

New Literature on Old Age

EDITOR

Gillian CrosbyVOLUME
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ABUSE

- 194/1 Can you stop the person you care for from being scammed?: a guide for carers and care professionals; by Office of Fair Trading - OFT. 2nd ed: Office of Fair Trading - OFT, 2008, 11 pp (code: OFT972).
A scam is a scheme to con someone out of their cash. Every year three million people fall victim to scams, losing an average of £850 each. This guide outlines what a carer can do to help protect the person they look after against such fraudulent actions. Anyone who thinks they have been the victim of a scam, or suspects a scam is being attempted, can contact Consumer Direct for clear, practical advice (tel: 08454 04 05 06) or visit website (www.consumerdirect.gov.uk).
(KJ/RH)
Price: FoC
From : Tel: 0800 389 3158

- 194/2 Protection of Vulnerable Adults Scheme in England and Wales for adult placement schemes, domiciliary care agencies and care homes: a practical guide; by Department of Health - DH. [amended]: Department of Health - DH (Electronic format), 14 January 2009, 40 pp.
POVA, the Protection of Vulnerable Adults Scheme, as set out in the Care Standards Act 2000, was implemented on a phased basis from 26 July 2004. At the heart of the POVA scheme is the POVA list. Through referrals to and checks against the list, care workers who have harmed, or put at risk of harm, a vulnerable adult (whether or not in the course of their employment) will be banned from working in a care position with vulnerable adults. This guidance follows on from the "No secrets" guidance. It sets out what is required of providers of care, employment agencies and businesses and other stakeholder affected by implementation. It supersedes previous issues on 2004 and 2006. An important note has been added to the front page of the guidance to draw attention to the POVA transitional arrangements from 20 January 2009, which will be in place until the new vetting and barring scheme is introduced. An amendment has been made to the section on suspensions - paragraph 53a has been deleted. This POVA guidance will continue to apply from 20 January 2009. (KJ/RH)
From : Downloaded document (26/02/09) from the Department of Health website: <http://www.changeagentteam.org.uk/index.cfm?pid=218&catalogueContentID=3675>

ACTIVE AGEING

- 194/3 Availability of activity-related resources in senior apartments: does it differ by neighbourhood socio-economic status?; by Verena H Menec, Dawn M Veselyuk, Audrey A Blandford (et al). Ageing and Society, vol 29, part 3, April 2009, pp 397-412.
Research has shown that the level of activity of the residents of a city's neighbourhood is related to the availability of activity-related resources. This study aimed to characterise the housing environment in which many older adults live by exploring what activity-related resources were available in senior apartment buildings in one Canadian city, Winnipeg. Of 195 senior apartment buildings in the city, 190 were surveyed to examine whether variation in the buildings' activity resources was related to neighbourhood characteristics, particularly socio-economic status. Resources were classified as those for physical activities (e.g. exercise classes), social activities (e.g. card games), and services (e.g. a grocery-store shuttle). The neighbourhood characteristics were taken from census data and included socio-economic and socio-demographic measures. The apartment buildings varied considerably in the resources available, and a positive relationship was found between neighbourhood income and physical and social activity programmes and services. Lower residential stability and a higher percentage of residents living alone were also related to the buildings' resource-richness and senior apartment buildings with limited activity-related resources clustered in disadvantaged neighbourhoods. How senior apartments are resourced should be examined in relation to the neighbourhood in which they are located. (KJ/RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>

194/4

What do community-dwelling Caucasian and South Asian 60-70 year olds think about exercise for fall prevention?; by Maria Horne, Shaun Speed, Dawn Skelton (et al).

Age and Ageing, vol 38, no 1, January 2009, pp 68-73.

To identify salient beliefs that influence uptake and adherence to exercise for fall prevention among community-dwelling Caucasian and South Asian 60-70 year olds in the UK, the authors undertook an ethnographic study using participant observation, 15 focus groups (n=87; mean age 65.7), and 40 Individual semi-structured interviews (mean age 64.8). This qualitative study showed that both Caucasian and South Asian young older adults are generally not motivated to initiate or maintain exercise purely to help prevent falls. Both Caucasian and South Asian young older adults tend not to acknowledge their risk of falls. More similarities than dissimilarities seem to exist between Caucasian and South Asian older adults in their beliefs about falls and exercise for fall prevention. Fall prevention should not necessarily be the focus of health promotion strategies, but the peripheral benefits of exercise and leading active, healthy lifestyles should be promoted. (RH)

ISSN: 00020729

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

AGEING (GENERAL)

194/5

Changing lives, changing businesses: seven life stages for the twenty-first century; by Michael Moynagh, Richard Worsley, Tomorrow Project. London: A & C Black, 2009, 233 pp.

"Changing lives, changing businesses" has been produced as one element of a partnership agreement between the Economic and Social Research Council (ESRC) and the Tomorrow Project, designed to aid the transfer of academic knowledge to business and other academics. It covers the seven key life stages, how demographic trends in the UK are changing, and how the composition of the population will affect business life and the workforce in the next twenty years. It tackles seven key questions. First, will we produce enough babies? Second, how will we bring up our children? Third, will becoming an adult be more difficult? Fourth, how will adult relationships change? Fifth, will eternal youth replace the midlife crisis? Sixth, will retirement disappear? Lastly, will the oldest old have a better life? A final chapter highlights three common themes in the seven life stages: the role of guidance in dealing with the growing complexity of people's lives; the need for a new approach to savings so that individuals have financial support at critical stages in their lives; and managing an ageing society. (RH)

Price: £14.99

From : A & C Black Publishers Ltd., 38 Soho Square, London W1D 3HB. The Tomorrow Project, PO Box 160, Burnham Norton, Kings Lynn, Norfolk PE31 8GA

. www.tomorrowproject.net

ALCOHOL AND DRUG MISUSE

194/6

Drug use and ageing: older people do take drugs!; by Caryl M Beynon.

Age and Ageing, vol 38, no 1, January 2009, pp 8-10.

While usually perceived as behaviour of the young, use of illicit drugs by people aged 50+ is increasing in Europe and the US. This increase largely reflects the ageing of the general population, and people who use drugs continuing to do so as they age. For those people dependent upon drugs - usually users of opiates (heroin) and stimulants (cocaine, crack cocaine and amphetamine) - the last 30 years has seen the advent of effective treatment and harm minimisation initiatives and, coupled with general advances in medicine, has increased the life expectancy of these drug users. Drug use by older people presents unique problems; biological systems and processes alter naturally across the life course and the effect of concurrent drug use on some of these systems is not well understood. The natural progression of certain diseases means that symptoms only manifest in older age and the lives of older drug users are likely to be characterised by considerable levels of morbidity. Further work is needed on the epidemiology of drug use by older people, a group of people who currently represent a hidden and vulnerable population. (RH)

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

ALTERNATIVE THERAPIES

194/7

A longitudinal analysis of older Australian women's consultations with complementary and alternative medicine (CAM) practitioners, 1996-2005; by Jon Adams, David Sibbritt, Anne F Young.

Age and Ageing, vol 38, no 1, January 2009, pp 93-99.

To determine the factors associated with complementary and alternative medicine (CAM) use among older Australian women over time, this study conducted a longitudinal analysis of postal questionnaires completed in 1996, 1999, 2002 and 2005 as part of the Australian Longitudinal Study on Women's Health. The percentage of women who consulted a CAM practitioner in those years were 14.6%, 21.1%, 10.9% and 9.9% respectively. Use of CAM increased as the number of reported symptoms increased and physical health deteriorated, for non-urban residents compared to urban residents. Use of CAM among older women appears to be strongly influenced by poor physical health. There is also a suggestion that lack of access to conventional health care providers increases CAM use. There is also an overall decline in the use of CAM among older women as they age. (RH)

ISSN: 00020729

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

ASSESSMENT

(See 194/23)

BLACK AND MINORITY ETHNIC GROUPS

(See 194/4, 194/9, 194/54)

CARERS AND CARING

194/8

The carer's cosmetic handbook: simple health and beauty tips for older persons; by Sharon Tay. London: Jessica Kingsley, 2009, 139 pp.

Maintaining a healthy appearance and good hygiene is an important factor in a person's sense of well-being. The author offers practical advice and describes simple procedures on skin-care and applying cosmetics. The aim is to introduce techniques that avoid damaging treatments and the over-use of harmful products that often cause unwanted skin, nail and hair problems. Other chapters cover: fingernail and toenail disorders, manicures and pedicures; herbal remedies and essential oils; hair removal methods for women; and nutrition and health. (RH)

Price: £16.99

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

194/9

The different faces of care work: understanding the experiences of the multi-cultural care workforce; by Martha Doyle, Virpi Timonen.

Ageing and Society, vol 29, part 3, April 2009, pp 337-350.

An increased demand for long-term care services coupled with the decreased availability of informal (family) carers in many industrialised countries has led to the employment of growing numbers of 'migrant care workers'. Little is known about this heterogeneous group or of their experience of employment in long-term care. Providing an important insight into a hitherto little researched and poorly understood topic, this article presents the findings of a qualitative study in Ireland that sought greater understanding of migrant carers' experience of care work and of the intra-group differences among them. The findings suggest that some members of the workforce are more likely to confront obstacles and discrimination than others. The data indicate that the experiences of European, South Asian and African carers are significantly different, and that relationships may exist between carers' region of origin and their experience of care work, employment mobility and long-term plans for remaining in the sector. The findings underscore

the significance of acknowledging the unique barriers and obstacles faced by particular populations of care workers. A better understanding of the changing demographic profile and needs of both care recipients and their paid (migrant) care-givers is required to ensure that appropriate policy and practical interventions are developed to support both groups. (KJ/RH)
ISSN: 0144686X

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

DELAYED DISCHARGE

194/10 Delayed transfer from hospital to community settings: the older person's perspective; by Annette Swinkels, Theresa Mitchell.

Health and Social Care in the Community, vol 17, no 1, February 2009, pp 45-53.

Prevention and management of delayed transfer of older people to community settings is an enduring issue in industrialised societies and is the subject of many recent policies in the UK. A deeper, evidence-based understanding of the complex organisational and interprofessional issues which contribute to delays in transfer has emerged in recent years. This study used conversational interviews and a phenomenological approach to explore and interpret participants' perceptions of delayed transfer from hospital into the community. A purposive sampling strategy was used to incorporate participants from different categories of delay identified on weekly Situation Reports. Participants aged 65+ (mean age 82 ±5.4 years) and with a mean delay of 32 days (±26) were recruited from three hospitals based in two NHS Trusts in the South of England. This paper focuses on their perceptions of the effects of delayed transfers into the community, their involvement in discharge planning and future community care needs. Findings show that participants actively or passively relinquished their involvement in the processes of discharge planning because of the perceived expertise of others, and also feelings of disempowerment secondary to poor health, low mood, dependency, lack of information and the intricacies of discharge planning processes for complex community care needs. Participants expressed a longing for continuity, emphasised the importance of social contact and sometimes appeared unrealistic about their future care needs. While current policies may have helped reduce overall numbers of delayed patients in the UK, this study suggests there is scope for improvement of the involvement of delayed patients in planning their discharge to the community. (RH)

ISSN: 09660410

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

DEMENTIA

(See Also 194/27)

194/11 Dementia plans: high hopes but who will pay?; by Charlotte Santry.

Health Service Journal, vol 119, no 6144, 19 February 2009, pp 12-13.

'Living well with dementia', the national dementia strategy promises dedicated memory services in every town, but with only £150 million over two years, can primary care trusts (PCTs) afford the sophisticated teams this requires? This article reports on reactions to the strategy, particularly on training and staffing costs, also time constraints. It also lists the 17 strands of the dementia strategy. (RH)

ISSN: 09522271

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

194/12 Diagnostic accuracy of 123I-FP-CIT SPECT in possible dementia with Lewy bodies; by John T O'Brien, Ian G McKeith, Zuzana Walker (et al).

British Journal of Psychiatry, vol 194, no 1, January 2009, pp 34-39.

123I-FP-CIT SPECT (single photon emission computed tomography) can help in the differential diagnosis of probable dementia with Lewy bodies (Lewy body dementia) and Alzheimer's disease (AD). The authors' aim was to determine the accuracy of 123I-FP-CIT SPECT in diagnosing people with possible dementia with Lewy bodies. They undertook a 12-month follow-up of 325

individuals with probable or possible Lewy body or non-Lewy body dementia which had previously undergone 123I-FP-CIT SPECT. A consensus panel, masked to SPECT findings, established diagnosis at 12 months in 254 people. Of 44 people with possible dementia with Lewy bodies at baseline, at follow-up the diagnosis for 19 was probable dementia with Lewy bodies (43%), in 7 people non-Lewy body dementia (16%) and for 18 individuals, it remained possible dementia with Lewy bodies (41%). Of the 19 who at follow-up were diagnosed with probable dementia with Lewy bodies, 12 had abnormal scans at baseline (sensitivity 63%); all 7 individuals with a possible diagnosis as having AD at follow-up had normal scans (specificity 100%). These findings confirm the diagnostic accuracy of 123I-FP-CIT SPECT in distinguishing Lewy body from non-Lewy body dementia, and also suggests a clinically useful role in diagnostically uncertain cases, as an abnormal scan in a person with possible dementia with Lewy bodies is strongly suggestive of dementia with Lewy bodies. (RH)

ISSN: 00071250

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

- 194/13 Living well with dementia: a national dementia strategy: accessible summary; by Department of Health - DH. London: Department of Health, 3 February 2009, 23 pp (Ref 291591b). Following the consultation, 'Transforming the quality of dementia care' (June 2008), the Department of Health (DH) has developed a national strategy for dementia services. This booklet is an accessible version of the full length national dementia strategy's executive summary. It includes a list of the strategy's 17 key objectives, and outlines the main points of the full-length strategy, but in less detail. It gives short summaries of the strategy's three key steps for improving the quality of life for people with dementia and their carers: ensuring better knowledge about dementia; ensuring early diagnosis, support and treatment; and developing services to meet changing needs better. (RH)
From : DH Publications Orderline, PO Box, 777, London SE1 6XH. E-mail: dh@prolog.uk.com Tel 0300 123 1002.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058
- 194/14 Living well with dementia: a national dementia strategy; by Department of Health - DH. London: Department of Health, 3 February 2009, 104 pp (Ref 291591a; accessible summary 291591b). Following the consultation, 'Transforming the quality of dementia care' (June 2008), the Department of Health (DH) has developed this national strategy for dementia services. The strategy has 17 key objectives, the first few being: improving quality public and professional awareness and understanding of dementia; good-quality early diagnosis and intervention for all; good-quality information for those with diagnosed dementia; and enabling easy access to care, support and advice following diagnosis. Following an introduction by joint leads Sube Banerjee and Jenny Owen, an executive summary outlines the objectives and comments on shortcomings of current provision. The document presents the strategy in terms of outcomes: raising awareness and understanding; early diagnosis and support; and living well with dementia. Annex 2 summarises related documents that set the policy in context. (RH)
From : DH Publications Orderline, PO Box, 777, London SE1 6XH. E-mail: dh@prolog.uk.com Tel 0300 123 1002.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058
- 194/15 The needs of people with dementia in care homes: the perspectives of users, staff and family caregivers; by Martin Orrell, Geraldine A Hancock, Kumari C Galboda Liyanage (et al). International Psychogeriatrics, vol 20, no 5, October 2008, pp 941-951. People with dementia in care homes are at risk of having their views ignored, and decisions are often made on their behalf by care home staff and family carers. This study compares the ratings of needs of older people with dementia living in care homes, as assessed by the older person, a family caregiver, and the staff of the care home. The Camberwell Assessment of Need for the Elderly (CANE) was completed for 238 residents with dementia by care staff. In addition, 149

users and 181 family caregivers also completed the assessment of the person's met and unmet needs. Despite having moderately severe dementia, many users were able to report their met and unmet needs. However, user and carer pairs had the lowest average percentage agreement of 63% compared to that of 77% between user and staff pairs. In particular, users reported relatively higher unmet needs by psychological distress, company and information, and higher unmet needs for daytime activities and eyesight or hearing problems. Users' views on their needs should be sought, even when the person has dementia and lives in a care home. Reliance solely on assessment by staff or carers may lead to under-recognition of unmet needs. (RH)
ISSN: 10416102

194/16 Remember me: [Launch of dementia national strategy]; by Emma Dent.
Health Service Journal, vol 119, no 6142, 5 February 2009, pp 20-22.
Now that the long-awaited national dementia strategy 'Living well with dementia' has been published, the race is on to overcome the stigma surrounding the condition and to spread the word about available treatments. This article points to the lack of knowledge among primary care professionals which leads to dementia often going unmanaged. It includes reactions from the Alzheimer's Society and the Mental Health Foundation (MHF); the example of the Cornish Dementia Campaign; and a case study of a man in his late 70s and his experience of deteriorating memory and his family's dealings with the local NHS trust. (RH)
ISSN: 09522271
From : <http://www.hsj.co.uk>

194/17 Screening for dementia in primary care: a review of the use, efficacy and quality of measures; by A Milne, A Culverwell, R Guss (et al).
International Psychogeriatrics, vol 20, no 5, October 2008, pp 911-926.
Despite evidence that early identification of dementia is of growing policy and practice significance in the UK, limited work has been done on evaluating screening measures for use in primary care. This paper aims to offer a clinically informed synthesis of research and practice-based evidence on the utility, efficacy and quality of dementia screening measures. The study has three elements: a review of the literature; a small-scale survey of measures employed in three primary care trusts (PCTs); and a systematic clinical evaluation of the most commonly used screening instruments. The study integrates data from research and clinical sources. The General Practitioner Assessment of Cognition (GPCOG), the Memory Impairment Screen (MIS), and the Mini-Cognitive Assessment Instrument (Mini-Cog) were found to be brief, easy to administer, clinically acceptable, effective and minimally affected by education, gender and ethnicity. All three have psychometric properties similar to the Mini Mental State Examination (MMSE). Although the MMSE is widely used in the UK, this project identifies the GPCOG, MIS and Mini-Cog as clinically and psychometrically robust and more appropriate for routine use in primary care. A coherent review of evidence coupled with an in-depth evaluation of screening instruments has the potential to enhance ability and commitment to early intervention in primary care and, as part of a wider educational strategy, improve the quality and consistency of dementia screening. (RH)
ISSN: 10416102

194/18 What is meaningful activity for people with dementia living in care homes?: a comparison of the views of older people with dementia, staff and family carers; by Barbara J Harmer, Martin Orrell.: Taylor & Francis.
Aging & Mental Health, vol 12, no 5, September 2008, pp 548-558.
Older people with dementia living in care homes often lack appropriate activities. Although homes are expected to offer a range of activities to meet residents' needs, little is known about what makes activities meaningful for people with dementia. This qualitative study used focus groups including 17 residents, 13 staff and 8 family carers from three care homes in outer London to explore how these groups define concepts of meaningful activity. Transcripts of the groups were subjected to thematic content analysis using a grounded theory approach. Four activity themes emerged: reminiscence; family and social; musical; and individual. There were also two related themes: lack of meaningful activity; and what makes activity meaningful.

Residents found meaning in activities that addressed their psychological and social needs, which related to the quality of the experience of an activity rather than specific types of activities. In contrast, staff and family carers viewed activities that maintained physical abilities as meaningful. People with dementia, staff and family carers had differing views about what made activities meaningful. Organisational limitations and social beliefs limited the provision of meaningful activities for this population. The study also indicates areas for improving activity provision in care homes. (RH)

ISSN: 13607863

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

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

194/19 Differentials in mortality up to 20 years after baseline interview among older people in East London and Essex; by Ann Bowling, Emily Grundy.

Age and Ageing, vol 38, no 1, January 2009, pp 51-55.

Older people living at home in Hackney, East London and Braintree, Essex, who responded to surveys of successful survival in older age in the late 1980s were traced for mortality through the National Health Central Register. Adjusted analyses showed that, as expected, the hazard rate for mortality over a 20-year follow-up was reduced for younger respondents and increased for less functionally able respondents. The hazard ratio for males was almost one and a half times that of females. The hazard rate was also reduced with each categorical increase in life satisfaction and was consistently reduced for those who regularly undertook crafts, social visiting and activities. There was some variation by age and sex. The results show that social participation is associated with lower risks of death, particularly among those aged 65 to 85, and that life satisfaction is also protective, particularly among females and people aged 85+, even when health status and socio-demographic circumstances are controlled. The study thus provides support for the hypothesised influence of social participation and subjective well-being on survival in older age. (RH)

ISSN: 00020729

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

194/20 Green agendas and grey dawns; by Alastair Bonnett.

New Statesman, 9 March 2009, pp 28-29.

The author considers that Britain should adopt a population policy in view of the pace of growth as well as the ageing of the country's population. Any policy adopted must be "pro old people" to create an age-friendly society. However, rates of consumption to ensure environmental sustainability should be of equal concern. Population trends globally are also considered and projected growth figures for the year 2050 are given. The author is Professor of Geography at Newcastle University. (KJ)

ISSN: 13647431

From : www.newstatesman.com

DEPRESSION

194/21 Elders with first psychiatric hospitalization for depression; by Sunha Choi, Philip Rozario, Nancy Morrow-Howell (et al).

International Journal of Geriatric Psychiatry, vol 24, no 1, January 2009, pp 33-40.

Little is known about the first psychiatric hospitalisation episode of older adults with depression. Guided by the Network Episode Model and the Andersen model, this study identifies and compares the characteristics of depressed older adults with (n=108) and those without (n=77) prior psychiatric hospitalisation, upon admission to the psychogeriatric unit, using logistic regression. Data on a lifetime history of inpatient psychiatric treatment, clinical characteristics, demographics, social resources, and psychosocial or medical service use were obtained from patients' medical records and self-reports. Compared with patients who had previous psychiatric admission, first-time inpatients were associated with having: late-onset depression; no lifetime psychotic symptoms; lower scores on the Brief Psychiatric Rating Scale (BPRS) at admission;

higher numbers of doctors seen; and lower use of senior centres 6 months prior to the admission. Depressed older adults' previous psychiatric inpatient service use is closely related to their past and current psychiatric needs. Also, the two groups show significant differences in health and social service use prior to psychiatric hospitalisation. However, severity of depression at admission was not different. (RH)

ISSN: 08856230

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

194/22

A pilot randomised controlled trial of a brief cognitive behavioural group intervention to reduce recurrence rates in late life depression; by Philip Wilkinson, Nicola Alder, Edmund Juszcak (et al).

International Journal of Geriatric Psychiatry, vol 24, no 1, January 2009, pp 68-75.

A group cognitive behaviour therapy (CBT-G) manual was produced and the Cognitive Therapy Rating Scale 9CTS-R) modified to assess therapy delivery. 45 adults aged 60+ in Oxford and Southampton who had met ICD-10 criteria for major depression in the previous year and were still taking antidepressant medication were randomly allocated to CBT-G/antidepressant combination or antidepressant alone. Depression severity was measured at baseline, randomisation and 6 and 12 months after start of CBT-G using the Montgomery Asberg Rating Scale for Depression (MADRS). One-year recurrence rates on the MADRS were encouragingly lower in participants receiving CBT-G (5/18 or 27% compared with controls (8/18 44.4%), although this did not achieve statistical significance. In contrast, overall scores on the secondary outcome measure, the Beck Depression Inventory, increased in participants receiving CBT-G. The CBT-G manual was successfully implemented and therapy delivery achieved an overall satisfactory level of competence. The authors believe that evaluation of this intervention in a full-scale trial is warranted. (RH)

ISSN: 08856230

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

DIGNITY

194/23

Assessing dignity in care; by Jill Manthorpe.

Community Care, issue 1753, 15 January 2009, pp 30-31.

A study of dignity indicators for older people exposes the factors that undermine provision of sensitive care. The study, 'Measuring dignity in care for older people', by Helen Magee, Suzanne Parsons and Janet Askham, was published by the Picker Institute Europe for Help the Aged.

The authors reviewed qualitative research exploring older people's perceptions of dignified care in care homes, hospitals and home care, to develop indicators of dignity in personal care. This article assesses the study's objectives, methodology, findings and recommendations, which it is suggested should be part of the early work by the Care Quality Commission (CQC).

The full report plus appendices is available via the Help the Aged website

(at www.helptheaged.org.uk/policy). (RH)

ISSN: 03075508

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

EDUCATION

194/24

Training for older people's development; by Social Care Institute for Excellence - SCIE.

Community Care, issue 1758, 19 February 2009, pp 32-33.

The Social Care Institute for Excellence (SCIE) analyses research findings behind an area of social work practice, teaching and learning about human growth development of older people (HGDOP), on which there is a shortage of evaluative literature. It considers approaches to HGDOP teaching and learning, the aims of which include: theoretical understanding; shifting attitudes; building on skills; reflective practice; driving up standards of practice; and increasing interest in the area. It suggests that practice can be shaped by, among other things, outside involvement, practice learning, and assessment. Short abstracts are presented for five items that have a focus on older people's development, including the 'UK study of abuse and neglect of

older people: qualitative findings' (Comic Relief / Department of Health, 2007). (RH)
ISSN: 03075508 From : <http://www.communitycare.co.uk>

END-OF-LIFE CARE

(See Also 194/48)

- 194/25 Advance end-of-life healthcare planning in an acute NHS hospital setting: development and evaluation of the Expression of Healthcare Preferences (EHP); by Rebekah Schiff, Rory Shaw, Nadia Raja (et al).
Age and Ageing, vol 38, no 1, January 2009, pp 81-85.
The Expression of Healthcare Preferences (EHP) consists of a form and explanatory booklet to enable older patients in NHS hospitals to discuss and record end-of-life healthcare preferences. The authors evaluated the EHP with 95 patients (mean age 81; median MMSE 28) who received the EHP, 61 of whom read the EHP and 29 of these recorded their healthcare preferences in the EHP form. The form prompted end-of-life care discussions between 30 of the patients, and between 32 of these patients and "those close to them". The EHP was highly rated: on a score of 1 to 10 its was thought to be helpful (median score 8), interesting (8), informative (8) and reassuring (7), but not upsetting (1). The EHP is an end-of-life planning tool that has been shown can be used to prompt older inpatients to discuss and record their end-of-life healthcare preferences. (RH)
ISSN: 00020729 From : <http://www.ageing.oxfordjournals.org>
- 194/26 End of life care strategy: quality markers consultation: [summary of] consultation response; by Philip Hurst, Charlotte Potter, Age Concern England - ACE; Help the Aged. London: Age Concern England; Help the Aged, February 2009, 2 pp (Consultation response Ref: 0709(S)).
The Department of Health (DH) is consulting on markers of quality for end of life care. Among recommendations made by Age Concern England (ACE) and Help the Aged are that there should be quality markers that relate specifically to psychological, social spiritual and practical support; and that acute care and other settings should take into account the concepts of dignity and compassion at the end of life. (RH)
From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. www.ageconcern.org.uk
Help the Aged, 207-221 Pentonville Road, London N1 9UZ. www.helptheaged.org.uk
- 194/27 Out of the shadows: end of life care for people with dementia; by Lucy Sutton, Emily Sam, Karen Harrison Denning (et al), National Council for Palliative Care - NCPC; for dementia. London: National Council for Palliative Care - NCPC, 2009, 43 pp.
The National Council for Palliative Care (NCPC) was given funding by Lloyds TSB Foundation for the 2-year Palliative Care and Dementia project, and this publication is the culmination of that work.
It brings together current understanding of the issues and challenges, and is informed by the needs of people with dementia and their carers, not only for advance care planning and the assessment and management of symptoms, but also with regard to distress, hydration, nutrition, spiritual needs, and caring for carers. The key findings are mapped against the nationally recommended pathway from the End of life care strategy in England (EoLCS). The importance of partnership working is highlighted by the inclusion of local practice examples and case studies, with contributions from general practitioners (GPs) and specialist researchers, as well as from the Dementia Working Group (DWG). There remains a lack of understanding of dementia and the end of life, and NCPC recommends that national policies must join up end of life care and dementia to ensure that local service development does not leave people with dementia caught between two strands of care. (The National Dementia Strategy was about to be published). (RH)
Price: £20.00 (free to subscribers)
From : NCPC, The Fitzpatrick Building, 188-194 York Way, London N7 9AS.
<http://www.ncpc.org.uk>

FALLS

(See Also 194/4)

- 194/28 The effects of usual footwear on balance amongst elderly women attending a day hospital; by N Frances Horgan, Fiona Crehan, Emma Bartlett (et al).
Age and Ageing, vol 38, no 1, January 2009, pp 62-67.
For a group of 100 older women (aged 65+) attending a day hospital in Ireland, wearing their own footwear was associated with significantly improved balance compared to being barefoot. In this study, a Berg Balance Scale (BBS) was completed under two conditions: shoes on and shoes off with order counter-balanced. Lower barefoot BBS scores were associated with a greater beneficial effect of footwear on balance. Shoe characteristics were not associated with change in the BBS score. The greatest benefit of footwear was seen in subjects with the poorest balance. The authors recommend that older individuals at risk of falls do not go barefoot when walking. (RH)
ISSN: 00020729
From : <http://www.ageing.oxfordjournals.org>
- 194/29 The Winchester falls project: a randomised controlled trial of secondary prevention of falls in older people; by Claire L Spice, Wendy Morotti, Steve George (et al).
Age and Ageing, vol 38, no 1, January 2009, pp 33-39.
The mortality and morbidity of falls in older people is significant, with recurrent fallers being at an increased risk. This Mid Hampshire project determined the effectiveness of two interventions aimed at preventing further falls in recurrent fallers. In the first, 18 general practices were randomly allocated to one of three groups: a primary care group was assessed by nurses in the community, using a risk factor review and subsequent targeted referral to other professionals. A secondary care group received a multidisciplinary assessment in a day hospital followed by identified appropriate interventions. A control group received usual care. Participants were 505 people aged 65+ living in the community, presenting to an emergency department with an index fall and with two or more falls in the previous year. Follow-up was for one year, and was completed by 421 (83%). The proportion of participants who fell again was lower in the secondary care group (75%, 158/210) compared to the control group (84%, 133/159). The primary care group showed similar results to the control group (87%, 118/136). A structured multidisciplinary assessment and intervention can reduce further falls. (RH)
ISSN: 00020729
From : <http://www.ageing.oxfordjournals.org>

FAMILY AND INFORMAL CARE

- 194/30 Couples' provision of informal care for parents and parents-in-law: far from sharing equally?; by Ursula Henz.
Ageing and Society, vol 29, part 3, April 2009, pp 369-396.
This study examines whether and how couples share the provision of informal care for their parents. Four waves of the British General Household Survey (GHS) contain cross-sectional information about caring for parents and parents-in-law. Descriptive and multivariate analyses were conducted on 2214 couples that provided parent care. The findings emphasise married men's contribution to informal caring for the parental generation and at the same time demonstrate the limits of their involvement. Spouses share many parts of their care-giving, but this arrangement is less common with respect to personal and physical care. The more care is required, the more likely are people to participate in care for their parents-in-law. More sons-in-law than daughters-in-law provide care but, once involved, daughters-in-law provide on average more hours of care than sons-in-law. Own full-time employment reduces both men's and women's caring for their parents-in-law; and a man's caring drops further if his wife is not in the labour market. The findings suggest that daughters-in-law often take direct responsibility, whereas sons-in-laws' care-giving depends more on their wives' involvement. Children-in-laws'

informal care-giving might decrease in the future because of women's increasing involvement in the labour market and rising levels of non-marital cohabitation in mid-life. (KJ/RH)

ISSN: 0144686X

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

HEALTH SERVICES

(See Also 194/71)

- 194/31 Department of Health draft guidance on NHS patients who wish to pay for additional private care: summary [of] consultation response; by Pamela Holmes, Philip Hirst, Age Concern England - ACE; Help the Aged. London: Age Concern England; Help the Aged, 26 January 2009, 2 pp (Consultation response Ref: 0409(S)).

Age Concern England (ACE) and Help the Aged are generally supportive of this draft guidance; the consultation follows Professor Mike Richards' review into the consequences of allowing additional private drugs for NHS care. This summary of their response notes the importance of retaining commitment to an NHS free at the point of use. However, there is a need to ensure consistency of implementation of the guidance across the country. Also, the guidance does not adequately address concerns about topping up NHS continuing care in independent sector homes, where issues about mixing NHS and private care arise, too. (RH)

From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. www.ageconcern.org.uk

Help the Aged, 207-221 Pentonville Road, London N1 9UZ. www.helptheaged.org.uk

- 194/32 Developing the Quality and Outcomes Framework: proposals for a new, independent process: summary [of] consultation response; by Pamela Holmes, Philip Hurst, Age Concern England - ACE; Help the Aged. London: Age Concern England; Help the Aged, January 2009, 3 pp (Consultation response Ref: 0809(S)).

The Department of Health (DH) is consulting on proposals for a new process to develop and recommend indicators for the Quality and Outcomes Framework (QOF) of the general practitioner (GP) contract, which is to be led by the National Institute for Health and Clinical Excellence (NICE). Age Concern England (ACE) and Help the Aged believe that it is essential that the new process is based on a holistic approach to patient care, and that indicators should serve to promote a good patient doctor relationship. They recommend that criteria such as health inequalities of some population groups (e.g. people living in care homes) and multiple morbidities should be included in the QOF. The QOF should also be piloted and evaluated before any decision is made about introduction nationally. (RH)

From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. www.ageconcern.org.uk

Help the Aged, 207-221 Pentonville Road, London N1 9UZ. www.helptheaged.org.uk

HOME CARE

- 194/33 Home advantage: [short-term care plans in Wales]; by Rowenna Davis.

Community Care, issue 1753, 15 January 2009, pp 28-29.

Short-term care plans by Torfaen Intermediate Care Services, a multi-agency team in Gwent, Wales, are reducing pressure on hospital beds, by allowing older people to receive medical treatment in their own homes. This article describes a few examples of the team's work, and the interest by others in this care model. (RH)

ISSN: 03075508

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

HOSPITAL SERVICES

194/34

Older people want more talk in A&E: data briefing; by Esther Howells, Don Redding, Picker Institute; Healthcare Commission.

Health Service Journal, vol 119, no 6140, 22 January 2009, p 19.

The third national survey of patients in accident and emergency, which the Picker Institute recently conducted for the Healthcare Commission, found significant improvements since 2004 (the last survey), especially in communication by staff. However, in the area of information and explanation, the over 75s may still receive inadequate help and advice, especially about their condition and what to do after discharge. This brief article illustrates with bar charts selected areas from the findings as they affect all age groups. The full report is available to download from the website (http://www.healthcarecommission.org.uk/_db/_documents/Briefing_note_outlining_national_results.pdf) as well as a briefing note which highlights issues from the 2008 emergency department survey. (KJ/RH)

ISSN: 09522271

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

http://www.healthcarecommission.org.uk/_db/_documents/Full_national_results_with_historical_comparisons.pdf

HOUSING

(See 194/3)

HUMAN RIGHTS

194/35

From safety net to springboard: a new approach to care and support for all based on equality and human rights; by Equality and Human Rights Commission - EHRC. London: Equality and Human Rights Commission - EHRC, 2009, 62 pp.

The Government is expected to publish a Green Paper on the future of care and support in England in Spring 2009. This report considers the role of care and support in promoting human rights equality and good relations. It draws attention to existing provision in the Human Rights Act 1998, and to likely provision in the Equality Bill and Welfare Reform Bill (session 2008/09). It sets out the vision of the Equality and Human Rights Commission (EHRC) of an infrastructure of care and support, that acts as a "springboard" by promoting and sustaining individuals' capabilities to maximise control over their own lives and improve their well-being. (RH)

From : Download from website:

http://www.equalityhumanrights.com/en/publicationsandresources/Documents/Equalities/Safetynet_Springboard.pdf

INCOME AND PERSONAL FINANCE

(See Also 194/58)

194/36

Managing resources in later life; by Katherine Hill, Liz Sutton, Lynne Cox, Joseph Rowntree Foundation - JRF; Centre for Research in Social Policy, Loughborough University.: Joseph Rowntree Foundation.

Findings, 2344, February 2009, 4 pp.

An ageing population continues to be of policy concern, in relation to meeting the needs of older people now, and for future welfare provision. This overview presents the background to and main findings from a study exploring the changing lives of older people, and shows how resources are used to manage change and maintain stability. The research by the Centre for Research in Social Policy (CRSP) involved interviews with participants (aged 65-84) from 91 households in 2005, of which 78 took part in a second interview in 2007 focusing on experiences over the intervening 2 years. The importance of access to a range of services is highlighted by issues such as managing health decline, whether or not to move house, the constraints of financial circumstances, and changes beyond people's control. More positive was the

introduction of free off-peak local bus travel for pensioners (who could access it) to travel more widely; and having a role and sense of purpose also added to their quality of life. The authors' full report, 'Managing resources in later life: older people's experience of change and continuity', is published by the Joseph Rowntree Foundation (JRF) and available as a free download from the JRF website. (RH)

ISSN: 09583084

Price: download

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

INFORMATION AND COMMUNICATION TECHNOLOGY

194/37 Console yourselves: [care home residents in Scotland are using Nintendo Wii]; by Alisdair Suttie.

Community Care, issue 1760, 5 March 2009, pp 30-31.

Care home residents in Scotland are back playing the sports of their youth, courtesy of Nintendo Wii. Twenty homes in the Four Seasons Health Care group were the first to receive the games consoles for their residents to use. This article reports on the physical, cognitive and social benefits for residents at the Gower Home in Kirkcaldy, Fife. Children from local schools have visited and shown residents how to play the games, and in the process helped bridge the gap between the generations. The Alzheimer's Society would like there to be research into whether computer-based stimulation can slow the progress of dementia or reduce the risk. (RH)

ISSN: 03075508

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

194/38 Delivering digital inclusion: an action plan for consultation: consultation response; by David Sinclair, Leonie Vlachos, Age Concern England - ACE; Help the Aged. London: Age Concern England; Help the Aged, January 2009, 13 pp (Consultation response Ref: 0309).

Help the Aged and Age Concern England (ACE) welcome the Digital Inclusion Action Plan and the Government's interest in tackling digital exclusion. This consultation response cites statistics from the Office for National Statistics (ONS) and Ofcom on aspects of inclusion such as internet access. It comments on barriers to access by older people such as: cost or affordability; the need for appropriate training, support and opportunities to learn; and usability and accessibility. It makes the point that using a personal computer (PC) is not the only way of accessing digital services and information: digital television also has significant potential. (RH)

From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER.
www.ageconcern.org.uk Help the Aged, 207-221 Pentonville Road, London N1 9UZ.
www.helptheaged.org.uk

INSPECTION AND REGULATION

194/39 Care Quality Commission enforcement policy consultation: summary [of Age Concern's response]; by Age Concern England - ACE. London: Age Concern England, 14 January 2009, 2 pp (Policy response - ref: 0109(S)).

The Health and Social Care Act 2008 gives new enforcement powers to a new health and social regulator, the Care Quality Commission (CQC), whose powers will apply to NHS duties to prevent and control healthcare-related infections from April 2009, with other powers fully in force from April 2010. Age Concern England (ACE) comments on a consultation which sets out proposals for using these enforcement powers, for example defining the concept of "serious harm". (RH)

Price: FOC

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

INTERNATIONAL AND COMPARATIVE

(See Also 194/3, 194/7, 194/64, 194/66)

- 194/40 Lifetime according to health status among the oldest olds in Denmark; by Henrik Bronnum-Hansen, Inge Petersen, Bernard Jeune (et al).
Age and Ageing, vol 38, no 1, January 2009, pp 47-50.
Even at ages 92 to 93, a substantial proportion of the remaining lifetime is spent in reasonably good health. This study quantifies average lifetime in different health states among the oldest old. The study is based on the Danish 1905 cohort survey comprising 2258 participants (63% of all survivors) who were interviewed in 1998 and re-assessed in 2000, 2003 and 2005. The average lifetime between ages 92 and 100 was 2.7 years for men and 3.3 years for women. Almost 50% was in self-rated good health, almost 75% in a state of physical independence, and a little more than 13% in a state of physical independence without cognitive impairment. (RH)
ISSN: 00020729
From : <http://www.ageing.oxfordjournals.org>

- 194/41 The Plus One policy; by Alastair Bonnett.
New Statesman, 9 March 2009, p 30.
The author considers Japan's population decline and the ageing of its population, and looks at how this will effect the country's economic profile. Current incentives to encourage more childbirth and the efficacy of these measures on its working-age population are discussed. In the light of these trends, the author concludes that Japan is beginning to question and reassess its growth-oriented post-Second World War values and suggests that perhaps this is the way forward for all countries. (KJ)
ISSN: 13647431
From : www.newstatesman.com

LEGAL ISSUES

- 194/42 Welfare Reform Bill - House of Commons, second reading; by Age Concern; Help the Aged. London: Age Concern; Help the Aged, January 2009, 5 pp (Parliamentary Briefing).
The Welfare Reform Bill introduces further conditionality into the benefit system. Age Concern and Help the Aged have commissioned further research into the barriers facing people aged 50+ returning to work and what support is most helpful to them. This Parliamentary Briefing argues that levels of conditionality should not be introduced for people aged over 50 who are able to work. It recommends that conditionality and the prospect of withdrawing benefits from the over 50s should not be implemented unless three tests are passed: there are enough jobs available; re-tailoring back-to-work to the needs of the age group; and improving training for personal employment advisers. Also commented on are clauses in the Bill relating to Pension Credit pilots and the Employment and Support Allowance (ESA). The briefing calls on MPs of all parties to support the testing of methods for improving take-up of Pension Credit. (RH)
From : Download: <http://www.ageconcern.org.uk>

LONG TERM CARE

- 194/43 It's a heck of a gamble, isn't it?: attitudes of older people towards the use of assets for pooling risk of care costs; by Opinion Leader; Age Concern England - ACE. London: Age Concern Reports, January 2009, 39 pp.
In order to inform its contribution to the debate on the future of care and support in England, about which the Government is to publish a Green Paper in 2009, Age Concern England (ACE) commissioned Opinion Leader to undertake focus groups on the subject. The aim was to test out people's attitudes towards using assets as a method of pooling risks against the potentially catastrophic costs of long-term care. The research tested reactions to a scheme in which people aged 65 would be automatically enrolled at a cost of about £15000, a National Care Fund, a model that has been proposed by the International Longevity Centre (ILC UK). In return for this

payment, individuals would have peace of mind to know that any future care costs would be covered. This report presents findings from the six focus groups which also discussed other ways of pooling risks: National Insurance; an age 40+ income tax; or payment at death. Among key themes emerging were: a perception that the current system of funding care is unfair; support for risk pooling in principle, but that ring fencing is critical; preference for a National Insurance model; and opposition to a charge linked to ownership of assets. There was strong consensus on how the fund would work, and that the care fund should pay for every aspect of care. (RH)

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

194/44

Options for care funding: what could be done now?; by Sue Collins, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF.

Solutions: lessons for policy and practice, 2345, March 2009, 8 pp.

The current economic situation could cause the reform of the UK long-term care funding model to lose momentum. There is general agreement that the UK needs a new care funding system. This overview summarises evidence on the case for change, and outlines these sustainable methods of funding (and their costs): equity release; higher capital limits for care home fees; doubling the personal expenses allowance for people living in care homes; and restructuring help for people in nursing homes. It lists conclusions drawn by the Caring Choices coalition regarding who should pay for long-term care and how. This overview draws on the Joseph Rowntree Foundation (JRF) research from its 'Paying for long-term care' programme, summarised in 'Paying for long-term care: moving forward'. It also draws on the practical experience of the Joseph Rowntree Housing Trust (JRHT) on these solutions: a social insurance scheme; a bonds scheme; and a loan stock scheme. (RH)

ISSN: 09583084

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

MEDICATION

194/45

Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence; by National Institute for Health and Clinical Excellence - NICE. London: National Institute for Health and Clinical Excellence - NICE, January 2009, 12 pp (Quick reference guide : NICE clinical guideline 76).

This is a quick reference guide for healthcare professionals who prescribe and review medicines. The guideline was developed by the National Collaborating Centre for Primary Care, which is based at the Royal College of General Practitioners (RCGP). It is produced in view of the finding that between a third and a half of medicines that are prescribed for long-term conditions are not used as recommended. This guideline is produced to help the practitioner understand non-adherence and how it can best be approached, for example by involving patients in decisions about medicines and reviewing long-term medicine prescribing. (KJ/RH)

ISBN: 1846294738

Price: FOC

From : NICE, MidCity Place, 71 High Holborn London WC1V 6NA.

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

MENTAL CAPACITY

194/46

(In)capacity legislation in practice; by Justine McCulloch.

Psychiatric Bulletin, vol 33, no 1, January 2009, pp 20-22.

Capacity legislation was implemented in Scotland in 2002 under the Adults with Incapacity (Scotland) Act 2000. This questionnaire study aimed to explore the knowledge, experience and opinions of the Act among consultant psychiatrists in Scotland (n=373, response rate 64%). The majority of respondents had attended an induction programme; 74% were confident in their assessment of capacity and 54% felt confident in their use of the Act. Awareness of the principles and code of practice was good. The administration of the Act varied between areas.

Despite good knowledge of the Act, respondents reported that they were largely self-taught and would welcome further training. Administration uptake by other medical disciplines and discrepancies between principle and practice were raised; these concerns are relevant to amendments of this legislation and to other jurisdictions. (RH)

ISSN: 09556036

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

194/47

Developing a care pathway for advance decisions and powers of attorney: qualitative study; by Jonathan I Bisson, Victoria Hampton, Anne Rosser (et al).

British Journal of Psychiatry, vol 194, no 1, January 2009, pp 55-61.

The Mental Capacity Act 2005 applies to England and Wales, and empowers individuals to plan ahead for when they may lack capacity. This qualitative study uses Huntington's disease as an example to develop a care pathway for advance decisions and powers of attorney. In-depth individual interviews were conducted with service users and carers, and focus groups with professionals. Inductive qualitative analysis was used to develop themes to construct a care pathway that was then piloted and further evaluated to achieve a final pathway. A care pathway was developed that incorporated an early introduction through a formal education session and a minimum of two sessions separated by at least two weeks before advance decision completion. Optimal delivery of the intervention requires significant clinical and administrative commitment. A simple and easy-to-use care pathway acceptable to both users and carers has been developed. (RH)

ISSN: 00071250

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

194/48

Good decision-making: the Mental Capacity Act and end of life care: summary guidance; by Simon Chapman, National Council for Palliative Care - NCPC. London: National Council for Palliative Care, January 2009, 19 pp.

The Mental Capacity Act 2005 (MCA) became law in 2007, and governs the way in which decisions are made by and on behalf of adults who have impaired mental conditions to make decisions for themselves. This summary guidance is intended to help patients and informal carers as well as health and social care staff in all settings, including care homes, hospices, hospitals and primary care. It aims to introduce people to the MCA, and to explain its importance for end of life decision making. It also explains how the Act can be used to identify and respect people's choices about their future care, and to improve the quality of end of life care decision-making. 'The Mental Capacity Act in practice: guidance for end of life care' (NCPC, March 2008) gives more detailed guidance on the impact of the MCA on end of life and palliative care. Reference to that document is strongly recommended, as well as to items in the list of other publications and online information resources. Funding was received from the Department of Health to publish this guidance. (RH)

Price: £5.00

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: enquiries@ncpc.org.uk Website: www.ncpc.org.uk

194/49

Mental Capacity (deprivation of liberty monitoring and reporting) and (deprivation of liberty: standard authorisations, assessments and ordinary residence) (amendment) Regulations: summary [of] consultation response; by Pauline Thompson, Kate Jopling, Age Concern England - ACE; Help the Aged. London: Age Concern England; Help the Aged, January 2009, 3 pp (Consultation response Ref: 0609(S)).

In principle, Age Concern England (ACE) and Help the Aged support the proposal that Deprivation of Liberty Safeguards (DoLS) will be monitored by the Care Quality Commission (CQC) when these come into force in April 2009. This summary response notes that the safeguards aim to give greater protection to people who lack capacity to consent to care and/or treatment in either a hospital or a care home. (RH)

From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. www.ageconcern.org.uk Help the Aged, 207-221 Pentonville Road, London N1 9UZ. www.helptheaged.org.uk

194/50 Ministry of Justice review of the Mental Capacity Act 2005, forms, supervision and fees: summary [of] consultation response; by Pauline Thompson, Elizabeth McLennan, Age Concern England - ACE; Help the Aged. London: Age Concern England; Help the Aged, January 2009, 4 pp (Consultation response Ref: 0209(S)).
Age Concern England (ACE) and Help the Aged support the Mental Capacity Act 2005 and its principles, and the aims that people are empowered when they are able to make their own decisions to appoint people they trust to make decisions on their behalf in relation to their finances, health and welfare. This response notes concerns about the forms being used by those seeking to register Lasting Powers of Attorney (LPA), also other aspects relating to the working of the Court of Protection and the Office of the Public Guardian. (RH)
From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. www.ageconcern.org.uk Help the Aged, 207-221 Pentonville Road, London N1 9UZ. www.helptheaged.org.uk

MENTAL HEALTH

194/51 Death, dropout and longitudinal measurements of cognitive change in old age; by Patrick Rabbitt, Mary Lunn, Danny Wong.
Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 63B, no 5, September 2008, pp P271-P278.

During a 20-year longitudinal study of cognitive change in old age in Manchester and Newcastle upon Tyne, 2342 of 5842 participants died and 3204 dropped out. To study cognitive change as death approaches, participants were grouped by survival, death, dropout, or dropout followed by death. Linear mixed-effects pattern-mixture models compared rates of cognitive change before death and dropout from four quadrennial administrations of tests of fluid intelligence, vocabulary, and verbal learning. After taking into account the significant effects of age, gender, demographics and recruitment cohorts, the authors found that approach to death and dropout caused strikingly similar reductions in mean test scores and amounts of practice gains between successive quadrennial testing sessions. Participants who neither dropped out nor died showed significant but slight cognitive declines. These analyses illustrate how neglect or dropout miscalculates effects of death, of worsening health, and of all other factors affecting rates of cognitive change. (RH)

ISSN: 10795014

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

194/52 Early motherhood and mental health in midlife: a study of British and American cohorts; by John C Henretta, Emily M D Grundy, Lucy C Okell (et al).: Taylor & Francis.
Aging & Mental Health, vol 12, no 5, September 2008, pp 605-614.

The relationship between early age at first birth and mental health in women in their 50s was examined by analysis of data from the Medical Research Council National Survey of Health and Development (MRC NSHD, also known as the British 1946 Birth Cohort) and the US Health and Retirement Study (HRS) cohort of 1931-1941. In both samples, a first birth before age 21 compared to a later first birth is associated with poorer mental health. The association between early first birth and poorer mental health persists in the British study even after controlling for early socio-economic status, midlife socioeconomic status and midlife health. In the US sample, the association becomes non-significant after controlling for educational attainment. Early age at first birth is associated with poorer mental health in women in their fifties in both studies, though the pattern of associations differ. (RH)

ISSN: 13607863

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

194/53 Neuropsychiatric problem in Parkinson's disease: comparisons between self and caregiver report; by Audrey McKinlay, Randolph C Grace, John C Dalrymple-Alford (et al).: Taylor & Francis.
Aging & Mental Health, vol 12, no 5, September 2008, pp 647-653.
The level of agreement between caregiver and Parkinson's disease (PD) patient reports of

neuropsychiatric patients was examined. Participants were 43 patients and 43 informants who knew the patient well (caregivers) in the Canterbury area of New Zealand. Caregivers rated patients' behaviour as well as their own stress, using the Neuropsychiatric Inventory (NPI). Information was obtained from patients by means of commonly used scales: Beck Depression Inventory, Apathy Scale, Unified Parkinson's Disease Rating Scale, and the Hamilton Anxiety Depression Scale. Both patients and caregivers also completed the Frontal Systems Behaviour Scale, which assesses behaviours associated with apathy, disinhibition and executive dysfunction. The level of agreement between these self and caregiver reports was low, with only 45.8% agreement for depression, 45% for apathy, 28.6% for hallucinations, 26.9% for sleep problems and 6.7% for anxiety. Given this low level of agreement, these two methods of assessment cannot be considered interchangeable. (RH)

ISSN: 13607863

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

MENTAL HEALTH SERVICES

(See Also 194/21)

- 194/54 Ageing, ethnicity and psychiatric services; by Geetha Oommen, Jon Bashford, Ajit Shah. Psychiatric Bulletin, vol 33, no 1, January 2009, pp 30-34. In 2001, the Royal College of Psychiatrists (RCP) produced Council Report DR 103 which concluded that services for Black and minority ethnic (BME) elders had received little attention. The report also called for an urgent need to establish a reliable and informative database of good practice and increased research. It is currently under review by the College. This article attempts to set out some of the issues that remain, as well as newly identified ones. In particular, the article hopes to heighten awareness and raise debate about these issues and to link these with the College's Race Equality Action Plan. (RH)

ISSN: 09556036

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

- 194/55 Community care law for psychiatrists; by Danny Allen. Psychiatric Bulletin, vol 33, no 1, January 2009, pp 34-36. Although psychiatrists are well-acquainted with the Mental Health Act 1983, most are unlikely to know much about community care law, despite the fact that its provisions have the potential to significantly improve the level of service for the users. This paper explains the meaning of community care law, looks at how it applies to NHS trusts, and what are the psychiatrists' responsibilities. It examines how community care law works and discusses the significance of "fair access to care services" policy (FACS), the meaning of "need", the benefits of direct payments (DPs), the significance of housing provision, and the role of carers. (RH)

ISSN: 09556036

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

MENTAL ILLNESS

- 194/56 Anorexic or simply old?; by Natalie Valios. Community Care, issue 1759, 26 February 2009, pp 26-27. Anorexia nervosa and bulimia are often thought of as teenage afflictions. However, in Eating Disorders Awareness Week, this article reports that professionals often miss the symptoms in older people, such as consistent patterns of low appetite, a body mass index (BMI) going below 18, and missed or skipped meals. The difficulty arises where symptoms of eating disorders are similar to signs of ageing. Eating disorder specialists and organisations such as Beat (the UK charity for people with eating disorders) and the Royal College of Psychiatrists' Faculty of Old Age Psychiatry comment on the problem. (RH)

ISSN: 03075508

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

194/57

Late and very-late first-contact schizophrenia and the risk of dementia: a nationwide register based study; by Alex Korner, Ana Garcia Lopez, Lise Lauritzen (et al).

International Journal of Geriatric Psychiatry, vol 24, no 1, January 2009, pp 61-67.

Schizophrenic patients with late and very late first contact with the psychiatric hospital system are at two to three times higher risk of subsequently getting a diagnosis of dementia compared to patients with osteoarthritis and compared to the general population. This is the finding of a study which examined linkage of the psychiatric and the somatic nationwide register of all out- and in-patients with hospital contact in Denmark, by identifying first ever contact 1994 to 2001 with one of the index main diagnoses: late (age 40+) and very late first-contact (age 60+) schizophrenia. First-contact osteoarthritis patients as well as data on the general population were used as controls. 12616 and 7712 individuals were used in the late and very late samples respectively; and follow-up time was between 3 and 4.58 years. The rate ratio of developing dementia in late and very late first contact schizophrenia compared to osteoarthritis patients were 3.57 and 3.15 respectively. Compared to the general population, the RR were 2.36 and 2.21 respectively. (RH)

ISSN: 08856230

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

NUTRITION

(See 194/56)

OLDER WOMEN

(See Also 194/7, 194/52)

194/58

Family ties: women's work and family histories and their association with income in later life; by Maria Evandrou, Jane Falkingham, Tom Sefton, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science; Centre for Research on Ageing, University of Southampton. London: STICERD, 2008, 53 pp (CASEpaper 135).

Retrospective data from the first 15 waves of the British Household Panel Survey (BHPS) is used to examine the relationship between their family and work histories of older women and their individual incomes in later life. Women included in the sample were aged 65+ at some time during the period (1991-2005), who had complete work and/or family histories and with non-missing income data, including a breakdown by income source. This study builds on but differs from two previous studies that used the BHPS to investigate income in later life (Bardasi and Jenkins, 2002 and 2004), by finding the association between women's family histories and their incomes later in life to be relatively weak, and in many cases, insignificant. Divorce, early widowhood and re-marriage are not associated with significant differences in older women's incomes, while motherhood is only associated with a small reduction in income in later life - and not at all for certain groups of the population. While there are significant differences in the work histories of older women with different family histories, this does not translate into large differences in their personal incomes, because work history-related income differentials are also relatively small. Even long periods in employment are not associated with significantly higher incomes in later life if these periods of employment were in predominantly part-time or "mixed" employment. The authors' analysis demonstrates how effective public transfers have been in dampening work history-related differentials in older women's incomes, especially for widows and those toward the bottom of the income distribution. The authors suggest that recent pension reforms should eventually produce more equitable outcomes as between men and women, though possibly at the expense of greater inequality among women with different work and family histories. (RH)

Price: FOC

From : Centre for Analysis of Social Exclusion, London School of Economics, Houghton Street, London WC2A 2AE. <http://sticerd.lse.ac.uk/case>

PARTICIPATION

- 194/59 Empowering engagement: a stronger voice for older people: the Government response to John Elbourne's Review [of older people's engagement with government]; by Department for Work and Pensions - DWP. London: Department for Work and Pensions - DWP, 3 February 2009, 48 pp.
- In May 2008, the former Pensions Minister Mike O'Brien asked John Elbourne, former Chief Executive of Prudential Assurance, to "examine the current arrangements for the engagement of older people and the ability of those arrangements to inform policy and actions of Government at all levels". Specifically, this included examining the role of Better Government for Older People (BGOP), a partnership of government and third-sector organisations with older people's groups. In this response, the Government supports the case for a new UK Advisory Forum on Ageing to provide "a stronger, clearer and louder voice for older people at a national level"; the government will continue to work with the devolved administrations in the UK. Also important is empowering a regional voice for older people, with a wide range of different groups and forums, and voluntary and community groups working with local authorities. The role that regional Government Offices have to play is acknowledged, as is that of older people's forums, including the Older People's Advisory Groups (OPAGs)..
- Also noted in this response is Dame Joan Bakewell's appointment as an independent and informed advocate on age equality issues, with a remit to facilitate public debate on age discrimination in advance of and during the passage of the Equality Bill. (RH)
- From : http://www.dwp.gov.uk/resourcecentre/ind_review_older_peoples_eng_with_govt.asp
Alternative formats available on request from: The Older People and Ageing Society Division, Department for Work and Pensions, 7th Floor, Caxton House, 6-12 Tothill Street, London SW1H 9NA. E-mail: andrew.jennings@dwp.gsi.gov.uk

PERSONALISATION

- 194/60 Personal health budgets: the shape of things to come?; by NHS Confederation. London: The NHS Confederation, 2009, 16 pp.
- The NHS Next Stage Review endorsed the proposal to include NHS funding within personal budgets, allowing people "to choose support which ensures their well-being and enables independent living". Two recent papers have warned that if individual budgets (IBs) only apply to social care, "the potential power of personalisation diminished" although "individual budgets could weaken the NHS". Thus, it is timely to consider further the key issues around the development of personal health budgets before piloting gets underway fully. This report follows two seminars, one held with key opinion leaders and one with NHS Confederation members. It explores the potential and benefits of personalisation, and is designed to stimulate further debate on how the development will affect mainstream commissioning and provision of NHS services. It sets out what we mean by personalised health budgets and what we already know about them, including evidence of similar experiences in Germany, the Netherlands and the USA. The second half explores the possible impact on the existing healthcare system and what still needs to be considered. (RH)
- Price: £15.00
- From : Download: www.nhsconfed.org/publications NHS Confederation Publications 0870 444 5841.
- 194/61 Putting people first : equality and diversity matters: 3: Achieving disability equality in social care services; by Commission for Social Care Inspection - CSCI. London: Commission for Social Care Inspection - CSCI.
- InFocus, no 9, February 2009, 71 pp (CSCI 243).
- This is the last in a series of three bulletins in the InFocus series designed to help service providers in considering the personalisation agenda in social care with regard to equality and diversity issues. It focuses on achieving disability equality in social care services. It uses sources such as National Minimum Standards to inform good practice in assessment, care planning, choice and control regarding service use by disabled people. Among key point highlighted are

physical, communication, social inclusion and attitudinal barriers to equality in social care services. A checklist suggests how the good practice points and examples about disability equality could be put into action. (RH)

Price: FOC

From : Commission for Social Care Inspection, 33 Greycoat Street, London SW1P 2QF.
Orderline: 0870 240 7535

csci@accessplus.co.uk <http://www.csci.org.uk/publications>

194/62

Voices for power - putting people at the centre of care quality: Care Quality Commission statement of involvement: [consultation]; by Care Quality Commission - CQC. London: Care Quality Commission, January 2009, 32 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 consultation invites views (by 25 March 2009) on the CQC's statement of involvement and how people should be involved in CQC. Issues covered by the statement of involvement include: values and best practice; governance; how CQC will work in partnership with voluntary groups, specialist groups and with children; communication; involvement in policies, priorities and methods; assessing involvement; and measuring progress. The address for responses is: Statement of Involvement Consultation, Care Quality Commission, FREEPOST LON15399, LONDON EC1B 1QW. (RH)

Price: FOC

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

Download link at: http://www.cqc.org.uk/consultations/user_involvement_consultation.aspx

PETS

194/63

Creature comforts: [importance of pet ownership in care homes]; by Natalie Valios. Community Care, issue 1754, 22 January 2009, pp 26-27.

The importance of pet ownership in care homes to older people is often underestimated, but there is evidence that it can help their well-being. This article reports on 'Pets and older people in residential care', a study of 234 care homes and sheltered housing units, which comments on progress since a similar study in 1995 by the Joseph Rowntree Foundation (JRF). The present study, by June McNicholas, is available on the Society for Companion Animals website (www.scas.org.uk/petsforlife) along with other information. (RH)

ISSN: 03075508

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

RESIDENTIAL AND NURSING HOME CARE

(See 194/15, 194/18, 194/37, 194/63)

RETIREMENT

194/64

Psychosocial wellbeing and reasons for retirement in Sweden; by Mikael Nordenmark, Mikael Stattin.

Ageing and Society, vol 29, part 3, April 2009, pp 413-430.

Given the increased heterogeneity of the transition from work to retirement, this study aimed to analyse the associations between different reasons for retirement and psychosocial wellbeing as a pensioner. The study used data from the Swedish Panel Survey of Ageing and the Elderly (PSAE), a nationally representative survey of the living conditions of older people in Sweden. The results show that almost one-half of all pensioners cited health problems as a contributory reason for ceasing work. Furthermore, those who retired for 'push' reasons, such as health

problems or labour market factors, experienced lower psychological wellbeing than those who retired for other reasons. Moreover, the results show that those who were able to influence the time of their retirement enjoyed better psychological wellbeing than those who had little or no opportunity to do so. This was true when controlling for other factors relevant to the wellbeing of pensioners. The results lend support to the argument that, if a man's retirement is instigated because his skills are no longer required, there will be a decidedly negative effect on his wellbeing - and that this effect is stronger than the equivalent impact on a woman's wellbeing. In relation to previous findings in this field, the results make it clear that retirement is far from a uniform process or state. (KJ/RH)

ISSN: 0144686X

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

- 194/65 Your retirement 2009/2010: planning for retirement : a practical guide; by Life Academy (formerly: Pre-Retirement Association - PRA). Guildford: Life Academy, 2009, 98 pp. An annual publication to help plan for retirement which provides information on pensions, taxation, benefits, legal affairs, health, housing, employment and self-development. It may be used for self-study or in conjunction with attending a pre-retirement course. (KJ/RH)
Price: £8.50
From : Life Academy, 9 Chesham Road, Guildford, Surrey GU1 3LS.
<http://www.life-academy.co.uk>

SOCIAL CARE

(See Also 194/35, 194/62)

- 194/66 (Re)shaping social work: an Australian case study; by Catherine McDonald, Lesley Chenoweth. British Journal of Social Work, vol 39, no 1, January 2009, pp 144-160. Contemporary policy development via various nationally contingent processes of welfare reform poses significant challenges to social work. This paper explores the initial impact on one group of generalist social workers in working in the Australian income support agency - Centrelink. Positioning welfare reform within a theoretical framework of institutional change, the authors suggest that the associated policy developments have the capacity to seriously destabilize social work, particularly in that they promote values and rationalities at odds with those assumed by the profession. These assumptions are explored through exploratory empirical engagement with the Centrelink social workers, the results of which suggest that all social workers in those national contexts experiencing the same policy orientation have significant reason to be concerned. (KJ/RH)
ISSN: 00453102
From : <http://www.bjsw.oxfordjournals.org>

- 194/67 Better with age: reforming the future of local social care for older people; by Giorgia Iacopini, Chris Leslie, New Local Government Network - NLGN. London: New Local Government Network, 2009, 63 pp. Our population is ageing, and the need for long-term care for older people is projected to more than double over the next 30 years. One in five of the UK population will develop long-term care needs, yet the social care system is still not fit for current and future generations of older people: it is under-funded and perceived to be unfair. This report is supported by Age Concern, and makes the case for restructuring the social care system. It recommends a new role for elected local authorities in the commissioning, co-ordinating and supply side of a radically improved care offer for older people. It aims to contribute to the debate around funding in the light of the Green Paper due to be published during 2009. (RH)
Price: £15.00 (+P&P)
From : Central Books, 99 Wallis Road, London E9 5LN. NLGN website: www.nlgn.org.uk

194/68

The state of social care in England 2007-08: presented to Parliament under section 129 1(b) of the Health and Social Care (Community Health and Standards) Act 2003; by Commission for Social Care Inspection - CSCI. London: Commission for Social Care Inspection - CSCI, January 2009, 189 pp (CSCI 240).

This is the fourth and final annual report from the Commission for Social Care Inspection (CSCI) to Parliament on the state of social care in England. It summarises progress made over the last six years in improving councils' performance and the quality of care services overall. Part 1 and appendices present data and trends (since 2002-03) on the range, quality and availability of social care services across the public, voluntary and private sectors. It also looks at trends in the care market and the adult social care workforce (estimated in all at some 1.5 million). Part 2, based on evidence of a special study conducted by the Individual Budgets Evaluation Network (IBSEN), uses examples of local strategies and policies to look at personalised support for people with multiple and complex needs, to ascertain whether these people are benefiting from the personalised care agenda as described in 'Putting people first' (Department of Health, 2007). It finds that while all councils in the study were engaging with the challenges of personalisation, all were struggling with making the policy part of mainstream services. (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. Download link at: <http://www.csci.org.uk/default.aspx?page=2629&key=>

SOCIAL NETWORKS

194/69

Neighbours in need: [social housing]; by Natalie Valios.

Community Care, issue 1759, 26 February 2009, pp 16-17.

Older people living alone in social housing are under pressure to move and make way for larger families. The question is prompted, whose needs are greatest? Low rates of social house building, the right-to-buy policy, a greater number of single-person households, and a population that is living longer have all contributed to the shortage of social housing. Until answers are found to issues of overcrowded families versus older people's needs, then Government rhetoric on dignity, choice, well-being and equality will remain just that. (RH)

ISSN: 03075508

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

SOCIAL POLICY AND THEORY

194/70

Happy shopper? The problem with service user and carer participation: critical commentary; by Malcolm Carey.

British Journal of Social Work, vol 39, no 1, January 2009, pp 179-188.

This critical commentary assesses the consequences and impact of forms of seemingly widespread, constructive and altruistic service user and carer participation (SUCP) within social work. In particular, and whilst drawing from Gramsci's understanding of hegemony and Levitas's critical interpretation of social exclusion, it is proposed that SUCP serves the interests of government, affiliated organizations, including those within social work and social care, and perhaps more generally, the disparate needs generated by the neo-liberal-inspired social care market. Arguably, there are also related substantive aspects of SUCP that are problematic on ethical grounds - including the possibility that participation inadvertently increases social inequalities by justifying and promoting hegemonic agendas. Some suggestions are briefly made regarding how to move SUCP forward, including difficult questions that must be asked about whether or not SUCP can confront forms of structural disadvantage and oppression. (KJ/RH)

ISSN: 00453102

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

STROKE

194/71

Cost of stroke in the United Kingdom; by Ömer Saka, Alistair McGuire, Charles Wolfe. *Age and Ageing*, vol 38, no 1, January 2009, pp 27-32.

Stroke incurs considerable societal costs, and this study aims to quantify the annual cost of illness of stroke to the UK economy. Direct care costs include diagnosis, inpatient care and outpatient care. Income loss and social benefit payments are accounted for in the indirect cost calculations. Data from the South London Stroke Register and a number of other national sources are used. Sensitivity analysis was carried out to account for the variability of the data used. The treatment of and productivity loss arising from stroke results in total societal costs of £8.9 billion a year, with treatment costs accounting for approximately 5% of total UK NHS costs. Direct care accounts for approximately 50% of the total, informal care costs 27%, and the indirect costs 24%. Sensitivity analysis did not alter the estimate of total costs significantly for most of the variables, except the using of different prevalence rates. The authors' calculations show a high sensitivity to the underlying prevalence rates used. The findings highlight a need for further economic evaluations to ensure that there is an efficient use of resources devoted to the treatment of this disease. (RH)

ISSN: 00020729

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

VOLUNTEERING

194/72

Belonging at the zoo: retired volunteers, conservation activism and collective identity; by John Fraser, Susan Clayton, Jessica Sickler (et al).

Ageing and Society, vol 29, part 3, April 2009, pp 351-368.

The present study affirms previous research findings that volunteering satisfies personal needs, but goes further by considering the factor of collective identity for volunteers and its consequences for them. The study specifically focused on older volunteers working at zoos in New York. In the initial phase at Central Park Zoo, 30 volunteers completed a short self-completion questionnaire. The second phase involved one-on-one interviews with 21 Bronx Zoo volunteers with a collective self-esteem scale. The responses indicated that the volunteers considered the collective identity of zoo volunteer to be important to their self-concept and believed that this identity is held in high public esteem. The results also suggested that identity as a zoo volunteer not only satisfies personal needs, as found by other volunteer studies, but that the collective identity supports external activism based on shared values. It was concluded that the collective environmental identity facilitated by volunteer work at the zoos provides affirmational social support for the volunteers' work as environmental conservation advocates, and enhances their sense of purpose and self-efficacy. (KJ/RH)

ISSN: 0144686X

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

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.

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

3-4 June 2009

Delivering Better Health Services

A one day conference for those concerned with the delivery and management of effective, evidence-based healthcare. Keynote speakers. Book online.

Organised by: Health Services Research Network and National Institute for Health Research Service Delivery Organisation joint conference

Venue: Holiday Inn

Location : Birmingham, England

Tel : 0844 800 5986

3-4 June 2009

Delivering Better Health Services : Health Services Research Network and Service Delivery Organisation (SDO) Network joint annual conference

Organised by: SDO Network in partnership with Health Services Research Network, NHS National Institute for Health Research

Venue: Holiday Inn, Birmingham

Location : Birmingham, England

Tel : 0844 800 5987

4 June 2009

Supported Living - 'Opportunities for partnership and barriers to progress'

Conference will focus on latest trends in the sector; interactive panel discussion.

Speakers: Chair: Allan Bowman, (Chair, SCIE).

Amongst others: Janet Crampton (DH, National Programme Lead for the Social Care Programme); Jeremy Porteus (DH, National Programme Lead for the Putting People First Programme).

Organised by: Laing & Buisson supported by ADASS

Venue: America Conference Center

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

5 June 2009

Dignity in Old Age

Our seminar with Phil Hope MP Minister of State for Care Services.

Speakers: Dr David Oliver (Secretary of the British Geriatrics Society); Prof Jill Manthorpe (Director, Social Care Workforce Research Unit King's College London); Dr Peter Mayer (Honorary President Institute of Ageing and Health-West Midlands); Prof Julienne Meyer (Director: My Home Life programme).

Organised by: Socialist Health Association

Venue: The Grampian Association Patrick Road Corby Northamptonshire NN18 9NT

Location : Corby, Northamptonshire, England

Details : Martin Rathfelder, Director, 22 Blair Road, Manchester, M16 8NS

Tel : 0870 013 0065, Although there seem to have been a lot of initiatives aimed at improving , the

standards of care and dignity for older people in care homes and hospitals it isn't clear whether they are really effective. Events in Stafford and in Sussex have cast doubt on a culture in the NHS which discourages whistleblowers by striking off nurses who expose bad practice rather than their colleagues who practice it. So what more could be done?, One of the issues affecting the treatment of elderly people in hospital which seems to merit more discussion is the attitude of doctors, especially junior doctors. We have developed a short survey for medical students with some input from the British Geriatrics Society.

8-14 June 2009

Carers Week

Various events and activities run throughout England, Scotland, Northern Ireland and Wales.
Organised by: Carers UK
Location : various, United Kingdom
Details : 24 Great Dover Street, London , SE1 4LX
Tel : +44 (0)845 241 2582, *Fax :* +44 (0)20 7378 9781

10 June 2009

Bridging the Gap: Tackling Inequality and Delivering Fairer Health Outcomes For All

Speakers: David Buck, Deputy Director, Health Inequalities Unit, Department of Health; Rt Hon Kevin Barron MP, Chair, Health Select Committee; Lynda Brooks, National Programme Director, Pacesetters, Department of Health; Susan Biddle, Joint Programme Manager, Healthy Communities, IDEa; Helen Davies, Health Policy Manager & Joint Acting Head of Social Inclusion & Health, Greater London Authority; Ellie Brown, Healthy Towns Coordinator, Sheffield Primary Care Trust.
Organised by: Public Policy Exchange
Venue: One Birdcage Walk, Westminster
Location : London, England
Details : Public Policy Exchange, 14 Great College Street, London, SW1P 3RX
Tel : +44 (0)845 606 1535

10 June 2009

Ceretas Annual Conference 2009 : Home Care - is it personal?

Organised by: Ceretas
Venue: The Royal College of Surgeons
Location : London, England
Details : 21 Regent Street, Nottingham NG1 5BS
Tel : +44 (0)115 959 6130

10 June 2009

Dementia Advocacy Network Conference 2009 : Bringing dementia out of the shadows

With key presentations on current thinking on dementia and the potential impact of the government's National Dementia Strategy plus interactive workshops this conference will be a great opportunity to network, debate, learn, share with others from all over the country. Launch of Evaluation Report on DAN Ethnic Minority Dementia Advocacy Project.

Speakers: Chairperson: Professor Jane Gilliard (Older Peoples Mental Health, Dept. of Health, National Dementia Strategy Advisory and Policy Implementation Group). Key presenters:
Organised by: Westminster Advocacy Service for Senior Residents - WASSR
Venue: Paragon Hotel
Location : Birmingham, England
Tel : +44 (0)20 7297 9384, Graham Stokes (Consultant Clinical Psychologist South Staffs NHS and Head of Mental Health at BUPA Care, renowned author);, Neil Hunt (Chief Executive of Alzheimer s Society) Lynne Ramsay (Uniting Carers for dementia)

10 June 2009

Mass Lobby on Care

Anyone wishing to participate are asked to make contact and register with either Help the Aged offices.
Organised by: Age Concern and Help the Aged
Venue: Houses of Parliament
Location : London, England
Details : Campaigns Team, Age Concern and Help the Aged, 207-221 Pentonville Road, London, N1 9UZ
Tel : 020 7278 1114

10-12 June 2009

The Greying Nation: Keeping Ahead of the Wave

The conference will address how the health care sector and service providers can prepare for the growing number of seniors requiring services. Conference topics include: innovative technologies; adaptive housing; "green" living; determinants of health; ageing well; and perspectives on ageing. We are pleased to welcome Dr. David Suzuki, who will provide the keynote address, as well as other internationally recognized speakers.
Organised by: Alberta Health Services Glenrose

Rehabilitation Hospital
Venue: The Shaw Conference Centre
Location : Edmonton , Alberta, Canada
Details : Alberta Health Services, Glenrose
Rehabilitation Hospital, Education Services, Room
19, 10230 - 111 Avenue, Edmonton, AB T5G 0B7,
Canada

15 June 2009

Thurrock - Better Outcomes Different Approach

Thurrock Council's Adult Social Care is hosting a free conference to showcase the work that has been done in Thurrock over the last couple of years around the Personalisation agenda. Places allocated on a first come first served basis. ADASS National Director, Jeff Jerome will be the key note speaker opening the event. The programme includes a range of workshops on key developments including support planning; IT infrastructure; on-line resources; new staff restructure; social enterprise and outcome-based commissioning.

Organised by: Thurrock Borough Council

Venue: Orsett Hall, Orsett

Location : Grays, Essex

Details : Geraldine Vallis, Communications Assistant, Better Outcome, Different Approach Workforce Planning Team, First floor, Civic Offices, New Road, Grays, Thurrock, Essex RM17 6TJ

Tel : +44 (0)1375 652438 (Geraldine Vallis)

16 June 2009

Alan Walker Prize 2009

In 2007 at its Sheffield meeting, the British Society of Gerontology established the Alan Walker Prize in recognition of the massive contribution Alan has made to British and international Social Gerontology. With his warm support and encouragement, we have made this an annual competitive award supported by nominations from the members of the British Society of Gerontology (henceforth the Society). A small judging committee for the purpose of making the award has been established, chaired by Alan Walker and comprising the President, Past-President and President-Elect of the Society; Tom Owen (Help the Aged); Andrew Harrop (Age Concern, England); Jim Soulsby (formerly Older and Bolder, NIACE) and Tony Maltby (BSG) who will act as Secretary to the committee. It is intended that the award be made to an individual or organisation that, in the opinion of the judges, has made a significant and lasting contribution to British Social Gerontology.

This might be through for example, campaigning, teaching, lobbying, service provision, fundraising, journalism and research. In particular, the award is made to an individual or organisation that has made a significant impact on the policy process and by this helped improve the quality of life of older people. Closing date is 16 June 2009. Please see website for more details and an application form.

Organised by: British Society of Gerontology - BSG

Location : England

Details : Dr Tony Maltby, NIACE, 21 DeMontfort Street, LEICESTER, LE1 7GE

16 June 2009

'Britain's population time bomb? - the challenges and opportunities of an ageing society'

21st Century Challenges is a thought-provoking series of discussions at the Royal Geographical Society (with IBG). The series aims to improve public understanding of some of the big issues likely to affect our lives and society in the coming years.

Speakers: Chair: Samira Ahmed (Channel 4 News Presenter and Correspondent); Rosie Winterton MP, (Minister of State for Pensions and The Ageing Society, and Minister for Yorkshire and the Humber); George Magnus, (author of The Age of Ageing, 2009).

Organised by: Royal Geographical Society (with IBG)

Venue: Royal Geographical Society (with IBG) at 7pm

Location : London, England

Details : Christine James FRGS, Programmes Officer, Royal Geographical Society (with IBG), 1 Kensington Gore, London, SW7 2AR

Tel : +44 (0)20 7591 3007

17 June 2009

Working together to improve services for people at the end of life

Speakers: Edward Leigh MP; Professor Mike Richards CBE; Eve Richardson; David Prail; Professor Peter Beresford; David Behan.

Organised by: National Audit Office; NCPC; Help the Hospices

Venue: Hilton London Metropole

Location : London, England

Details : Neil Stewart Associates, PO Box 39976, 2nd Floor, 1 Benjamin Street, London, EC1M 5YT
Tel : +44 (0)20 7324 4330

22-23 June 2009

National Commissioning Conference 09

Opening keynote: James Purnell (Secretary of State for Work and Pensions (invited)). Run in conjunction with the Guardian and ADASS, the conference is two days of insight and best practice for commissioners to improve the quality of services in health and social care across not for profit, statutory and private sector. For further information about the event, visit:

<http://www.olm-pavilion.co.uk/ncc09>

Speakers: Chair: David Brindle (Public Services Editor, The Guardian). Mark Britnell (director general of commissioning and system management, Dept of Health); Dr David Colin-ThomSeptember 2009

BSG Conference : Culture, Diversity and Ageing

Conference themes include: cultures of ageing; research methods and theory; ageing and technology; diversity and discrimination; health and wellbeing.

Speakers: Alan Walker, Gloria Gutman, Merrill Silverstein

Organised by: BSG - British Gerontology Society hosted by University of West England, University of Bristol

Location : Bristol, England

Details : Lisa Sinfield, School of Health and Social Care , Glenside Campus, , University of the West of England, , Blackberry Hill, Stapleton, BRISTOL , BS16 1DD

Tel : +44 (0)117 32 88487, *Fax :* +44 (0)117 32 88443

9 September 2009

Personalisation - One Year On : Evidence, Methodology, Risk, Benefits & Law

A year on from the dawn of the transformation agenda, an array of strong, different and complex views appear to be developing, yet questions remain
Speakers: Chair: Ray Jones (Prof. of Social Work, Kingston University and St George's, University of London).

Organised by: AccessForCare

Venue: Le Meridien, Piccadilly

Location : London, England

Details : AccessForCare, Suite 1, Park House, 86 St Mary's Road, Reigate, Surrey, RH2 7JG

Tel : +44 (0)1737 211289, relatively simple: What is the best methodology? Will this really improve the quality of people s lives? Will systems be able to effectively safeguard? Will there will be legal

challenge? What about the impact on contract commissioning?

15-16 September 2009

DSDC 3rd International Conference : Facing the Future

Organised by: Dementia Service Development Centre (DSDC)

Venue: University of Stirling

Location : Stirling, Scotland

Details : Dementia Services Development Centre, University of Stirling, Stirling, FK9 4LA, Scotland

Tel : +44 (0)1786 467740, *Fax :* +44 (0)1786 466846

16 September 2009

A Practical Guide to Delivering Personalisation : Making transformation a reality

Speakers: Chairman: Veronica Jackson (Joint Chair Personalisation Network, ADASS and Executive Director - People, COmmunities and Society, Oldham MBC); Julia Winter; Leo Quigley (Adviser to DH on the No Secrets Review).

Organised by: Healthcare Events supported by ADASS

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

16 September 2009

A Practical Guide to Delivering Personalisation : Making Transformation a Reality

This one day conference provides a practical guide to personalisation including implementing the review of the No Secrets guidance. You will have the opportunity to hear from Leo Quigley Advisor to Department of Health on the No Secrets Review, who discusses implementing the No Secrets Guidance with a focus on balancing protection with freedom to choose, person centred safeguarding and linkages of personalisation, prevention and safeguarding.

Speakers: Chair:

Organised by: Healthcare Events

Venue: Manchester Conference Centre, Manchester

Location : Manchester, England

Details : Hanisha Patel, 2 Acre Road, Kingston, Surrey KT2 6EF

Fax : +44 (0)20 8547 2300, The conference also

includes a panel discussion focused on identifying and managing risk associated personalisation for vulnerable people, providing essential information and advice on how risk assessment and management can be applied to work on personalisation to support independence self determination, choice and control.

16 September 2009

Improving Patient Safety on the Wards

Speakers: Chair: Suzette Woodward (NPSA)

Organised by: Healthcare Events

Venue: 20 Cavendish Square

Location : London, England

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

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

17 September 2009

Delivering Quality in Mental Health Services

Speakers: Chair: Paul Jenkins (Chief Executive, Rethink)

Organised by: HSJ Conferences sponsored by CORE Information Management Systems

Venue: central London

Location : London , England

Details : Delivering Quality in Mental Health Conference Registration, HSJ Conferences, , Greater London House, Hampstead Road, London, NW1 7EJ

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

17-18 September 2009

EUGMS Glasgow Congress : Palliative Care Medicine and End of Life Issues in Older Adults

Download brochure from website link.

Organised by: The Royal College of Physicians and Surgeons of Glasgow are proud to co-host EUGMS (European Union Geriatric Medicine Society)

Glasgow Congress

Location : Glasgow, Scotland

21 September 2009

Personalisation and Safeguarding

To explore the issues and debates around safeguarding and personalisation. Workshops and speakers. Speakers and topics: Des Kelly, NCF (Safeguarding Personalisation and Regulated Care); Daniel Blake, Action on Elder Abuse (An overview

of the key benefits and Challenges); Colin Angel, UKHCA (When is a Personal Assistant a domiciliary care worker?) Anna Boaden, Mencap (Risk Assessment, The Steven Hoskin test)

Organised by: Action on Elder Abuse - AEA

Venue: Ramada Piccadilly Hotel, Manchester

Location : Manchester, England

Details : Daisy/Natalie, P.O Box 60001, London, SW16 9BY

Tel : +44 (0)20 8835 9280, *Fax :* +44 (0)20 8696 9328

23 September 2009

Achieving excellence in NHS procurement : Maximising the role of procurement in leveraging value for money and delivering world class healthcare

Organised by: HSJ Conferences sponsored by Capsticks

Venue: central London

Location : London , England

Details : NHS Procurement Conference

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

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

24 September 2009

Managing Together, Understanding and Supporting Children, Young People and their Families when a Grandparent is affected by Dementia

This workshop is open to Health and Social Care Professionals, Researchers and Educationalists.

This workshop seeks to offer participants the opportunity to learn about recent European research and practice development in this emerging field and consider the ways in which this research can be applied to develop practice with children and young people and their families where they are affected by dementia. Furthermore, it seeks to identify future research agendas and create opportunities to build networks for those interested in developing this body of knowledge and practice.

Organised by: Oxford Institute of Ageing

Location : Oxford, England

Details : Jenny La Fontaine, Oxford Institute of Ageing, University of Oxford , 66 Banbury Road, Oxford , OX2 6PR

Tel : +44 (0)1865 612800, While attendance at this workshop is free of charge, you will need to register for attendance.

24 September 2009

Reducing MRSA : A Patient Safety and Quality Indicator

Speakers: Chairman: Sally Brown (Lead Portfolio Manager, Improvement Programme HCAI and Cleanliness Division, Dept of Health)

Organised by: Healthcare Events

Venue: Church House

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

24 September 2009

Tackling the Social Exclusion of Older People

Capita's 4th National Tackling the Social Exclusion of Older People Conference focuses on preventing exclusion through health and wellbeing programmes, working in partnership to develop strategies designed by and for older people and engaging the most isolated older. Our expert and award winning speakers will give practical insight on how providers across the sectors can work together to improve the quality of life for all older people in our communities.

Speakers: Chair: Janet Morrison (Chief Executive, Independent Age). Numerous speakers.

Organised by: Capita Conferences

Venue: central London

Location : central London, England

Details : George Krousti, Capita Conferences Administration, 4th Floor, Dean Bradley House, 52 Horseferry Road, London, SW1P 2AF

Tel : +44 (0)870 400 1020, *Fax :* +44 (0)870 165 8989

30 September - 3 October 2009

12th European Health Forum Gastein - Financial Crisis and Health Policy

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

Conference focus will draw attention to the impact of the financial crisis and subsequent economic recession on health and health care.

Organised by: European Health Forum Gastein hosted by the Department of Health, England in cooperation with the International collaboration on the Social Determinants of Health

Location : Bad Hofgastein, Austria

Details : International Forum Gastein, Tauernplatz

1, 5630 Bad Hofgastein, Austria

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

30 September - 1 October 2009

Home Improvement Agency Annual Conference 2009 : Choice and Independence - Transforming Services, Transforming Lives

The two-day event is packed with plenary and breakout sessions. On day one, the keynote address will be given by Dame Joan Bakewell, the Government appointed "Older People's Tsar", who will speak about the importance of independent living for older people. We are delighted that she will also chair the popular 'question time' session later the same day. Shelha Husain, Deputy Director of Housing Care and Support at Communities and Local Government, will update you on progress made since Lifetime Homes, Lifetime

Neighbourhoods was published 18 months ago and set out the role of home improvement agencies in achieving future housing objectives. John Galvin, Chief Executive of Elderly Accommodation Counsel, will open the afternoon plenary sessions on day two with an announcement about FirstStop.

He will be followed by Sue Adams, Director of Care & Repair England, who will address the question of how home adaptations are recognised in the drive for personalisation of services.

Speakers: Dame Joan Bakewell; Shelha Husain (Communities and Local Government); Sue Adams; Ruth Eley (Department of Health)

Organised by: Foundations - the National Co-ordinating Body for Home Improvement Agencies in England sponsored by Portaramp

Venue: Holiday Inn

Location : Stratford upon Avon, England

Details : Foundations, Bleaklow House, Howard Town Mill, Glossop, Derbyshire, SK13 8HT

Tel : +44 (0)1457 891909

30 September 2009

Treating Depression

Aimed at psychiatrists and other mental health professionals who diagnose and treat patients with depression.

Organised by: The Royal College of Psychiatrists, College Education and Training Centre - CETC

Venue: tba

Location : Birmingham, England

Details : Programme Administrator, CETC , 6th Floor, Standon House, 21 Mansell Street, London E1 8AA

Tel : +44 (0)20 7977 6652/57,

Fax : +44 (0)20 7481 4842

October 2009

International Post-Graduate Diploma in Gerontology and Geriatrics and International Masters Degree in Gerontology and Geriatrics

One year academic course beginning in October and run by the European Centre of Gerontology and Geriatrics, University of Malta.

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

Venue: Malta

Location : Valletta, Malta

Details : The Director, International Institute on Ageing, 117 St Paul Street, Valletta VLT 07, Malta
Tel : +356 21-243044/5/6, *Fax :* +356 21-230248

1 October 2009

Older People's Day

The day highlights older people's contribution to society and the economy and aims to overturn negative attitudes and outdated stereotypes by bringing different generations together to promote a more positive view of later life.

Organised by: Full of Life, DWP

Venue: national

Location : national, United Kingdom

7-9 October 2009

British Geriatrics Society Autumn Meeting

Speakers: Numerous speakers.

Organised by: British Geriatrics Society (BGS)

Venue: Harrogate International Centre

Location : Harrogate, 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

7 October 2009

Mental Capacity Act in the Care of Older People

Speakers: Chair: Mervyn Eastman (Co-Director and Company Secretary, Change AGENTS and President, PAVA).

Organised by: Healthcare Events endorsed by ADASS

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, Paul Gantley (Implementation Manager, Mental Capacity Act, Dept of Health), Frank Ursell (Chief Executive, RNHA) and others.

12-16 October 2009

Advice Week

Advice Week is part of the Working Together for Advice (WTfA) project funded by the Big Lottery and is dedicated to raising public awareness of the importance of advice, services and how to access them. Age Concern and Help the Aged are one of six charities that have joined together as part of the WTfA project. The other five are: Advice Services Alliance, Advice UK, Citizens Advice, Law Centres Federation, and Youth Access. For further information about Advice Week, contact is via the email address given.

Organised by: Working Together for Advice (WTfA)

Venue: nationwide

Location : various, England

12-23 October 2009

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

Programme consists of lectures and seminars.

Closing date for applications is 12 August 2009.

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

Venue: Malta

Location : Valletta, Malta

Details : International Institute on Ageing, 117 St Paul Street, Valletta VLT 07, Malta
Tel : +356 21-243044/5/6, *Fax :* +356 21-230248

15 October 2009

Transforming the quality of dementia care : workforce development

Organised by: The Royal College of Psychiatrists, College Education and Training Centre - CETC

Venue: tba

Location : Leeds, England

Details : Programme Administrator, CETC , 6th Floor, Standon House, 21 Mansell Street, London E1 8AA

Tel : +44 (0)20 7977 6652/57, *Fax :* +44 (0)20 7481 4842

19 October 2009

World Class Mental Health Commissioning 2009 : Making an impact?

Keynote speakers: Irma Kurtz (Writer, Broadcaster and Cosmopolitan Agony Aunt); Ruby Wax (Patron of Depression Alliance).

Speakers: Chair: Ruby Wax (Patron, Depression Alliance).

Organised by: Healthcare Events

Venue: The Royal Society of Medicine

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

20 October 2009

Adult Green Paper : Transforming Adult Social Care

Organised by: Community Care Conferences in partnership with The Disabilities Trust

Venue: central London

Location : London, England

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

Tel : +44 (0)20 7347 3574, *Fax :* +44 (0)20 7347 3578

20-21 October 2009

Continence care : working together to make a difference

Organised by: Royal College of Nursing - RCN

Venue: York Racecourse

Location : York, England

Details : Suzanne Sinclair, RCN Events, 20 Cavendish Square, London, W1G 0RN

Tel : +44 (0)29 2054 6460, *Fax :* +44 (0)29 2054 6489

28 October 2009

Intergenerational Conference 2009 - Back to the Future: Networks for All Ages

Speakers: Baroness Sally Greengross; Anne Weinstock; Alan Hatton-Yeo; Fiona Blacke; Thomas Fischer.

Organised by: CIP, Beth Johnson Foundation in partnership with the National Youth Agency

Venue: Inmarsat Conference Centre, Old Street

Location : London, England

Details : Centre for Intergenerational Practice, Beth Johnson Foundation, Parkfield House, 64 Princes

Road, Hartshill, Stoke on Trent, ST4 7JL
Tel : +44 (0)1782 844036, *Fax :* +44 (0)1782 746940

3-5 November 2009

4th UK Dementia Congress

The UK's largest dementia-focused event.

Speakers: John Suchet; Phil Hope MP; Baroness Warnock; John Zeisel amongst others.

Organised by: Hawker Publications

Venue: International Centre, Harrogate

Location : Harrogate, England

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

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

3-6 November 2009

9th Annual Integrated Care Conference : "Lost in Transition : meeting the challenge through integrated care"

Integrated Care has become a wide-spread concept across health systems and countries in response to the common challenges of the 21st century: an ageing society, chronic disease and multi-morbidity. Countless projects and a great variety of models have been developed over the past years to overcome systemic, professional and cultural barriers in order to smooth out patient pathways and information flow. Of course this does not come without frictions and abrasions and even when integration projects have proven to be a success obstacles remain to be solved, such as managing the change and sustaining innovations. One aspect has especially been as much in the centre of attention as left on the sidelines of the model: the question of transition. While transitions of patients (and their data) between intra- and extramural care as well as between health professions have been the focus of many projects, transitions between health and social services, from acute/chronic care to palliative care or between the traditional health system and an integrated care model have been neglected so far. Hence, the theme of the INIC09 VIENNA conference will make an effort to evaluate the status quo of successful transitions, highlight challenges in the transition process and underline the necessity of active management of transition(s).
Organised by: International Network of Integrated Care; Medicinal University of Vienna; University Medical Center, Utrecht
Location : Vienna, Austria, Event Organiser

Details : Ms. Clarine Sies, Julius Center, University Medical Center Utrecht, The Netherlands

4 - 6 November 2009

Second Middle East Congress on Age - Ageing & Alzheimer's: Challenges in Geriatric Care

To be held in parallel to the MEAMA Workshop from 5-8 Nov 2009 (Health Care Services for the Elderly) by the Middle-East Academy for Medicine of Ageing.

Organised by: Numerous organisations

Venue: Quality Inn - Tripoli

Location : Tripoli, Lebanon

Details : A. Abyad, MD, MPH, MBA, AGSF, AFCHSE, Abyad Medical Center , Azmi Street, Abdo Center,, PO Box 618, Tripoli, Lebanon

Tel : 961-6-443684, *Fax* : 961-6-443684

12 November 2009

Carers UK : AGM and National Carers Summit 2009

Organised by: Carers UK

Venue: Clifford Chance, The Auditorium

Location : London, England

Details : 24 Great Dover Street, London , SE1 4LX

Tel : +44 (0)20 7378 4940

23 November - 4 December 2009

International Programme in Demographic Aspects of Population Ageing and its Implications for Socio-Economic Development, Policies and Plans

Programme consists of lectures, seminars and computer sessions. Programme geared towards achieving a working knowledge of demographic concepts and techniques.

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

Venue: Malta

Location : Valletta, Malta

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

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

26-27 November 2009

Psychological Therapies in the NHS

Two years ago Lord Layard set out the intentions for IAPT funding, and last year, Alan Johnson then Secretary of State for Health, placed Psychological Therapies at the heart of his ambitions for a

modern health service – a first in the history of the NHS. This year we have invited Andy Burnham current Secretary of State for Health, to bring together the themes from day one by discussing the New Horizons Framework and how it can help deliver his predecessor's promises.

Speakers: Louis Appleby National Clinical Director for Mental Health; Kathryn Tyson Director, Mental Health Policy, Department of Health; Steve Shrubbs Director of Mental Health Network NHS Confederation; David Clark National Clinical Adviser, IAPT; Peter Fonagy, Freud Memorial Professor of Psycho Analysis and Head of Research, Clinical, Educational and Health Psychology University College London; Sue Baker Portfolio Director Time to Change;

Organised by: Healthcare Events

Venue: Savoy Place, London

Location : London, England

Details : Healthcare Events Limited, 2 Acre Road, Kingston-Upon-Thames, Surrey KT2 6EF, Sandi Toksvig Vice President British Association for Counselling and Psychotherapy, and others.

AgeInfo

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

Details and evaluation:

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

