carers UK  
*Venue:* Clifford Chance, The Auditorium, 10 Upper Bank Street  
*Location :* London , England  
*Details :* Anne Mundy  
*Tel :* +44 (0)20 7922 7974

12-14 November 2008

**British Geriatrics Society Autumn Meeting**

*Speakers:* Numerous speakers.  
*Organised by:* British Geriatrics Society (BGS)  
*Venue:* International Convention Centre  
*Location :* Birmingham, England  
*Details :* Secretariat, BGS Autumn Meeting, Hampton Medical Conferences Ltd, 113-119 High Street, Hampton Hill, Middlesex, TW12 1NJ  
*Tel :* +44 (0)20 8979 8300, *Fax :* +44 (0)20 8979 6700

12 November 2008

**Mind the Gap!**

The recent announcement of a Green Paper consultation on the future of care was accompanied by warnings that, without radical reform, England's social care system is heading towards a £6bn funding gap. In November when the 6 month consultation is nearing its end, Mind the Gap! will give care home delegates a timely opportunity to debate the gap between the resources required to deliver high quality Social Care and the funding available. The day s programme will also feature two seminar/workshop sessions to provide specialist advice and support

*Speakers:* Amongst others: Ivan Lewis (Care Services Minister), Baroness Young (Shadow Chair of the Care Quality Commission), John Dixon  
*Organised by:* English Community Care Association - ECCA Sponsored by Boots Care Services  
*Venue:* Holiday Inn, Bloomsbury  
*Location :* London, England  
*Tel :* +44 (0)8450 577 677, (President of ADASS).

13 November 2008

**Falls Prevention in Older People : Raising awareness, minimising risk and focusing on active healthy lifestyles**

Keynote speakers : Dr Adrian Hopper, Pamela Holmes; Frances Healey.

*Speakers:* Chairman : Dr Adrian Hopper, (Clinical Director Acute Medicine and Elderly Care, Guy's & St Thomas' NHS Foundation Trust; Project Lead (SLIPS))  
*Organised by:* Healthcare Events  
*Venue:* Manchester Conference Centre  
*Location :* Manchester, England  
*Details :* Healthcare Events, 2 Acre Road, Kingston, Surrey, KT2 6EF  
*Tel :* +44 (0)20 8541 1399, *Fax :* +44 (0)20 8547 2300

14 November 2008

**A Consumer-led Market of Social Care for Older People : The opportunities and challenges for councils, independent providers and the third sector**

*Speakers:* Chair: Deborah Klee

*Organised by:* Pavilion in partnership with Kings College London and Help the Aged

*Venue:* ORT House Conference Centre, London NW1

*Location :* London, England

*Details :* Customer Service Team, Freepost RLUZ-ATEU-RYUZ, Pavilion, Richmond House, Richmond Road, Brighton, BN2 3RL

*Tel :* 0870 890 1080, *Fax :* 0870 890 1081

17-28 November 2008

**International Programme on the Demographic Aspects of Population Ageing and its implications for socio-economic development, policies and plans**

Programme consists of lectures and seminars.

*Organised by:* International Institute on Ageing (United Nations - Malta) (INIA) in collaboration with UNFPA

*Venue:* Malta

*Location :* Valletta, Malta

*Details :* International Institute on Ageing, 117 St Paul Street, Valletta VLT 07, Malta

*Tel :* +356 21-243044/5/6, *Fax :* +356 21-230248

17 November 2008

**With Respect to Old Age: Caring for Older People in Scotland**

*Speakers:* Keynote Speakers: Shona Robison MSP (Minister for Public Health, Scottish Government);

*Organised by:* Holyrood Events with Alzheimer Scotland and Carers Scotland

*Venue:* tba

*Location :* Edinburgh, Scotland

*Details :* Holyrood Events, 21-23 Slater's Steps, Holyrood Road, Edinburgh, EH8 8PB

*Tel :* +44 (0)131 272 2130, *Fax :* +44 (0)131 272 2116,

Christopher Manthorp (Director for Older People's Services, EPIC Trust and columnist, The Guardian);

Jacque Roberts (Chief Executive, The Care Commission); Dr Lewis Morrison (Consultant Geriatrician, NHS Lothian)

18 November 2008

**A Breath of Fresh Air : Implementing the End of Life Care Strategy for respiratory disease**

*Organised by:* National Council for Palliative Care -

NCPC

*Venue:* The Hellenic Centre

*Location :* London, England

*Details :* Mridu Rana, Events Coordinator, Fitzpatrick Building, 188-194 York Way, London, N7 9AS

*Tel :* +44 (0)20 7697 1520, *Fax :* +44 (0)20 7697 1530

18 November 2008

**Supporting Older People Conference : Housing solutions for later life**

*Speakers:* Luke O'Shea (Communities and Local Government); Sue Lewis (Pennine Housing 2000); Alison Knight (Easy Living Home).

*Organised by:* National Housing Federation (NHF)

*Venue:* Wellcome Collection Conference Centre

*Location :* London, England

*Details :* Business Sales and Support Team

*Tel :* +44 (0)20 7067 1066

20 November 2008

**Towards a new care and support system : 2nd Social Care Pre-Green Paper**

The Department of Health pre-Green Paper consultation, which promises to change way social care services are funded, is due to close in late November.

*Speakers:* Chair: Stephen Burke (Counsel & Care CE)

*Organised by:* Counsel & Care conference

organised by Neil Stewart Associates supported by ADASS and The King's Fund

*Venue:* Inmarsat Conference Centre, London EC1

*Location :* London, England

*Details :* Laura Brownlee, PO Box 39976, 2nd Floor, 1 Benjamin Street, London, EC1M 5YT

*Tel :* +44 (0)20 7324 4372, *Fax :* +44 (0)20 7490 8830

21-25 November 2008

**61st Annual Scientific Meeting of the Gerontological Society of America - Resilience in an Aging Society: Risks and Opportunities**

"The theme of the 2008 Annual Scientific Meeting is ... Resilience is an inclusive concept that spans generations, takes a life-course perspective, and embraces comparative international perspectives. In the broadest sense, resilience is about maintaining positive adaptation in the face of adversity.

Resilience may be a dynamic process influencing the ability to deal with and learn from experiences or use social support to enhance coping. Society, communities, families, environment, and policy can play a critical role in promoting resilience." (Lisa

Gwyther, GSA President).

*Organised by:* Gerontological Society of America (GSA)

*Venue:* Gaylord National Resort and Convention Center, National Harbor

*Location :* Maryland, USA

*Details :* Gerontological Society of America, 1030 15th Street, NW, Suite 250, Washington, DC 20005-1503, USA

*Tel :* +1 202 842 1275, *Fax :* +1 202 842 1150

25 November 2008

### **The Single Equality Bill: Developing A Fairer Britain For All**

The aim of the Single Equality Bill is to make Britain a fairer place to live and work by simplifying and adding provisions to extend protection where it did not previously exist or is inadequate and thereby improving access to the law by bringing together over a hundred laws and nine major pieces of legislation in to one bill. The bill places a duty on all public bodies to consider the diverse needs and requirements of their workforce, and the communities they serve. Following two reviews and an extensive period of consultation, many interested parties support both the principle and the purpose of the bill but have expressed concerns about proposed provisions or requirements within it. This forum will provide delegates with the opportunity to explore the strengths and weaknesses of the bill with the purpose of influencing its final draft as well as gain a clear understanding of how the law will likely affect them, the development and delivery of services and, what further work public, private and third sector organisations will need to be do to prepare for the bill passing in to law.

*Speakers:* Jonathan Rees (Director General, Government Equalities Office); Mark Harper MP (Shadow Minister for Disabled People); Anne Begg MP, (Chair, All-Party Parliamentary Group on Equalities); Lord Archie Kirkwood (Former Chair, Work and Pensions Select Committee); John Wadham, (Group Director, Legal Equality and Human Rights Commission) and others

*Organised by:* Inside Government in association with Help the Aged

*Venue:* London - tba (half day conference)

*Location :* London, England

*Details :* Inside Government, Golden Cross House, 8 Duncannon Street, London, WC2 4JF

*Tel :* +44 (0)845 666 0664, *Fax :* +44 (0)20 7484 4950

27 November 2008

### **Delivering the End of Life Care Strategy**

*Speakers:* Amongst others: Eve Richardson (Advisory Board Member, End of Life Care Strategy); Dr Rob George (Co Chair, End of Life Care Clinical Advisory Group).

*Organised by:* Healthcare Events

*Venue:* 4 Hamilton Place, London

*Location :* London, England

*Details :* Healthcare Events, 2 Acre Road, Kingston, Surrey, KT2 6EF

*Tel :* +44 (0)20 8541 1399, *Fax :* +44 (0)20 8547 2300

27 November 2008

### **Digital Inclusion**

In January 2008 the Government recognised the importance of ICT and social inclusion by appointing a Minister for Digital Inclusion, with a cross-departmental cabinet committee working to develop a strategy to ensure that all citizens, especially the disadvantaged, benefit from new technologies. This conference will enable participants to discuss and debate ways of addressing social exclusion through the use of ICT.

*Organised by:* NIACE : National Institute of Adult Continuing Education

*Venue:* East Midlands Conference Centre, University Park

*Location :* Nottingham, England

*Details :* Gurjit Kaur, NIACE Conferences and Courses Office, Renaissance House, 20 Princess Road West, Leicester, LE1 6TP

*Tel :* +44 (0)116 204 2833, *Fax :* +44 (0)116 254 8368

1 December 2008

### **Joining up race equality, mental health and housing**

*Speakers:* Chair: Ronny Flynn (Director of Health and Housing, REF)

*Organised by:* Pavilion in partnership with Race Equality Foundation, HACT, Housing Diversity Network, NSIP

*Venue:* ORT House Conference Centre, London NW1

*Location :* London, England

*Details :* Customer Service Team, Freeport RLUS-ATEU-RYUZ, Pavilion, Richmond House, Richmond Road, Brighton, BN2 3RL

*Tel :* 0870 890 1080, *Fax :* 0870 890 1081

2 December 2008

### **Delivering Lifetime Homes and Neighbourhoods for an Ageing Population**

2nd Annual Conference of Counsel and Care. This national conference will look at how to improve current housing stock and services and rise to the challenges for new housing. Delegates will explore how to meet the targets to future proof all new homes so that by 2011 all new social housing meets the Lifetime Homes standard, and by 2013 all new homes are age friendly. The event will also examine what age-friendly cities should look like and the role planners and councils have in creating them. As well as demonstrating how we can plan for an ageing population, speakers will present how best services can support older people now through the National Housing Advice and Information Service, the £460m Disabled Facilities Grant and £33m rapid repair and adaptations service.

*Organised by:* Counsel & Care conference organised by Neil Stewart Associates supported by Communities and Local Government

*Venue:* central London - tba

*Location :* London, England

*Details :* Laura Brownlee, PO Box 39976, 2nd Floor, 1 Benjamin Street, London, EC1M 5YT

*Tel :* +44 (0)20 7324 4372, *Fax :* +44 (0)20 7490 8830

2 December 2008

### **Mental Capacity Act in the Care of Older People**

Keynote address: Martin John (Public Guardian and Chief Executive, OPG)

*Speakers:* Chairman: Ruth Eley (CSIP)

*Organised by:* Healthcare Events

*Venue:* 76 Portland Place

*Location :* London, England

*Details :* Healthcare Events, 2 Acre Road, Kingston, Surrey, KT2 6EF

*Tel :* +44 (0)20 8541 1399, *Fax :* +44 (0)20 8547 2300

3-4 December 2008

### **NICE 2008 : 10th Anniversary Conference**

*Organised by:* National Institute for Health and Clinical Excellence - NICE

*Venue:* Manchester Central Convention Complex

*Location :* Manchester , England

*Details :* Health Links Events Ltd., Windsor House , 11A High Street, Kings Heath, Birmingham, B14 7BB

*Tel :* +44 (0)121 248 3399, *Fax :* +44 (0)121 248 3390

3 December 2008

### **Sixth National Conference : A Practical Guide to Safeguarding Vulnerable Adults**

During this conference you will hear from The commission for Social Care Inspection (CSCI) who will provide an important update on identifying abuse, neglect and bad practice and improving the regulation and monitoring of local safeguarding arrangements. You will also have the opportunity to hear from the Care Services Improving Partnership on the latest developments for personalisation and safeguarding in practice. The conference also includes a legal update examining the impact of the Safeguarding Vulnerable Adults Bill, implications of the Deprivation of Liberty Safeguards and the Mental Capacity Act.

*Organised by:* Healthcare Events

*Venue:* Manchester Conference Centre, Manchester

*Location :* Manchester, England

*Details :* Healthcare Events, 2 Acre Road, Kingston, Surrey, KT2 6EF

*Tel :* +44 (0)20 8541 1399, *Fax :* +44 (0)20 8547 2300

5 December 2008

### **Carer Rights Day 2008**

Ninth annual Carers Rights Day.

*Organised by:* Carers UK

*Location :* London , England

*Details :* Carers UK, 24 Great Dover Street, London , SE1 4LX

*Tel :* +44 (0)20 7378 4999

13 January 2009

### **Healthy Ageing : the Role of Nutrition and Lifestyle**

*Speakers:* Chair: Professor John Mathers (University of Newcastle)

*Organised by:* British Nutrition Foundation

*Venue:* Conference Centre, Sainsbury's Head Office

*Location :* London , England

*Details :* Mrs Christine Price, MBE, British Nutrition Foundation, High Holborn House, 52-54 High Holborn, London, WC1V 6RQ

*Tel :* +44 (0)20 7404 6504, *Fax :* +44 (0)20 7242 1866

29 January 2009

### **Ageing Population 09**

Ministers are warning that England's social care system is heading towards a £6bn funding gap unless there is radical reform. Health experts predict that the ageing population means state funding for the care of the elderly and disabled will face a huge



shortfall within 20 years. The warnings come as ministers are about to begin a major consultation on how social care is funded. Ageing Population 09 has been intensely researched to bring you all the hot topics related to providing services, care, training and employment opportunities for the rapidly growing number of older people in the UK.

*Speakers:* Chair: Sir Michael Parkinson. Speakers: Mike O'Brien MP, (Minister for Pensions Reform, Department for Work and Pensions); Gillian Crosby, (Director, Centre for Policy on Ageing); Baroness Young of Old Scone, (Chair, Care Quality Commission); Richard Steel, President, Socitm; Lord Sutherland;

*Organised by:* GovNet Communications

*Venue:* QEII Conference Centre, London

*Location :* London, England

*Details :* Vicky Bowness

*Tel :* +44 (0)800 542 9585, The conference will also examine the government's multi-million pound strategy to support, help and improve the lives of Britain's army of carers. Also to be discussed is the Department of Health consultation on the first ever national dementia strategy.

The full strategy to be launched in the autumn will have three main aims; to increase awareness of dementia and remove the stigma associated with it; ensure early diagnosis and intervention; and improve the quality of care that people with dementia receive. This year's high profile and prestigious conference will have more than 300 key decision-makers from across the UK, joining 20 speakers and 20 exhibitors to discuss and debate the issues at stake. (Inaugural conference)., Cllr the Honorable Joan Taylor (LGA Champion for Older People and Chair, East Midlands Older People Advisory Group); Luke O'Shea, (Team Leader, National Strategy for Housing in an Ageing Society, CLG); Liz Mandeville (Better Government for Older People)

16-19 March 2009

### **2009 Joint Conference of NCOA and the American Society on Ageing**

*Organised by:* American Society on Aging & National Council on Aging

*Location :* Las Vegas, NV, USA



# AgeInfo

a key information resource  
for gerontologists - on both  
cd-rom and the internet.

Details and evaluation:

*<http://www.cpa.org.uk/ageinfo>*

