

New Literature on Old Age

EDITOR

Gillian CrosbyVOLUME
33NUMBER
193**2009**

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Centre for Policy on Ageing
25-31 Ironmonger Row
London EC1V 3QP

Telephone: +44 (0)20 7553 6500
Facsimile: +44 (0)20 7553 6501
Email: cpa@cpa.org.uk
Web: www.cpa.org.uk

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ABUSE

(See Also 193/133)

- 193/1 Good practice in the law and safeguarding adults: criminal justice and adult protection; by Jacki Pritchard (ed). London: Jessica Kingsley, 2009, 265 pp (Good practice in health, social care and criminal justice).
Contributors to this book explain the legislation used in adult protection work, covering criminal and civil law. Issues covered include police investigations, confidentiality and information sharing, capacity, financial abuse, advocacy and witness support. The roles of an independent mental capacity advocate (IMCA), the Commission for Social Care Inspection (CSCI), the police, local authority lawyers, and a co-ordinator for the protection of vulnerable adults in their dealings with adult protection law are covered. The book is illustrated throughout with case studies and good practice points. (RH)
Price: £19.99
From : Jessica Kingsley Publishers, 116 Pentonville Road, London N1 9JB. Website: www.jkp.com
- 193/2 How the United Kingdom's Criminal Records Bureau can reduce the prevalence of elder abuse by improving recruitment decision-making; by Nageen Mustafa.
The Journal of Adult Protection, vol 10, no 4, November 2008, pp 37-45.
Specifically, organisations in both the private and public care sectors will be examined. Incidents reported by the media surrounding the failures in recruitment procedures will be discussed. An evaluation of recruitment decision-making will be carried out and details of the present study, which considers how recruitment decisions are being made at present by organisations in the National Health Service (NHS), social care (SC), higher education (HE), further education (FE) and care home (CH) sectors will be reported. The first wave of data collection consisted of informal interviews carried out with a series of recruitment decision-makers from these organisations. Results showed that a variation in recruitment decision-making between organisations exists, and so the protection of vulnerable persons may be being put at risk. (KJ/RH)
ISSN: 14668203
From : Website: <http://www.pavpub.com>
- 193/3 Safeguarding adults: a study of the effectiveness of arrangements to safeguard adults from abuse; by Commission for Social Care Inspection - CSCI. London: Commission for Social Care Inspection, November 2008, 87 pp (Order code: CSCI-239).
The Commission for Social Care Inspection (CSCI) has analysed evidence from inspections and other sources across councils, care homes, home care agencies and other social care services in England, to ascertain the responsiveness of safeguarding arrangements and the effectiveness of strategies to prevent abuse. This study reports on people's experiences of arrangements to safeguard them from abuse, and the quality of support and care practice. Overall, the study found variability in the quality of support, and that in the participant councils, annual increases in referrals ranged from 10% to 150%. The report comments on ways in which councils, care providers and the regulator check how well arrangements work to safeguard people from abuse, and how they then make improvements. It also looks at the strategic work of councils and local partnerships in responding to and preventing abuse. Conclusions are drawn on how safeguarding arrangements could be strengthened and improved, at local and national levels. (RH)
Price: FOC
From : Commission for Social Care Inspection, 33 Greycoat Street, London SW1P 2QF.
Email: enquiries@csci.gsi.gov.uk
Download: <http://www.csci.org.uk/default.aspx?page=2601&key=>
Free copies from: Admail 3804, Newcastle NE99 1DY. Orderline: 0870 240 7535.

193/4 Safeguarding vulnerable adults and the law; by Michael Mandelstam. London: Jessica Kingsley, 2009, 320 pp.

The protection of vulnerable adults is a fast emerging area of work for local authorities, the National Health Service (NHS) and other agencies, both statutory and independent. This book sets the legal framework, for which the relevant law and guidance is extensive. It includes: the Department of Health (DH) 'No Secrets' guidance; the regulation of health and social care providers; the barring of care workers; human rights; mental capacity; the equitable remedy of undue influence; and criminal law such as theft, fraud, sexual offences, assault, and wilful neglect or ill-treatment. The focus is on vulnerable adults harmed by active abuse, neglect or omission, and financial abuse. Two final sections consider the disclosure of personal information and confidentiality, and the procedural aspects of adult protection. Case examples illustrate the sorts of harm which vulnerable adults may suffer. (RH)

Price: £19.99

From : Jessica Kingsley Publishers, 116 Pentonville Road, London N1 9JB. Website: www.jkp.com

ADVOCACY

193/5 Advocacy counts 2: a follow up report on advocacy provision in Wales; by Age Concern Cymru - ACC. Cardiff: Age Concern Cymru, November 2008, 6 pp.

Age Concern Cymru has repeated its survey on the availability of advocacy services for older people in Wales as part of its elder abuse project funded by Comic Relief. The original report in October 2007 highlighted need for an increase in provision of advocacy services in Wales. In the present survey, of 26 respondents (response rate 30%), 19 specifically stated that they provided advocacy services for older people (4 fewer than in 2007). The report points to the importance of advocacy as being essential in helping to protect older people from abuse. Other concerns raised included human rights issues, funding problems, training, and improving standards in advocacy. Development of a National Strategic Framework for older people's advocacy services would greatly assist in implementing the National Service Framework for Older People. In English and Welsh. (RH)

From : Age Concern Cymru, Ty John Pathy, 13-14 Neptune Court, Vanguard Way, Cardiff, CF24 5PJ. Website: www.accymru.org.uk

AGE DISCRIMINATION

(See Also 193/38, 193/53)

193/6 Age discrimination in financial services: final report of the Experts' Working Group; by Financial Services Experts' Working Group.: HM Treasury, October 2008, 180 pp (PU 532).

The Financial Services Experts' Working Group on age discrimination was formed in April 2008 following a Government paper on the Discrimination Law Review's proposals for a Single Equality Bill. The Government invited experts from financial services and age representatives to form a working group to discuss age legislation in financial services and to present evidence. This report by the Working Group discusses and estimates the costs of these options: do nothing; introduce a system to signpost customers to firms who can meet their needs; or make unjustified age discrimination unlawful, given certain assumptions. Annexes include: a map of financial services and who regulates them; an inventory of age related products and services; relevant information relating to the European Employment Directive and legislation passed in Australia, Ireland, New Zealand and the US; and analysis of provision for older people by general and long-term insurance, banking and credit. (KJ/RH)

From : Correspondence and Enquiry Unit, HM Treasury, 1 Horse Guards Road, London SW1A 2HQ. Download from website: http://www.hm-treasury.gov.uk/fin_rsf_age_discrimination.htm

193/7 One year, ten stories [annual report]; by Equality and Human Rights Commission - EHRC.: Equality and Human Rights Commission - EHRC, 2009, unnumbered (o/s).

This report celebrates the first anniversary of the Commission. It features the stories of ten

people whose lives have in some way been touched by the Commission during its first year. It gives an insight into why the Commission exists and what they will try to achieve for those facing disadvantage and discrimination. With pictures by the photographer, Suki Dhanda and words by reporter and columnist, Tanya Gold.(KJ)

From : Equality and Human Rights Commission, Arndale House, The Arndale Centre, Manchester M2 3AQ.

<http://www.equalityhumanrights.com>

ALCOHOL AND DRUG MISUSE

193/8

Alcohol, dementia and cognitive decline in the elderly: a systematic review; by Ruth Peters, Jean Peters, James Warner (et al).

Age and Ageing, vol 37, no 5, September 2008, pp 505-512.

Alcohol consumption has known negative effects in large quantities, but may be protective for the cardiovascular system in smaller amounts. Effect of alcohol intake may be greater in older people and may affect cognition. To evaluate the evidence for any relationship between incident cognitive decline or dementia in older people and alcohol consumption, a systematic review and meta-analysis was carried out. Criteria for inclusion were longitudinal studies of subjects age 65+ with primary outcomes of incident dementia or cognitive decline. 23 studies were identified (20 epidemiological cohort, and 3 retrospective matched-case control nested in a cohort). Meta-analyses suggest that small amounts of alcohol may be protective against dementia and Alzheimer's disease (AD), but not for vascular dementia or cognitive decline. However, studies varied, with differing lengths of follow-up, the measurement of alcohol intake, inclusion of true abstainers and assessment of potential confounders. Because of the heterogeneity in the data, these findings should be interpreted with caution. However, there is some evidence to suggest that limited alcohol intake in earlier life may be protective against incident dementia later. (RH) ISSN: 00020729

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

ANXIETY

(See 193/33)

ARTS AND MUSIC

193/9

Universal key to communication: [music's beneficial effect on people with dementia]; by Dan Parton.

Caring Business, issue no 228, December 2008, p 15.

This brief article reports on recent work in care homes in England that are using music to communicate to those with dementia in particular, as well as to other residents. Often, the session involves just a piano with someone playing music from the past decades. The work of a new radio station, Bettercaring Radio, is also attempting to address this need, by being the first one to provide programming specifically for care home residents across the UK. Bettercaring Radio is a partnership between online care home search engine and magazine Bettercaring.com and hospital radio broadcaster Hospital Radio Wey (HRW), a registered charity established some 40 years ago. Bettercaring Radio broadcasts from 7am to 11pm every day, with recorded broadcasts played throughout the night; it is a subscription based service. (KJ/RH)

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

ASSESSMENT

193/10

Common assessment framework for adults: a consultation on proposals to improve information sharing around multi-disciplinary assessment and care planning; by Department of Health - DH. London: Department of Health, 22 January 2009, 91 pp (Gateway ref: 11096).

The Department of Health (DH) has launched this consultation on improving the quality and efficiency of care and support through improvements in the sharing and use of information. This

document covers the rationale for improving information; how assessment and care planning should be undertaken (the principles of a common assessment framework, or CAF); use of shared information from assessment and care and support planning; what information should be commonly shared and with whom; and the information technology (IT) approaches that would enable this to take place regarding consent, confidentiality and security in accordance with the DH Information Charter. An appendix, on evidence relating to the benefits reported where the Single Assessment Process has been implemented, is one of a number of references to SAP in this document. The consultation will be of interest to the general public, as well as health and social care providers. Responses are sought (by 17 April 2009) online (at http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_093438), by email (to caf@dh.gov.uk) or by post to: CAF Consultation, Department of Health, Room 123, Wellington House, 133-155 Waterloo Road, London SE1 8UG. A summary of responses will be available before or accompanying further action (at www.dh.gov.uk/Consultations/Responsestoconsultations/index.htm). (RH)

From : DH Publications Orderline, PO Box 777, London SE1 6XH.

Email: dh@prolog.uk.com Tel: 08701 555 455

Download: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_093438

193/11

Common assessment framework for adults: a summary of the consultation on proposals to improve information sharing around multi-disciplinary assessment and care planning; by Department of Health - DH. London: Department of Health, 22 January 2009, 23 pp (Gateway ref: 11096).

The Department of Health (DH) has launched this consultation on improving the quality and efficiency of care and support through improvements in the sharing and use of information. This summary of the consultation document outlines the rationale for improving information, building on what is known from developing the Single Assessment Process (SAP); how assessment and care planning should be undertaken (the principles of a common assessment framework, or CAF); use of shared information from assessment and care and support planning; what information should be commonly shared and with whom; and the information technology (IT) approaches that would enable this to take place regarding consent, confidentiality and security in accordance with the DH Information Charter. (RH)

From : DH Publications Orderline, PO Box 777, London SE1 6XH.

email: dh@prolog.uk.com tel: 08701 555 455

Download: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_093438

ATTITUDES TO AGEING

193/12

Body satisfaction and retirement satisfaction: the mediational role of subjective health; by Yannick Stephan, Evelyne Fouquereau, Anne Fernandez.: Taylor & Francis.

Aging & Mental Health, vol 12, no 3, May 2008, pp 374-381.

The crucial role of subjective health in retirement satisfaction has been highlighted in previous studies. However, it is likely that a retiree's health judgement mediates the influence of some variables on retirement satisfaction. This study hypothesised that body satisfaction, as an evaluated summary of the individual's somatic experiences, is positively related to retirement satisfaction through the mediation of subjective health. 256 retired French people were administered the French version of Retirement Satisfaction Inventory, and the Body Image Questionnaire (Bruchon-Schweitzer, 1987); subjective health was assessed by a single item on a Likert-type scale. Regression analysis demonstrated that body satisfaction was positively related to retirement satisfaction through the partial mediation of subjective health. This study highlights the contribution of somatic experiences on retirement satisfaction through their influence on retirees' health evaluation, and provides some additional insights into the determinants of life satisfaction in retirement. (RH)

ISSN: 13607863

From : <http://www.informaworld.com/CAMH>

BABY BOOMERS

- 193/13 Boomers and beyond : is the sixties generation heading towards conventional retirement?; by Jo Walker, Life Academy. Guildford: Life Academy.
ReView, vol 8, no 2, December 2008, pp 6-9.
The post-war baby boomer generation (those born 1945 to 1954) have been at the forefront of social change throughout their lives. This age cohort is the subject of research carried out between 2005 and 2007 funded by the Economic and Social Research Council (ESRC) examining the extent to which baby boomers exist as a "generation" and the extent to which they share patterns of consumption, perceptions of ageing, and experiences of work and retirement. This article summarises the main findings of 'Boomers and beyond: intergenerational consumption and the mature imagination', by Rebecca Leach and Chris Phillipson (Keele University) and Simon Biggs (King's College, London). The main report and related papers are available on the ESRC website (at www.esrcsocietytoday.ac.uk). (RH)
From : www.life-academy.co.uk
- 193/14 Sociological perspectives on the baby boomers: an exploration of social change; by Rebecca Leach, Chris Phillipson, Simon Biggs (et al).
Quality in Ageing, vol 2, issue 4, December 2008, pp 19-26.
The "baby-boom" generation has emerged as a significant group in debates focusing on population change. The demographic context concerns the increase in the birth rate across industrialised countries from the mid-1940s to the mid-1960s. From a sociological perspective, boomers have been viewed as a group with distinctive experiences that set them apart from previous generations. In the UK context, however, there have been relatively few detailed studies of the characteristics of the boomer generation and, in particular, that of first-wave boomers (born between 1945 and 1954) now entering retirement. This article draws on a research project exploring changes in consumption and identity affecting this cohort. It reviews some of the key social and demographic changes affecting this group, highlighting a mixture of continuities and discontinuities over previous cohorts. The article concludes with an assessment of the value of sociological research for furthering understanding of the baby-boomer generation. (RH)
ISSN: 14717794
From : <http://www.pavpub.com>

BLACK AND MINORITY ETHNIC GROUPS

- 193/15 'We are not blaming anyone, but if we don't know about amenities, we cannot seek them out': black and minority older people's views on the quality of local health and personal social services in England; by Jill Manthorpe, Steve Iliffe, Jo Moriarty (et al), Older People Researching Social Issues (OPRSI).
Ageing and Society, vol 29, part 1, January 2009, pp 93-114.
Improving access to culturally-appropriate services and enhancing responses to the needs of older people from black and minority ethnic backgrounds were among the aims of the National Service Framework for Older People (NSFOP) that was introduced in England in 2001. Progress in meeting the aims of the NSFOP was evaluated by a mid-term independent review led by the Healthcare Commission, the body responsible for regulating health-care services in England. This paper reports the consultation with older people that underpinned the evaluation. It focuses on the views and experiences of older people from black and minority ethnic (BME) groups and of the staff that work in BME voluntary organisations. A rapid appraisal approach was used in 10 purposively selected local councils, and plural methods were used, including public listening events, nominal groups and individual interviews. In total 1839 older people participated in the consultations and 1280 (70%) completed a monitoring form. Some 30% defined themselves as of a minority ethnic background. The concerns were more about the low recognition of culturally-specific and language needs than for the development of services exclusively for BME older people. (KJ/RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>

CARERS AND CARING

- 193/16 Caring in the older population: a research brief for local authorities; by International Longevity Centre UK - ILC UK. London: International Longevity Centre - ILC-UK, January 2009, 13 pp. This document is for local authorities engaged in developing, planning and delivering services to support older carers. It summarises research conducted by the ILC-UK and the National Centre for Social Research (NatCen) called 'Living and caring? an investigation of the experiences of older carers'. The research used quantitative statistical analysis to explore differences in the live of carers and non-carers within the population aged 50+. This document includes facts and figures on: the characteristics of care provision; access to services; leisure; health; housing; and quality of life. (RH)
From : International Longevity Centre UK, 22-26 Albert Embankment, London SE1 7TJ. Website: www.ilcuk.org.uk

CHOICE AND CONTROL

(See Also 193/129)

- 193/17 The evolution of choice policies in UK housing, education and health policy; by Ian Greener, Martin Powell.
Journal of Social Policy, vol 38, part 1, January 2009, pp 63-81.
Scholarship in social policy in recent years has examined how policy positions users in a range of roles, particularly most recently in terms of their roles as 'choosers' through the increased use of markets in welfare. This article considers how choice policies have positioned users since the creation of the modern welfare state, presenting a history of choice policies, but also a comparative examination of how they have differed in the UK between housing, education and healthcare. It concludes by suggesting that although approaches to choice vary considerably between the three public services examined, policy-makers often appear unaware of these differences, leading to mistaken assumptions that policies can be transferred or transplanted unproblematically. (KJ/RH)
ISSN: 00472794
From : <http://www.journals.cambridge.org>

CONTINENCE

- 193/18 Urinary incontinence in stroke: results from the UK National Sentinel Audits of Stroke 1998-2004; by Dan Wilson, Derek Lowe, Alex Hoffman (et al).
Age and Ageing, vol 37, no 5, September 2008, pp 542-546.
Urinary incontinence (UI) after stroke is a common problem associated with a poor outcome. Results from the Royal College of Physicians' National Sentinel Audits of Stroke 1998-2004 reflect this association. In the audits, plans to promote urinary continence were more likely to occur in stroke units, and that likelihood increased in units meeting higher organisational standards. The 2004 audit highlights a disproportionate use of catheters to manage UI. The influence of UI on discharge destination has also altered little. Stroke unit care is more strongly associated with management planning for UI in stroke. (RH)
ISSN: 00020729
From : <http://www.ageing.oupjournals.org>

DEATH AND DYING

(See 193/23, 193/44)

DEMENTIA

(See Also 193/8, 193/9, 193/34, 193/79, 193/128)

- 193/19 Awareness, knowledge and application of memory rehabilitation among community psychiatric nurses working with dementia; by Susan M B Cross, Niall M Broomfield, Rachel Davies (et al). *Dementia: the international journal of social research and practice*, vol 7, no 3, August 2008, pp 383-396.
This paper aims to establish the extent to which memory rehabilitation is carried out by community psychiatric nurses (CPNs) working with dementia; to investigate awareness and knowledge of memory rehabilitation and memory processes among CPNs; and to explore the factors that influence deployment of memory rehabilitation advice. Participants were 65 CPNs working in community mental health teams for the elderly (CMHTEs) in Greater Glasgow NHS. They completed specially developed questionnaires exploring knowledge of memory processes and knowledge of memory strategies. Data were collected in a structured group format. It was found that CPNs consider delivery of memory rehabilitation strategies as part of their role, but report limited knowledge of the wide range of potential memory strategies and aids. Specialist training is required to fill this gap in CPNs' knowledge. (RH)
ISSN: 14713012
From : <http://www.dem.sagepub.com>
- 193/20 Carers perspectives on the activity patterns of people with dementia; by Pat Y F Chung, Caroline Ellis-Hill, Peter G Coleman.
Dementia: the international journal of social research and practice, vol 7, no 3, August 2008, pp 359-382.
Participation in activity is essential for the psychological well-being of people with dementia. The potential benefits of home-based activity programmes may depend on family carers, but little is known about their experience. This study aimed to elicit carers' experiences of involving the person with dementia in activity. 30 in-depth interviews (i.e. initial and follow-up) were carried out with 15 co-resident carers of people with dementia who were recruited through local community mental health teams (CMHTs) in South East England. Data were analysed using a grounded theory method. Overall findings from initial interviews were taken back the participants at the follow-up interviews. Five activity patterns were identified, which ranged from their usual activity patterns along a continuum through recognizable, illogical, irresponsible, and finally reaching a dispossessed pattern. Carers used particular strategies and experienced particular emotional responses along this continuum. This work highlights the complex, temporal and dynamic nature of family carers' involvement in activity engagement. Clinicians' interventions could be enhanced by: recognising the long-term experience of carers in decision-making; understanding the strategies used; allowing carers to talk through and share their experiences in a non-judgemental way; and ensuring that carers are happy with any suggested interventions. (RH)
ISSN: 14713012
From : <http://www.dem.sagepub.com>
- 193/21 Consulting service users on their day centre; by Sandra Neil, Sladjana Ivanis.: Hawker Publications.
Journal of Dementia Care, vol 16, no 5, September/October 2008, pp 37-38 [Research focus]. The authors describe how they sought the views of people with dementia attending a day centre run by Age Concern in north west England. Their aims were to: involve older adults and people with dementia in a service evaluation; examine levels of user satisfaction; establish which aspects of the service users were most or least satisfied with; and obtain suggestions for improvement. Their study dealt with some of the methodological issues involved with interviewing older people and those with dementia. The study demonstrates that it is possible for older service users to give their opinions on aspects of services that are important to them. (RH)
ISSN: 13518372

- 193/22 Coping with mild Alzheimer's disease; by Lisbeth Sorensen, Frans Waldorff, Gunhild Waldemar.
 Dementia: the international journal of social research and practice, vol 7, no 3, August 2008, pp 287-300.
 The aim of this study was to analyse how patients with mild Alzheimer's disease (AD) cope with the changes they face concerning everyday life and social relations. This study used a grounded theory approach in the analysis of interviews from 11 people with mild AD living at home with a spouse. The analysis revealed that the basic social psychological problem faced by patients with mild AD was their awareness of decline in personal dignity and value. Coping strategies used to meet these problems were adaptations in the altered situation in order to maintain a feeling of well-being. The spouse appeared to be the most important social relation. The most significant worries of the patients were about communication in relation to their spouse, and about the reaction of the spouse to the consequences of the disease. (RH)
 ISSN: 14713012
 From : <http://www.dem.sagepub.com>
- 193/23 Dementia and dying: the need for a systematic policy approach; by Allan Kellehear.
 Critical Social Policy, vol 29, no 1, issue 98, February 2009, pp 146-157.
 In November 2006, "Dementia: supporting people with dementia and their carers in health and social care", a joint National Institute for Health and Clinical Excellence (NICE) and Social Care Institute for Excellence (SCIE) guideline to improve the care of people with dementia was released. This influential policy document reflects both a medicalised approach to care (emphasizing pharmacological management and health services) as well as one characterized by professional dominance (an emphasis on professional authority and control). Despite the involvement of social sciences in its development, the policy reflects common biases in other areas of policy and practice in the care of older people. Furthermore, the idea that people with dementia have complex end of life care needs is addressed only with the most cursory and clinically oriented approaches to palliative care. A critical commentary about this policy approach is supplemented with a brief description of an alternative policy vision that connects older people's care with a wider public health approach to end of life care for older people. (KJ/RH)
 ISSN: 02610183
 From : <http://csp.sagepub.com>
- 193/24 Dementia and well-being: possibilities and challenges; by Ailsa Cook. Edinburgh: Dunedin Academic Press, 2008, 90 pp (Policy and practice in health and social care, 8).
 This book aims to contribute to academic debate around policy and dementia, by critically analysing recent and proposed policies in the light of their potential to affect the well-being of people with dementia. It examines dementia-specific and general health and social care policy, and reviews policy from both Scotland and England. It reviews policy in the light of research evidence as to what is important in life to people with dementia and what supports their well-being. The main part of the book is organised in four chapters, each considering an issue identified as important to the well-being of people with dementia by policy-makers and people with dementia alike. These are: health; independence; choice and control; and social inclusion. (RH)
 Price: £13.50
 From : Dunedin Academic Press Ltd., Hudson House, 8 Albany Street, Edinburgh EH1 3QB.
 Website: www.dunedinacademicpress.co.uk
- 193/25 Developing services for people with dementia: findings from research in a rural area; by Ann McDonald, Becky Heath.
 Quality in Ageing, vol 9, issue 4, December 2008, pp 9-18.
 Health and social care agencies located in rural areas face particular problems if they are to be able to support people with dementia within their communities. This article describes a piece of work carried out in three rural counties in East Anglia designed to map services across the

statutory, voluntary and private sectors, and to describe ways in which national policy is being interpreted to meet local need. Examples of innovative practice, as well as gaps in service design and delivery, were identified through an examination of local policy documents and qualitative interviews with strategic managers, frontline managers and practitioners, and local carers of people with dementia. The findings confirm that services for older people with dementia are under-developed in comparison to services for older people generally, and in comparison to mental health services for working age adults. There are particular gaps with respect to rarer types of dementia, services for people with learning difficulties, and services for people from minority ethnic groups. Historically, a lack of strategic planning has meant that service development has been patchy and unco-ordinated. Carers have been affected by a shortage of joined-up information, high eligibility criteria and a change to short-term working by practitioners. Nevertheless, the potential for developing community-based and inclusive services for people with dementia is apparent, and the adaptability required of rural areas may, subject to further evaluation, provide a template for service development elsewhere. (RH)

ISSN: 14717794

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

193/26 Early psychosocial interventions in dementia: evidence-based practice; by Esme Moniz-Cook, Jill Manthorpe (eds). London: Jessica Kingsley, 2009, 240 pp.

Support in the early stages can make a real difference to the quality of life of people with dementia. Four areas of early intervention in dementia are considered: at the time of diagnosis; cognition and memory-oriented support; psychosocial and social support; and service developments within which these interventions can be based. Contributors from the UK and mainland Europe describe interventions for both psychological and practical problems. Case examples include memory support groups, art therapies, carer support, and assistive technologies for use in the home. (RH)

Price: £19.99

From : Jessica Kingsley Publishers, 116 Pentonville Road, London N1 9JB. Website: www.jkp.com

193/27 How to keep residents active; by Anabel Unity Sale.

Community Care, issue 1750, 4 December 2008, pp 30-31.

Ashley House at Bordon in Hampshire is a purpose-built care home for 36 frail residents, of whom 22 have dementia. This article describes examples of the wide range of activities that the home provides for residents, from golf to building an artificial beach. In line with recommendations from Napa (the National Association for Providers of Activities for Older People), the home has an activities co-ordinator who, with the manager, visits all residents before they move in, to find out about their interests and hobbies. (RH)

ISSN: 03075508

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

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 193/137, 193/138)

193/28 Ageing and mortality in the UK: National Statistician's annual article on the population; by Karen Dunnell.

Population Trends, no 134, Winter 2008, pp 6-23.

The population of the UK is growing at the fastest rate since the 1960s, increasing on average by 0.5 per cent each year. The fastest growing age group is those aged 85 years and older, who now represent just over 2 per cent of the population, compared to just over 1 per cent in 1982. In 2007, continued increase in the population over state pension age meant for the first time this sub-group of the population exceeded the number aged under 16. Further improvements in survival mean both the continued growth of the older population and the likely continued ageing of the population as a whole. This is the second in a series of annual reports on the population of the UK, providing an overview of the latest statistics on the population, and focusing on a

specific theme. This year's theme is the ageing population, with different topics to be covered in future years. The report highlights the work being taken forward as part of the National Statistics Centre for Demography (NSCD) work programme to understand the social and demographic impacts of an ageing society. (KJ/RH)

ISSN: 03074463

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

193/29

Indicators of public health in the English regions: 9: Older people; by Association of Public Health Observatories (APHO); West Midlands Public Health Observatory.: Association of Public Health Observatories, 2008, 164 pp.

Reports in the 'Indicators of public health in the English regions' series examine areas covered by the White Paper, 'Choosing health'. The West Midlands Public Health Observatory has lead responsibility for older people and has edited this report, which provides an insight into the health status of older people (aged 65+) in the English regions, based mainly on data from 2005. Chapters cover the following themes: demography; life expectancy and mortality; morbidity; physical functionality; mental health; quality of life and well-being; lifestyle; and use of services. A further chapter (by the Wales Centre for Health, the Scottish Public Health Observatory, and Ireland and Northern Ireland's Population Health Observatory) summarises health indicators for older people in the five countries of the UK and Ireland. An appendix provides a "traffic light summary" of indicators (better than, consistent with, or worse than average) for the English regions. Other reports in this series covering topics such as general health, lifestyles, ethnicity, mental health and alcohol can be found on the APHO website (at www.apho.org.uk/apho/indicators/htm). (RH)

From : Association of Public Health Observatories (APHO), Lower Ground Floor, Alcuin Research and Resource Centre, The University of York, Heslington, York YO10 5DD. Website: www.apho.org.uk

193/30

The National Population Projections Expert Advisory Group: results from a questionnaire about future trends in fertility, mortality and migration; by Chris Shaw.

Population Trends, no 134, Winter 2008, pp 42-54.

This article discusses the results of a questionnaire completed by the National Population Projections (NPP) Expert Advisory Group in spring 2007. As well as asking for the experts' opinions on the most likely future levels of key fertility, mortality and migration indicators, views were collected about a wide range of factors that may have an influence on key demographic variables over the next 25 years. (KJ/RH)

ISSN: 03074463

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

DEPRESSION

193/31

Depression in elderly life sentence prisoners; by Nicholas Murdoch, Paul Morris, Clive Holmes. International Journal of Geriatric Psychiatry, vol 23, no 9, September 2008, pp 957-962.

The life sentence population is growing older and increasing in number. Despite the potential negative physical and social environment of prison life, little is known about the prevalence or aetiology of depression in older "lifers". To determine the prevalence and associated risk factors of depression in older life sentence prisoners, 121 such prisoners from two category B prisons in the UK were interviewed using the Geriatric Depression Scale (GDS); and the relationship with prison and non-prison specific variables was analysed. More than half of the prisoners scored above the threshold for mild depression. The length of sentence served and other prison-related variables were not associated with the depression score. However, the imported-chronic physical ill health was strongly related to depression score. Depression in long term prisoners is common and is related to the burden of imported chronic illness as opposed to specific effects of imprisonment. (RH)

ISSN: 08856230

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

- 193/32 Down but not out: older people with depression; by Martin Curtice.: British Geriatrics Society - BGS.
BGS Newsletter, issue 18, October 2008, pp 14-17.
The recent report by Age Concern England, 'Undiagnosed, untreated, at risk: the experiences of older people with depression' (ACE, 2008), highlights the "scandalous treatment" of older people suffering from depression. This article outlines the report's findings, which point to ageism in the treatment of depression in older people, but notes the Government's intentions towards age equality in health and social care. It discusses three obstacles to recovery: lack of awareness and negative attitudes; ageist attitudes among health professionals; and a system that discriminates against older people. It notes Age Concern's three-point plan to improve the lives of older people with depression: encourage them to seek help; ensure they are correctly diagnosed; and ensure they get the treatment they need. (RH)
ISSN: 17486343
From : <http://www.bgsnet.org.uk>
- 193/33 Prevalence of depression and anxiety symptoms in elderly patients admitted in post-acute intermediate care; by A M Yohannes, R C Baldwin, M J Connolly.
International Journal of Geriatric Psychiatry, vol 23, no 11, November 2008, pp 1141-1147.
Clinical depression and anxiety are common in older patients admitted to intermediate care. The study investigated the prevalence of depression and anxiety symptoms in 173 older patients (60 male; mean age 80) admitted for further rehabilitation to an intermediate care unit in north-west England. Depression and anxiety symptoms were assessed by the Hospital Anxiety and Depression Scale (HADS), and severity of depression by the Montgomery Asberg Depression Rating Scale. Physical disability was assessed by the Nottingham Extended ADL Scale and quality of life by SF-36. 65 patients (38%) were identified with depressive symptoms, 29 (17%) with clinical depression, 73 (43%) with anxiety symptoms, and 43 (25%) with clinical anxiety. 15 (35%) of the latter did not have elevated depression scores (9% of the sample). Of those with clinical depression, 14 (48%) were mildly depressed and 15 (52%) were moderately depressed. Longer stay in the unit was predicted by severity of depression, physical disability, low cognition and living alone. The benefits of structured management programmes for anxiety and depression patients admitted in intermediate care are worth evaluating. (RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com>
- 193/34 Severity of depression and risk for subsequent dementia: cohort studies in China and the UK; by Ruoling Chen, Zhi Hu, Li Wei (et al).
British Journal of Psychiatry, vol 193, November 2008, pp 373-377.
Depression and dementia often exist concurrently. The authors aimed to determine the effects of depressive syndromes and cases of depression on the risk of incident dementia. Participants in China and the UK aged 65+ without dementia were interviewed using the Geriatric Mental State (GMS). 1254 Chinese were interviewed and re-interviewed 1 year later; and 3341 and 2157 British participants (from the Ageing in Liverpool Project Health Aspects part of the Medical Research Council Cognitive Function and Ageing Study, MRC CFAS) were interviewed and re-interviewed 2 and 4 years later respectively. Incident dementia was associated with only the most severe depressive symptoms in both Chinese and British participants. The risk of dementia increased, not in the less severe cases of depression, but in the most severe cases. The multiple adjusted hazard ratio (HR)=5.44 in Chinese participants at 1-year follow-up, and HR=2.47 and 2.62 in British participants at 2- and 4-year follow-ups respectively. The effect was greater in younger participants. Only the most severe syndromes and cases of depression are a risk factor in dementia. (RH)
ISSN: 00071250
From : <http://bjp.rcpsych.org>

DIGNITY

(See Also 193/43)

- 193/35 Delivering dignified care: a practice support pack for workshop facilitators; by Royal College of Nursing - RCN; Help the Aged. London: Royal College of Nursing, October 2008, 1 DVD + booklet (46 pp) in pack.
This training pack has been supported by an unrestricted educational grant from Smith & Nephew, and is part of the Royal College of Nursing (RCN) and Help the Aged Dignity campaign. The pack will help training facilitators in organising and running sessions for staff in nursing care settings. There are three sections in the DVD. First, "What is dignity?" includes views from a diverse group of people. Second, "Loss of dignity: how would you feel?" is a series of short film clips using metaphors which illustrate situations where loss of dignity occurs. In Section 3, "Dignity in practice: small change, big difference", nurses share their experiences of how they have been able to promote dignified care. The booklet is a guide to the whole process of using the DVD. Further documentation to support the workshops is available on the RCN website (at www.rcn.org.uk/dignity). (RH)
From : Royal College of Nursing, 20 Cavendish Square, London W1G 0RN. RCN Direct: 0845 772 6100 RCN Online: www.rcn.org.uk
- 193/36 On our own terms: the challenge of assessing dignity in care; by Picker Institute Europe; Help the Aged. London: Help the Aged, 2008, 17 pp.
'The challenge of dignity in care: upholding the rights of the individual' published by Help the Aged in 2007 proposed a framework of dignity domains. 'On our own terms' presents the key findings of a study commissioned by Help the Aged and carried out by the Picker Institute Europe to develop indicators for use in measuring the extent to which older users of health and social care services feel their dignity is maintained. The work is rooted in the views of older people, and includes qualitative data concern what they thought about each of these dignity domains: autonomy, communication, eating and nutrition, end-of-life care, pain, personal care, personal hygiene, privacy, and social inclusion. Implications for future research and for government policy on health and social care reforms are outlined. This publication is a summary of 'Measuring dignity in care for older people' by the Picker Institute Europe, and is dedicated to Janet Askham, who was Director of the Institute. The full report plus appendices is available via the Help the Aged website (at www.helptheaged.org.uk/policy). (RH)
From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. E-mail: info@helptheaged.org.uk Website: www.helptheaged.org.uk

ECONOMIC ISSUES

(See 193/77)

EDUCATION

- 193/37 Service user and carer involvement: beyond good intentions; by Mo McPhail (ed). Edinburgh: Dunedin Academic Press, 2008, 87 pp (Policy and practice in health and social care, 4).
Based on a collaboration between academics, carers and care users working on a project in Scotland to develop the involvement of service users and carers in social work education, this book identifies practices that go beyond good intentions. It examines the challenges in enabling people who are "experts by experience" to participate in an agenda that is largely dominated by "top down" managerial processes. It makes recommendations for future development and user and carer influence in professional education and training. (RH)
Price: £13.50
From : Dunedin Academic Press Ltd., Hudson House, 8 Albany Street, Edinburgh EH1 3QB.
Website: www.dunedinacademicpress.co.uk

EMPLOYMENT

(See Also 193/52)

- 193/38 Age and performance: [review of evidence on performance and age of medical practitioners]; by Duncan Empey, Sheila Peskett.
British Medical Journal, vol 337, no 7679, 15 November 2008, pp 140-141 (BMJ Careers).
Does ageing affect the performance of doctors? If so, can experience compensate? These are the questions that this short article seeks to address. Age discrimination legislation has meant later retirement for many, with some exemptions. Several studies of performance in physicians and surgeons have suggested that increasing age is related to inferior patient outcomes, especially when combined with decreased patient volume. In a recent systematic review of 62 published studies that measured physicians' knowledge or quality of care and described time since graduation from medical school or age, more than half suggested that physicians' performance declined over time for all the outcomes measured. Only one study showed improved performance with age for all outcomes. The General Medical Council (GMC) has no age limit for registration and has recently decided to withdraw the age exemption for payment of the annual retention fee for doctors who are 65 or over. This is currently under judicial review. No specific limits on practice age can be determined from the literature but there are now assessment tests of performance, in particular cognitive ability, that can be carried out as part of a structured review of competence. However, until such assessments are validated and widely accepted, some organisations may determine age (it is suggested 70 years) beyond which they would not allow continued clinical practice. Other circumstances could be identified where precautions might be taken in the later years of a doctor's career to ensure continuing competence and adequate caseload for patient safety. However, solutions should be sought that entail both research and education to ensure that the skills of experienced doctors can be used towards the end of their careers. (KJ/RH)
ISSN: 09598138
From : www.bmj.com
- 193/39 Dealing with older workers in Europe: a comparative survey of employers' attitudes and actions; by Hendrik P Van Dalen, Kène Henkens, Joop Schippers.
Journal of European Social Policy, vol 19, no 1, February 2009, pp 47-60.
A comparative survey among employers from four European countries - Greece, Spain, the Netherlands and the United Kingdom - is used to examine their expectations with respect to the ageing of the workforce, the productivity of older workers, and their recruitment and retention behaviour regarding this cohort. The results show that in spite of the perceived challenges ahead (including the ageing workforce), employers take no substantial measures to retain and recruit older workers or improve their productivity. Only employers in the United Kingdom seem to recognise older workers as a valuable source of labour supply and act accordingly. (KJ/RH)
ISSN: 09589287
From : <http://esp.sagepub.com>
- 193/40 Flexibility and security over the life course: key findings and policy messages; by Ute Klammer, Ruud Muffels, Ton Wilthagen, OSA Institute for Labour Studies, Department of Sociology, Tilburg University, Netherlands; European Foundation for the Improvement of Living and Working Conditions. Dublin: European Foundation for the Improvement of Living and Working Conditions, 2008, 75 pp (ref: EF/08/61/EN).
The European Foundation for the Improvement of Living and Working Conditions (Eurofound) was established by the European Council in 1975, to contribute to the planning and design of better living and working conditions in Europe. This report brings together analysis of themes of five previous studies on the theme of the life course funded and published by the Foundation, beginning with the theoretic background and conceptual model used. Next, men's and women's labour market participation and working time in different life phases, are considered. Many companies throughout Europe offer flexible working time arrangements and leave schemes, and company strategies and good practice examples are highlighted. The links between welfare state

structures and typical patterns of male and female life course and social protection in various EU members states are discussed. A final chapter presents and discusses policy findings from the reports that could help in developing a coherent life-course approach. An annex provides a synopsis of methodologies and findings of the five reports. (RH)

Price: download

From : European Foundation for the Improvement of Living and Working Conditions, Wyattville Road, Loughlinstown, Dublin 18, Ireland.

<http://www.eurofound.europa.eu/pubdocs/2008/61/en/1/EF0861EN.pdf>

193/41

Prolonging the careers of older information technology workers: continuity, exit or retirement transitions?; by Libby Brooke.

Ageing and Society, vol 29, part 2, February 2009, 237-256.

The ways in which older workers' career trajectories influenced their exit from or continuity of employment in the Australian information technology (IT) industry are explored. The data were collected through qualitative interviews with 71 employees of 10 small and medium-sized IT firms as part of the cross-national Workforce Ageing in the New Economy Project (WANE), which was conducted in Canada, the United States, Australia, and in three European countries (the UK, Germany and the Netherlands). The analysis revealed that older IT workers' capacity to envisage careers beyond their fifties was constrained by age-based "normative" capability assumptions that resulted in truncated careers, dissuaded the ambition to continue to work, and induced early retirement. The workers' constricted, age-bound perspectives on their careers were reinforced by the rapid pace of technological and company transformations. A structural incompatibility was found between the exceptional dynamism and competitiveness of the IT industry and the conventional age-staged and extended career. The analysis showed that several drivers of occupational career trajectories besides the well-researched health and financial factors predisposed "default transitions" to exit and retirement. The paper concludes with policy and practice recommendations for the prolongation of IT workers' careers and their improved alignment with the contemporary lifecourse. (RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/as0>

193/42

A wealth of experience: valuing London's older workers; by Age Concern London. London: Age Concern London, 2008, 36 pp.

London has a large population of over 50s who contribute directly to the city's prosperity, with many others who would like to do so. This report focuses on labour market issues facing Londoners aged 50+ and the employment situation for older workers two years after the introduction of age discrimination legislation. The report is in two sections, the first of which 'Older Londoners - looking for work' identifies how many (108000) and profiles their characteristics, based on research by the consultancy Inclusion. The second section, 'Older Londoners - in the workplace', is based on a survey of 65 employers from local authorities and the voluntary and private sectors. It suggests that age champions could be instrumental in encouraging age diversity in employment. Many of London's older workers and jobseekers face difficult situations, and this report makes recommendations for supporting older Londoners into employment and promoting age diversity in London's workplaces. The commissioned research on which this report is based is available on the Age Concern London website (www.aclondon.org.uk). (RH)

From : Age Concern London, First floor, 21 St George's Road, London SE1 6ES.

www.aclondon.org.uk

END-OF-LIFE CARE

193/43

Dying with dignity: [end of life project]; by Melanie Henwood.

Community Care, issue 1746, 6 November 2008, pp 34-35.

In a society where experiences of dying are often a taboo subject, an end-of-life project focuses on allowing people to die at home with good care. This article outlines findings of the project conducted by Housing 21 and the Department of Health (DH) End of Life Care Programme. The

report, "'Is it that time already?" extra care housing at the end of life: a policy-into-practice evaluation', focused on enabling terminally ill extra-care tenants to die at home where that was their wish. Among the implications for practice identified is providing dignity and choice. (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>

193/44

Older people: death, dying and end-of-life care; by June L Leishman.
Quality in Ageing, vol 2, issue 4, December 2008, pp 36-43.
For many old people in Western society, age, illness and social death are inextricably linked. It is predicted that the number of people in the world who are age 60+ will double by 2050. This brings fundamental changes to societal demographics. Many older people live in good health well into old age, but there remains a significant number for whom growing old includes the development of complex physical and social needs, requiring both health and social care. This poses a significant challenge to health and social care providers. This paper seeks to provide insights into the ways in which older people in contemporary society make sense of death and dying (including suicide). It makes a case for improvement of end-of-life care for this population. (RH)
ISSN: 14717794
From : <http://www.pavpub.com>

EXTRA-CARE HOUSING

193/45

Costs and outcomes of an extra-care housing scheme in Bradford; by Theresia Bäumker, Ann Netten, Robin Darton, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation. Findings, 2277, November 2008, 4 pp.
There is a systematic lack of evidence about the potential, the costs and the benefits, and consequently the cost-effectiveness of extra-care housing. These findings report on a study which aimed to assess as accurately as possible the comparative costs before and after residents moved into a new extra-care housing scheme, Rowanberries in Bradford, a 46-unit joint project between Methodist Homes Housing Association (part of MHA Care Group) and Bradford Adult Services. The study was conducted as an extension to an ongoing Department of health (DH) funded evaluation of the Extra Care Housing Funding Initiative by the PSSRU. Overall, the findings suggest that moving into the extra care housing scheme was associated with both higher costs and improved outcomes, compared with when people were living in their previous homes. The full report (same title) by Theresia Bäumker, Ann Netten and Robin Darton of the Personal Social Services Research Unit (PSSRU) at the University of Kent, is published by the Joseph Rowntree Foundation (JRF) and may be downloaded from its website (www.jrf.org.uk). (RH)
ISSN: 09583084
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.
<http://www.jrf.org.uk>

193/46

Some social consequences of remodelling English sheltered housing and care homes to 'extra care'; by Fay Wright, Anthea Tinker, Julienne Hanson (et al).
Ageing and Society, vol 29, part 1, January 2009, pp 135-154.
Across the United Kingdom, new build and remodelled 'extra care' schemes are being developed in many areas on the assumption that they offer older people with care needs an alternative to residential care. This paper reports an evaluation by a multi-disciplinary team of 10 extra-care schemes remodelled from sheltered housing or residential care units. The evaluation audited buildings and identified social and architectural problems. No two schemes in the sample were alike; some aimed for a dependency balance and others set a dependency threshold for admission. The three criteria used for assessing eligibility were the number of paid care hours the older person had at home, their property status and the type of disability. This article focuses on the wide variation in assessing eligibility for an extra-care place and on some social consequences of remodelling. A number of tenants remained in situ during the remodelling process in six of the schemes. Building professionals were unanimous that retaining some tenants on site caused significant development delays and increased the remodelling costs. There

was also a social price to pay. 'Old' tenants resented their scheme changing into extra care and were hostile towards 'new' tenants who had obvious needs for support. In some extra-care schemes, 'old' tenants were refusing to participate in meals and all social activities. (KJ/RH)
ISSN: 0144686X

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

FAMILY AND INFORMAL CARE

(See Also 193/20)

193/47

The inter-relationship between formal and informal care: a study in France and Israel; by Howard Litwin, Claudine Attias-Donfut.

Ageing and Society, vol 29, part 1, January 2009, pp 71-92.

This study examined whether formal care services delivered to frail older people's homes in France and Israel substitute for or complement informal support. The two countries have comparable family welfare systems but many historical, cultural and religious differences. Data from the respondents aged 75+ at the first wave of the Survey of Health, Ageing and Retirement in Europe (SHARE) were analysed. Regressions were examined of three patterns of care from outside the household: informal support only, formal support only, and both formal and informal care, with the predictor variables including whether informal help was provided by a family member living the household. The results revealed that about one-half of the respondents received no help at all (France 51%, Israel 55%), about one-tenth received care from a household member (France 8%, Israel 10%), and one-third were helped by informal carers from outside the household (France 34%, Israel 33%). More French respondents (35%) received formal care services at home than Israelis (27%). Most predictors of the care patterns were similar in the two countries. The analysis showed that complementarity is a common outcome of the co-existence of formal and informal care, and that mixed provision occurs more frequently in situations of greater need. It is also shown that spouse care-givers had less formal home-care supports than either co-resident children or other family care-givers. Even so, spouses, children and other family care-givers all had considerable support from formal home-delivered care. (KJ/RH)

ISSN: 0144686X

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

193/48

Older people - recipients but also providers of informal care: an analysis among community samples in the Republic Ireland and Northern Ireland; by Hannah M McGee, Gerard Molloy, Ann O'Hanlon (et al).

Health and Social Care in the Community, vol 16, no 5, September 2008, pp 548-553.

Data on both the provision and receipt of informal care among populations of older people are limited. Patterns of informal care provided and received by older people in the Republic of Ireland (RoI) and Northern Ireland (NI) were evaluated in a cross-sectional community-based population survey. 2033 randomly selected older people aged 65+ (mean age 74.1, 43% men, 68% response rate) provided information on provision and receipt of care. 251/2033 (12%) identified themselves as informal caregivers (8% RoI, 17% NI). Caregivers were more likely to be women, married, and have less education and have less functional impairment. 1033/2033 (49%) reported receiving some form of care in the past year. Care recipients were more likely to be older, married, have more functional impairment, and poorer self-rated health. Receiving regular informal care (help at least once a week) from a non-resident relative was the most common form of help received (578/2033; 27% RoI and 30% NI). 102/2033 (5%) reported both providing and receiving care. Levels of informal care provided by community-dwelling older people were notably higher than reported in single-item national census questions. The balance of formal and informal health and social care will become increasingly important as populations age. It is essential, therefore, to evaluate factors facilitating or impeding informal care delivery. (RH)

ISSN: 09660410

From : <http://www.blackwellpublishing.com/hsc>

GOVERNMENT AND POLICY

- 193/49 Government's pre-consultation: The case for change - why England needs a new care and support system: [response]; by Andrew Harrop, Pauline Thompson, Stephen Lowe, Age Concern England - ACE. London: Age Concern England, November 2008, 31 pp (Policy response Ref: 3008).
In May 2008, the 'Case for change' consultation launched a 6-month debate on reform of care and support in England, which has highlighted problems within the social care system and how it can be funded. Age Concern England (ACE) notes the results of its Big Q listening events, research and stakeholder consultation programme. This Policy Response comments on realising the vision of independence, choice and control; the balance of responsibility between the individual, the family and the government; whether there should be different systems depending on different needs; whether systems should be national or local; and whether resources should be targeted at those least able to pay or supporting people who plan and save. ACE considers that debate should concentrate on the last two points, in respect of those with low incomes and assets versus those with mid- and high income or assets. ACE lists 20 drivers of quality care and support, and discusses some key themes: personalisation; information, advice and advocacy; ensuring national minimum outcomes for care; human rights; safeguarding adults at risk; age equality; integrating services and funding streams; and integration around the individual and across organisations. ACE concludes that most people would prefer a system is able to share the risk of needing to pay for care; and that a national approach should only be adopted if it is clear that other options will not deliver fair and adequate distribution of resources. (RH)
From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. Download document at <http://www.ageconcern.org.uk>
- 193/50 Preparing for our ageing society: a discussion paper; by HM Government; Department for Work and Pensions - DWP. London: Department for Work and Pensions, November 2008, [8 pp].
The 2005 strategy paper 'Opportunity age' (Cm 6466) set out the Government's strategy for older people and the ageing society. This discussion paper is prompted partly by the completion of many of the activities outlined in 'Opportunity age', and by the growing awareness of the need for all parts of society to adapt to the challenges and opportunities posed by an ageing society. The Government has identified, and this paper considers four areas where changes would make the most difference to meeting the challenges of an ageing society: creating an age-friendly society; preparing for later life; living well in later life; and providing stronger protection and support. Together with a series of events being run November 2008-January 2009, this is part of the first stage of a review of the 'Opportunity age' strategy. The discussion period begins on 25 November 2008 and runs until 20 January 2009, and responses can either be sent to the Ageing Strategy Team or via the web link. A more detailed set of ideas will be published in spring 2009. (RH)
Price: FOC
From : Ageing Strategy Team, Department for Work and Pensions, 4th Floor, The Adelphi, 1-11 John Adam Street, London WC2N 6HT. E-mail: dwp.ageingstrategy@dwp.gsi.gov.uk Web link at: www.dwp.gov.uk/opportunity_age/preparing
- 193/51 Review of older people's engagement with Government: report to Government; by John Elbourne, Department for Work and Pensions - DWP.: Electronic format, 18 November 2008, 91 pp.
John Elbourne, former Chief Executive for Prudential Assurance, was asked in May 2008, by the former Pensions Minister Mike O'Brien, to examine whether older people are currently able to inform Government policy and actions at all levels. This is the final report with its findings and recommendations of the independent review carried out by John Elbourne.
The main recommendations of the review are:
1. To establish a national advisory forum for older people, to be chaired or co-chaired by the lead Minister for older people and supported by regional advisory forums.
2. Enhance the role that regional Government Offices play in supporting and developing engagement with older people.

3. Set up regional forums to support local authorities to develop effective engagement strategies so that a truly diverse range of older people's voices can be heard.
4. Build on the support for older people's forums around the UK, including the Older People's Advisory Groups.
5. The Department for Work and Pensions (DWP) should fund Better Government for Older People (BGOP), at current levels, until the end of March 2009. (KJ)

Price: -

From: DWP website: <http://www.dwp.gov.uk/resourcecentre/john-elbourne-181108.pdf>

HEALTH CARE

193/52

Improving health and work: changing lives: the Government's response to Dame Carol Black's Review of the health of Britain's working-age population: presented to Parliament by the Secretaries of State of the Department for Work and Pensions and the Department of Health; by Department for Work and Pensions (DWP); Department of Health - DH; Review of the Health of Britain's Working Age Population, Health, Work and Well-being Programme. London: TSO, November 2008, 118 pp (Cm 7492).

The Government wants to "create a society where the positive links between work and health are recognised by all, where everyone aspires to a healthy and fulfilling working life, and where health conditions and disabilities are not a bar to enjoying the benefits of work". This response is built around three "aspirations". The first, creating new perspectives on health and work, suggests: an electronic "fit" note; a national education programme for GPs; health, work and well-being co-ordinators; and a National Centre for Working-Age Health and Well-being. Second, improving work and workplaces, includes these initiatives: further development of NHS Plus; a business healthcheck tool; a national strategy for mental health and employment; and an occupational health helpline for smaller businesses. Third, on supporting people to work, a range of early intervention services will be piloted in 2009 and run until at least 2011, including "Fit for Work", and having employment advisers within the Improving Access to Psychological Therapies (IAPT) programme and in GP surgeries. The response includes an equality impact assessment, and timetables for actions proposed, also how these might be measured. (RH)

Price: £26.60

From : TSO, PO Box 29, Norwich NR3 1GN. www.tsoshop.co.uk Accessible online at: www.workingforhealth.gov.uk Other formats available from: Health Work Wellbeing, Level 2, The Adelphi, 1-11 John Adam Street, London WC2N 6HT.

193/53

Pain in older people: reflections and experiences from an older person's perspective; by Arun Kumar, Nick Allcock, Help the Aged; University of Nottingham; British Pain Society. London: Help the Aged, 2008, 41 pp.

Help the Aged found in a previous literature review that pain was one of nine issues to be dealt with, if older people using health and social care services are to be treated with dignity. In Part I of this publication, articles by six older people describe their thoughts and experiences of suffering pain regularly in older age. Part II is a summary of key literature and policy, highlighting the fundamental messages from research, and the lessons learned for assessing and managing pain. The authors wish to see four main points established. First, pain is not a normal part of ageing. Second, ageist and discriminatory attitudes toward older people in pain must be challenged and ended. Third, attention should be focused on identifying the physical, psychological and social risk factors relating to persistent pain in old age. Lastly, the impact that pain has on older people's quality of life and dignity must be recognised. Accordingly, recommendations are made for government and policy-makers, regulatory and professional bodies, and the NHS and social care agencies. It suggests areas where further research is required. (RH)

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

E-mail: info@helptheaged.org.uk Website: www.helptheaged.org.uk

193/54

Promotion of health in older people: a randomised controlled trial of health risk appraisal in British general practice; by Danielle Harari, Steve Iliffe, Kalpa Kharicha (et al).

Age and Ageing, vol 37, no 5, September 2008, pp 565-571.

There is inadequate evidence to support currently formulated NHS strategies to achieve health promotion and preventative care in older people through broad-based screening and assessment in primary care. The most extensively evaluated delivery instrument for this purpose is the Health Risk Appraisal (HRA). This article describes a randomised controlled trial using the HRA to evaluate the effect on health behaviour and preventative care uptake in older people in three London primary care group practices. 2503 independent community-dwelling patients aged 65+ received a self-administered Health Risk Appraisal for Older Persons (HRA-O) questionnaire leading to computer generated individualised written feedback to participants and general practitioners (GPs), integrated into practice information technology (IT) systems. All primary care staff received training in preventative health in older people. Of 2050 individuals randomised, 2006 respondents (80.1%; intervention 904, controls 1066) were available for analysis. Intervention group respondents reported slightly higher pneumococcal vaccination uptake and equivocal improvement in physical activity levels compared with controls. No significant differences were observed for any other categories of health behaviour or preventative care measures at 1 year follow-up. HRA-O implemented in this way resulted in minimal improvement of health behaviour or uptake of preventative care measures on older people. Supplementary reinforcement involving contact by health professionals with patients over and above routine clinical encounters may be a prerequisite to the effectiveness of IT-based delivery systems for health promotion for older people. (RH)

ISSN: 00020729 From : <http://www.ageing.oupjournals.org>

HEALTH SERVICES

(See Also 193/127)

193/55

Copying letters to patients with Parkinson's disease; by Sylvia O'Hanlon, Annette Hand, Brian Wood (et al).

Geriatric Medicine, vol 38, no 12, December 2008, pp 645-649.

The Parkinson's disease service in Northumbria Health Care Trust has offered patients copies of letters to their general practitioner (GP) since the Department of Health (DH) implemented its policy on this subject in April 2004. After 18 months, a survey was undertaken of this service among patients, medical staff and secretaries. Findings were very positive and encouraging, and fit well with previous studies. Almost all patients who responded thought that getting a copy of their letter is a good idea and most could not think of circumstances when they would not want a copy. The authors believe that copying medical communications has more benefits than disadvantages, and they would encourage all health-care professionals to adopt this policy. (KJ/RH) ISSN: 0268201X

193/56

Overview of health and social care services for older people; by Alison Petch.

Community Care, issue 1748, 20 November 2008, pp 36-37.

The findings of a study designed to inform the National Service Framework for Older People (NSF) are reviewed. The study, 'Health and social care services for older people: overview report on research to support the National Service Framework for Older People', by Janet Askham, was carried out for the Research and Development Directorate, Department of Health (DH). Sixteen projects were funded under the Older People and their use of Services (OPUS) programme. The article notes the importance arranging services around the six main principles of the NSFOP: being supported to remain active and healthy into late old age; no discrimination in health and social care services; receiving services from professionals who specialise or are trained in the treatment of older people; person-centred services; those with health problems should be helped to manage their own conditions, to retain or regain independence and remain living in the community; and those with complex needs should receive integrated and long-term care services. (RH)

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

HIV AND AIDS

- 193/57 'This is where we buried our sons': people of advanced old age coping with the impact of the AIDS epidemic in a resource-poor setting in rural Uganda; by Janet Seeley, Brent Wolff, Elizabeth Kabunga (et al).
Ageing and Society, vol 29, part 1, January 2009, pp 115-134.
Much research on the impact of HIV and AIDS on older people fails to differentiate between age groups, and treats those from age 50 to the highest ages as homogeneous. The "oldest old" (aged 75+) may be particularly vulnerable through declining health and independence as a result of the AIDS epidemic, which has forced some to take on roles that younger relatives would have performed had they lived. In this paper, the authors describe the past and current experience of eight people in advanced old age living in rural Uganda who were informants for an ethnographic study of the impact of HIV and AIDS on households during 1991-92 and again in 2006-07. The aim of the study was to understand how they had coped with the impacts of the epidemic. From the eight case studies, it is concluded that family size, socio-economic status and some measure of good fortune in sustained good health enabled these people to live to an advanced age. While recommending that targeted social protection is important in helping the poorest among the oldest, the authors suggest that sustaining respect for age and experience, and ensuring that older people do not feel discarded by family and society are as important as meeting their practical needs. (RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>
- 193/58 As heavy as a mountain rock: how HIV affects older people in developing countries; by Help the Aged; HelpAge International. London: Help the Aged, 2008, 25 pp.
Up to half of the world's 15 million children orphaned by AIDS are being cared for by an older carer. This publication comments that the impact of the HIV and AIDS epidemic on older people is under-reported, and that the needs of this group of older people are often overlooked by HIV and AIDS programmes: the erroneous assumption is made that older people are not affected. Key statistics are given on older carers, HIV and AIDS; and the financial, social and emotional impacts of caring are highlighted. One in 14 people living with HIV are aged 50+ (Report on the global AIDS epidemic; UNAIDS, 2006); and there is a gender bias in that women are disproportionately affected. HelpAge and Help the Aged International give a brief description of their treatment, prevention and programmes and policy work in tackling HIV and AIDS. Recommendations are made to governments and NGOs such as UNAIDS to make HIV and AIDS services available and sensitive to older older people. (RH)
From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. E-mail: info@helptheaged.org.uk Website: www.helptheaged.org.uk HelpAge International website: www.helpage.org

HOME CARE

- 193/59 Domiciliary care agency responses to increased user choice: perceived threats, barriers and opportunities from a changing market: final report to the Department of Health; by Kate Baxter, Caroline Glendinning, Susan Clarke (et al), Social Policy Research Unit - SPRU, University of York. York: Social Policy Research Unit, University of York, 2008, 115 pp (Ref: DH 2263).
Since 1993, local authorities have been encouraged to purchase care services from independent sector providers. Since 1997, service users have had the option of receiving their social care in cash direct payments rather than services; however, take-up has been low. Other methods of giving disabled and older people more choice and control have since been introduced, for example the InControl programme for people with learning disabilities and the individual budget (IB) pilots. In December 2007, the government announced the extension of personal budgets to everyone eligible for publicly-funded adult social care in England. This study examines the perceived threats and opportunities among existing independent home care providers for responding to increases in user choice through personalised budgets and similar mechanisms. It used survey data for 127 domiciliary care agencies previously collected by the Personal Social

Services Research Unit (PSSRU) in Kent, and interviews with commissioning managers for domiciliary care in 4 LAs (2 mainly rural, 2 mainly urban) and with 32 of the agencies. Agencies' views on service flexibility, identifying and attracting personalised budget holders, issues of workforce retention, and the impact of personalised budgets on the home care market as a whole are considered. Findings are discussed in respect of: choice and flexibility for PB holders; care worker supply; and local authorities' roles. (RH)

From : The Publications Office, Social Policy Research Unit, University of York, Heslington, York YO10 5DD.

Download: <http://www.york.ac.uk/inst/spru/research/pdf/provider.pdf>

193/60

Home comforts: [live-in care workers]; by Anabel Unity Sale.

Community Care, issue 1747, 13 November 2008, pp 32-33.

Live-in care workers are keeping people out of residential homes while offering more to clients than traditional domiciliary services. This short article describes the sorts of care provided by one such organisation, Agincare, in Bath, and the benefits for carers and clients. (RH)

ISSN: 03075508

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

HOSPITAL SERVICES

(See Also 193/86)

193/61

Emergency readmission rates: everybody's business; by Bob Hudson.

Community Care, issue 1750, 4 December 2008, pp 32-34.

The use and cost of acute hospital beds has become a key health policy issue in recent years. 'Emergency readmission rates: further analysis', compiled for the National Health Service (NHS), presents data indicating that emergency readmissions have been rising for some time. This article outlines the report's findings on the impact of length of hospital stay, and changes in readmissions cases and in age groups represented. While recognising the contribution of social care (e.g. the Partnership for Older People Project - POPP), the report is too clinically focused. The use of predictive tools for identifying individuals at risk of readmission fail to take account of social care aspects. The report reviewed is available for download (at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_090053). (RH)

ISSN: 03075508

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

193/62

Post-acute care for older people in community hospitals: a cost-effectiveness analysis within a multi-centre randomised controlled trial; by Jacqueline O'Reilly, Karin Lowson, John Green (et al).

Age and Ageing, vol 37, no 5, September 2008, pp 513-520.

Participants were 490 patients needing rehabilitation following hospital admission with an acute illness at seven community hospitals and five general hospitals in the Midlands and the north of England. Multidisciplinary team care for older people was measured by EuroQoL EQ-5D scores transformed into quality-adjusted life years (QALYs) and health and social service costs during the 6-month period following randomisation. There was a non-significant difference between community and general hospitals for changes in QALY values over the 6 months; resource use was similar for both groups. The mean costs per patient for health and social services resources used were comparable for both groups: community hospital group £8946, general hospital group £8226. The incremental cost-effectiveness ratio estimate was £16324 per QALY. A cost-effectiveness curve suggests that if decision makers' willingness to pay per QALY was £10000, then community hospital care was effective in 47% of cases and this increased to only 50% if the threshold willingness to pay was raised to £30000. (RH)

ISSN: 00020729

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

HOUSING

- 193/63 Creating possibilities for action in the presence of environmental barriers in the process of 'ageing in place'; by Karin Johansson, Staffan Josephsson, Margareta Lilja. *Ageing and Society*, vol 29, part 1, January 2009, pp 49-70.
The need for an understanding of 'ageing in place' as a progressive process has emerged among researchers in the field of environmental gerontology. The aim of this study was to explore this process in relation to home modification services. Four older adults who had applied for home modification services in one Swedish municipality were included. Data were collected by open interviews with the participants in their homes on subsequent occasions, from before the modification had been installed until recognised stability in the situation relating to the home modification. In the analysis, the concept of place integration was used as a tool to explore the active relations that connect people and context over time. The main findings show that the participants used creativity and initiative to direct future situations towards increased possibilities for action. This indicates that services aiming to support people 'ageing in place' should be directed towards increasing possibilities for action rather than only facilitating activity performance. Furthermore, it can be concluded that if the service-users' creativity and efforts are recognised as resources in design and provision of services, these services then have the potential to be empowering. (KJ/RH)
ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>
- 193/64 Housing matters: older people taking action on housing; by Care & Repair England. Nottingham: Care & Repair England, 2008, 4 pp.
Most people wish to live independently in a home of their own whatever their age. Well designed homes and neighbourhoods, plus housing related services, can help to make this a reality for more older people; so the housing and planning world needs to take on board the changing housing needs and aspirations of an ageing population. This brochure provides 'inspiration for action' with four brief examples of action taken by older people to involve themselves in the planning of their homes and neighbourhoods. It also draws attention to the the resources available from Care and Repair's older people's housing action project. (KJ/RH)
From : Care & Repair England, The Renewal Trust Business Centre, 3 Hawksworth Street, Nottingham NG3 2EG. tel: 0115 950 6500
www.careandrepair-england.org.uk

IMAGES OF AGEING

- 193/65 Fiction as a gerontological resource: Norah Hoult's 'There were no windows'; by Jeannette King. *Ageing and Society*, vol 29, part 2, February 2009, 295-308.
This paper starts from the premise that novelists have to some extent filled the gap left by mainstream feminism's relative silence about gendered ageing. To develop the argument, it explores the representation of memory loss and its impact on identity and self-image in Norah Hoult's novel 'There were no windows', which was first published in 1944. The novel is set in London during the Second World War, when the traumas of a city experiencing the Blitz and the blackout reflected the terror and inner darkness experienced by the principal character, Claire Temple, herself a minor novelist under the onslaught of dementia. 'There were no windows' constructs the character of Claire through the combination of her own often-disordered thoughts and the perspectives of those who live with or visit her. This paper focuses on ageing as a gendered experience and the construction of the older woman. It identifies the different gendered discourses of ageing that are imposed on Claire in order to construct her as the female "Other", in the sense theorised by Simone de Beauvoir. It also relates the novel to contemporaneous medical and sociological discourse of ageing and old age. Hoult's implicitly feminist reading of Claire's condition brings the issue of gender to the foreground of the novel's treatment of old age. Through her reading of 'There were no windows', the author of this article suggests what it is that fictions of ageing can offer those working in the field of gerontology. (RH)
ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>

INCOME AND PERSONAL FINANCE

- 193/66 An inclusive approach to financial products: beyond financial inclusion: involving older people; by Jackie Wells, Age Concern England - ACE. London: Age Concern England, 2008, 60 pp. As part of its 'Beyond financial inclusion' policy initiative, Age Concern England (ACE) is seeking to engage with financial services organisations to develop a more inclusive approach to the design, delivery and documentation of their products. This report by independent consultant Jackie Wells sets out policy objectives, and five principles for product and service design which it is believed could resolve some of the exclusion or difficulties faced by older people: adaptability, accessibility, fairness, usable information, and minimising hazards. Implications and benefits for financial services are described. Other individuals and organisations have provided input to the project, which received support from Lloyds TSB and Scottish Widows. (RH)
From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. Website: <http://www.ageconcern.org.uk> E-mail (Jackie Wells): jackie@jackiewells.co.uk
- 193/67 Irresponsible lending - a scoping paper: summary [of Age Concern England's response to the Office of Fair Trading]; by Age Concern England - ACE. London: Age Concern England, October 2008, 2 pp (Policy response Ref: 2508(S)).
The Office of Fair Trading (OFT) is conducting a project to provide a clear OFT position on the test for irresponsible lending under section 25 of the Consumer Credit Act 1974. The Consumer Credit Act 2006 amended the 1974 Act to designate irresponsible lending as an unfair business practice that might affect a firm's fitness to hold a consumer credit licence, but does not explicitly define irresponsible lending. This summary of the submission by Age Concern England (ACE) to the OFT comments on OFT's project on irresponsible lending and its impact on older age groups. (RH)
Price: FOC
From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. Download document at <http://www.ageconcern.org.uk>
- 193/68 Lost in the money maze: how advice agencies and credit unions can help older people cope with today's financial systems; by Help the Aged; Citizens Advice Bureau; ABCUL - Association of British Credit Unions Ltd. London: Help the Aged, 2008, 20 pp.
Help the Aged has produced this toolkit as part of its "Now let's talk money" campaign, which is designed to increase awareness of the products and services available to financially excluded consumers. The campaign aims to encourage people to ask for help when they need it, as well as to inform and encourage advisers to work together to co-ordinate provision and raise awareness of such provision so that the needs of excluded people are met more effectively. This toolkit explores reasons why older people should be among the target groups for the work of advice agencies and credit unions; what barriers exist for older people accessing their services; and how service providers can break down these barriers. (RH)
Price: FOC
From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. www.helptheaged.org.uk
Email: info@helptheaged.org.uk

INDEPENDENT LIVING

- 193/69 Independence in old age: the route to social exclusion?; by Debbie Plath.
British Journal of Social Work, vol 38, no 6, October 2008, pp 1353-1369.
The promotion of independence is a dominant theme in policy on old age and is also a principle used to guide social work practice with older people. This qualitative study of older people's experiences of independence reveals that independence is a complex notion with a variety of meanings. In-depth interviews with older Australians elicited five main discourses on independence: doing things alone; making one's own decisions; physical and mental capacity; having resources; and social standing and self-esteem. Whilst the goal of independence was strongly upheld by the older people, negative experiences associated with independence were

also revealed. Based on the experiences of these older people, the findings of this study offer insights for social workers prepared to move beyond individualistic interpretations of independence and to promote socially inclusive independence. (KJ/RH)

ISSN: 00453102

From : <http://www.bjsw.oxfordjournals.org>

INFORMATION AND COMMUNICATION TECHNOLOGY

(See Also 193/41)

193/70

Older people and information and communication technologies: an ethical approach; by Isabel Borges, AGE - The European Older People's Platform.: AGE - The European Older People's Platform, 13 November 2008, 7 pp (AGE Position statement).

The use of assistive technology (AT) to deliver care or to enable older people to continue living independently in their own homes rather than in institutional settings raises questions about moral and ethical issues, as well as the fine line between technology that promotes independence or threatens freedom. This position statement examines considerations of respect for the individual and protection of human rights. It notes these key principles governing ICT and AT research and practice: autonomy and consent of the end-user; the balance between risk tolerance and risk aversion; achieving a balance between avoiding harm and respecting decisions, dignity, integrity and preferences; and justice (fair treatment and respecting individuals' rights). Isabel Borges, (AGE POLICY Officer) drafted this document in consultation with members of the AGE Universal Access and Independent Living Expert Group. (RH)

From : AGE - The European Older People's Platform, 111 rue Froissart, 1040 Bruxelles, Belgium.

http://www.age-platform.org/EN/IMG/pdf_AGE__Ethics_and_ICT_Final-2.pdf

INSPECTION AND REGULATION

(See Also 193/122)

193/71

Experts by experience: the benefits of experience: involving people who use services in inspection; by Commission for Social Care Inspection - CSCI. London: Commission for Social Care Inspection, 2008, 17 pp.

Experts by experience are people who have used the services being inspected by the Commission for Social Care Inspection (CSCI), including older people and carers. Their role is to bring a different and independent view to the inspection process by working alongside inspectors. This report gives an overview of the Experts by Experience project since it began in early 2006, and how and why it has worked. More information is available on the CSCI website (www.csci.org.uk), and clicking the "Get involved" option. (RH)

From : Commission for Social Care Inspection, 33 Greycoat Street, London SW1P 2QF. Email: enquiries@csci.gsi.gov.uk Customer services helpline: 0845 015 0120 or 0191 233 3323.

193/72

The rise and fall of National Minimum Standards; by Jef Smith.: Hawker Publications. Caring Times, December 2008, pp 16-17.

The National Minimum Standards (published as 'Care homes for older people: national minimum standards') and the preceding consultation paper 'Fit for the future' aimed to set "the floor below which no provider is permitted to fall". Jef Smith reviews the improvements which the standards have brought, while noting pitfalls such as disparities with the Care Homes Regulations and the "one size fits all" that has not helped smaller care home providers. He reflects on the impending demise of the National Minimum Standards, and hopes that the replacement will be similar in character to more recent strategies, such as that on terminal care. (RH)

From : Website: <http://www.careinfo.org>

INTERGENERATIONAL ISSUES

(See Also 193/74)

- 193/73 Promoting intergenerational understanding through Community Philosophy; by Chris Seeley, Sue Porter, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation. Findings, 2256, October 2008, 4 pp.
Communities can bring younger and older people together in ways that may be uncomfortable for both groups. Young people's behaviour may be labelled "nuisance", while older people's views may be labelled "intolerant". This study summarises an independent evaluation of the 'Thinking Village' project, which was designed to develop intergenerational understanding in a neighbourhood, using the principles of "Community Philosophy". "Community Philosophy" developed from a US-based approach called Philosophy for Children, which emphasises the importance of questioning the development of reasoning, and does this by convening discussion groups of "Communities of Enquiry"; the project used many such events during 2007. The full report (same title), by Chris Seeley and Sue Porter of the University of Bath, is published by the Joseph Rowntree Foundation (JRF) and available as a free download from the JRF website. (RH)
ISSN: 09583084
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.
<http://www.jrf.org.uk>

INTERNATIONAL AND COMPARATIVE

(See Also 193/39, 193/41, 193/47, 193/57, 193/58, 193/95, 193/115, 193/136)

- 193/74 The erosion of filial piety by modernisation in Chinese cities; by Chau-Kiu Cheung, Alex Yui-Huen Kwan.
Ageing and Society, vol 29, part 2, February 2009, 179-198.
Whether filial piety or financial support to older parents is eroded or maintained through societal modernisation is an unresolved issue in China and a matter of widespread concern. Whereas structural-functionalist theories predict erosion, alternative views suggest that modernisation reduces filial piety only minimally or conditionally. One possible condition that resists the modernisation effect is education. The impacts of modernisation and its interaction with Chinese education are therefore the focus of this study. Using various sources, the paper reports analysis of the relationships between the levels of modernisation in six Chinese cities, measured by average gross domestic product (GDP) per capita, the average wage, and the percentage of the workforce that are employed in the service sector, and variations in expressions of filial piety and cash payments to parents. Representative samples of the cities' adult residents were used. It was found that filial piety and cash payments were lower when the citizen was in a city with higher or more modernisation, and that the reduction in affirmations of filial piety associated with higher modernisation was less among citizens with higher education. It is concluded that educational policy and practice can be a means to sustain filial piety in the face of modernisation. (RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>

LEARNING DIFFICULTIES

(See 193/75, 193/107)

LEGAL ISSUES

(See 193/98)

LONG TERM CARE

(See Also 193/78)

- 193/75 Counting the real cost of continuing care; by Richard Bartholomew. Professional Social Work, December 2008, pp 20-21.
Research undertaken by the author on behalf of a local authority and a primary care trust (PCT) reveals the potential scale of the continuing social care costs if eligible learning disabled adults were to be given the sort of funding consideration that it is now widely accepted that older people should receive. Examples of case law convinces the author that the law has not been fairly applied in respect of human rights issues in the way in which the National Health Service (NHS) permits the funding of care (e.g. the Coughlin judgment, Barbara Pointon, and Maureen Grogan). The author analysed the case files of 31 people with learning disabilities who had not received continuing health care (CHC) funding. 13 would have had a high likelihood of 100% NHS funding, 11 substantial likelihood of 100% funding, and 5 were unlikely to be eligible for 100% funding. He concludes that many service users with learning disabilities and their families are being forced to spend money on care, but that the local council and PCT concerned were making provision for payments to be made to services users if found to be eligible for CHC funding. (RH)
ISSN: 13523112
- 193/76 Funding long-term care: the building blocks of reform; by James Lloyd, International Longevity Centre UK - ILC UK. London: International Longevity Centre - ILC-UK, December 2008, 30 pp.
There is widespread agreement that the UK long-term funding system requires significant reform. This reports sets out the core tasks required of that reform, and provides an accessible introduction and overview of the wide range of available funding options that could be applied to the long-term care system: the "building blocks of reform". The report identifies the different basic models of long-term care funding available, briefly summarising and evaluating each "building block", and exploring how these different models can be integrated and combined. The "building blocks" derive from three funding sources: the state (through general taxation); people of working age (through specific contributions); and retirees (through state and/or personal pension, liquid assets, or property wealth). (RH)
From : International Longevity Centre UK, 22-26 Albert Embankment, London SE1 7TJ.
Website: www.ilcuk.org.uk
- 193/77 Paying for care in Wales: creating a fair and sustainable system: a consultaion by the Welsh Assembly Government prior to a Green Paper; by Welsh Assembly Government. Cardiff: Welsh Assembly Government, November 2008, 26 pp.
The Welsh Assembly Government is running this consultation on the system of paying for care, in parallel with one taking place in England. The consultation considers devolved issues such as continuing care, NHS funded nursing care, residential care, and home and support services, as well as non-devolved issues such as the benefit system. The document looks at who currently receives care in Wales, and why changes are needed to the system of paying for care. The main questions asked relate to sharing the responsibility for paying for care; who should contribute more to care in the future; and how should rules for financial support be set in the future? The document is in English and Welsh. Responses to this document are sought by 28 February 2009; and the Green Paper is planned for spring 2009. (RH)
From : Welsh Assembly Government, Cathays Park, Cardiff CF10 3NQ. website: <http://www.payingforcareinwales.net>

LONG TERM CONDITIONS

- 193/78 Supporting people with long term conditions: commissioning personalised care planning : a guide for commissioners; by Department of Health - DH. London: Department of Health - DH, 2009, 36 pp (ref: 10817) + circular letter (Putting people first: transforming adult social care).

Personalised care planning is concerned with providing for an individual's full range of needs that takes health, personal, family, social, economic, educational, mental health, ethnic and cultural background or circumstances into account. This document aims to provide commissioners of health and social services with the information and support they need in order to fulfil their obligation to embed personalised care planning in their localities. The guidance is focused on integrated care planning for all people with a long term care condition, and has resulted from feedback from the 'Our health, our care, our say' consultation on community services and feedback during the NHS Next Stage Review consultation. The document lists the potential benefits that would be expected from care planning. An annex lists linked policies and initiatives, with weblinks where further information can be found. (RH)

From : Download from website:

http://www.dh.gov.uk/en/Healthcare/Longtermconditions/DH_093359

MEDICATION

193/79

Factors influencing the prescribing of medications by old age psychiatrists for behavioural and psychological symptoms of dementia: a qualitative study; by Amy Wood-Mitchell, Ian Andrew James, Anna Waterworth (et al).

Age and Ageing, vol 37, no 5, September 2008, pp 547-558.

Despite evidence of limited efficacy, psychotropic medications are widely used as a first line treatment for those with behavioural and psychological symptoms of dementia (BPSD). This study examines the process by which old age psychiatrists prescribe for BPSD and explores the factors that influence their decisions. A focus group generated initial questions for interviews with eight consultant old age psychiatrists, using grounded theory methodology. Differences in how assessment information was utilised resulted in inconsistencies in choice of medication between psychiatrists. Psychiatrists felt pressured to prescribe, largely due to resource issues and lack of viable alternative treatments. The ways in which psychiatrists prescribe for BPSD varies. Guidelines do exist, but are difficult to implement in practice. Alternative non-pharmacological strategies are required, but as yet are difficult to access and have a questionable evidence base. (RH)

ISSN: 00020729

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

MENTAL CAPACITY

193/80

The Mental Capacity Act 2005: promoting the citizenship of people with dementia?; by Geraldine Boyle.

Health and Social Care in the Community, vol 16, no 5, September 2008, pp 529-537.

The Mental Capacity Act 2005 came into force in England and Wales during 2007. The Act enshrines a legal right to autonomy (negative and positive) of people lacking decision-making capacity, such as people with dementia. This paper examines the extent to which the legislation promotes the social citizenship of people with dementia, focusing on its effectiveness in protecting liberty and promoting self-determination and in providing social rights to facilitate autonomy. In particular, the author considers the degree to which the Act will facilitate decision-making by people with dementia, centring on decisions relating to where to live (at home or in an institution). In addition, the historical detention (usually informal) of people with dementia in institutional care and the role of the Act in promoting recognition of their right to liberty, is highlighted. However, the author points out that the civil rights to liberty and self-determination accorded under the Act - particularly the right to decide where to live - are restricted rights only, as the views of the person lacking capacity can be over-ridden by the decisions of others. In addition, the facilitation of these civil rights is constrained by the lack of access to social rights, particularly the availability of domiciliary and community services to avoid institutional admission. Consequently, while the legislation promotes the social citizenship of people with dementia, it has limited capacity to facilitate their full citizenship status. (RH)

ISSN: 09660410

From : <http://www.blackwellpublishing.com/hsc>

- 193/81 Small acts of care: exploring the potential impact of the Mental Capacity Act 2005 on day-to-day support; by Nicky Stanley, Jill Manthorpe.
Social Policy & Society, vol 8, pt 1, January 2009, pp 37-48.
Exploring the five principles of the newly enacted Mental Capacity Act 2005, this article sets these in the context of day-to-day decisions over care and treatment. These areas figure strongly in the lives of people who have problems making decisions, but there is little consideration of them in contrast to major decisions about financial planning, deprivation of liberty, and healthcare and treatment. Social policy has often found it difficult to encroach upon areas covering intimate and family-based care relationships or the private domain of care at home. This legislation touches on this controversial area. (KJ/RH)
ISSN: 14747464
From : <http://www.journals.cambridge.org/sps>

MENTAL HEALTH

(See Also 193/34)

- 193/82 The efficiency of using everyday technological devices by older adults: the role of cognitive functions; by Karin Slegers, Martin P J van Boxtel, Jelle Jollis.
Ageing and Society, vol 29, part 2, February 2009, 309-325.
Older adults experience more problems than younger people when using everyday technological devices such as personal computers, automatic teller machines (ATMs) and microwave ovens. Such problems may have serious consequences for the autonomy of older adults, since the ability to use technology is becoming essential in everyday life. One potential cause of these difficulties is age-related decline of cognitive functions. To test the role of cognitive abilities in performing technological tasks, the authors designed the Technological Transfer Test (TTT). This new and ecologically valid test comprises eight technological tasks that are common in everyday life (operating a CD player, a telephone, an ATM, a train ticket vending machine, a microwave oven, an alarm clock, a smart card charging device, and a telephone voice menu). The TTT and a comprehensive battery of cognitive tests were administered to 236 healthy Dutch adults aged 64-75 on two separate occasions. The results demonstrated that the performance time for five of the eight tasks was predicted by cognitive abilities. The exact cognitive functions affecting technological performance varied by the technological task. Among several measures and components of cognition, the speed of information processing and cognitive flexibility had the greatest predictive power. The results imply that age-related cognitive decline has a profound effect on the interaction between older adults and technological appliances.
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>

- 193/83 Globalization and mental health; by Nick Manning, Vikram Patel (eds).
Global Social Policy, vol 8, no 3, December 2008, pp 299-396.
Globalisation has significant consequences for mental health, and this special issue of Global Social Policy comprises short contributions and longer articles concerning key issues on mental health and global contexts of mental health policy. The social and economic costs of ignoring mental health issues worldwide - especially as they affect developing countries - are highlighted. Mental health problems cost the economy more than poverty. (RH)
ISSN: 14680181
From : <http://www.sagepublications.com>

- 193/84 Psychosocial welfare; by Paul Stenner, Marian Barnes, David Taylor (eds).
Critical Social Policy, vol 28, no 4, issue 97, November 2008, pp 411-549 (whole issue).
Some of the papers in this issue of Critical Social Policy were originally presented at a seminar, 'Psychosocial Welfare: Contributions to an Emerging Field', held at the University of Brighton in June 2007. The broad aim is to take stock of the current state of psychosocial approaches to social welfare. One paper draws attention to the relations between welfare and well-being, while

another dwells on different forms of suffering (e.g. hurt and loss) experienced by individuals. Other papers relevant to ageing and older people refer to: the role of emotional experiences; a feminist perspective; and issues of social exclusion, a form of psychosocial dismemberment. (RH)

ISSN: 02610183

From : <http://csp.sagepub.com>

MENTAL HEALTH SERVICES

193/85

Care Quality Commission enforcement policy: consultation; by Care Quality Commission - CQC. London: Care Quality Commission, October 2008, 36 pp.

The Care Quality Commission (CQC) was established by the Health and Social Care Act 2008 to regulate the quality of health and adult social care and to look after the interests of people detained under the Mental Health Act. The Commission comes into operation on 1 April 2009, and brings together the work of the Commission for Social Care Inspection (CSCI), the Healthcare Commission, and the Mental Health Act Commission (MHAC). This draft policy document sets out how the CQC intends to use its enforcement powers to protect the health, safety and welfare of people who use health and social care services, and to improve the quality of these services. The CSC invites comments on the policy and suggestions on how to develop it; the consultation closes on 16 January 2009. (RH)

Price: FOC

From : Care Quality Commission, 7th Floor, King's Beam House, 22 Upper Ground, London SE1 9BW. www.cqc.org.uk

193/86

Predictors of discharge destination for 234 patients admitted to a combined geriatric medicine/old age psychiatry unit; by Arlene J Astell, Stella A Clark, Nicholas T Hartley. *International Journal of Geriatric Psychiatry*, vol 23, no 9, September 2008, pp 903-908.

Factors that predicted discharge destinations of all patients admitted to a combined geriatric medicine/old age psychiatry unit in Scotland over a 4-year period were examined, by analysing data using non-parametric bivariate correlation and logistic regression analysis. Independence for activities of daily living (ADLs) was the key predictor of discharge destination. In combination with the number of active medical problems and dementia severity, independence for ADLs defined three distinct groups: patients discharged to home, or to a nursing home, or who died in hospital. Although the key precipitants of admission to joint geriatric medicine/old age psychiatric care are behavioural and psychiatric, these factors are intercurrent, can be successfully treated in an appropriate environment, and do not play a vital role in determining discharge outcome. These findings confirm the broad spectrum of need in older patients admitted to acute medical care identified in previous research, and support the case for specialised joint provision regarding their physical and mental health needs. (RH)

ISSN: 08856230

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

193/87

Research priorities for 'patient centred' mental health services: findings from a national consultation; by Chris Naylor, Chiara Samele, Jan Wallcraft. *Mental Health Review Journal*, vol 13, no 4, December 2008, pp 33-43.

Developing 'patient-centred' health services has become a goal in many countries, but little work has been done to identify what research is needed to support the development of such services within mental health. The aim of this study (which was carried out for the NHS Service Delivery and Organisation programme, SDO) was to consult all relevant stakeholder groups to establish research priorities for developing 'patient-centred' mental health services in the UK. More than 1,000 stakeholders were consulted, including service users, carers and mental health professionals. The consultation identified 12 thematic areas requiring further research. These should be prioritised if services are to become more centred on the needs and aspirations of the people who use them. (KJ/RH)

ISSN: 13619322

From : Pavilion Publishing, Richmond House, Richmond Road, Brighton, East Sussex BN2 3RL.

<http://www.pavpub.com>

193/88

A survey of memory clinic practice in Scotland; by Jane Foy.
Psychiatric Bulletin, vol 32, no 12, December 2008, pp 467-469.

The methodology of this study involved a questionnaire survey of all memory clinics in Scotland to obtain information about clinic characteristics, assessment techniques and prescribing practice. Results showed that memory clinics are a common component of old age psychiatry services within Scotland. There is variability in clinic characteristics, assessment techniques and treatment approaches. Most clinicians appear to rely on their own clinical judgement rather than national guidelines when making decisions about investigations and the prescription of anti-dementia medications. Clinical implications of these results mean that there is considerable variation in memory clinic practice across the country. Would standardisation of practice ensure equity in service provision/patient care? However, would such standardisation be at the cost of clinical autonomy? (KJ/RH)

ISSN: 09556036

From : <http://pb.rcpsych.org>

MENTAL ILLNESS

193/89

Evaluation of 'see me' - the national Scottish campaign against stigma and discrimination associated with mental ill-health; by Fiona Myers, Amy Woodhouse, Indiya Whitehead (et al), Social Research, Scottish Executive; Rethink; Institute of Psychiatry, King's College London. Edinburgh: Scottish Executive Social Research.

Health and Community Care Research Findings, no 73, 2009, 4 pp.

The national Scottish campaign against stigma and discrimination associated with mental ill-health - called 'see me' - was launched in October 2002. Funded as part of the Scottish Executive National Programme for Improving Mental Health and Wellbeing, but managed by an alliance of five mental health organisations, the campaign's activities have included national-level publicity campaigns targeted at the general population, targeted publicity campaigns aimed at specific groups or environments, work with the media, and support for local activities. These research findings outline the results of an independent evaluation of the inception and first four years of 'see me' which was commissioned by the then Scottish Executive in 2006. The aims of the evaluation were to: co-ordinate a detailed account of the development and activities of 'see me'; determine the extent to which the campaign had met its own strategic objectives; and make recommendations for future work in Scotland to address stigma and discrimination experienced by people with mental health problems. The full research report on the project can be viewed on the Social Research website (www.scotland.gov.uk/socialresearch). (RH)

Price: FOC

From : Scottish Executive Social Research website: <http://www.scotland.gov.uk/socialresearch>
Queries about the research to: socialresearch@scotland.gsi.gov.uk

MIGRATION

193/90

Population 'turnover' and 'churn' : enhancing understanding of internal migration in Britain through measures of stability; by Adam Dennett, John Stillwell.

Population Trends, no 134, Winter 2008, pp 24-41.

Net migration measures take account of the direction of migration flows, but our understanding of migration can be extended using population turnover and churn as measures of population stability. Turnover is a measure of the intensity of migration into and out of a district, whereas churn incorporates these flows and also includes the flows that take place within each district. Using districts of Britain and their type-based groupings, the highest levels of turnover and churn are found in London and some of the more dynamic urban areas, whereas the lowest levels are found in rural and previously industrial areas. Age has a significant effect on these measures with the population in their late teens and early twenties being the least stable and older populations being more stable. (KJ/RH)

ISSN: 03074463

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

NEIGHBOURHOODS AND COMMUNITIES

(See Also 193/63, 193/64, 193/134)

193/91

Projects towards the ageless city: volume 1; by msa projects, Manchester School of Architecture; Valuing Older People, Manchester City Council Joint Health Unit. Manchester: Manchester City Council, June 2008, pp 1-30 (+ unnumbered pages).

msa projects is a graduate teaching group within Manchester School of Architecture, set up to collaborate with Manchester institutions on projects of relevance for the future of the city. In 2007, msa projects began a project with Manchester City Council Joint Health Unit to consider how city spaces and architectural constructions should respond to the city's ageing population, which will be a significant issue for many councils in the future. Engagement with older citizens through workshops and events, discussions with council officers and dissemination by public exhibition and publications were undertaken. This volume illustrates the results of final year students who have identified problematic scenarios in current relationships between city spaces and the ageing population. For example, one student deals with issues of dementia and inclusion reacting to the discovery that older people in UK care homes are legally exempt from the Human Rights Act. This monograph documents some of the projects and processes undertaken as part of the Ageless City project, which itself will help towards building a 'lifetime neighbourhood' within Manchester and its surrounding districts. (KJ/RH)

Price: £6.00

From : Valuing Older People, Manchester City Council, Town Hall Extension Room 4042, Manchester M60 2LA.

NURSING

(See 193/35)

OLDER MEN

193/92

Widowers' strategies of self-representation during research interviews: a sociological analysis; by Deborah K van den Hoonaard.

Ageing and Society, vol 29, part 2, February 2009, 257-276.

The strategies used by older widowers to assert their masculinity during in-depth research interviews by the author, a middle-aged woman, are analysed. 26 widowers living in Atlantic Canada and Florida in the US and who were aged 56-91 participated in the study. The author analysed the interviews from a symbolic-interactionist perspective that looks at the world from a perspective of those being studied. The widowers used various strategies of impression management to reinforce their identities as "real men" during the interviews. These strategies included: taking charge of the interview; using personal diminutives and endearments to assert control; lecturing the interviewer about various topics including differences between men and women; and brining attention to their heterosexuality by referring to themselves as bachelors and commenting on increased attention from women. The paper chronicles the process of discovery of the importance to the study participants of portraying themselves as men. It was found that older widowers identity as "real men" is precarious because they lack three essential components of masculinity: being in a heterosexual relationship, being employed, and being young. The article makes extensive use of the participants' quotations to demonstrate their attempts, through impression management, to maintain a masculine identity while discussing the very topics that threatened it. (RH)

ISSN: 0144686X

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

OLDER OFFENDERS

(See Also 193/31)

- 193/93 Choosing health in prison: prisoners' views on making healthy choices in English prisons; by Louise Condon, Gill Hek, Francesca Harris.
Health Education Journal, vol 67, no 3, December 2008, pp 155-166.
In-depth semi-structured interviews were carried out with 111 prisoners in 12 prisons between September and November 2005, to explore their views on making healthy choices in prison. Prisoners interviewed included women, older prisoners, young offenders and prisoners from Black and minority ethnic groups. The prisons chosen were from both north and south of England, including men's prisons (categories A-D), young offenders' institutions and a women's prison. Prisoners were interviewed individually by pairs of interviewers, using a topic guide concerned with experiences of health care in prison. Interviews were audiotaped and transcribed. Data were analysed thematically. This article presents prisoners' views on making healthy choices in the areas identified in the 2004 White Paper 'Choosing Health', as priorities for action in public health. All the priority areas of Choosing Health were relevant to the self-identified health needs of prisoners. Opportunities to make healthy choices varied between prisons, particularly in relation to diet, exercise and access to smoking cessation support. Alcohol misuse was considered insufficiently addressed in prison. While imprisonment offers prisoners an opportunity to access health promotion services, in the priority areas identified in Choosing Health prisoners are often prevented from making healthy choices by the prison setting. Barriers exist within the prison setting which limit the ability of prisoners to maintain and improve their health. (KJ/RH)
ISSN: 00178969
From : <http://www.sagepublications.com>
- 193/94 No country for old lags: [older prisoners]; by Natalie Valios.
Community Care, issue 1747, 13 November 2008, pp 28-29.
While the church-run National Prisons Week asks us to remember those inside, this article reveals the plight of a forgotten group of inmates - older people. The author notes that in 2007, the oldest male prisoner in England and Wales was 92, and the oldest female prisoner 78. In March 2008, there were more than 7000 prisoners aged 50+, while those aged 60+ are the fastest growing incarcerated age group. On a more positive note, this article outlines the work of two projects aimed at alleviating older prisoners' problems: the Older Prisoners Action Group (OPAG), set up by Offender Health (a policy branch of the Department of Health, DH); and the Older Prisoners Projects being run by the Albany, Parkhurst and Camp Hill on the Isle of Wight. (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>
- 193/95 A theoretical framework for goal-directed care within the prison system; by Erik Bulten, Annelies Vissers, Karel Oei.
Mental Health Review Journal, vol 13, no 3, September 2008, pp 40-50.
Mental health care in prisons involves many stakeholders. As a consequence, the goals involved are divergent, but there is no sound theoretical framework that accounts for the complexity of care in prison. This paper considers a broad theory and its conceptual framework that differentiates between: prisoners with emotional suffering and those without; the need for care from an objective point of view as opposed to a subjective one; and the need for care related to mental health problems versus care related to limiting recidivism. The paper considers the Dutch situation in particular, and the actual care and treatment in Dutch prisons is described. (RH)
ISSN: 13619322
From : Pavilion Publishing, Richmond House, Richmond Road, Brighton, East Sussex BN2 3RL.
<http://www.pavpub.com>

PALLIATIVE CARE

- 193/96 Lessons in life and death from a poor relation: [palliative care]; by Lianne Downey. Professional Social Work, October 2008, pp 22-23.
A newly-qualified social worker who trained specifically to return to the world of palliative care where she was previously a care workers questions why this area of the profession struggles to be taken seriously by others, including social workers. She feels very strongly that social work interventions can enhance the end-of-life care that everyone should receive. Social workers can and must be better prepared to work with loss, dying and bereavement. The changing nature of social work education offers a clear opportunity to emphasise the importance of palliative care. (RH)
ISSN: 13523112

PENSIONS AND BENEFITS

- 193/97 Pension Centenary Campaign: marking the centenary 1908-2008 and the ongoing campaign for a decent state pension; by State Pension Campaign 100, National Pensioners Convention - NPC. London: National Pensioners Convention - NPC, 2008, 2 pp.
To tie in with the State Pension Centenary Campaign, this pamphlet outlines the history of the battle for the first old age pension from the 1890s, when there was no state financial provision for old age. Campaigning continues in the early 21 century for a basic state pension that is above the official poverty line of £161 a week for all men and women, and for the pension to be increased annually in line with earnings. (RH)
From : National Pensioners Convention, 19-23 Ironmonger Row, London EC1V 3QN. E-mail: info@npcuk.org
<http://www.npcuk.org.uk>
- 193/98 Pensions Act 2008: chapter 30. London: TSO, 2008, 147 pp.
The Act makes provision relating to pensions. Sections in Part 1 concern pension scheme membership for jobholders: employers' duties; compliance; safeguards, employment and pre-employment; supplementary provision about compliance and information sharing; duty to establish a pension scheme; the Personal Accounts Delivery Authority; and stakeholders pension schemes. Further parts concern simplification, pension compensation (e.g. on divorce); and a financial assistance scheme. Explanatory notes have been produced to assist in the understanding of this Act and are available separately. (RH)
Price: £22.00
From : TSO, PO Box 29, Norwich NR3 1GN. <http://www.tso.co.uk>

PERSONALISATION

(See Also 193/129)

- 193/99 Basics of personalisation; by Social Care Institute for Excellence - SCIE. Community Care, issue 1745, 30 October 2008, pp 36-37.
The Social Care Institute for Excellence (SCIE) explains the history and rationale behind the personalisation of services, which was introduced in 'Putting people first: a shared vision and commitment to transformation of adult social care' (2007). This article notes other key concepts for personalisation: independent living, participation, control, choice and empowerment; also the link with individual or personal budgets (IBs). It outlines examples of personalised approaches to care and ways in which personalised social care can be delivered. (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>
- 193/100 Department of Health consultation on draft Health and Social Care Act 2008 regulations: summary [of Age Concern England's response]; by Age Concern England - ACE. London: Age Concern England, November 2008, 2 pp (Policy response Ref: 2808(S)).

Age Concern England (ACE) comments on regulations on new powers to make cash payments to purchase care to people who are unable to direct their own care, and the extent to which local authorities have sufficient powers to deal with any misuse of the direct payments system on another person's behalf. (RH)

From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER.
Download document at <http://www.ageconcern.org.uk>

193/101 How personalisation stretches the law on adult social care: [personalisation agenda]; by Ed Mitchell.

Community Care, issue 1744, 23 October 2008, p 33.

This short article cites four areas of policy and practice that demonstrate how the drive to personalise services has exposed tensions between old and new social care legislation. First, direct payments are currently constrained by the Health and Social Care Act 2001, section 51 - that is, until an amendment in the Health and Social Care Act 2008 comes into force. Second, on individual budgets (IBs): a client who decides not to take all or part of an IB as a direct payment is currently unable to decide how this can be spent. Third, on self-assessment, the NHS and Community Care Act 1990 requires the local authority to assess a person's need for community care services. Lastly, on preventive services, the Fair Access to Care Services (FACS) eligibility criteria has been diverted away from preventive services in many areas. (RH)
ISSN: 03075508

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

193/102 Individual budgets - the story so far: [personalisation agenda]; by Jill Manthorpe.

Community Care, issue 1746, 6 November 2008, pp 32-33.

The recent report from the Individual Budget Evaluation Network (IBSEN) found that IBs worked well for most groups. In the first of three articles, a Network member discusses the findings and suggests that IBs will be seen as central to the transformation of social care, being based on experiences of direct payments and In Control. Councils participating the IB pilots dealt with four main challenges: allocating resources fairly and appropriately; establishing boundaries in dealing with concerns about use of public funds; meeting responsibilities in safeguarding vulnerable groups; and problems with integrating funding streams. (RH)

ISSN: 03075508

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

193/103 Individual budgets on the frontline: [personalisation agenda]; by Jill Manthorpe.

Community Care, issue 1747, 13 November 2008, pp 30-31.

The Individual Budget Evaluation Network (IBSEN) asked social care staff for their verdict on IBs. In the second of three articles, a Network member outlines the key findings. While there was a general welcome, in that staff thought that IBs could improve the lives of people using the services, there were also tensions between financial and other risks, concerns about the boundaries of social care expenditure, and matters of accountability regarding funding streams. (RH)

ISSN: 03075508

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

193/104 Making personal budgets work for older people: developing experience; by Department of Health - DH; Individual Budgets Evaluation Network - IBSEN. London: Department of Health - DH, 2008, 12 pp (Gateway ref: 10733) (Putting people first: transforming adult social care).

This paper considers the findings of the 'Evaluation of the Individual Budgets pilot programme' by the Individual Budgets Evaluation Network (IBSEN) and the extent to which the programme provide insights into ensuring that personal budgets will work well for older people. It also reports on advances made since the evaluation was conducted, notably some key messages and examples of practice from the IB sites about older people and personalisation. These include: the importance of whole system change; start from the person; small things make a difference; solutions need to be flexible and individual; there needs to be a choice in how the money is managed; and good support is essential. The paper also refers to another recent paper from the

DH, 'Moving forward: using the learning from the Individual Budget pilots: response to the IBSEN evaluation from the Department of Health'. (RH)

Price: download

From : Department of Health, Wellington House, 133-155 Waterloo Road, London SE1 8UG.
http://networks.csip.org.uk/_library/PersonalBudgetsOlderPeople.pdf

- 193/105 Rural areas and personalisation: [personalisation agenda]; by Jill Manthorpe.
Community Care, issue 1744, 23 October 2008, pp 34-36.
How have individual budgets (IBs) fared in rural areas? The author summarises the lessons from her recent study (researched with Martin Stevens) of the views of social care staff involved in implementation, published as 'The personalisation of adult social care in rural areas' (Commission for Rural Communities, 2008). She comments on the frequently mentioned changing nature of rural populations and communities, and difficulties of finding personal assistants and the transport costs associated with their employment. While rural social care services may benefit from personalisation, the question will be, at what cost? (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>
- 193/106 So, how do we change?: [personalisation agenda]; by Colin Slasberg.
Community Care, issue 1744, 23 October 2008, pp 30-31.
Personal budgets alone will not make personalisation work for everyone. The author of this short article suggests that the commissioning style begun with the community care reforms in the early 1990s needs to be changed. (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>
- 193/107 Turning the tables: [people with learning disabilities and the personalisation agenda]; by Louise Hunt.
Community Care, issue 1744, 23 October 2008, pp 32-33.
The Connect Works training programme has been devised by a group of people with learning disabilities who are part of the charity Connect in the North (CitN) based in Leeds, to train personal assistants they might later recruit. This article reports on how control is being transferred to the service user, and how Connect Works could be replicated elsewhere. (RH)
ISSN: 03075508 From : <http://www.communitycare.co.uk>
- 193/108 What's the outlook for adult care: [personalisation agenda]; by Andrew Mickel.
Community Care, issue 1744, 23 October 2008, pp 28-30.
Personalisation is the headline topic for adult social care. However, a survey conducted by Community Care has found that social workers are divided equally on whether the personalisation agenda is the right direction for social care. Of the 600 social workers who responded, only 11% view the plan to extend personalisation to all users as appropriate; and 95% of those staff working local authorities fear the risk that users may become more vulnerable. Two experts give their views. Whereas Jill Manthorpe comments on positive aspects such as reducing loneliness and isolation, Gary Fitzgerald (Action on Elder Abuse, AEA) has concerns about those who are vulnerable, also that personalisation has too narrow a definition. (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>
- 193/109 A work in progress: [personalisation]; by Jill Manthorpe.
Community Care, issue 1748, 20 November 2008, pp 30-31.
The recent evaluation of individual budgets (IBs) found disquiet over safeguarding and transition plans. In the last of a series of articles, a member of the Individual Budget Evaluation Network team (IBSEN) comments on potential financial and individual risks of harm for IB holders. While this article suggests that there are no losers in personalisation of care, it is more difficult to assess the gains and losses overall. (RH)
ISSN: 03075508 From : <http://www.communitycare.co.uk>

POVERTY

- 193/110 Monitoring poverty and social exclusion 2008; by Guy Palmer, Tom MacInnes, Peter Kenway, New Policy Institute; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF.
Findings, 2338, December 2008, 6 pp.
This report marks the tenth anniversary of the first edition of 'Monitoring poverty and social exclusion'. Built around a set of indicators constructed using the latest government data, the report assesses the record across a wide range of subjects, from low income to exclusion from services. It effectively provides a picture of the state of poverty and social exclusion in the UK just before the onset of the recent economic downturn. The authors conclude that while several headline indicators show early momentum has not been sustained, this pattern is by no means the norm. Eight of the 56 statistics measured over the last 10 years relate to older people. While performance has improved in that time on the indicators "single income pensions in low income households" and "low income households without a bank account", performance has worsened on the indicators "pensioners not taking up benefits to which they are entitled", and "people aged 75+ being helped by social services to live at home". The full report on which these findings are based, is published by the Joseph Rowntree Foundation (JRF), or available as a free download (at www.poverty.org.uk or www.jrf.org.uk). The first named website holds the latest data as well as detailed analyses for Scotland, Wales and Northern Ireland. (RH)
ISSN: 09583084
Price: FOC
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.
<http://www.jrf.org.uk>

PREVENTION

- 193/111 Influenza vaccine in the over 65s; by Rachel E Jordan, Jeremy I Hawker.
British Medical Journal, vol 337, no 7680, 22 November 2008, pp 1183-1184.
Despite recent doubts about its effectiveness, influenza vaccination for over 65s probably has important benefits. This short article comments on the evidence from major observational studies in the US, which found that hospital admissions of pneumonia and influenza were reduced by 27% and all-cause mortality by 48%. However, evidence based on data from Health Management Organizations (HMOs) in the US is likely to reflect the circumstances of those who are better-off. A UK study using data from a 10-year period also indicated significant reductions in hospital admissions and mortality from respiratory diseases. While it is difficult to establish the full effectiveness of the vaccine programme, most experts agree that the programme should continue. (RH)
ISSN: 09598138
From : www.bmj.com
- 193/112 National evaluation of Partnerships for Older People Projects [POPP]: [second] interim report of progress; by Karen Windle, Richard Wagland, Kathryn Lord (et al), National Evaluation Team - University of Hertfordshire; Personal Social Services Research Unit - PSSRU; University of Keele; John Moores University; University College London.: [Care Services Improvement Partnership on behalf of the] Personal Social Services Research Unit, October 2008, 10 pp.
There are indications that the 29 POPP (Partnerships for Older People Projects) pilot sites continue to have a demonstrable effect on reducing emergency hospital bed-day use when compared with non-POPP sites. This second report provides a summary of key findings from the National Evaluation of the Department of Health (DH) POPP Programme. These summary findings are based on data collected and analysed for the period April 2006 to March 2008, and are made available to support emerging learning around prevention and early intervention. The focus is on: the nature of the POPP projects; the POPP partnerships; older people's involvement within the POPP programmes; the impact of the POPP projects in terms of quality of life and cost-effectiveness; sustainability; and key learning points and achievements. All the issues and

evidence on which these findings are based will be made available in the final report of the National Evaluation in Autumn 2009. A website (www.changeagentteam.org.uk/POPP) has further information about POPPs. (RH)

From : http://networks.csip.org.uk/_library/Evaluation_of_POPP_interim_report.pdf

PUBLIC SERVICES

193/113

The provision of public toilets: twelfth report of session 2007-08: report, together with formal minutes, oral and written evidence; by Communities and Local Government Committee, House of Commons. London: The Stationery Office, 22 October 2008, 146 pp (HC 636 2007/08).

Public toilets matter to everybody, regardless of age, class, ethnic origin, gender, mental ability or physical ability; yet they are even more important to certain sections of society, and this quite definitely includes older people. While the Public Health Act 1936 gives local authorities a power to provide public toilets, it imposes no duty to do so. This lack of compulsion, together with a perception of nuisance associated with them, has resulted in a steady decline in the provision of public toilets in recent years, which now needs to be addressed. The Committee supports the Government's Strategic Guide on the provision of public toilets, 'Improving Public Access to Better Quality Toilets' (2008), which highlighted existing powers at the disposal of local authorities that can be used to improve public access to toilets. Some local authorities have developed strategies for the provision of clean, safe, accessible toilets, including partnerships with local businesses (such as pubs, cafes and shops) that make their own toilets available to non-customers. Other local authorities are less committed, which has led to great disparities between different towns and regions. Some local authorities may have used the Disability Discrimination Act 1995 as an excuse to close public toilets, rather than bring them up to the standards required by the Act. This report considered evidence from organisations including Help the Aged, who recommended that "local authorities ensure that public toilets are taken into account in needs assessments of older people and in supporting the independence of older people". The Committee aimed to produce simple and practical recommendations to improve this important social amenity, and made the over-riding recommendation that the Government imposes a duty on local authorities to develop a public toilet strategy, which should involve consultation with the local community, for their own area. (KJ/RH)

Price: £17.50

From : TSO, PO Box 29, Norwich NR3 1GN.

QUALITY OF LIFE

193/114

'I think I have had a good life': the everyday lives of older women and men from a lifecourse perspective; by Evy Gunnarsson.

Ageing and Society, vol 29, part 1, January 2009, pp 33-48.

Through increased longevity, older people today live for many years in retirement. Research on the everyday lives of older women and men who are not in need of help from elder care is scarce. This paper reports an in-depth study of a small sample of such relatively healthy older people in Sweden. The aim of the study was to describe, analyse and interpret from a lifecourse perspective how older women and men experience everyday life. Twenty informants were recruited through advertisements and they were interviewed twice. They were aged 75 to 90 years at the first interview. The informants belong to the cohort that was born before the Second World War and they have witnessed and benefited from both unprecedented economic growth and the development of the Swedish welfare state. Both the men and the women had been in paid work outside the home, and once retired they were determined to remain active. Even though many had found that their capacities had reduced, the informants spontaneously stressed the importance of continuing to be physically and mentally active. They saw life as meaningful because they sustained links in different ways with kin, friends and organisations. They wanted to remain active as long as possible, even when a decline in health reduced the range of activities that they could pursue. (KJ/RH)

ISSN: 0144686X

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

RELATIONSHIPS (PERSONAL)

- 193/115 Using union status or marital status to study the living arrangements of elderly people; by Susan De Vos, Luisa Farah Schwartzman.
Research on Aging, vol 30, no 4, July 2008, pp 474-487.
Traditionally, relevant studies have differentiated by marital status and assumed that married people lived together and that unmarried people did not live with partners. However, marital status is a social construct, whereas union status is the residential one, and although marriage is universal, it is different in different places and at different times. The authors use fairly recent census data for people aged 60+ from nine countries around the world to examine how well marital status helps indicate union status. The countries in this international comparative study of people aged 60+ are: the Czech Republic, France and the US in the West; Mexico, Colombia and Brazil in Latin America; Turkey in the Middle East; Kenya in Sub-Saharan Africa; and Vietnam in the Far East. The authors found reason to believe that marital status has been a good indicator of union status in some places at certain times but that this is not always so. (RH)
ISSN: 01640275

RELIGION AND SPIRITUALITY

- 193/116 A brief review of literature and Buddhist writings on spirituality and aging; by Ronald Y Nakasone.: The Haworth Press, Inc..
Journal of Religion, Spirituality & Aging, vol 20, no 3, 2008, pp 220-226.
The literature on Buddhist spirituality and religion as applied to ageing in academic, medical and other professional journals with a focus on geriatrics is sparse. The same is true for didactic and inspirational literature, albeit for different reasons. The author offers a few speculations on this phenomenon. Additionally, Asian and Asian-American experiences with spirituality and ageing have resulted in some memorable creative literature and is chronicled in memoirs. (RH)
ISSN: 15528030
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.
(www.taylorandfrancis.com) email: haworthpress@taylorandfrancis.com
- 193/117 Faith, function and well-being in coping with aging: an interdisciplinary inquiry; by Amy L Ai, Kenneth J Branco (eds): The Haworth Press, Inc..
Journal of Religion, Spirituality & Aging, vol 20, no 4, 2008, pp 247-340 (whole issue).
This issue further explores the question (first raised in vol 19, no 4), how do religiousness and spirituality influence older peoples' ability to cope with the stresses and losses of late life? It focuses on the more concrete health and disability concerns, such as heart disease and visual impairment. Each of the four studies suggests that religiousness and spirituality are inherently multidimensional constructs, which play multifaceted roles in health and disability-related coping. In particular, research on this issue investigates dimensions of religiousness and spirituality other than service attendance, which is typically affected by illness and disability in later life. In addition, the associations of spirituality and religiousness with coping and other outcomes of culturally diverse elderly participants are behaviourally diverse. (KJ/RH)
ISSN: 15528030
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.
email: haworthpress@taylorandfrancis.com (www.taylorandfrancis.com)
- 193/118 Spirituality, religion, and aging research in social work: state of the art and future possibilities; by Holly Nelson-Becker, Edward R Canda.: The Haworth Press, Inc..
Journal of Religion, Spirituality & Aging, vol 20, no 3, 2008, pp 177-193.
The unique contributions social work has made to the study of spirituality and religion in relation to ageing are identified, based on respect for their diverse expressions. Definitions of religion and spirituality that particularly relate to late life are provided. The study of spirituality and ageing is situated in four historical phases ranging from sectarian origins (1890s to 1920), to professionalisation and secularisation (1920s to 1970s), to renewed interest (1980s to mid

1990s), to the current phase characterised by transcending boundaries. Interdisciplinary research by social workers is prevalent. Topics of study include a wide range of religious and non-religious spiritual perspectives, cultural groups, and life domains. There is an expansion of interest in international research and collaboration on spirituality and ageing as well. Future research possibilities include functions of religion and spirituality for older people, spirituality in relation to professional direct practice, professional ethics, macro level social work, and public policy. The state of the art provides a foundation for future expansion in detail and depth of studies on these topics as well as for greater refinement of relevant theory and methodologies for inquiry. (RH)

ISSN: 15528030

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

REMINISCENCE

193/119 Reminiscence, communication and conversation; by Pam Schweitzer, Errollyn Bruce.: Hawker Publications.

Journal of Dementia Care, vol 16, no 5, September/October 2008, pp 18-20.

Reminiscence activities can provide a focus and stimulation for continued conversation with people with dementia. The authors describe the principles and some ideas for good practice, based on their book 'Remembering yesterday, caring today: reminiscence in dementia care' (Jessica Kingsley, 2008). The book is a Bradford Dementia Group good practice guide, and embraces ideas such as person-centred approaches, building an inclusive group, and using non-verbal communication as well as conversation. (RH)

ISSN: 13518372

RESEARCH

(See Also 193/92)

193/120 The retention of older people in longitudinal studies: a review of the literature; by Suneeta Bhamra, Anthea Tinker, Gill Mein (et al).

Quality in Ageing, vol 9, issue 4, December 2008, pp 27-35.

Research that follows people over a period of time (longitudinal or panel studies) is increasingly recognised as of great importance in helping us to understand the ageing process and changes over time in older people's lives. If people drop out of studies - which older people are more likely to do - the value of the study diminishes. This research draws on the evidence from ongoing and previous longitudinal studies of people aged 55+ to examine what factors encourage the retention of participants and what causes them to drop out. The research is synthesising existing evidence, drawing together the experiences of researchers involved in longitudinal studies, and collecting some new evidence about the views of survey participants. This article reports on the first part of the research, by drawing together evidence from other studies. These show that there are some factors that are related to attrition, whereas for others the evidence is mixed. Methods employed by these studies to reduce attrition and retain participants are examined. It must be noted that apart from the consistent finding that attrition is associated with age, education, socio-economic status and cognitive impairment, not all studies examined the same variables, some only being explored in one study. This makes it difficult to draw any further conclusions and indicates that attrition needs to be addressed in a uniform manner by more studies. This article identifies some implications for policy-makers and practitioners. (RH)

ISSN: 14717794

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

RESIDENTIAL AND NURSING HOME CARE

(See Also 193/27, 193/136)

- 193/121 Calculating the costs of efficient care homes; by William Laing, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation.
Findings, 2260, September 2008, 4 pp.
William Laing of Laing & Buisson refines a formula originally published in 2002 (revised 2004) for calculating reasonable fees, based on the operating costs of efficient care homes for older people in England.
(The 2004 version is at <http://www.jrf.org.uk/knowledge/findings/socialcare/634.asp>). Using 2008 benchmarks, the study guides users through the associated spreadsheet, and advises on modifications to reflect local market conditions. The study concludes that most public sector commissioning bodies do not at present pay fees at levels which are adequate to support and sustain a care home sector that meets all of the most recent National Minimum Standards. A toolkit spreadsheet, 'Calculating a fair market price for care: A toolkit for residential and nursing homes' (3rd ed) presenting data to 2008 is available for free download (at www.jrf.org.uk/bookshop/details.asp?pubid=974). (RH)
ISSN: 09583084
Price: (Full report £14.95)
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.
<http://www.jrf.org.uk>
- 193/122 Developing the use of 'MDS-RAI' reports for UK care homes; by Iain Carpenter, Laura Stosz, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation.
Findings, 2309, November 2008, 4 pp.
The MDS-RAI (Minimum Data Set Resident Assessment Instrument for long-term care facilities) is designed to provide a comprehensive standard assessment of residents' needs for use in nursing and residential homes. This action research project explored how care home staff and management could raise care provision standards through embedding its use in daily practice. These findings outline how the MDS/RAI has been used in reporting and assessment, based on a study in three care homes run by the Joseph Rowntree Foundation Housing Trust. The full report (same title) by Iain Carpenter and Laura Stosz of the Centre for Health Services Studies at the University of Kent, is published by the Joseph Rowntree Foundation (JRF) and may be downloaded from its website (www.jrf.org.uk). (RH)
ISSN: 09583084
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.
<http://www.jrf.org.uk>
- 193/123 How to make your care home fun: simple activities for people of all abilities; by Kenneth Agar. London: Jessica Kingsley, 2009, 141 pp.
'How to make your care home fun' examines the need for, and offers practical explanations of how to provide activities for older people in nursing and residential homes, day centres, rehabilitation centres, hospices, and even at home. It outlines how care homes are run and regulated; considers what services are provided by care homes and what is lacking; and provides a selection of activities and occupations that have proved successful with older people in care homes. Activities suggested include exercise, role play, reminiscence, music, arts and crafts, discussion and debate, gardening, cookery, and going out. Activities for people with dementia are suggested, too. The author takes the stance that "activity nursing" should be integral to all care plans, and that the activities organiser's role is important to the well-being of the residents. (RH)
Price: £14.99
From : Jessica Kingsley Publishers, 116 Pentonville Road, London N1 9JB. Website: www.jkp.com

193/124 Personnel statistics 2008: a survey of NCF member organisations; by Des Kelly, National Care Forum - NCF.: National Care Forum - NCF, August 2008, 11 pp.
This is the fifth year that this survey has been undertaken by the NCF amongst its members. 35 organisations returned the 2007-08 Personnel Statistics questionnaire (a response rate of 63.6%, up from 52.9% in 2007). The information on which these findings are based covers 37,249 staff and therefore represents a sizeable survey. The value of collecting and collating basic information on staffing, age profile and staff turnover from NCF members is that a body of data is developed, and this offers the potential for benchmarking exercises to be undertaken by members and others. The information provides the basis of a rough indication of possible trends year on year. The staff turnover rates and the evidence of such a high proportion of staff being lost from care services within the first couple of years of employment is a stark reminder of the significant challenge faced by care providers. It represents a significant loss of resource. The need to raise the status of care work, together with improved pay and conditions is self-evident. Both link to the need for a public funding settlement that appropriately recognises the value of social care. (KJ/RH)
Price: download
From : <http://www.nationalcareforum.org.uk/content/NCFPersonalStatistics2008.pdf>
National Care Forum, 3 The Quadrant, Coventry, CV1 2DY.

193/125 Understanding care homes: a research and development perspective; by Katherine Froggatt, Sue Davies, Julianne Meyer (eds). London: Jessica Kingsley, 2009, 272 pp.
'Understanding care homes' draws together a range of research and development initiatives that emphasise the importance of partnership working and of improving the quality of life for older people in care homes. Contributors to this book consider research and development in care homes from three different perspectives. The first, the individual resident, looks at ways of improving care received by those with dementia or learning difficulties, developing person-centred care, and establishing relationships between residents and staff. Part 2 has a broader organisational focus that considers the role of the environment, family and friends, and staff, including establishing "friends of homes" groups. The final section has a wider community and development focus, and the place of the home in the health and social care systems. Partnership working is considered, with a description of a Care Home Learning Network in one locality; while an intervention study looks at collaborating with primary care by promoting shared working between district nurses and care home staff. The book identifies how by generating new knowledge through research can bring about real change in care provision. (RH)
Price: £19.99
From : Jessica Kingsley Publishers, 116 Pentonville Road, London N1 9JB. Website: www.jkp.com

RETIREMENT COMMUNITIES

193/126 'That lot up there and us down here': social interaction and a sense of community in a mixed tenure UK retirement village; by Simon Evans.
Ageing and Society, vol 29, part 2, February 2009, 199-216.
Retirement villages have been slow to emerge as a housing model for older people in the UK, but the sector is now growing rapidly, with an increasing number of both private and not-for-profit developers entering the market. Research findings to date have indicated high levels of satisfaction among residents, but commentators have criticised this form of provision on the grounds that they are only an option for the better off. This paper reports a study of a retirement village in South West England that has attempted to address this issue, by integrating residents from a range of socio-economic backgrounds, and by making various tenures available in the same development. The paper begins with a brief history of retirement villages in the UK, and an overview of the concept of community, including those of communities of place and interest and their role in social policy. The presented findings highlight a number of factors that impact on a resident's sense of community, including social interaction, the development of friendships, the built environment, and the existence of common interests. The discussion focuses on the development of cross-tenure social networks and how residents' health and social

status shape community experience. It is concluded that the clustering model of mixed tenure is likely to emphasise differences in the socio-economic backgrounds of residents, and that the success of retirement villages as communities depends on grasping the subtleties of the diversity of later life. (RH)

ISSN: 0144686X

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

RURAL ISSUES

(See Also 193/105)

193/127

Elderly people's perspectives on health and well-being in rural communities in England: findings from the evaluation of the National Service Framework for Older People; by Jill Manthorpe, Steve Iliffe, Roger Clough (et al), *Older People Researching Social Issues (OPRSI)*.

Health and Social Care in the Community, vol 16, no 5, September 2008, pp 460-468.

Addressing the problems of meeting the needs of an ageing population in rural areas is recognised as a political and service delivery challenge. The National Service Framework for Older People (NSF) sets out a series of service standards to raise quality, to redress variations in service use, and to enhance the effectiveness of services across health and social care in England. The NSF alluded to the challenges of meeting such standards in rural communities.

This paper reports findings from the consultations undertaken with 713 older people as part of the midpoint review of the NSF in 2006, presenting and analysing the views and experiences of older people from rural areas. The consultations to engage with older people employed a mixed methodology that included public events, focus groups and individual interviews. The data reveal participants' views of how different patterns of social change in diverse country areas in England influence health and well-being in later life. The costs and benefits of centralisation of services, and the pivotal issue of transport are important themes. The findings raise questions about the unclear and contradictory usage of the term "rural" in England and the portrayal of rural ageing as a homogeneous experience. (RH)

ISSN: 09660410

From : <http://www.blackwellpublishing.com/hsc>

SEXUALITY

193/128

Pride or prejudice?: gay men, lesbians and dementia; by Elizabeth Price.

British Journal of Social Work, vol 38, no 6, October 2008, pp 1337-1352.

Social workers have a professional obligation to empower service users to make independent decisions and life choices and to respect their individual lifestyle preferences. This commitment to anti-oppressive practice can be challenged when working with people who have dementia, and may be particularly difficult to effectively adhere to when those diagnosed, and/or their carers, do not fit what might be described as societal norms. This article explores some of the links between a non-heterosexual identity, ageing, cognitive loss and the challenges these intersecting identities may produce for social work practitioners. (KJ/RH)

ISSN: 00453102

From : <http://www.bjsw.oxfordjournals.org>

SHELTERED HOUSING

(See Also 193/46)

193/129

Personal choice in sheltered / retirement housing: a workshop: University of Sussex, Brighton, Friday 26th September 2008; by Peter Lloyd, School of Social Sciences and Cultural Studies, University of Sussex; Sussex Gerontology Network.: School of Social Sciences and Cultural Studies, University of Sussex, 2008, 3 pp.

Two ways in which personal choice might be exercised were explored in this workshop. First personal budgets (or individual budgets, or self directed support), for which West Sussex was

one of thirteen pilot sites. The complexity, innovativeness and risks of the system are commented on. The second, a service menu, involved residents in one locality (North Somerset) selecting a "menu" of different levels of support (low, medium or high). More than two-thirds chose the low level, and only 5% the high level. While sheltered housing schemes retain their managers, there remains a question mark as to whether this choice could be denied to residents who may only be able to choose items on "the menu". (RH)

Price: £3.00

From : Professor Peter Lloyd, School of Social Sciences and Cultural Studies, University of Sussex, Brighton BN1 9SN. Make cheques payable to Sussex Gerontology Network.

193/130

Sheltered housing's contribution to health and social care; by ERoSH - the Essential Role of Sheltered Housing; Housing Learning and Improvement Network - Housing LIN, Care Services Improvement Partnership - CSIP, Department of Health - DH. Chippenham, Wilts: ERoSH, 2008, 1 DVD.

More people live in sheltered housing than in care homes. ERoSH was formerly known as the Emerging Role of Sheltered Housing project, and believes that there is a huge unmet potential for sheltered housing that can benefit the whole community. That potential is in the buildings, the staff, and the residents. This DVD emphasises the benefits of partnership working. It demonstrates a range of health and social care-related activities that do or should take place in sheltered housing including: exercise; falls prevention; keeping active; helping access to other services; healthy eating; screening; and social activities. ERoSH produces checklists for health and social care professionals, and the good practice examples in the DVD pick out just a few themes. The DVD is in two parts, one aimed primarily at health care professionals, and the other primarily at social care professionals. The aim is that it should be shown at team meetings and training courses. It is also viewable on the ERoSH website. Attention is also drawn to further good practice examples on the Housing LIN website (<http://icn.csip.org.uk/housing/>). (RH)

From : ERoSH, PO Box 2616, Chippenham, Wiltshire SN15 1WZ. Email: info@shelteredhousing.org Website: <http://www.shelteredhousing.org>

SOCIAL CARE

(See Also 193/56, 193/127)

193/131

Navigating the way: the future care and well-being of older people; by Resolution Foundation. London: The Resolution Foundation, 2008, 53 pp.

A major weakness of the current care market is that older people, their families and carers find it very challenging to navigate their way round a very complex, confusing system, and that consequently their needs are not being met. This report describes seven elements of a "new care architecture" which would create a fairer and more efficient market. It summarises research projects on four of these (discussed in more detail on the Resolution Foundation website). First, navigating the care system: qualitative data obtained from voluntary sector advice organisations and low earners regarding different advice provision models, were used. Second, innovation and efficiency in care: some existing effective examples of service commissioning and provision were examined. Third, local market shaping, considered a new strategic role for local authorities to shape supply and provide oversight of local markets. Lastly, funding care for older people identified three markets that could facilitate direct funding by individuals: equity release, long-term care insurance, and long-term saving. Overall, what is required is a clear national framework that would include a universal minimum entitlement for older people and their carers. The report concludes that the market for social care needs reform before levels of state funding can be determined. (RH)

From : The Resolution Foundation, 2 Broomhouse Lane, London, SW6 3RD.

Email: info@resolutionfoundation.org Download at: <http://www.resolutionfoundation.org>

193/132 Q is for quality: the voices of older people on the need for better quality care and support; by Age Concern England - ACE. London: Age Concern England, November 2008, 39 pp (+ CD ROM in pocket).
The Big Q is Age Concern England's campaign to improve quality in the social care system. This resource pack relates to discussions on the five "building blocks" at ten listening events held April to November 2008 which were video recorded. The "building blocks" discussed are money, dignity, clarity, fairness, and independence. The CD ROM includes video clips from the discussions (alternatively, the videos can be found at <http://www.youtube.com/ageconcernengland>). (RH)
From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. Website: <http://www.ageconcern.org.uk>

193/133 Voices from the frontline: social work practitioners' perceptions of multi-agency working in adult protection in England and Wales; by Lisa Pinkney, Bridget Penhale, Jill Manthorpe (et al). The Journal of Adult Protection, vol 10, no 4, November 2008, pp 12-24.
As part of a wider study of adult protection working and regulation that took place between 2004-2007 in 26 sample local authorities, this article reports on the views of 92 social workers about their practice in adult protection in England and Wales. The article explores social workers' reported experiences of partnership or multi-agency working and how this, along with overarching regulatory frameworks, affected their practice within and across agencies. Among findings from the study were that social workers considered that sharing information and responsibilities led to positive outcomes for service users and that the incorporation of different agency perspectives supplemented sharing of best practice. (KJ/RH)
ISSN: 14668203
From : Website: <http://www.pavpub.com>

SOCIAL EXCLUSION

(See 193/110)

SOCIAL NETWORKS

193/134 Growing old in a new estate: establishing new social networks in retirement; by Peter Walters, Helen Bartlett.
Ageing and Society, vol 29, part 2, February 2009, 217-236.
The benefits of a strong, personal social network for people as they advance in age are well-documented, but the continuation or development of social networks may be challenged when people relocate to a new home on retirement. This paper explores the personal network development of older residents who have moved to a new suburban (but not age-specific) residential development in a general urban setting. Drawing on a case study of a new outer-suburban "master-planned" estate in Brisbane, Queensland, the findings from interviews with 51 older residents and participant observations of a community group are presented. The study suggests that a traditional ideal of unreflexive community of place was an unreliable source of durable social bonds in contemporary fragmented and mobile social conditions, where the proximity of family members, durability of tenure, and strong neighbourly ties are not inevitable. One successful resolution was found in a group of older residents who, through exercising agency, had joined a group, the sole focus of which was social companionship. The theoretical bases of this type of group are discussed and its relevance is examined for retirees who have chosen to live in a residential environment for lifestyle and amenity reasons, away from their lifelong social networks. (RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>

193/135 The social capital of older people; by Anne Gray.
Ageing and Society, vol 29, part 1, January 2009, pp 5-32.
How can the 'social capital' in social networks provide contacts through which older people

access practical and emotional support? What is the relative importance of kin and non-kin, and of participation in organisations and informal ties such as contacts with neighbours? Following a brief contextualisation that draws on previous literature, this paper addresses these questions through analysis of British Household Panel Survey (BHPS) data. It examines the extent to which people feel they can count on emotional and practice support from friends and relatives. A dependent variable was created that measures the outcome of social capital residing in a respondent's social network. Relatively poor support was found amongst elders who were childless or had been continuously without a partner. Relatively rich support was found amongst those who had frequent contact with other people, who interacted frequently with neighbours, and who regarded their neighbourhood as a positive social environment. Being active in organisations had less effect on social support than informal social contacts. Amongst many different forms of organisational activity, the only ones that had a positive association with social support were being in contact with others through religious activities, and engaging in sports clubs. The social support of working-class elders, even those 'well networked' in formal or informal ways was strengthened less by their social capital than was that of the professional and managerial occupational groups. (KJ/RH)

ISSN: 0144686X

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

193/136

The social networks of nursing-home residents in Hong Kong; by Sheung-Tak Cheng.

Ageing and Society, vol 29, part 2, February 2009, 163-178.

The degree of social support available to older people who are institutionalised is under-researched. This study investigated the structural and functional support exchanges with their social network numbers of 72 nursing home residents in Hong Kong (58 women, 14 men). They were asked to identify their network members, to evaluate the degree to which each one was important in their lives, and to rate the support received from and provided to each individual. The participants reported few network members (average 2.6), and in many cases neither a spouse nor children were included. Only one-fifth of the participants reported a social network member in the nursing home, and most of those who did nominated a member of staff. There were also few friends in their networks. On the whole, the participants were comparatively socially isolated. The findings are explained in terms of the shame associated by the Chinese with placement in an institutional home, cultural patterns of social support, changes in children's filial attitudes, home placement policies, and the management practices that accentuate the distance between the older person and family members around the time of institutionalisation. These inculcate a feeling of abandonment, and discourage family visits as well as social interactions within the home. (RH)

ISSN: 0144686X

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

STATISTICS

193/137

Regional differences in male mortality inequalities using the National Statistics Socio-economic Classification, England and Wales, 2001-03; by Veronique Siegler, Ann Langford, Brian Johnson.

Health Statistics Quarterly, no 40, Winter 2008, pp 6-17.

This article represents the first use by the Office for National Statistics of the National Statistics Socio-economic Classification (NS-SEC) to analyse regional variations in inequalities in male mortality. It is part of a series of articles on social inequalities in mortality by NS-SEC. Deaths in the years 2001-2003 among men aged 25 to 64, from all causes and selected major cause groups, are examined in each of the Government Office Regions of England and in Wales. The results provide insights into both social gradients in mortality for each NS-SEC class. The socio-economic differences in mortality were more marked for men in Wales, the North East and the North West. The regional differences in mortality were small for the most advantaged classes and greatest for the least advantaged classes. (KJ/RH)

ISSN: 14651645

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

Standardised mortality ratios - the effect of smoothing ward-level results; by Allan Baker, Martin Ralphs, Clare Griffiths.

Health Statistics Quarterly, no 40, Winter 2008, pp 30-36.

Geographical indicators of mortality provide one of the most important means of assessing the health of populations, and are particularly effective in identifying inequalities in health. Geographical mortality indicators have regularly been produced by the Office for National Statistics (ONS), but normally for areas smaller than local authorities. In order to allow variations in mortality within local authorities to be examined, in 2006 ONS published Standardised Mortality Ratios (SMRs) for wards in England and Wales, based on deaths in 1999-2003. For mortality indicators for small populations, based on small numbers of deaths there is however a risk that results will be unstable, making geographical patterns hard to interpret. To examine whether this problem could be overcome, methods for smoothing SMRs in time and space were considered, with conclusions published in a methodology report in 2007. This article presents results from that work, illustrating the geographical patterns in mortality that emerge following smoothing of the ward level SMRs. (KJ/RH)

ISSN: 14651645

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

STROKE

(See 193/18)

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.

9 February 2009

Latest Developments in the Nursing Homes, Care Homes and Assisted Living Markets

A day's detailed briefing for all those involved in ownership, operations and valuation of care and nursing homes, assisted living and their funders, advisors and agents.

Speakers: Chair: Iain Lock (Director Hotels & Healthcare) Savills

Organised by: Henry Stewart Conference Studies

Venue: Radisson SAS Portman Hotel

Location : London, England

Details : The Registrar, Henry Stewart Conference Studies, Russell House, 28/30 Little Russell Street, London, WC1A 2HN

Tel : +44 (0)20 7404 3040, *Fax :* +44 (0)20 7404 2081

10 February 2009

Care : Emerging Models, Funding and the Future

A Carers UK conference on the future of care and support, in light of the forthcoming publication of the Green Paper on care and support.

Speakers: Phil Hope MP, Minister for Care Services, DH (invited); Prof. Sue Yeandle (U. of Leeds); Stephen Burke (CE, Counsel & Care) and others.

Organised by: Carers UK

Venue: The Law Society

Location : London , England

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

Tel : +44 (0)20 7378 4940, *Fax :* +44 (0)20 7378 9781

11 February 2009

2009 Annual Extra-care Housing Conference

Keynote presentation invited: Phil Hope MP, Parliamentary Under Secretary of State for Care Services (invited) followed by an Open Forum with the Minister.

Speakers: Chair: Stephen Ladyman MP, past Parliamentary Under Secretary of State for Community Care

Organised by: Laing & Buisson sponsored by Castleoak

Venue: Radisson SAS Portman Hotel

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

12 February 2009

Out of the Shadows into the Light : End of Life Care for People with Dementia Conference

Minister for Care Services, Phil Hope and Professor Jane Gilliard, Social Care Lead, Older People's Mental Health Programme.

Organised by: National Council for Palliative Care - NCPC

Venue: Regent's College Conference Centre

Location : London, England

Details : Theresa Tsui, Events Coordinator, Fitzpatrick Building, 188-194 York Way, London, N7 9AS

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

18 February 2009

Consent, Capacity and Human Rights in Dementia Care

The conference programme will stimulate thinking around the challenges of consent, capacity and human rights in dementia care. Speakers from across the UK and Europe will address these issues from European, national and regional perspectives. During the afternoon session there will be a chaired panel discussion on the impact of human rights on dementia care, engaging delegates and speakers.

Organised by: Hosted jointly by the Dementia Services Development Centre - Northern Ireland and the Law Centre (NI)

Venue: Europa Hotel, Belfast

Location : Belfast, Northern Ireland

Details : Oonagh Thompson, Dementia Services Development Centre - Northern Ireland, The Technology and Engineering Innovation Centre, Jordanstown Campus, Shore Road, Newtownabbey, County Antrim, BT37 0QB

Tel : 028 90 930070

25 February 2009

'Financing Older People's Care: Right care, Right Deal'

The 4th Annual Counsel and Care conference comes at an important point in the development of personalised care and personal budgets towards the end of the first year of the transformation programme and as we head towards the care funding Green Paper. This conference will look at personal budgets, information and advice, joint working, care trusts, regulation and the development of the new personalised care market.

Organised by: Counsel and Care supported by several organisation and sponsored by Tunstall

Venue: Inmarsat Conference Centre

Location : central London, England

Details : Sarah Spencer, Neil Stewart Associates, PO Box 39976, 2nd Floor, 1 Benjamin Street, London, EC1M 5YT

Tel : +44 (0)20 7324 4359, *Fax :* +44 (0)20 7490 8830, The conference will also look at the impact of the credit crunch on the economics of older people and carers, their capital assets, pensions and entitlements, public contributions and top-ups. How will hard-pressed authorities ration personalised budgets in under-funded areas

26 February 2009

Dementia, Dignity and the challenge of an ageing society

Keynote speakers: Phil Hope (Care Services Minister)(invited); Sir Michael Parkinson (invited).

Speakers: Chair: Professor Jane Gilliard. Prof. Sube Banerjee, Ruth Eley; Ken Clasper; Terry Charnock; Prof. Jill Manthorpe; Stephen Burke; Annie Stevenson; Yve White Smith.

Organised by: Community Care Conferences in association with LexisNexis, in partnership with SCIE and Department of Health

Venue: central London

Location : London, England

Details : LexisNexis GateHouse, Halsbury House, 35 Chancery Lane, London, WC2A 1EL

Tel : 020 7347 3574, *Fax :* 020 7347 3576

26 February 2009

Transforming Adult Social Care : Preparing adult social care for the 21st century

Speakers: Chair: Allan Bowman (SCIE); Jeff Jerome; Anne McDonald; Sam Bennett; Alistair Reid

Organised by: LGC & NLGN Conferences endorsed by HSJ and ADASS

Venue: Jury's Inn

Location : London, England

Details : Transforming Adult Social Care, Conference Registration, Greater London House, Hampstead Road, London, NW1 7EJ

Tel : +44 (0)845 056 8341, *Fax :* +44 (0)207 728 5299

3-4 March 2009

Managing New Realities 2009 - Personalisation: Everyone's business

Opening keynote: Phil Hope, Minister of State for Care Services (invited)

Speakers: Chair: David Brindle (The Guardian, Public Sector editor). Julie Jones OBE (SCIE); Baroness Jane Campbell OBE; Paul Cann (Help the Aged); David Behan OBE and others.

Organised by: Organised by: The Guardian and OLM-Pavilion in partnership with Skills for Care; SCIE; Department of Health; Unison; Impower

Venue: Inmarsat Conference Centre, City Road

Location : London, England

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

Tel : 0844 880 5061, *Fax :* 0844 880 5062

5 March 2009

Deprivation of Liberty Safeguards in Health and Social Care

This one day conference begins with a keynote address from Paul Gantley National Programme Implementation Manager, Mental Capacity Act Department of Health who will discuss what the Deprivation of Liberty Safeguards are, why they were introduced, the code of practice and key points for the implementation.

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, A series of case studies will give perspectives on moving forward - including examples of how best interest's decision would be made. You will have the opportunity to hear from a mental health trust, a care home and a county council, and question the conference panel about your own issues and concerns in implementing the Deprivation of Liberty Safeguards.

5 March 2009

The 2009 Annual Long Term Care Conference

Plenary keynote presentation: Jeff Jerome, National Director for Social Care Transformation, ADASS. The conference will feature a new 'parallel stream' format to maximise value for money. Delegates will be able to choose between the two streams - elderly care and learning disabilities/mental health - and move between them if they wish. All delegates will receive a CD containing integrated MP3 audio recordings and PowerPoint slides for the complete conference.

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

Organised by: Laing & Buisson sponsored by Castleoak

Venue: Radisson SAS Portman Hotel

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

10 March 2009

Always on my mind - Caring for a person with a neurological conditions

Organised by: The Neurological Alliance of Ireland

with Care Alliance Ireland

Venue: Radisson Hotel, Golden Lane

Location : Dublin, Ireland

Details : Care Alliance Ireland, Coleraine House, Coleraine Street, Dublin 7

Tel : +44 (01)8747776

10-11 March 2009

Social Care Association Annual Seminar - "Faith in Social Care"

The 60th Anniversary annual seminar with a gala dinner on 10 March at the Museum of Wales.

Speakers: John Wyllie (SCA President);

Archbishop Peter Smith of Cardiff, Clare Tickell (Action for Children), Rob Pickford (CSIW), Sue Bott (NCIL), Roger Davies (MHA Care Group).

Organised by: Social Care Association - SCA

Venue: Marriott Hotel

Location : Cardiff, Wales

Details : Thornton House, Hook Road, Surbiton, Surrey, KT6 5AN

Tel : +44 (0)20 8397 1411, *Fax :* +44 (0)20 8397 1436

12-15 March 2009

Ageing in the Mediterranean World : Scientific Conference

From a historical perspective, the Mediterranean has been the centre of a process of civilization that has had effects and consequences on a truly global scale. Europe as an economic and cultural entity cannot be possibly fully understood without realizing the enormous impact of developments which took place in this region and will also shape the European position in the future. The ageing of Mediterranean societies will confront them with new challenges and socio-political tasks. Today, ageing affects societies in the Mediterranean already quite differently and will continue to transform them considerably in the future. In this conference we will present and critically discuss research results on work life developments, demographic trends, family strategies and care arrangements in the Mediterranean.

Organised by: Organized by European Social Research (ESR), the European social science section of the International Association of Gerontology and Geriatrics (IAGG), in direct cooperation with The Institute of Gerontology in Malta.

Location : Malta

Details : Professor Joseph Troisi, Director, European Centre of Gerontology; Director, WHO Collaborating Centre for Healthy Ageing,

Department of Sociology, University of Malta, The basic idea of the conference is to offer a comprehensive outlook on the social fabric of the Mediterranean world in several detailed aspects to be presented and discussed with the participants; to allow the identification of certain areas of ongoing research for all participants and to allow participants the presentation of results of their own research and the critical debate of these results. The programme is divided into keynote lectures; group and panel discussions; it will also give the opportunity of presenting and discussing your own research results.

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

17 March 2009

Delivering the End of Life Care Strategy

Keynote speakers: Professor Edwin Pugh, Dr Teresa Tate, Karen Taylor OBE.

Speakers: Barbara Pointon MBE amongst others.

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

18 March 2009

Implementing the National Dementia Strategy : A practical guide to improving the quality of dementia services

Speakers: Chair: Emma Dent (Health Service Journal), Professor Sube Banerjee, Neil Hunt, Dr David Anderson, Professor Steve Iliffe, Professor June Andrews.

Organised by: HSJ Conferences

Venue: Earls Court conference centre

Location : London , England

Details : Implementing the National Dementia Strategy Conference Registration, HSJ

Conferences, , Greater London House, Hampstead Road, London, NW1 7EJ

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

18 March 2009

Progress on Personalisation : Putting People First One Year On

Keynote speakers: Phil Hope (Care Services Minister)(invited).

Speakers: Chair: Mark Ivory (Community Care).

Organised by: Community Care Conferences in association with LexisNexis, in partnership with SCIE and Department of Health

Venue: central London

Location : London, England

Details : Community Conferences c/l LexisNexis, Halsbury House, 35 Chancery Lane, London, WC2A 1EL

Tel : 020 7347 3574, *Fax :* 020 7347 3576

18-19 March 2009

Scottish Care Congress

Organised by: Organised by Caring Times and the Journal of Dementia Care

Venue: Hilton Edinburgh Grosvenor Hotel

Location : Edinburgh, Scotland

Details : Helena Stroud, Hawker Publications, Culvert House, Culvert Road, London, SW11 5DH

Tel : +44 (0)20 7720 2108 ext 208, *Fax :* +44 (0)20 7498 3023

19 March 2009

Beyond the End of Life Care Strategy : Turning policy into practice

Organised by: National Council for Palliative Care - NCPC

Venue: Regent's College Conference Centre

Location : London, England

Details : Theresa Tsui, Events Coordinator, Fitzpatrick Building, 188-194 York Way, London, N7 9AS

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

20 March 2009

Eating for health in care homes

A one day course providing essential guidance on the nutritional needs of older people. Includes advice on nutritional assessment, catering practical demonstrations and menu planning. Other dates available: 26 June and 20 November 2009.

Organised by: Royal Society for Public Health

Venue: 28 Portland Place, London

Location : London, England

Details : Jennifer Tatman, Conference & Events

Officer
Tel : +44 (0)20 3177 1614

23-24 March 2009

AEA National Conference 2009

Further details and a booking form can be obtained from the AEA website.

Organised by: AEA - Action Against Elder Abuse

Venue: East Midlands Conference Centre,

University of Nottingham

Location : Nottingham, England, Senior Events

Co-ordinator,

Details : Natalie Fernandez,, Astral House, 1268

London Road, London, SW16 4ER

Tel : 0044 (0)208 765 7000, *Fax :* 0044 (0)208 679

4074, AEA hosts this major annual event to look at

the key issues within Adult Protection, with a

primary focus on Elder Abuse. The conference will

host several high-profile speakers; for the last three

years this has included the Minister for Social Care,

along with a plethora of topical workshops makes

the event a key opportunity to learn and share.

24-25 March 2009

Annual Health Strategy Conference : Progress to Quality - A strategic lens on the latest evidence

Speakers: Barbara Young (Chair, CQC); Meredith

B Rosenthal (Harvard School of Public Health);

Lord Carter of Coles; Michael O'Higgins, and

others.

Organised by: The Nuffield Trust

Venue: Latimer Place, Chesham

Location : Chesham, Buckinghamshire, England

Details : Neil Stewart Associates, PO Box 39976,

2nd Floor , 1 Benjamin Street, London, EC1M 5YT

Tel : +44 (0)7324 4330, *Fax :* +44 (0)7490 8830

1-3 April 2009

British Geriatrics Society Spring Meeting

Speakers: Numerous speakers.

Organised by: British Geriatrics Society (BGS)

Venue: Bournemouth International Centre

Location : Bournemouth, England

Details : Secretariat, BGS Spring 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

1 April 2009

Falls Prevention in Older People : Minimising risk and focusing on active healthy lifestyles

A one-day 2-stream event.

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

1-3 April 2009

Reaffirming Teaching and Learning in Later Life

Although relatively under-researched, our

understanding of learning in later life has recently

focused on the learner, his or her aspirations,

motivations, benefits; and on the policy and

provision aspects. In this conference we wish to

extend the picture to include the contribution of

teaching, in its broadest sense, including tutoring,

mentoring, supervising, coaching - leading

learning in all its contexts. There are issues of

quality, training and professional development, as

well as curricula, design and accessibility of

programmes.

Organised by: The Association of Education and

Ageing; Lancaster University, Department of

Continuing Education

Venue: University of Lancaster

Location : Lancaster, England, In Europe, USA,

Canada and China (for instance) whole institutions

are devoted to older learners, involving teaching

and tutoring styles that are less commonly

practised in the UK, where informal and voluntary

styles of provision are more prevalent. What can

we learn from each other in times when public and

third sector budgets require increasing creativity

with modest resources made more acute by

economic recession? What of the burgeoning

private sector in third age learning? What are the

implications of private education in later life?

6 April 2009

Pension Day of Action

Organised by: National Pensioners Convention

(NPC)

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

19-23 April 2009

Spring School for Global Ageing Research

Organised by: Institute of Ageing, University of Oxford

Location : Oxford, England, Research Liaison

Details : Angelika Kaiser, Oxford Institute of Ageing, Manor Road Building, Oxford OX1 3UQ

Tel : +44 (0) 1865-286196

22-26 April 2009

Learning In Later Life : Generational Cooperation

In the context of an ageing society young and old are more and more faced with new learning needs of older adults and vice versa. Older adults- even if they are not willing to learn-are forced to cope with the changes of modern life to keep social contacts. It brings chances and challenges, but also risks and threats for young and old. This unique situation in history of mankind requires learning process focused on ageing as well as focus on intergenerational links. This is a complete new challenge to adult educators, teachers, trainers, facilitators, as well as to learners and students from all ages. Special competencies are therefore needed.

Speakers: Jim Soulsby

Organised by: GRUNDTVIG/ COMENIUS SEMINAR CY-2009-037-001

Location : Larnaka City, Cyprus

Details : Klitos Symeonides, President of the Cyprus Adult Education Association

(seminar-course manager)

Tel : 00357-99470810, *Fax :* 00357-22486714,

Deadline for applications to the National Agencies is 31 January 2009.

24 April 2009

Evidence Matters in Dementia Care

Organised by: Hawker Publications organised by Journal of Dementia Care, in association with Dementia Care Matters, University of Surrey and Surrey branches of the Alzheimer's Society

Venue: University of Surrey

Location : Guildford, England

Details : Helena, Hawker Publications, 2nd Floor, Culvert House, Culvert Road, London, SW11 5DH

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

24 April 2009

Evidence Matters in Dementia Care

Organised by: Organised by the Journal of Dementia Care in association with Dementia Care Matters; University of Surrey; Surrey branches of the Alzheimer's Society

Venue: University of Surrey

Location : Guildford, Surrey, England

Details : Helena Stroud, Hawker Publications, Culvert House, Culvert Road, London, SW11 5DH

Tel : +44 (0)20 7720 2108 ext 208, *Fax :* +44 (0)20 7498 3023

29 April 2009

Mental Capacity Act in Health and Social Care : Moving Forward

Keynote address: Paul Gantley (DH National Programme Implementation Manager) and Martin John (OPG Public Guardian and Chief Executive)

Speakers: Chairman: Paul Gantley

Organised by: Healthcare Events

Venue: 4 Hamilton 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

2-4 June 2009

NPC Pensioners' Parliament 2009

Organised by: National Pensioners Convention (NPC)

Venue: Winter Gardens, Blackpool

Location : Blackpool, Lancashire, England

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

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

29 June - 1 July 2009

UK Social Policy Association 2009 Conference : Policy Futures

Organised by: Social Policy Association (SPA) organised by the University of Edinburgh's School of Social and Political Studies

Venue: University of Edinburgh

Location : Edinburgh, Scotland