

New Literature on Old Age

EDITOR

Gillian CrosbyVOLUME
33NUMBER
195**2009**

The publications listed in this bulletin have been recently added to CPA's library. Readers who wish to obtain any of the documents cited should order from their usual bookseller (or direct from addresses given) or arrange to borrow them through public and academic libraries. In case of difficulty, CPA library staff will be pleased to advise.

CPA's full bibliographic collection can be accessed through **AgeInfo** on CD-ROM and on the web.

New Literature on Old Age is published and distributed by CPA to whom all orders should be sent. The subscription rate is £30.00 per annum in the UK (additional subscriptions to the same address £21 per annum) and £36 for overseas. Details of back issues are available from CPA.

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

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

To obtain more information about **AgeInfo** and access to CPA's library, please contact Gillian Crosby.

Contents for vol 33 no 195, 2009

Subject Headings	Page
Abuse	1
Advocacy	2
Age discrimination	3
Ageing (general)	3
Assistive technology	3
Attitudes to ageing	4
Bereavement	4
Black and minority ethnic groups	4
Carers and caring	4
Continence	5
Dementia	5
Demography and the demographics of ageing	7
Depression	8
Dignity	8
Disability	9
Employment	9
Euthanasia	10
Exercise	10
Family and informal care	10
Government and policy	11
Health care	11
Health services	12
HIV and AIDS	13
Home care	13
Hospital services	13
Housing	14
Income and personal finance	14
Information and communication technology	15
Intergenerational issues	16
International and comparative	16
Legal issues	18
Leisure	19
Life-long learning	19
Long term care	19
Long term conditions	19
Medical issues	20
Medication	21
Mental capacity	21
Mental health	22
Mental health services	23

Subject Headings	Page
Mental illness	24
Neighbourhoods and communities	24
Nutrition	25
Older women	25
Palliative care	26
Participation	26
Pensions and benefits	27
Personalisation	27
Prevention	29
Public services	29
Relationships (personal)	29
Religion and spirituality	30
Residential and nursing home care	31
Retirement	32
Sheltered housing	32
Social care	33
Social networks	35
Social policy and theory	35
Statistics	36
Stroke	36
Suicide	36
Volunteering	36
Calendar of courses and conferences	39

ABUSE

- 195/1 Abuse of people with dementia by family carers: representative cross sectional survey; by Claudia Cooper, Amber Selwood, Martin Blanchard (et al).
British Medical Journal, vol 338, no 7694, 7 March 2009, pp 583-586.
The prevalence of abusive behaviours by family carers of people with dementia was determined in a representative cross sectional survey of 220 family carers of people newly referred to community mental health teams in London and Essex. 115 carers (52%) reported some abusive behaviour, and 74 (34%) reported important levels of abuse. Verbal abuse was most commonly reported. Only three carers (1.4%) reported occasional physical abuse. Abusive behaviour by family carers towards people with dementia is common, with a third reporting important levels of abuse and half, some abuse behaviour. Few case of physical or frequent abuse were found, although those with the most abusive behaviour may have been reluctant to report it. (RH)
ISSN: 09598138
From : www.bmj.com
- 195/2 A model and strategy for multi-agency adult protection training in Kent and Medway; by Jay Aylett.
The Journal of Adult Protection, vol 11, no 1, February 2009, pp 13-20.
A description of the development of a multi-agency adult protection training in Kent and Medway is set in the context of the evolution of wider adult protection policy and competence. The rationale for the planning and development of the model is outlined and the content and coverage of the different levels of training are described. Key issues include the progression of staff and managers, and the model's implementation and operation. These are explored in relation to the different demands on the safeguarding activities in Kent and Medway, and the different agency and professional interests at stake. Future developments are also briefly mapped and discussed. (RH)
ISSN: 14668203
From : Website: <http://www.pavpub.com>
- 195/3 The process and function of serious case review; by Hilary Brown.
The Journal of Adult Protection, vol 11, no 1, February 2009, pp 38-50.
Serious case review was never envisaged nor mandated in the original 'No secrets' (Department of Health, 2000), although individual authorities have issued protocols in the intervening period. recognising that there would always be a need to look back and learn from challenging cases, Kent was one of the first authorities to put in place a mechanism for referral and conduct of these reviews. The author summarises the way this process is set in train, and what has been learned from the reviews undertaken to date. The author writes as the independent chair of the Serious Case Review Panel, and as an occasional chair of one-off inquiries for other authorities, which are also referred to for comparison. (RH)
ISSN: 14668203
From : Website: <http://www.pavpub.com>
- 195/4 Reflections and learning from adult protection policy development in Kent and Medway; by Carol McKeough.
The Journal of Adult Protection, vol 11, no 1, February 2009, pp 6-12.
Kent was one of the first social services departments (SSDs) to develop a specific adult protection policy in 1987. This paper references key landmarks to chart development of the policy from the perspective of the policy manager's role. It also identifies the key learning from this experience and the main challenges for the newly emerging safeguarding agenda. (RH)
ISSN: 14668203
From : Website: <http://www.pavpub.com>
- 195/5 Safeguarding vulnerable adults: using the rules; by Social Care Institute for Excellence - SCIE.
Community Care, issue 1762, 19 March 2009, pp 32-33.
The Social Care Institute for Excellence (SCIE) reviews the Safeguarding Vulnerable Adults Act

2006, at the centre of which is the Pova list of those care workers who have harmed or risked harm to vulnerable adults and therefore deemed unfit to work with them. This article reviews the Pova referral and appeals process under the Act. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

195/6

Specialisation in adult protection in Kent Police and the role of the police in investigations; by Nigel White, Trevor Lawry.

The Journal of Adult Protection, vol 11, no 1, February 2009, pp 21-27.

The police are key partners in adult protection work locally, and take lead responsibility in investigating alleged crimes committed against vulnerable adults in our communities. They therefore play a critical role in many serious and complex adult protection investigations. A detective constable and a detective inspector describe how a large police service has organised its adult protection resources, and map out how the basic processes and responsibilities involved in leading criminal investigations involving vulnerable adults. They use a case study approach to identify and examine the different demands criminal work brings at the inter-agency, agency and case levels, and identify solutions and pointers for best practice. (RH)

ISSN: 14668203

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

195/7

Staff background checks: safeguarding vulnerable adults; by Debra Shipman, Jack Hooten.

Nursing Older People, vol 21, no 4, May 2009, pp 23-26.

It is compulsory for an applicant seeking employment in a healthcare organisation in the United States to undergo a series of background checks, which are carried out by the employer. These checks are made to protect the safety and well-being of residents in nursing homes or patients in healthcare organisations. Residents of nursing homes are soft targets for criminals and patients undergoing medical procedures can be vulnerable to abuse. The deviant behaviour of employees can also be a financial disaster for organisations, and ruin their reputation. This article discusses safeguards that an organisation in the US can put in place to protect its interests and help keep patients or residents safe and preserve their integrity. Although care systems are different in the UK, concerns about the potential abuse of vulnerable adults are similar. (KJ/RH)

ISSN: 14720795

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

ADVOCACY

195/8

Speaking up to safeguard: lessons and findings from the Benchmarking Advocacy and Abuse Project, 2008-09; by Andrew Dunning, Older People's Advocacy Alliance (OPAAL) UK. Stoke-on-Trent: Older People's Advocacy Alliance (OPAAL) UK, May 2009, 49 pp.

The Older People's Advocacy Alliance (OPAAL) describes advocacy as "a one to one relationship between a trained, independent advocate and an older person who needs support in order to secure or exercise their rights, choices and interests". Action on Elder Abuse (AEA) defines abuse as "a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person". The Benchmarking Advocacy and Abuse Project has adopted these definitions for its work. This report outlines the prevalence of abuse as a social problem; and the need for independent advocacy as a means of empowerment, prevention and protection. It discusses the benchmarking approach, and describes some participating benchmarking advocacy schemes and the methods used. (The website www.benchmarking.gov.uk is suggested for examples of use of benchmarking by public service organisations). Project findings are discussed in terms of: the demographics of advocacy partners (service users); examples of the use of advocacy scheme casework in dealing with financial abuse, psychological abuse, neglect, physical abuse and sexual abuse; and the goals of advocacy intervention. Recommendations are made for further projects that "advocate for advocacy" and safeguarding older people in the post 'No secrets' personalised services era. Also available is a 4-page executive summary outlining the Project's main findings. (RH)

From : Download from: <http://www.opaal.org.uk> Older People's Advocacy Alliance (OPAAL) UK, Beth Johnson Foundation, Parkfield House, 64 Princes Road, Stoke-on-Trent, ST4 7JL. E-mail: kathryn.parson@btinternet.com

AGE DISCRIMINATION

(See Also 195/74)

195/9 Eurobarometer surveys effectiveness of EU anti-discrimination efforts; by Tom Osborne. New York: AARP.

AARP International : The Journal, Winter 2009, pp 98-103.

In 2006 and again in 2008, the European Union surveyed large numbers of people in each of the EU Member States regarding discrimination and inequality in Europe. The findings from the initial Eurobarometer survey in 2006 provided insight into the perceptions, attitudes, knowledge and awareness of discrimination and inequality in the EU. The most recent findings track how these perceptions and opinions have changed in the intervening year, which this article outlines. While the survey notes evidence of efforts to combat discrimination, it is too soon for the effects of implementing two anti-discrimination EU Council Directives to be discerned. Meanwhile, AGE - the European Older People's Platform has been working with AARP through the Anti-Discrimination Expert Group. (RH)

From : <http://www.aarpinternational.org/thejournal>

195/10 Tomorrow's doctors: a draft for consultation: summary [of] consultation response; by Andrew Harrop, David Sinclair, Charlotte Potter (et al), Age Concern England - ACE; Help the Aged. London: Age Concern England; Help the Aged, March 2009, 3 pp (Consultation response Ref: 1909(S)).

'Tomorrow's doctors' is a draft for consultation from the General Medical Council (GMC) on standards for undergraduate medical education. Age Concern England (ACE) and Help the Aged outline concerns around the quality of care received by older patients and on making clinical judgements on the basis of age, particularly in respect of mental health. Also sought is better training for conditions such as dementia and incontinence. Doctors should be trained so that they can work with patients as active participants. (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

AGEING (GENERAL)

(See 195/35)

ASSISTIVE TECHNOLOGY

195/11 Beyond telecare: the future of independent living; by Charles Lowe.

Journal of Assistive Technologies, vol 3, no 1, March 2009, pp 21-23.

This paper is an argument for a more holistic approach to independent living. Telecare and telehealth, as these services are being delivered in practice, risk increasing the isolation of vulnerable people. Though undesirable in its own right, this isolation often leads to depression, which in turn typically increases the costs of medical treatment substantially. The resultant lack of mental stimulation also creates the conditions for earlier onset of dementia. Finally, loss of identity exacerbates both depression and lack of stimulation. To overcome these problems, the technology should be used to encourage users of telecare and telehealth to maintain and extend their engagement with wider society to promote - rather than restrict - their mobility. (KJ/RH)

ISSN: 17549450 From : <http://www.pavilionjournals.com>

ATTITUDES TO AGEING

(See 195/54)

BEREAVEMENT

(See 195/46)

BLACK AND MINORITY ETHNIC GROUPS

- 195/12 Negotiating candidacy: ethnic minority seniors' access to care; by Sharon Koehn.
Ageing and Society, vol 29, part 4, May 2009, pp 585-608.
The Barriers to Access to Care for Ethnic Minority Seniors (BACEMS) study in Vancouver, British Columbia found that immigrant families torn between changing values and the economic realities that accompany immigration cannot always provide optimal care for their elders. Ethnic minority seniors further identified language barriers, immigration status, and financial awareness of the roles of the health authority and of specific service providers as barriers to health care. The configuration and delivery of health services and healthcare providers' limited knowledge of the seniors' needs and confounded these problems. To explore the barriers to access, the BACEMS study relied primarily on focus group data collected from ethnic minority seniors and their families, and from health and multicultural service providers. The applicability of the recently developed model of "candidacy", which emphasises the dynamic, multi-dimensional and contingent character of health care access to ethnic minority seniors, was assessed. The candidacy framework increased sensitivity to ethnic minority seniors' issue and enabled organisation of the data into manageable conceptual units, which facilitated translation into recommendations for action, and revealed gaps that pose questions for future research. It has the potential to make Canadian research on the topic more co-ordinated. (RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>
- 195/13 Who cares about the white working class?; by Kjartan Páll Sveinsson, Runnymede Trust.
London: Runnymede Trust, 2009, 72 pp (Runnymede perspectives).
In this volume, eight essays by academics point to the paradoxical and hypocritical ways in which the ruling classes speak for the white working class on the one hand, and how they speak about them on the other. Themes examined are: class in the 21st century; education and educational underachievement; the racialisation of "chav" and "hoodie" youths by the media; social class relations; social and council housing provision; and representations of the "indigenous white working class". The last essay considers to whom the white working class is losing out in housing, health and other service provision - and it is to the wealthier rather than to migrants or other minority ethnic groups. (RH)
From : The Runnymede Trust, 7 Plough Yard, London EC2A 3LP.
<http://www.runnymedetrust.org>

CARERS AND CARING

(See Also 195/80)

- 195/14 The experiences and needs of young adult carers in the UK; by Alison Petch.
Community Care, issue 1761, 12 March 2009, pp 30-31.
The UK's 290,000 young carers aged 16 to 24 often fall into the gap between adults' and children's services. The author reviews a report from the Princess Royal Trust for Carers, 'Young adult carers in the UK: experiences, needs and services for carers aged 16-24' by Fiona Becker and Saul Becker of the University of Nottingham. They used 2001 Census data to find out the number of hours spent caring by this age group, as well as accounts of individual experience gathered from 25 young carer projects, 13 adult carers services, and interviews with 29 young carers aged 16-17 and 25 aged 18-24. Other demands on young carers' time and their being

unaware of support and other services are highlighted. (The report can be downloaded from www.carers.org or www.saulbecker.co.uk). (RH)
ISSN: 03075508
From : www.communitycare.co.uk

- 195/15 Family and family-like interactions in households with round-the-clock paid foreign carers in Israel; by Liat Ayalon.
Ageing and Society, vol 29, part 5, July 2009, pp 671-686.
This paper reports a study of family and family-like interactions and transfers, or exchanges of goods and resources, between paid, round-the-clock, Filipino home carers and those they care for in a sample of households in Israel. Qualitative interviews about their experiences and attitudes concerning the care role were conducted with 22 family members and 29 Filipino home care workers. A thematic analysis of the interview data identified three major themes: the structure and internal dynamics of the adapted family or family-like system of care; the role of family members; and the role of Filipino home care workers in the new system of care. Sons and daughters tended to appropriate the care management positions and to reduce their social and emotional support for the care recipient. In contrast, spouse caregivers continued to provide some of the personal and emotional care, even when a Filipino home care worker was employed. Filipino home care workers were made responsible for daily care and domestic routines and provided emotional and social care. It was found that family members do not relinquish their role as caregivers when round-the-clock foreign carers are on hand, but the name of their role changes. The result suggests foreign home-care workers' job description needs to be redefined to acknowledge the substantial social and emotional care that they provide. (RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>

CONTINENCE

- 195/16 Urinary continence management in older people; by Adrian Wagg, Nursing Older People; Geriatric Medicine. London: Nursing Older People; Geriatric Medicine, June 2009, 22 pp (Nursing Older People / Geriatric Medicine essential guide).
This guide is designed for care staff dealing with older people who have bladder problems. It uses data from the National Audit of Continence Care for Older People (NACCOP) (Wagg et al; Royal College of Physicians, 2006) to illustrate the types of problems encountered by respondents and to suggest up-to-date, evidence-based, practical management strategies. It was previously published in Nursing Standard (October 2008). (RH)
Price: £3.50
From : Nursing Older People, The Heights, 59-65 Lowlands Road, Harrow, Middx HA1 3AW.
Website: www.nursingolderpeople.co.uk

DEMENTIA

(See Also 195/1, 195/65)

- 195/17 Alzheimer's disease; by Alistair Burns, Steve Iliffe.
British Medical Journal, vol 338, no 7692, 21 February 2009, pp 467-471.
In the second of two articles about dementia, the authors focus on Alzheimer's disease (AD), which is the most common cause of dementia and affects about 6% of the population aged 65+ and increases in incidence with age. They review the diagnosis and medical management of Alzheimer's disease, relying where possible on evidence from randomised controlled trials. They searched Medline and Pubmed from 2006 to September 2008, previous work having been summarised in "Dementia: supporting people with dementia and their carers in health and social care", joint dementia guidelines published by the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) in 2006. They searched the Cochrane database (2008 version) for randomised controlled trials for drug treatment and psychosocial interventions. They used their own knowledge of the literature to select

authoritative reviews to supplement these sources. This article is aimed at the non-specialist, and notes risk factors for Alzheimer's disease as well as suggesting additional educational resources. (RH)

ISSN: 09598138

From : www.bmj.com

195/18

Dementia; by Alistair Burns, Steve Iliffe.

British Medical Journal, vol 338, no 7691, 14 February 2009, pp 405-409.

In the first of two articles, the authors review the clinical and service implications of dementia syndrome. They searched Medline and Pubmed from 2006 to September 2008, previous work having been summarised in "Dementia: supporting people with dementia and their carers in health and social care", joint dementia guidelines published by the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) in 2006. They searched the Cochrane database (2008 version) for randomised controlled trials for drug treatment and psychosocial interventions. They used their own knowledge of the literature to select authoritative reviews to supplement these sources. Their article refers to recommendations in the Dementia UK report; outlines how clinicians can recognise dementia and distinguish it from depression; considers the information needs of people with dementia and their families; and suggests further educational resources to help the non-specialist. (RH)

ISSN: 09598138

From : www.bmj.com

195/19

Life story work and nursing home residents with dementia; by Catherine Russell, Stephen Timmons.

Nursing Older People, vol 21, no 4, May 2009, pp 28-32.

Research has indicated that seeing clients with dementia as individual people, and gaining insight into their lives, is achieved through listening to the stories they tell. This study, undertaken in 2007, used narrative research methodology to listen to the stories of five nursing home residents with dementia. The researcher analytically reconstructed the stories they told to provide insight into participants' understanding of themselves. Each participant told a profoundly different story, indicating that people with dementia are not a homogeneous group, but unique individuals. The study demonstrated that communication and understanding were possible, but challenging, when the participants had a diagnosis of dementia. (KJ/RH)

ISSN: 14720795 From : <http://www.nursingolderpeople.co.uk>

195/20

Prevalence, correlates and course of behavioural and psychological symptoms of dementia in the population; by George M Sawa, Julia Zaccai, Fiona E Matthews (et al).

British Journal of Psychiatry, vol 194, no 3, March 2009, pp 212-218.

Behavioural and psychological symptoms of dementia (BPSD) are major contributors to the burden of dementia. As part of the Medical Research Council Cognitive Function and Ageing Study (MRC CFAS), a population-based longitudinal study of ageing, this study estimated the prevalence of 12 symptoms in 587 participants with dementia and 2050 participants without dementia. The effect of risk factors and the factor structure were estimated using 1782 interviews provided by participants with dementia throughout this study. Apart from sleeping problems, each symptom was more common in the population with dementia. The co-occurrence of the symptoms was explained by a four factor solution, corresponding to psychosis/apathy, depression/anxiety, irritability/persecution, and wandering/sleep problems. Psychosis occurred more frequently with declining cognition. Anxiety and depression were more common in younger individuals, and in those with poor self-reported health. Persistence varied between symptoms. Thus BPSD affect nearly all people with dementia. Symptoms co-occur and the symptoms that affected individuals experience are related to the socio-demographic and clinical characteristics. (RH)

ISSN: 00071250 From : <http://bjp.rcpsych.org>

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 195/37, 195/38, 195/81)

- 195/21 Household projections to 2031, England; by Department for Communities and Local Government - DCLG.: Department for Communities and Local Government - DCLG, March 2009, 17 pp (Housing Statistical Release).
The figures in this release are based on the 2006-based population projections published by the Office for National Statistics (ONS) in June 2008. These latest projections anticipate a 53% rise in the number of households headed by a person 65 years and over, compared with an overall household increase of 29% by 2031. By that date, this age group will occupy 32% of all households. The other significant change projected is a large rise in the number of single households, up from 13% in 2006 to 18% in 2031. (KJ/RH)
From : Download from website (20/4/09):
<http://www.communities.gov.uk/documents/statistics/pdf/1172133.pdf>
- 195/22 The influence of the welfare state on the number of young old persons; by Kathrin Komp, Theo van Tilburg, Marjolein Broese van Groenou.
Ageing and Society, vol 29, part 4, May 2009, pp 609-624.
Many current discussions of welfare state reform focus on the "young old", a group now generally perceived as healthy people past retirement age without a legal responsibility for dependent people in need of care. For the welfare state, they constitute a resource whose activities are hard to steer. This article focuses on the influence of the welfare state on the number of "young old" people. It describes different ways in which the welfare state influences the number of young old people, and investigates whether variations in the regulations for the ages of normal, early and late retirement are the prime cause. The paper also estimates the share of the young old among those aged 50-90 in 10 European countries in 2004 using comparable data from the Survey of Health, Ageing and Retirement in Europe (SHARE) and the English Longitudinal Study of Ageing (ELSA). These shares ranged between 36% and 49% for men and between 35% and 52% for women. High shares were found in continental European countries, and low shares in Scandinavian countries and the UK. The shares in southern European countries varied between countries and by gender. To explain the variations in the share, country differences in retirement regulations proved helpful but insufficient. When the overall influence of the welfare state on the share of young old people in the population was analysed, a country-characteristic pattern emerged. (RH)
ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>
- 195/23 An investigation into the impact of question change on estimates of General Health Status and Healthy Life Expectancy; by Michael Smith, Chris White.
Health Statistics Quarterly, no 41, Spring 2009, pp 28-41.
This article investigates the likely effects of incorporating the European Union Statistics on Income and Living Conditions (EU-SILC) general health question upon Office for National Statistics (ONS) estimates of general health and healthy life expectancy (HLE). The analysis indicates that while these estimates will undergo revision following the integration of the EU-SILC general health question, for the most part the underlying trend remains unaffected. Incorporation of the EU-SILC question in the reporting of UK health statistics will improve comparability with other EU member states, and provide a stronger indicator of functional health status. ONS will adopt the EU-SILC general health question exclusively from the reporting period 2006-08. However, to further clarify the implications of this transition, ONS will present two estimates of HLE based on the original and EU-SILC general health questions for the period 2005-07. This article has important implications for setting targets and monitoring progress in Public Sector Agreement Indicators for fitness for work beyond the state pension age (SPA) and healthy ageing. (KJ/RH)
ISSN: 14651645 From : <http://www.statistics.gov.uk>

195/24 UK resident population by country of birth; by Amy Ellis.
Population Trends, no 135, Spring 2009, pp 20-28.
In August 2008, estimates of the 'Population by country of birth and nationality' were published for the first time by the Office for National Statistics (ONS) from the Annual Population Survey (APS). Tables were published for the calendar years 2004 to 2007. This article provides an analysis of the published figures, and some background information about the APS. Country of birth and nationality are both self-reported by respondents to the APS. Those with dual nationality may report either of their nationalities at interview, as a person's nationality can change over time; however their country of birth is fixed. (KJ/RH)
ISSN: 03074463
From : <http://www.statistics.gov.uk>

DEPRESSION

195/25 Outcome of depression in later life in primary care: longitudinal cohort study with three years' follow-up; by E Licht-Strunk, H W J Van Marwijk, T Hoekstra (et al).
British Medical Journal, vol 338, no 7692, 21 February 2009, pp 463-466.
Depression was studied in 234 patients age 55+ from 32 general practices in West Friesland, the Netherlands, to determine the duration of depressive episodes, recovery over time, and predictors of prognosis. The authors used structured interviews (primary care evaluation of mental disorders according to diagnoses in 'Diagnostic and statistical manual of mental disorders', 4th ed), and a measure of severity of symptoms (Montgomery Asberg depression rating scale). The median duration of a major depressive episode was 18 months. 35% of depressed patients recovered within one year, 60% within 2 years, and 68% within 3 years. A poor outcome was associated with severity of depression at baseline, a family history of depression, and poorer physical functioning. During follow-up, functional status remained limited in patients with chronic depression, but not in those who had recovered. Depression in patients aged 55+ in primary care has a poor prognosis. Using readily available prognostic factors (for example, severity of the index episode, a family history of depression, and functional decline) could help direct treatment to those at higher risk of a poor prognosis. (RH)
ISSN: 09598138
From : www.bmj.com

195/26 Screening for depression in high-risk groups: prospective cohort study in general practice; by Kim D Baas, Karin A Wittkamp, Henk C van Weert (et al).
British Journal of Psychiatry, vol 194, no 5, May 2009, pp 399-403.
Currently, only about half of the people who have major depressive disorder are detected during regular health care. Screening in high-risk groups might be a possible solution. The authors evaluated the effectiveness of selective screening for major depressive disorder among 2005 people in three high risk groups in primary care in the Netherlands. 1687 were invited for screening, of whom 780 participated. Screening disclosed 71 with major depressive disorder, 36 already received treatment, 14 refused treatment, and 4 did not show up for an appointment. As a final result of the screening, 17 individuals (1%) started treatment for major depressive disorder. Screening for depression in high-risk populations does not seem to be effective, mainly because of the low rates of treatment initiation, even if treatment is freely and easily accessible. (RH)
ISSN: 00071250
From : <http://bjp.rcpsych.org>

DIGNITY

195/27 'We now understand what dignity means': [Dignity in Care campaign progress]; by Anabel Unity Sale.
Community Care, issue 1761, 12 March 2009, pp 24-25.
The Dignity in Care campaign launched by the Department of Health (DH) in November 2006 has as one of its 10 standards a zero tolerance of all forms of abuse. Key to the campaign is the

recruitment of some 4000 "dignity champions", one of the elements already introduced to a project in Leeds, which won the Dignity in Care Award in 2008. The Leeds project has used posters and postcards that show older people in different health and social care settings, and incorporates the dignity standards into commissioning contracts with providers. This article looks at the campaign's progress, its support from Help the Aged and Age Concern, and Sir Michael Parkinson's involvement as national dignity ambassador since November 2008. (RH)
ISSN: 03075508 From : www.communitycare.co.uk

DISABILITY

(See Also 195/33)

- 195/28 "Wheelchair access? That's a lifestyle choice!": lessons from a pilot advocacy service in south west England; by Les Bright, Older People's Advocacy Alliance (OPAAL) UK. Stoke-on-Trent: Older People's Advocacy Alliance (OPAAL) UK, May 2009, 32 pp.
The title of this report refers to an exchange between an advocate and a housing service manager about the needs of a disabled tenant. The exchange took place during the evaluation on which this report is based. It highlights the prejudice and misunderstanding experienced by some advocacy service users, and indicates the valuable role played by independent advocates in helping people to get their voices heard and action taken. It uses case studies and examples of lessons for service commissioners, providers and older people to illustrate points being made about service delivery, referrals and managing demand. Also available is a 4-page executive summary outlining the report's main findings. (RH)
From : Download from: <http://www.opaal.org.uk> Older People's Advocacy Alliance (OPAAL) UK, Beth Johnson Foundation, Parkfield House, 64 Princes Road, Stoke-on-Trent, ST4 7JL. E-mail: kathryn.parson@btinternet.com
- 195/29 Relationship matters: building our knowledge and networks: report summary; by Fran Branfield, Shaping Our Lives. London: Shaping Our Lives, 2009, 15 pp.
Issues of equality and inclusion are highlighted in this report. In autumn 2008, Shaping Our Lives supported five service user and/or disabled people's organisations to hold networking events in their regions. The aim was to see how networking can be improved and ensure more diverse involvement, which was also the subject of a project. The full report which includes reports of the regional get-togethers (in Bradford, Wales, Gateshead, London and Lancaster) is available from the Shaping Our Lives office or its website; also the networking website SOLNET (www.solnet.org.uk). (RH)
From : Shaping Our Lives, BM Box 4845, London WC1N 3XX. Websites: www.shapingourlives.org.uk and www.solnet.org.uk

EMPLOYMENT

(See Also 195/80)

- 195/30 Age matters in a downturn; by Employers Forum on Age; TAEN - The Age and Employment Network. London: Employers Forum on Age, in association with TAEN, 2009, 15 pp.
The benefits of a diverse workforce during a recession are emphasised in this guide, which gives examples of practice in companies such as B&Q, the Co-operative Group and BT, also the Local Government Association of Queensland. The avoidance of ageism in decisions around restructuring and downsizing the workforce is advocated, by means of resorting to flexible working and flexible retirement instead of redundancy. (RH)
From : The Employers Forum on Age, Floor 3, Downstream, 1 London Bridge, London SE1 9BG. <http://www.efa.org.uk>
TAEN, 207-221 Pentonville Road, London N1 9UZ.
E-mail: info@taen.org.uk Web: www.taen.org.uk

EUTHANASIA

(See 195/112)

EXERCISE

- 195/31 Exercise on prescription for women aged 40-74 recruited through primary care: two year randomised controlled trial; by Beverley A Lawton, Sally B Rose, C Raina Elley (et al). British Medical Journal, vol 338, no 7686, 10 January 2009, pp 88-91.
A programme of exercise on prescription increased physical activity and quality of life over 2 years. 1089 women aged 40-74 not undertaking 30 minutes of modest intensity physical activity on at least five days a week were recruited from 17 primary care practices in Wellington, New Zealand to a brief physical activity intervention led by a nurse. There was a 6-month follow-up and monthly telephone support over 9 months. mean age was 58.9 years; and trial retention rates were 93% and 89% at 12 and 24 months, respectively. At baseline, 10% of intervention participants and 11% of controls were achieving 150 minutes of at least moderate intensity physical activity a week. At 12 months, rates increased to 43% and 30%, and at 24 months to 39.3% and 32.8%, respectively. SF-36 physical functioning and mental health scores improved more in intervention compared with control participants, but role physical scores were significantly lower. There were no significant differences in clinical outcomes. Although more falls and injuries occurred in the intervention group, the findings support the use of exercise on prescription programmes as part of population strategies to reduce physical inactivity. (RH)
ISSN: 09598138
From : www.bmj.com
- 195/32 Oldest wingers in town: [Norwich City Football Club's sporting opportunities]; by Anabel Unity Sale.
Community Care, issue 1768, 30 April 2009, pp 26-28.
Norwich City Football Club is helping older people to keep well and happy by providing sporting opportunities and group activities. These operate through the Football in the Community (FITC) Extra Time Project which is based at Norwich City's stadium. The scheme, which is advertised in GPs' surgeries, includes exercise, creative writing, day trips to other football grounds, and talks on healthy eating. (RH)
ISSN: 03075508
From : www.communitycare.co.uk

FAMILY AND INFORMAL CARE

- 195/33 Supporting disabled parents: a family or a fragmented approach?; by Commission for Social Care Inspection - CSCI. London: Commission for Social Care Inspection, February 2009, 54 pp (CSCI-244).
This report is based on the social model of disability, which focuses on the barriers experienced by disabled people and their families. Included are quotes from them, indicative of the attitudes of others towards them. The report considers the policy context, local policies and strategies, and how local policies are put into practice. The findings are from a national survey of 50 councils in England, and 70 interviews conducted with representatives of adult services or children's services. The report recommends actions that need to be taken by councils and other agencies in relation to: joint working and integrated services; better information for joint strategic needs assessments; more Direct Payments and Individual Budgets; resourcing support to families; ongoing support and training for staff; and involvement of disabled parents and their families. (RH)
From : Care Quality Commission orderline 0870 240 7535.
Download at: http://www.cqc.org.uk/_db/_documents/Dis_parents6.pdf

GOVERNMENT AND POLICY

- 195/34 Family, public policy and retirement decisions; by Richard W Johnson, Jeong-Hwa Ho, James M Raymo (et al).
Research on Aging, vol 31, no 2, March 2009, PP 139-290 (whole issue).
The five studies in this issue of Research on Aging on the subject "family, public policy and retirement decisions" reveal the importance of examining individual retirement decisions within the context of the family and relevant public programmes. Family financial obligations and caregiving responsibilities are important determinants of labour supply decisions. Consideration only of influences upon the individual ignores many of the constraints and incentives that workers face when deciding upon retirement. Partners or spouses will often try to coordinate their exit from the labour market. Public policies - especially social security and how it interacts with various health and welfare programmes - and taxation are also influencing factors. Four of these studies are based on research undertaken in the United States; one study is based on data from Japan. (KJ/RH)
ISSN: 01640275
From : <http://www.sagepub.com>
- 195/35 One Voice: shaping our ageing society; by Andrew Harrop, Kate Jopling (with contributors), Age Concern and Help the Aged. London: Age Concern and Help the Aged, 2009, 67 pp.
Age Concern and Help the Aged became one charity on 1st April 2009 and this report is their "opening manifesto" for achieving their aim to improve the lives of older people. This report sets out the policy agenda and priorities for change drawing on the traditions of previous annual reports of both charities: Age Agenda and Spotlight. The report sets out not only what the charity would like to see change, but also incorporates research carried out to ascertain the views and experiences of older people themselves. Age Concern and Help the Aged are "committed to ending pensioner poverty; legislation to outlaw all forms of age discrimination; and reform of care and support that provides better quality, improved access and fair, affordable funding arrangements." The report discusses the following policy areas: citizenship and equal rights; income, finance and benefits; care services and residential care; health and health care; housing, local amenities and social inclusion; education, employment and volunteering; and international development. Many of these themes are covered in a set of 35 at-a-glance key indicators. (KJ/RH)
From : Age Concern and Help the Aged, Astral House, 1268 London Road, SW16 4ERT.
<http://www.ageconcern.org.uk> <http://helptheaged.org.uk>
- 195/36 Using evidence to inform policy in a non-governmental public body; by Andrew Nocon.
Evidence & Policy, vol 5, no 1, January 2009, pp 85-98.
The use of evidence to inform policy within a UK public sector body (the former Disability Rights Commission, or DRC) is explored. The author examines the way policy makers define the kind of evidence they need, how they go about getting it, and what they do with it once they have got it. He also considers the role of specialist research managers within that process, and the differences and relationships between research and other evidence. The article highlights the need for clear planning with regard to the skills needed to ensure the gathering of relevant and high-quality evidence, and for an interactive role in which specialist researchers can make a more substantial contribution to policy development. (RH)
ISSN: 17442648
From : <http://www.policypress.org.uk>

HEALTH CARE

(See Also 195/53)

- 195/37 The effect of health on consumption decisions in later life: evidence from the UK; by Eleni Karagiannaki, 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. London: STICERD, 2009, 41 pp (CASEpaper 136).

The analysis in this paper focuses on the impact of health on older people's savings and consumption decisions. In principle, there are at least five alternative channels through which health may affect consumption and savings. Ill health or deteriorating health may either induce a decrease or increase in consumption, while an increase in precautionary savings in anticipation of increased consumption needs can follow a a negative health shock. This paper's main objective is to describe how older people's consumption decisions adjust to health changes, and to disentangle the different channels through which consumption responds to health changes. To identify these factors, data from the British Household Panel Survey (BHPS) and the English Longitudinal Survey of Ageing (ELSA) are used to estimate a series of regression models which relate health changes to observe consumption changes. The findings suggest that there are significant adjustments in the composition of consumption following an illness onset. These adjustments reflect mainly the combined effect of increased costs associated with illness onset as well as the effect of constraints on opportunity to spend associated with illness onset. (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>

195/38

Ill, worried or worried sick?: inter-relationships among indicators of wellbeing among older people in Sweden; by Björn Halleröd.

Ageing and Society, vol 29, part 4, May 2009, pp 563-584.

This study examined the associations between a large set of health indicators and well-being among older people aged 60+ in Sweden. The data were drawn from the Swedish Panel Survey of Ageing and the Elderly (PSEA), with variables covering information about health, daily activities, social interaction, anxieties and worries, and economic hardship. A series of confirmative factor analyses were used to reveal if and how indicators of living conditions could be subdivided into latent factors, and several socio-economic and socio-demographic variables were used as their predictors. Differences between men and women and between a number of age groups of old people were systematically scrutinised. The preferred representation of the data was a nested model that identified one global factor, which related to all manifest indicators, and three residual factors that measured the specific experiences of physical impairment, psychological distress and economic difficulties. The findings improve our understanding of the relationships between indicators of health and well-being and the various latent dimensions that simultaneously affect response patterns. More importantly, they also facilitate our understanding of older people's well-being and assist the interpretation of single commonly used indicators such as subjective health. (RH)

ISSN: 0144686X

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

195/39

Promoting good health in people aged over 75 in the community; by Pamela Jenkins, Evelyn Baker, Bethan White.

Nursing Older People, vol 21, no 2, March 2009, pp 34-40.

This article examines a project set up in 2004 to promote the health and well-being of people aged over 75 living in Caerphilly, south Wales. The multidisciplinary project offered holistic, nurse-led screening in people's homes. It resulted in reduced admissions to hospital for fractured femur, pneumonia and stroke during the period 2004 to 2006. (KJ/RH)

ISSN: 14720795

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

HEALTH SERVICES

(See 195/10)

HIV AND AIDS

- 195/40 HIV infection, antiretroviral treatment, ageing, and non-AIDS related morbidity; by Steven G Deeks, Andrew N Phillips.
British Medical Journal, vol 338, no 7689, 31 January 2009, pp 288-292.
The success of antiretroviral treatment means that HIV infected people live longer and must deal with age-related diseases. This review discusses the evidence that the major complications of "treated" HIV disease - including cardiovascular disease, malignancy, renal disease, liver disease, bone disease, and maybe neurological complications - occur at an earlier age in the HIV-infected population. Implications for clinical management are also discussed. (RH)
ISSN: 09598138 From : www.bmj.com

HOME CARE

- 195/41 Good ideas: a practical handbook for supporting older people in their own homes; by Royal Bank of Scotland Centre for the Older Person's Agenda - COPA, Queen Margaret University. Edinburgh: RBS Centre for the Older Person's Agenda, 2009, 68 pp.
'Good ideas' has been developed specifically to help day carers and respite carers who work with older people in their own homes. The research for this handbook was conducted by older people who had been trained in interview and research techniques. Interviews were held with older housebound people to find what support would help them maximise their lifestyle within their own home. The research focused on how older people could remain physically active, eat and drink well, and maintain good social relationships. The project was sponsored by NHS Health Scotland and the City of Edinburgh Council's Department of Health and Social Care. (KJ/RH)
From : RBS Centre for the Older Person's Agenda (COPA), Queen Margaret University, Musselburgh, Edinburgh, EH21 6UU.
www.qmu.ac.uk/copa

HOSPITAL SERVICES

- 195/42 'Out of Hospital': a scoping study of services for carers of people being discharged from hospital; by R Borthwick, L Newbronner, L Stuttard.
Health and Social Care in the Community, vol 17, no 4, July 2009, pp 335-349.
Successive government policies have highlighted the need to inform and involve carers fully in the hospital discharge process. However, some research suggests that many carers feel insufficiently involved and unsupported in this process. This paper summarises a scoping review to identify what the UK literature tells us about the service provision for carers, and its effectiveness, around the time of hospital discharge of the care recipient, and also describes a mapping exercise of the work currently being done by the Princess Royal Trust for Carers centres in England, to support carers around the time of hospital discharge. The restriction to the UK literature was dictated by the nature of the project, a modest review carried out for a UK-based voluntary sector organisation. 53 documents were reviewed, of which 19 papers (representing 17 studies) were reporting on primary research. As only five of these studies actually involved an intervention, it appears there is very little research from the UK which evaluates specific interventions to support carers around the time of hospital discharge of the care recipient. While the mapping exercise showed that in some areas there are services and/or initiatives in place which have been designed to improve the process of discharge for carers, in many places there is still a gap between what what policy and research suggest should happen and what actually happens to carers at this time. Even where services and initiatives to support through the discharge process exist, there is only limited evidence from research or evaluation to demonstrate their impact on the carer's experience. Further research, both qualitative and quantitative, is required in these areas to enable commissioners, providers and carers' organisations to work together towards a service in which patients and carers also receive the support and help they need at this significant time of transition. (RH)
ISSN: 09660410 From : <http://www.blackwellpublishing.com/hsc>

- 195/43 Effectiveness of acute geriatric units on functional decline, living at home, and case fatality among older patients admitted to hospital for acute medical disorders: meta-analysis; by Juan J Baztán, Francisco M Suárez-García, Jesús López-Arrieta (et al).
British Medical Journal, vol 338, no 7690, 7 February 2009, pp 334-336.
Care of people aged 65+ with acute medical disorders in acute geriatric units produces a functional benefit compared with conventional hospital care, and increases the likelihood of living at home after discharge. This was the main finding of a systematic review and meta-analysis based on references from searches of Medline, Embase and the Cochrane Library up to 31 August 2008. Randomised trials, non-randomised trials and case control studies were included. Excluded were studies based on administrative databases, those that assessed care of a single disorder, those that evaluated acute and sub-acute care units, and those in which patients were admitted to the acute geriatric unit after three or more days of being admitted to hospital. Two investigators independently selected the studies and extracted the data. 11 studies were included, of which 5 were randomised trials, and 2 case-control studies. The randomised trials showed that compared with older people admitted to conventional care units, those admitted to acute geriatric units had a lower risk of functional decline at discharge and were more likely to live at home after discharge, with no differences in case fatality. The global analysis of all studies, including non-randomised trials, showed similar results. (RH)
ISSN: 09598138
From : www.bmj.com

HOUSING

- 195/44 Visitability: making homes more accessible for the growing 50+ population; by Jana Lynott. New York: AARP.
AARP International : The Journal, Winter 2009, pp 84-87.
As America ages, home accessibility is becoming a major issue in the United States. The single family housing in which most Americans live today was built many years ago with structural designs, such as front steps, narrow doorways and upstairs bathrooms that act as barriers for many people with limited mobility. Yet an AARP survey in 2004 found that more than four in five of those aged 50+ strongly or somewhat agreed that they would like to remain in their current home for as long as possible. These housing conditions have led to a "visitability" movement in the US, which this article explains. It describes its current impact on house building, also how the visitability design concept differs from full or universal housing design largely adopted in other countries (e.g. Part M of the Building Regulations in the UK, 1999). Visitability design is advocated as it is less costly than universal housing design. More information about visitability can be found on the AARP website. (KJ/RH)
From : <http://www.aarpinternational.org/thejournal>

INCOME AND PERSONAL FINANCE

- 195/45 Boosting savings: [retirement savings of Americans]; by Tom Nelson. New York: AARP.
AARP International : The Journal, Winter 2009, pp 32-35.
The author briefly describes the current position of many American families who find their retirement shadowed by financial insecurity. Only half of families have saved in any kind of retirement account; and, among those who have, the typical family has saved about US\$35,000. As many as 75 million American workers work for an employer who does not sponsor a retirement plan, which represents approximately 50 percent of the American workforce. This situation will need to be redressed through public policies to boost individual levels of savings and thereby promote retirement security. The recent pension reforms undertaken in the United Kingdom are cited as an example the US Government should consider following. The author is the Chief Operating Officer for AARP. (KJ/RH)
From : <http://www.aarpinternational.org/thejournal>
- 195/46 Financial implications of death of a partner; by Anne Corden, Michael Hirst, Katherine Nice, Social Policy Research Unit - SPRU, University of York. York: Social Policy Research Unit -

SPRU, University of York, March 2009, 4 pp (Research works, no 2009-01).

When a person's life partner dies, there are often many changes in financial and economic arrangements for the bereaved member of the couple. While much research has explored the psychological impact of death of a partner, little is known about the financial implications, especially people bereaved under pension age. This study investigated the financial and economic transitions of people whose partner died and explored their views and feelings about these experiences. The study mixed quantitative and qualitative methods, including in-depth interviews with 44 people at different life stages whose partner had died recently. Also used was longitudinal data from the British Household Panel Survey (BHPS) from more than 750 couples where one partner had died. Findings focus on the financial consequences of bereavement including: income changes; dealing with administration; immediate financial demands; managing money; spending patterns; and the grieving process. The full report of this study - which was funded by the Economic and Social Research Council (ESRC) - can be downloaded from the SPRU website (<http://www.york.ac.uk/inst/spru/research/pdf/Bereavement.pdf>). (RH)

Price: FOC

From : SPRU, University of York, Heslington, York YO10 5DD. <http://www.york.ac.uk/spru>

195/47

Taxation at retirement; by Life Academy; TaxHelp for Older People. [3rd ed.] Guildford: Life Academy; TaxHelp for Older People, 2009, 32 pp (A4 booklet).

This handbook has been produced to anticipate and avert the tax problems which can occur at retirement. It is not a complete guide to personal tax, but targeting the salient points affecting the change of financial circumstances at the time of giving up paid employment. Paperwork and forms are also explained; sources of help given and current rates and allowances for 2009/2010. (KJ)

From : Life Academy, 9 Chesham Road, Guildford, Surrey GU1 3LS.

<http://www.life-academy.co.uk> <http://www.taxvol.org.uk>

195/48

The Warm Front Scheme: report by the Comptroller and Auditor General; by National Audit Office - NAO. London: TSO, 2009, 23 pp (HC 126 session 2008/09).

The Government classifies a fuel poor household as one needing to spend more than 10% of annual income on energy costs. In 2007, more than 3 million households were estimated to be in fuel poverty, with older people and those in long-term ill health making up a sizeable proportion. Following the Warm Homes and Energy Conservation Act 2000, the Warm Front Scheme has been a key programme under the UK Fuel Poverty Strategy issued in 2001. This report follows up earlier National Audit Office (NAO) examinations of the Scheme in 1998 and 2003. It focuses on: the extent to which the Scheme has helped those in fuel poverty; services provided to customers; the costs of work done; and management by the Department of Energy and Climate Change (DECC) of its contract with eaga (an outsourcing company that supplies heating and renewable energy). Appendices include some of the views of stakeholders and grant recipients. (RH)

Price: £14.35

From : TSO, PO Box 29, Norwich NR3 1GN. www.tso.co.uk/bookshop

INFORMATION AND COMMUNICATION TECHNOLOGY

195/49

Digital lifestyles: hesitants, resisters and economisers; by Ofcom. London: Ofcom, 1 April 2009, 34 pp.

As part of the 2008 Media Literacy Audit research (reports available from Ofcom website at http://www.ofcom.org.uk/advice/media_literacy/ml_audit/), data about people's attitudes and behaviours relating to communication technologies were analysed, based on the relationship people have with media devices. This report gives a brief overview of the five segments identified through the attitudinal and behavioural questions: engaged, pragmatists, hesitants, resisters and economisers. It looks in detail at the last three particular segments, which have lower take-up and use of media devices. These segments are useful as they illustrate the characteristics of people and the demographics of those who tend to have lower levels of digital engagement. Age is a factor; and both hesitants and resisters tend to be older adults, with the

latter group largely aged 65+ (71% vs 19% of all adults), and markedly more female. Segmentation analysis of population groups will clarify how best to develop and promote targeted media literacy, so as to reach particular segments, rather than the population as a whole, and thereby encourage greater use of digital technologies amongst such groups. (KJ/RH)

From : Ofcom, Riverside House, 2a Southwark Bridge Road, London SE1 9HA.
www.ofcom.org.uk

INTERGENERATIONAL ISSUES

- 195/50 Lessons in best behaviour: [intergenerational work]; by Anabel Unity Sale.
Community Care, issue 1771, 21 May 2009, pp 20-21.
Older people are going back to school in order to help children stay clear of antisocial behaviour. This article describes the Community Kids scheme run by Rochdale Boroughwide Housing (RBH) since 2007. Older volunteers work with local children to teach them about the impact of antisocial behaviour, using intergenerational and reminiscence techniques. (RH)
ISSN: 03075508 From : www.communitycare.co.uk
- 195/51 Wellbeing of adult children and ageing parents: associations with intergenerational support and relationship quality; by Eva-Maria Merz, Nathan S Consedine, Hans-Joachim Schulze (et al).
Ageing and Society, vol 29, part 5, July 2009, pp 783-602.
Using an attachment theoretical viewpoint, this study describes how intergenerational support in adult child-parent relationship is associated with well-being in both generations. The attachment perspective and its focus on affective relationship characteristics is considered as an important theoretical framework for the investigation of special relationships across the life span. Data for 1456 dyads from the Netherlands Kinship Panel Study were analysed to investigate if relationship quality moderated the association between providing intergenerational support in parents and well-being in adult children, on the one hand, and receiving intergenerational support from children and well-being of older parents on the other. The perspectives of both relationship partners were taken into account to allow for dependence within dyads. Intergenerational support, in terms of instrumental help provision, was negatively associated with the child's and parent's well-being. Being the stronger and wiser partner in adult-child parent relationships, as reflected by giving advice and being the initiator within the relationship, was beneficial for the well-being of both generations. Additionally, relationship quality was the strongest predictor of well-being in both generations. Parental well-being was benefited by filial support in high quality relationships. If an intergenerational relationship was of high quality, the challenges of intergenerational support provision and receipt were easier to deal with for both generations, parents and children. (RH)
ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>

INTERNATIONAL AND COMPARATIVE

(See Also 195/7, 195/15, 195/84, 195/113)

- 195/52 Association of bone and joint diseases with health-related quality of life among older people: a population-based cross-sectional study in rural Bangladesh; by Akm Masud Rana, Ake Wahlin, Peter Kim Streatfield (et al).
Ageing and Society, vol 29, part 5, July 2009, pp 727-743.
The cross-sectional association between bone and joint diseases with health-related quality of life (HRQoL) among 850 randomly sampled people aged 60+ in a rural area of Bangladesh was examined. Information about arthritis, back and joint pain was collected through self-reports and two physicians' assessment at a health centre. HRQoL was measured using a multidimensional generic instrument designed for older people that has questions on the construct's physical, psychological, social, economic, spiritual and environmental dimensions. Bivariate analyses showed that the most negative effects of bone and joint diseases were on the physical and psychological dimensions. Hierarchical linear regression analyses revealed that joint pain, whether doctor-diagnosed or self-reported, and self-reported back pain were all associated with

lower HRQoL scores and accounted for almost 20% of the variation adjusted for age, sex, education, marital status, household size, income, expenditure and occupation. The analyses further revealed that women with self-reported back pain had significantly lower psychological, environmental and overall scores than equivalent men, while self-reported joint pain was associated with significantly lower scores only for the environmental dimension. The strong association of bone and joint diseases with HRQoL underscores the importance of regarding these illnesses as public health problems. (RH)

ISSN: 0144686X [From : http://www.journals.cambridge.org/aso](http://www.journals.cambridge.org/aso)

195/53

Gender inequality in health among elderly people in a combined framework of socioeconomic position, family characteristics and social support; by Silvia Rueda, Lucia Artazcoz.

Ageing and Society, vol 29, part 4, May 2009, pp 625-647.

Gender inequalities in health among older people in Catalonia, Spain are analysed, by adopting a conceptual framework that globally considers three dimensions of health determinants: socioeconomic position, family characteristics and social support. Data came from the 2006 Catalonian Health Survey. For the purpose of this study, a sub-sample of people aged 65-85 years with no paid job was selected (1113 men and 1484 women). The health outcomes analysed were self-perceived health status, poor mental health status and long-standing limiting illness. Multiple logistic regression models separated by sex were fitted and a hierarchical model was fitted in three steps. Health status among older women was poorer than among the men for the three outcomes analysed. Whereas living with disabled people was positively related to the three health outcomes and confidant social support was negatively associated with all of them in both sexes, there were gender differences in other social determinants of health. The results emphasise the importance of using an integrated approach for the analysis of health inequalities among older people, simultaneously considering socioeconomic position, family characteristics and social support, as well as different health indicators, in order to fully understand the social determinants of older men's and women's health status. (RH)

ISSN: 0144686X [From : http://www.journals.cambridge.org/aso](http://www.journals.cambridge.org/aso)

195/54

Happy, stable and contented: accomplished ageing in the imagined futures of young New Zealanders; by Lesley G Patterson, Katherine E Forbes, Robin M Peace.

Ageing and Society, vol 29, part 3, April 2009, pp 431-454.

In imagining how their lives might turn out, 100 young New Zealanders aged between 16 and 18 years wrote descriptions of their future lifecourse. Their descriptions of themselves at the nominal age of 80 years form the basis of the research reported in this paper. For these young people, ageing and old age are understood as accomplishments in the context of an imagined lifecourse. They see personal ageing as shaped by a common temporal ordering of life events that ensures material security, financial success and an enduring intimate relationship. In imagining themselves aged 80 years, three key themes that constitute a discourse of 'accomplished ageing' were identified: the experience of old age would be contingent on achievements throughout the lifecourse; old age would be a time for harvest; and while people may look old they can continue to 'be' young. Although their images of bodily appearance included some negative stereotypes of old age, appearance and bodily function were understood as amenable to life-long self-management. The young people imagined themselves as life-long active agents, and framed a positive image and homogeneous social identity for older people. The 'accomplished ageing' discourse has implications for how ageing is understood by young people. In particular, the social identity that accomplished ageing implies may shape how they relate to those who do not accomplish ageing in the imagined optimistic and homogeneous way. (KJ/RH)

ISSN: 0144686X [From : http://www.journals.cambridge.org/aso](http://www.journals.cambridge.org/aso)

195/55

Older persons in emergencies: an active ageing perspective; by Louise Plouffe, Irene Kang, Alexandre Kalache, Department of Ageing and Life Course (ALC), World Health Organization - WHO; Family and Community Health (FCH), World Health Organization - WHO; Emergency Preparedness and Capacity Building (EPC) - World Health Organization - WHO. Geneva: World Health Organization, 2009, 43 pp (Order no. 11500733).

The 2002 United Nations Madrid International Plan of Action on Ageing (MIPAA) called for

equal access to food, shelter and medical care and other services during or after natural disasters and other humanitarian emergencies. In collaboration with the Public Health Agency of Canada and Help the Aged (UK), the World Health Organization (WHO) commissioned case studies to examine how older people fared in conflict-related and naturally caused emergencies in both developed and developing countries. This report describes the converging trends of rapid population growth aged 60+ and health emergencies. It outlines the basic elements of emergency planning and summarises case study findings, identifying the impact of emergency situations on older people, also the strengths and gaps in emergency preparedness, response and recovery. The evidence is integrated within the WHO Active ageing policy framework - that is, in relation to older people's needs and to environmental, behavioural and personal determinants. (RH)
From : WHO, WHO Press, 1211 Geneva 27, Switzerland. E-mail: bookorders@who.int
Website: www.who.int/bookorders
www.who.int/ageing/en

195/56

The welfare of Sweden's old-age pensioners in times of bust and boom from 1990; by Björn Gustafsson, Mats Johansson, Edward Palmer.
Ageing and Society, vol 29, part 4, May 2009, pp 539-561.
Data from the Swedish Household Income Survey (HINK/HEK) was used to analyse the development of economic well-being of Swedes aged 65+ since 1990. This period was characterised by Sweden's deepest and most prolonged recession since the Great Depression, but was then followed by buoyant growth. In a series of interventions from 1991 until 1998, pensions were cut and their full price indexation abandoned. In spite of these dramatic measures, this study shows that pensioners fared better than the working age population, but also that poverty among older Swedes increased in absolute terms. In contrast, during the following years of rapid economic growth, the growth of pensioners' income fell behind that of workers and their relative poverty increased. The analysis shows that the limited resources of many older Swedes put them close to a social poverty line. The study also shows that income inequality among older Swedes has grown with the increasing importance of capital income for the better off. The authors conclude that the increasing gap between better-off and worse-off older people raises issues about the future provision of expenditures on public services for them. The paper concludes that, overall, poverty among older people in Sweden remains low by international standards and that the Swedish welfare state has maintained its resilience. (RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>

LEGAL ISSUES

(See Also 195/68, 195/69, 195/70)

195/57

Care standards legislation handbook; by David Pearl, Tribunal Service, Care Standards. 7th ed
Bristol: Jordans, 2009, 800 pp.
This 7th edition brings together the texts (without annotation) of the Care Standards Act 2000 (as amended by subsequent legislation), and related statutes and statutory instruments (SIs) with regard to the regulatory system (and appeal processes) for England and Wales set up under the Act. Any sections or sub-sections which have been repealed have been omitted, while included are prospective amendments or repeals. Among legislation being implemented in 2009 is the Safeguarding Vulnerable Groups Act 2006: the Independent Safeguarding Authority manages the list of those unsuitable to work with vulnerable adults. Also included are the General Social Care Council (Conduct) Rules 2008 and the General Social Care Council (Registration) Rules 2008. The introduction notes the establishment under the Health and Social Care Act 2008 of the Care Quality Commission (CQC) which started to operate on 1 April 2009. As with previous editions, material specific to Wales is excluded. All decisions of the Tribunal Service, Care Standards are placed on its website (www.carestandardtribunal.gov.uk) where there is also a digest of cases. Decisions are also reported on the British and Irish Legal Information website (www.bailii.org/ew/cases/EWCST). (RH)
Price: £49.00

From : Jordan Publishing Ltd, 21 St Thomas Street, Bristol BS1 6JS.
Website: www.jordanpublishing.co.uk

LEISURE

(See 195/32, 195/84)

LIFE-LONG LEARNING

195/58 Demography and lifelong learning; by Stephen McNair, Inquiry into the Future for Lifelong Learning - IFLL, NIACE - National Institute of Adult Continuing Education. Leicester: NIACE, 2009, 63 pp (IFLL thematic paper 1).

The overall aim of the Inquiry into the Future for Lifelong Learning (IFLL), which was established in September 2007, is to offer an alternative and coherent strategic framework for lifelong learning in the UK. Other papers, briefings and an IFLL Bulletin are available to download from the website. (RH/KJ)

From : NIACE, 21 De Montfort Street, Leicester LE1 7GE.

Website: <http://www.niace.org.uk/lifelonglearninginquiry/AboutIFLL.htm>

195/59 The Ransackers project: educational adventures for older learners; by June Kathchild. Working with Older People, vol 13, issue 1, March 2009, pp 23-26.

Low self-esteem and confidence can make someone feel cut off from society and social exclusion can lead to depression and other mental illnesses. June Kathchild, as Development Officer, explains about the Ransackers project, which has created a growing range of opportunities for older people to study (for the first time), giving the students a renewed zest for life. The name 'ransackers' is from the Gaelic 'ransaachadh' meaning : search, explore, scrutinise, discover, plunder and was coined by Vi Hughes, the originator of the programme. (KJ/RH)

ISSN: 13663666

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

LONG TERM CARE

195/60 Long-term care for older people in Europe: a slim silver lining for the age d'or; by Manfred Huber, Ricardo Rodrigues. New York: AARP.

AARP International : The Journal, Winter 2009, pp 78-82.

In a recent Eurobarometer survey conducted in 29 European countries, most of the participants acknowledged their concern about the prospect of becoming dependent on long-term care support at some stage in their lives. This article highlights the findings from ongoing research by the European Centre for Social Welfare Policy and Research in Vienna regarding trends in long-term care policies and reform, and differences in expenditure across Europe. Other results discussed include the opinion that there is less satisfaction with long-term care than with health care; and that older people with functional limitations often have difficulties in getting the health care they need. Further information on the research quoted is available as follows: 'Long-term care for older people in Europe: facts and figures'

(http://www.euro.centre.org/detail.php?xml_id=1360); and 'Quality in and equality of access to healthcare services: HealthQUEST' (http://www.euro.centre.org/detail.php?xml_id=866). (RH)

From : <http://www.aarpinternational.org/thejournal>

LONG TERM CONDITIONS

195/61 Chronic illness: beyond the expert patient; by Trisha Greenhalgh.

British Medical Journal, vol 338, no 7695, 14 March 2009, pp 629-31.

Coping with a long term illness requires much more than medical management. The author looks at different models of patient and public involvement in preventing and managing chronic illness, and argues that we need a wider approach. (RH)

ISSN: 09598138
From : www.bmj.com

- 195/62 An update to measuring chronic illness, impairment and disability in national data sources; by Chris White.
Health Statistics Quarterly, no 42, Summer 2009, pp 40-52.
This article reports progress in delivering a revision to survey questions on disability being carried out for implementation in 2010. The Office for National Statistics (ONS) has relied on survey data to report and update annual estimates of disability-free life expectancy at national level. The survey question used in this calculation has remained consistent since 1972. However, changes in national legislation, a forthcoming European regulation and a number of inadequacies in the level of detail and consistency of disability data collected in household surveys (raised as part of the Review of Equality Data), will require its modification and extension to ensure survey data better reflect the growing data needs in the subject area of disability in the 21st century. The accurate and reliable measurement of disability is increasing in importance following the revision to the Disability Discrimination Act in 2005 and the publication of a strategy to improve the life changes of disabled people. Of particular concern is the lack of data on impairment types and how impairments interact with social barriers erected by society and its institutions, leading to, or intensifying, the level of disability experienced by people with impairment or limiting illnesses. (KJ/RH)
ISSN: 14651645
From : <http://www.statistics.gov.uk>

MEDICAL ISSUES

- 195/63 Late onset hypogonadism; by T Hugh Jones.
British Medical Journal, vol 338, no 7698, 4 April 2009, pp 785-786.
Male hypogonadism is defined as a clinical syndrome complex, which comprises symptoms - with or without signs - and biochemical evidence of testosterone deficiency. Late onset hypogonadism is associated with reduced sexual function and quality of life in men, also increased mortality. This article notes that guidelines exist for diagnosis, but concludes that long term studies of treatment are needed. (RH)
ISSN: 09598138
From : www.bmj.com
- 195/64 Rheumatoid arthritis: the management of rheumatoid arthritis in adults; by National Collaborating Centre for Chronic Conditions; National Institute for Health and Clinical Excellence - NICE. London: NICE - National Institute for Health and Clinical Excellence, February 2009, unnumbered (Quick reference guide : NICE clinical guideline 79).
The National Collaborating Centre for Chronic Conditions, based at the Royal College of Physicians (RCP), has developed these guidelines.
This quick reference guide summarises the recommendations NICE has made to the NHS in 'Rheumatoid arthritis: the management of rheumatoid arthritis in adults' (NICE clinical guideline 79). It updates NICE technology appraisal guidance 72 (November 2003) and partially updates NICE technology appraisal guidance 27 (July 2001). It outlines the key priorities for implementation: referral for specialist treatment and the care pathway; pharmacological management; monitoring the disease; and coordination of care by a member of the multidisciplinary team (MDT). Attention is drawn to patient-centred care that takes into account patients' individual needs and preferences. (RH)
ISBN: 1846298989
From : National Institute for Health and Clinical Excellence, MidCity Place, 71 High Holborn, London WC1V 6NA.
Website: <http://www.nice.org.uk/guidance/cg079>

MEDICATION

- 195/65 Antipsychotics increase mortality in elderly patients with dementia; by National Prescribing Centre - NPC, NHS. Liverpool: National Prescribing Centre - NPC. MeReC Extra Issue, no 39, May 2009, 2 pp.
This Extra Issue describes the extended follow-up of the DART-AD trial which found that patients with Alzheimer's disease (AD) who continued antipsychotic medication for behavioural or psychiatric problems were more likely to die than those switched to placebo. DART-AD was a 12 month randomised controlled trial in 165 patients with Alzheimer's disease. Patients were randomised to either continue their antipsychotic medication or to stop treatment and receive placebo instead. It is noted that the National Institute for Health and Clinical Excellence (NICE) has updated its clinical guidelines on the management of schizophrenia, and does not recommend use of any particular drug or group of drugs. (KJ/RH)
From : The National Prescribing Centre, The Infirmary, 70 Pembroke Place, Liverpool L69 3GF. <http://www.npc.co.uk>
- 195/66 Comorbidity and repeat admission to hospital for adverse drug reactions in older adults: retrospective cohort study; by Min Zhang, C D'Arcy J Holman, Sylvie D Price (et al). British Medical Journal, vol 338, no 7687, 17 January 2009, pp 155-158.
28548 patients aged 60+ with a hospital admission for an adverse drug reaction (ADR) during 1980-2000 were followed for 3 years using the Western Australia data linkage system. 5056 patients (17.7%) had a repeat admission for an ADR. Repeat ADRs were associated with male sex, first admission in 1995-99, length of hospital stay, and Charlson comorbidity index. 60% of comorbidities were recorded and taken into account in analysis. In contrast, advancing age had no effect on repeat ADRs. Comorbid congestive cardiac failure, peripheral vascular disease, chronic pulmonary disease, rheumatological disease, mild liver disease, moderate to severe liver disease, moderate diabetes, diabetes with chronic complications, renal disease, any malignancy including lymphoma and leukaemia, and metastatic solid tumours were strong predictive factors. Comorbidities requiring continuing care predicted reduced likelihood of repeat hospital admissions for ADRs. Comorbidity, but not advancing age, predicts repeat admission for ADRs in older adults, especially those with comorbidities managed in the community. Awareness of these predictors can help clinicians to identify which older people are at greater risk of admission for ADRs and, therefore, who might benefit from closer monitoring. (RH)
ISSN: 09598138
From : www.bmj.com

MENTAL CAPACITY

- 195/67 Court of Protection practice 2009: [and] Deprivation of liberty supplement; by Gordon Ashton (ed). Bristol: Jordans, 2009, 1515 pp (+ supplement).
'Court of Protection practice' brings together statutory materials and key forms, and case law supporting practice and procedures in the Court of Protection. It is therefore aimed at those involved with decision making and the rights of those lacking mental capacity, following implementation of the Mental Capacity Act 2005.
The book deals with: lasting powers of attorney; powers of the Court; welfare and healthcare, advance decisions and research; deprivation of liberty safeguards; Court practice and procedure; and the Public Guardian and supporting services. The law is stated as at 1 February 2009. The supplement contains material on deprivation of liberty, namely amendments to the Court of Protection Rules 2007, supplementary practice direction and relevant forms that were not available for the main volume, but which came into force on 1 April 2009. (RH)
Price: £125.00
From : Jordan Publishing Ltd., 21 St Thomas Street, Bristol BS1 6JS. Website: www.jordanpublishing.co.uk

195/68 Cretney & Lush on lasting and enduring powers of attorney; by Denzil Lush. 6th ed Bristol: Jordans, 2009, 606 pp.
The previous edition was published in 2001 as 'Cretney & Lush on enduring powers of attorney'. This is the standard work on the subject, the main legislation being the Powers of Attorney Act 1971, the Enduring Powers of Attorney Act 1985, and the Mental Capacity Act 2005. Their texts (as amended in the case of first two Acts) are included in the Appendices, together with the related Rules and Regulations, and leading case reports. It has not been possible to create an enduring power of attorney (EPA) since 1 October 2007, when the 2005 Act came into force, although an attorney can still apply to register an EPA that was executed before then. EPAs have been superseded by lasting powers of attorney (LPAs). This book's title thus reflects the change, and is arranged in two parts. Chapters in Part I, Lasting powers of attorney include: the history of enduring and lasting powers of attorney; differences between enduring powers of attorney and lasting powers of attorney; capacity to create a lasting power of attorney; attorneys; named persons; certificate providers; execution of a lasting power of attorney; application to register a lasting power of attorney; objections to registration; functions of the Public Guardian and the Court of Protection; fees and costs; scope of the attorney's authority; and the Mental Capacity Act 2005 Code of Practice. Part II, Enduring powers of attorney, covers: granting an enduring power of attorney; action required at onset of mental incapacity; the authority and powers of an attorney under an enduring power; the Court of Protection and enduring powers; revocation, disclaimer and termination of enduring powers; appointment of more than one attorney; and protection of third parties. Appendices also include examples of forms used. (RH)
Price: £60.00 From : Jordan Publishing Ltd., 21 St Thomas Street, Bristol BS1 6JS. Website: www.jordanpublishing.co.uk

195/69 The legal authority to 'more than merely restrain' incapacitated patients: the interface between the Mental Capacity Act and the revised Mental Health Act in England and Wales; by Ajit Shah, Chris Heginbotham, Mat Kinton.
Mental Health Review Journal, vol 14, no 1, March 2009, pp 24-35.
The Mental Capacity Act 2005 (MCA) was fully implemented in October 2007 within England and Wales as a framework for making decisions about incapacitated persons' care and treatment generally not amounting to a deprivation of their liberty (although such could be authorised under its powers by the new Court of Protection). From a planned date of April 2009, the MCA is to be enlarged by the provisions of the Mental Health Act 2007 (MHA 2007) to encompass deprivation of liberty, with the addition of a new framework of Deprivation of Liberty Safeguards (DOLS). The MHA 2007 also revised significant aspects of the Mental Health Act 1983, which were implemented in November 2008. The interface between the MCA, as amended to include DOLS, and the revised MHA is complex and potentially ambiguous. This paper describes in detail some issues that may arise at the interface of the two Acts, and seeks to inform professionals involved in the use of these legal frameworks of the resulting complexity. (KJ/RH)
ISSN: 13619322
From : Pavilion Publishing, Richmond House, Richmond Road, Brighton, East Sussex BN2 3RL.
<http://www.pavpub.com>

MENTAL HEALTH

195/70 Experiences of the early implementation of the Mental Health (Care and Treatment) (Scotland) Act, 2003: a cohort study; by Julie Ridley, Ann Rosengard, Susan Hunter (et al), Scottish Government Social Research; University of Central Lancashire; Ann Rosengard Associates; Edinburgh University. Edinburgh: Scottish Government Social Research.
Health and Community Care Research Findings, no 80/2009, 2009, 4 pp.
The Scottish Government commissioned this evaluative research study to explore the implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003. A team of independent researchers (including 8 mental health service users) undertook the study, which lasted 2 years from September 2006. Using qualitative methods, the experiences and viewpoints of those subjected to compulsory care and treatment, of informal carers and families, and of a range of health and social care professionals and advocacy workers were explored in depth. The

findings should be read within the context of the research study undertaken, and care should be taken in generalising to different populations and areas. This document, along with the full research report of the project, can be viewed on the Scottish Government Social Research website (<http://www.scotland.gov.uk/socialresearch>). This summary outlines the research methods used, and comments on the findings regarding professionals' roles and responsibilities, and the implications for future development of mental health law. (RH)

ISBN: 0755926145

Price: FOC

From : Scottish Government Social Research Email: socialresearch@scotland.gsi.gov.uk Tel 0131 244 7560 Website: <http://www.scotland.gov.uk/socialresearch>

MENTAL HEALTH SERVICES

- 195/71 The 'Count Me In' psychiatric in-patient census for 2007 and the elderly: evidence of improvement or cause for concern?; by Ajit Shah.
Psychiatric Bulletin, vol 33, no 6, June 2009, pp 201-203.
The recently published Count Me In 2007 census specifically reported age-standardised admission rates for individuals aged over 65 years from different Black and minority ethnic (BME) groups. The standardised admission ratio was higher in the White Irish, other White, White and Black Caribbean, other Asian, Black Caribbean, Black African and other Black ethnic groups; and lower in the White British and Chinese ethnic groups. As this census was undertaken on a single day for all psychiatric in-patients, it measured bed occupancy rather than admission rates, and so it was actually referring to standardised bed occupancy ratios. Bed occupancy is a function of admission rates and length of stay. This editorial critically explores factors (including those related to institutional racism) that may affect both admission rates and length of stay, and ultimately bed occupancy, of Black and minority ethnic elders. (KJ/RH)
ISSN: 09556036
From : <http://pb.rcpsych.org>
- 195/72 Equality in later life: a national study of older people's mental health services; by Healthcare Commission. London: Healthcare Commission, March 2009, 37 pp.
The focus is on the extent to which statutory services in England have addressed the outcomes for service users and carers. Four themes were selected for study: age discrimination; quality of inpatient care; the comprehensiveness of services compared to the national guidance; and how specialist services work with other organisations. The study is based on six mental health trusts that were expected to be at the high mid and low end of performance and in different geographic regions. The report includes examples of good practice from the Trusts in Cumbria, Dorset, East London, and South West Yorkshire. The other two Trusts were South Staffordshire and Shropshire, South West London and St George's. The study found that age discrimination exists within adult mental health services, and that some of the attempts to tackle this are in themselves discriminatory and not meeting people's needs. However, there was evidence of services that had developed approaches to combating ageism, that respected the different needs of some older people. Three other recommendations concern: improving the quality and relevance of data; whole systems working and commissioning; and leadership. (RH)
From : http://www.healthcarecommission.org.uk/publicationslibrary.cfm?fde_id=11178
- 195/73 Psychiatric out-patient clinics for older adults: highly regarded by users and carers, but irreplaceable?; by Rashi Negi, Jeremy Seymour, Christopher Flemons (et al).
Psychiatric Bulletin, vol 33, no 4, April 2009, pp 127-129.
The aim of this study was to explore older users' and carers' views of attending out-patient clinics for older adults. A questionnaire was designed to be distributed to all patients attending out-patient clinics for a period of 1 month in January 2007. The response rate for returning the completed questionnaire was 71%, and 95% of these respondents were satisfied with their overall experience of attending out-patient clinics. Although satisfaction levels were high with every aspect of out-patient clinics, 49% preferred the hypothetical option of being seen at home. The role of psychiatric out-patient departments for older adults merits further research,

comparing cost and user/carer acceptability with home or general practitioner surgery-based treatment. (KJ/RH)
ISSN: 09556036
From : <http://pb.rcpsych.org>

MENTAL ILLNESS

- 195/74 Bipolar disorder: overcoming ageism; by Mark Salter.
GM (Geriatric Medicine), vol 39, no 2, February 2009, pp 86-88.
Ageism within the National Health Service (NHS) and society as a whole has meant that some older people with bipolar disorder do not get access to the services they need. Dawn Powell talks to Dr Mark Salter about the need to see the patient not their birth certificate. Dr Salter is a Consultant Psychiatrist at City and Hackney Centre for Mental Health, Homerton University Hospital, London. (KJ/RH)
ISSN: 0268201X
From : <http://www.gerimed.co.uk>
- 195/75 Older people with enduring mental illness: a needs assessment tool; by Walid K Abdul-Hamid, Kelly Lewis-Cole, Frank Holloway (et al).
Psychiatric Bulletin, vol 33, no 3, March 2009, pp 91-94.
There is a lack of tools to assess the needs of older people with enduring mental illness who have "graduated" from adult mental health services, and little is known about this population. The Elderly Psychiatric Needs Schedule (EPNS) was developed and applied to older people with enduring mental illness in contact with the old age and general adult components of an inner city mental health service. The mean number of needs identified was 7.6 of which 4.3 were unmet and 3.3 were met. The EPNS provided a reliable method of needs assessment in this population. The authors offer the EPNS as a tool to assess service needs of older adults with functional psychiatric disorders having "graduated" from adult mental health services. (RH)
ISSN: 09556036
From : <http://pb.rcpsych.org>
- 195/76 Public attitudes towards people with mental illness in England and Scotland, 1994-2003; by Nisha Mehta, Aliya Kassam, Marven Leese (et al).
British Journal of Psychiatry, vol 194, no 3, March 2009, pp 278-284.
Understanding trends in public attitudes towards people with mental illness informs the assessment of ongoing severity or stigma and evaluation of anti-stigma campaigns. The authors analysed trends in attitudes for 2000 respondents in each of the Department of Health Attitudes to Mental Health Surveys 1994-2003 for each survey year (6000 respondents in 1996 and 1997), using quota sampling methods and the adapted Community Attitudes Toward the Mentally Ill scale. Comparing 2000 and 2003, there was significant deterioration for 17 out of 25 items in England, and 4 out of 25 in Scotland. Neither country showed significant improvements in items between 2000 and 2003. Public attitudes towards people with mental illness in England and Scotland became less positive during the period 1994 to 2003, especially in 2000-2003, and to a greater extent in England. The results are consistent with early positive effects for the "see me" anti-stigma campaign in Scotland. (RH)
ISSN: 00071250 From : <http://bjp.rcpsych.org>

NEIGHBOURHOODS AND COMMUNITIES

- 195/77 Future communities: re-shaping our society for older people; by Kate Jopling, Gill Rowley, Phil Rossell (et al) (eds), Help the Aged; Research for Tomorrow, Today; Accent. London: Help the Aged, 2009, 57 pp.
While communities are changing constantly to meet new challenges, are they changing to meet the needs of an ageing population, or are older people being left behind? This report sets out the results of a range of initiatives to identify future opportunities and potential challenges for older people. Examples considered include possible technology innovations to 2050, changes in social

engagement, and changes brought about by the economic situation and climate change. Personalised information, increasing independence, and access to activities and services are suggested as areas of opportunity. Help the Aged regards this report as a starting point for debate on how we can ensure that such changes can work to the benefit of older people. The text is based on original research by Research for Tomorrow, Today, and Accent, with additional analysis by Help the Aged. (RH)

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. www.helptheaged.org.uk
Email: info@helptheaged.org.uk
http://policy.helptheaged.org.uk/NR/rdonlyres/F50529DD-460F-4975-9F29-AA0A4FD5F473/0/future_communities_100309.pdf

NUTRITION

195/78

Nutritional care and older people; by Social Care Institute for Excellence - SCIE.

Community Care, issue 1770, 14 May 2009, pp 32-33.

The Social Care Institute for Excellence (SCIE) analyses recent research findings behind specific social work practices, in this instance nutrition in care homes and the prevalence of malnutrition in older people generally. The roles of dignity, screening, prioritising mealtimes, training, accountability and support in providing good nutritional care are highlighted, also the importance of food quality and provision, and knowledgeable staff. The studies 'Hungry to be heard' (Age Concern, 2006) and 'Measuring dignity in care for older people' (Help the Aged, 2008) serve to illustrate the problems encountered. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

OLDER WOMEN

195/79

Bat wings, bunions, and turkey wattles: body transgressions and older women's strategic clothing choices; by Laura Hurd Clarke, Meredith Griffin, Katherine Maliha.

Ageing and Society, vol 29, part 5, July 2009, pp 709-726.

Using data from in-depth interviews with 36 Canadian women aged 71 to 93, the authors investigate the stringent, taken-for-granted social norms that older women identified with respect to appropriate fashions for the ageing female body. Specifically, the participants argued that older women should refrain from wearing bright colours and revealing or overly suggestive styles. Expressing a preference for classic or traditional styles, the women also reported that they used clothing strategically to mask or compensate for bodily transgressions that had occurred over time as a result of the physical realities of ageing, including weight gain, altered body shapes, wrinkles and sagging or "flabby" arms and necks, referred to respectively as "bat wings" and "turkey wattles". In addition, the women contended that they consciously chose their clothing styles to compensate for age-related health issues and/or to present a competent, healthy self to others. Finally, the women talked about the ways in which their clothing choices were influenced by their changing lifestyles and constrained by a lack of desirable and affordable clothing options for the older female body. The findings are discussed in the light of Erving Goffman's concept of stigma and contemporary theorising about ageing, ageism, beauty work and the body. (RH)

ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>

195/80

Effect of caring for an older person on women's lifetime participation in work; by Amandine Jasmine Masuy.

Ageing and Society, vol 29, part 5, July 2009, pp 745-763.

Using data from the European Community Household Panel (ECHP), this paper examines the relationship between informal care and ending paid employment for Belgian working women of three age groups (up to 30, 31-49, and age 50+) in 1995. It explores the effect of being a carer for older adults on the probability of ceasing work. Most particularly, it focuses on the effect of the care intensity in the different age groups. Multivariate analyses for the entire sample of 24592 working women living in 11 European countries in the ECHP from 1995 to 2001 show that the simple fact of caring or not did not influence the probability of ceasing work, but that

providing light care had a negative effect, suggesting the presence of a respite effect. As for the effects specific to each age group, caring did not have any effect on women aged 31-49, but for the other two age groups, women who provided light care were less likely to cease work than those not caring for an older person. In contrast, providing heavy care increased the probability of ceasing work, but only for those aged 50+. The findings suggest that studies of and policies related to informal care and its consequences should give more attention to age group differences. (RH)

ISSN: 0144686X

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

195/81

Social inequalities in adult female mortality by the National Statistics Socio-economic Classification, England and Wales, 2001-2003; by Ann Langford, Brian Johnson.

Health Statistics Quarterly, no 42, Summer 2009, pp 6-21.

This analysis of mortality in women aged 25-59 in 2001-03 found that those in the least advantaged social economic class had a mortality rate around twice that of women in the most advantaged class. This article uses the National Statistics Socio-economic Classification (NS-SEC), and examines the relative merits of classification based on a woman's 'own' occupation as opposed to a 'combined' classification which also takes into account the husband's NS-SEC class, where available. The results demonstrate a strong socio-economic gradient in mortality for adult women under both classification methods. Under the 'combined' classification, women in the least advantaged NS-SEC class had a mortality rate 2.6 times that of those in the most advantaged class. Based on the women's 'own' occupation, the comparable ratio was 1.9. These results set a benchmark for the future monitoring of socio-economic mortality inequalities in women, and also provide a comparison between inequalities affecting women and men. (KJ/RH)

ISSN: 14651645

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

PALLIATIVE CARE

195/82

Minimum data sets for palliative care: 2007/08 project update; by National Council for Palliative Care - NCPC. London: National Council for Palliative Care - NCPC, 2009, 7 pp.

In 1995, the NCPC in collaboration with the Department of Health (DH) developed a minimum data set (MDS) for palliative care. This bulletin updates the review work undertaken so far, which has led to a revision of the questionnaires used to produce the MDS (which can be found on the NCOC website). The bulletin includes the findings from the 2007-8 National Data Collection and gives comparisons with previous years. The findings relate to data received from inpatient units, day care units, home care services, hospital support services, and out-patient services in response to a questionnaire (78% overall response rate). A fuller report is available from the NCPC, and available for subscribers to download in the Online Library (at www.ncpc.org.uk). (RH)

Price: £7.00

From : NCPC, The Fitzpatrick Building, 188-194 York Way, London N7 9AS.

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

PARTICIPATION

195/83

Participation in socially-productive activities, reciprocity and wellbeing in later life: baseline results in England; by Anne McMunn, James Nazroo, Morten Wahrendorf (et al).

Ageing and Society, vol 29, part 5, July 2009, pp 765-782.

Is participation in social activities associated with well-being among post-retirement people in England; and if so, are these relationships explained by the reciprocal nature of these activities? Cross-sectional analysis of relationships between social activities (including paid work, volunteering and caring) and well-being (quality of life, life satisfaction and depression) was conducted among participants of one wave of the English Longitudinal Study of Ageing (ELSA) who were of state pension age or older. Participants in paid or voluntary work generally had

more favourable well-being than those who did not participate in these activities. Caring was not associated with well-being, although female carers were less likely to be depressed than non-carers. Carers, volunteers and those in paid work who felt adequately rewarded for their activities had better well-being than those who were not participating in these activities, while those who did not feel rewarded did not differ from non-participants. These results point to the need to increase the reward that older people receive from their productive activities, particularly in relation to caring work. (RH)

ISSN: 0144686X

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

195/84

Pattern of participation in leisure activities among older people in relation to their health conditions and contextual factors: a survey in a Swedish urban area; by Stephanie Paillard-Borg, Hui-Xin Wang, Bengt Winblad (et al).

Ageing and Society, vol 29, part 5, July 2009, pp 803-821.

A cohort of 623 participants aged 75+ from the Kungsholmen Project living in Stockholm, Sweden was asked to list all the leisure activities they were engaged in. These were successively organised into 31 major categories and further grouped into mental, social, physical, productive and recreational types. The pattern of participation was examined in relation to age, gender, contextual factors (education, social network) and health status (depressive symptoms, cognitive impairment, dementia, somatic diseases and physical limitation). In spite of their advanced age, the majority of the population was active: 70% had participated in at least one activity. Reading (19%) was the most prevalent individual activity, and mental activities (43%) the most prevalent type. Older age, female gender, low education status, having a poor or limited social network, mental disorders, and physical limitation were all factors correlated with a decreased engagement in "at least one activity". Contextual factors and health-related factors were related to the five activity types in different ways. The pattern of participation in leisure activities is associated with multiple factors; and their recognition is essential to the facilitation of an active lifestyle in the older population. (RH)

ISSN: 0144686X

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

195/85

We really want some answers: [consultation exercise between older people and adult care managers in Tameside]; by Louise Hunt.

Community Care, issue 1756, 5 February 2009, pp 32-33.

Really Important Questions (RIQ) is a consultation exercise now in its tenth year that allows older people to tell adult care managers in Tameside, Greater Manchester, what they expect from services. This article highlights the work of the RIQ Network, the quarterly RIQ forums and annual conference, the value of RIQ work to participant members, and the annual 'Really important answers' report. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

PENSIONS AND BENEFITS

(See 195/45, 195/48)

PERSONALISATION

195/86

Captives of bureaucracy: [personalisation agenda]; by Bob Hudson.

Community Care, issue 1765, 9 April 2009, pp 30-31.

Recent research confirms that the mass of bureaucracy weighs heavily on social workers, with serious implications for personalisation. Two articles in the British Journal of Social Work during 2008 shed light on social work decision-making about whether or how to support service users. In 'Barriers to retaining and using professional knowledge in local authority social work practice with adults in the UK', A McDonald, K Postle and C Dawson ask "what to practitioners use to work with and make sense of complex cases? In the other article, 'Social workers in

community care practice ideologies and interactions with older people' M P Sullivan considers how the practitioner's ideological frame of reference affects practice when meeting a client. The studies confirm evidence elsewhere that practitioners are not relying on their social work knowledge in their interactions with service users, and are bogged down by procedure. (RH)
ISSN: 03075508

From : www.communitycare.co.uk

195/87

Evaluation of the Individual Budgets pilot programme: final report; by Caroline Glendinning, David Challis, José-Luis Fernández (et al), Individual Budgets Evaluation Network - IBSEN; Social Policy Research Unit - SPRU, University of York. York: Social Policy Research Unit, University of York - Electronic format, 2008, 327 pp (+ appendices).

Individual Budgets (IBs) were first proposed in the report, 'Improving the life of chances of disabled people' (Cabinet Office Strategy Unit, 2005), and repeated in the Green Paper, 'Independence, well-being and choice' (Cm 6499). IBs were piloted as a new way of providing support for older and disabled adults and people with mental health problems eligible for publicly funded social care. The Department of Health (DH) set up IB pilot projects in 13 English local authorities which ran November 2005 to December 2007. The DH commissioned IBSEN to conduct this evaluation, which is the first robust UK study of the implementation and impact of personalisation approaches to social care. This report gives the methods and the user sample. It comments on: the outcomes for individual service users; costs and cost-effectiveness; the funding streams used; eligibility, assessment and resource allocation; support planning and brokerage; risk and risk management; the workforce, providers and commissioners; and IBs and the interface with NHS planning and services. Discussion includes how we can understand the outcome findings for differing groups of services users. Although the DH has already announced extending personalisation across adult social care in England, the evaluation highlights policy issues for policy and practice that run counter to the IBs concept, such as Fair Access to Care Services (FACS) and charging policies. (RH)

From : The Publications Office, Social Policy Research Unit, University of York, Heslington, York YO10 5DD. Link to download:
<http://php.york.ac.uk/inst/spru/pubs/adult.php>

195/88

The implementation of individual budget schemes in adult social care; by Sarah Carr, Diana Robbins, Social Care Institute for Excellence - SCIE; Social Policy Research and Evaluation.: Social Care Institute for Excellence - SCIE, March 2009, 27 pp (+ addendum) (Research briefing, 20).

This is an update of Research Briefing 20, 'Choice, control and individual budgets: emerging themes' (SCIE, 2007), and incorporates some new findings from research published 2006-2008. It includes highlights of the In Control evaluation, the UK Direct Payments Survey, and the Department of Health (DH) Individual Budgets pilot. This briefing presents a mixed picture on individual budgets: the international evidence is mainly based on small samples; reliable evidence on the cost implications is not yet available; and there are advantages and disadvantages for carers and families. Research on personal assistants (PAs) indicate poor pay and conditions but higher job satisfaction. The addendum summarises the main findings of the IBSEN pilot study on the impact and outcomes of individual budgets (IBs) for service users or their carers and families. (RH)

From : SCIE, Goldings House, 2 Hay's Lane, London SE1 2HB. www.scie.org.uk

195/89

Individual Budgets: impacts and outcomes for carers: [summary]; by Hilary Arksey, Caroline Glendinning, Nicola Moran (et al), Individual Budgets Evaluation Network - Ibsen; Social Policy Research Unit - SPRU, University of York; Personal Social Services Research Unit PSSRU, University of Kent. York: Social Policy Research Unit, University of York, February 2009, 4 pp. Individual Budgets (IBs), piloted in 13 English local authorities, aimed to give greater flexibility, choice and control. Although primarily intended to benefit chronically sick, disabled and older people, IBs could also be expected to affect carers. The study investigated the impact of IBs on carers in terms of assessment, support, planning, costs and outcomes. This summary outlines findings regarding carers' receipt of support and services, and their involvement in assessment,

support planning and managing IBs, as well as implications for policy and practice. The summary and full report are available from the websites of the Social Policy Research Unit, University of York and the Personal Social Services Research Unit, University of Kent, who conducted this follow-up study. (RH)

From : The Publications Office, Social Policy Research Unit, University of York, Heslington, York YO10 5DD. Links to downloads at: www.york.ac.uk/spru or www.pssru.ac.uk

PREVENTION

- 195/90 Prevention in practice: service models, methods and impact; by Katharine Orellana, Age Concern and Help the Aged. London: Age Concern and Help the Aged, April 2009, 100 pp. The consultation, 'The case for change' (Department of Health, 2008) describes social care services as "the activities, services and relationships that help people to be independent, active and healthy throughout their lives". This publication aims to demonstrate the range of positive outcomes that are possible for older people, organisations and systems when there is investment in preventive services. It is by way of a services directory which is also relevant to the Putting People First agenda. It includes examples of services provided by Age Concern in different localities on information and advice, practical support, support to remain as independent as possible, and support at difficult times and for carers. This directory can also be downloaded (from <http://www.ageconcern.org.uk/AgeConcern/bigq-preventioninpractice-report.asp>). (RH)
From : Age Concern and Help the Aged, Astral House, 1268 London Road, London, SW16 4ERT. <http://www.ageconcern.org.uk> <http://helptheaged.org.uk>

PUBLIC SERVICES

- 195/91 Members' survey 2008; by Bristol Older People's Forum (BOPF). Bristol: Bristol Older People's Forum, April 2009, 46 pp (BOPF Opinion research survey, no 9). A postal questionnaire was sent to 2787 members of Bristol Older People's Forum (BOPF) in July 2008; 1083 were completed (38.9%). The survey's purpose was to establish the characteristics of BOPF members and the extent to which they are representative of older people living in Bristol. A further aim was to find out those issues of most concern to older people in Bristol, and to establish how they assess the current performance of various providers of public services: Bristol City Council; national government; the National Health Service (NHS); the police; and the bus service. Appendices include the questionnaire, the preliminary report, and comments received by sex and age group. (RH)
Price: £5.00
From : Bristol Older People's Forum, c/o Age Concern Bristol, Canningford House, 38 Victoria Street, Bristol BS1 6BY. E-mail: bopf@ageconcernbristol.org.uk

RELATIONSHIPS (PERSONAL)

- 195/92 The health and relationship dynamics of late-life couples: a systematic review of the literature; by Ruth B Walker, Mary A Luszcz. Ageing and Society, vol 29, part 3, April 2009, pp 455-480. Late-life husband and wife relationships (both aged 65 or more) are increasingly recognised as an important factor in promoting wellbeing, particularly in terms of the health, social, emotional, financial and practical needs of older people. Knowledge of marital dynamics and how they affect both members of a couple remain scarce. This systematic review aimed to identify and appraise research that has focused explicitly on the dynamics of the relationship, as evinced by data from both spouses. Implementing rigorous identification strategies, 45 articles were identified and reviewed. These studies were grouped into three broad thematic areas: marital relations and satisfaction; concordance in emotional state or physical health; and the interplay between marital relations and satisfaction in late life included equality of roles, having adequate communication, and transitions to living apart. There is strong evidence for couple concordance in depression, that marital relationships affect ill-health, longevity and recovery from illness, and reciprocally that ill-health impacts on the marriage itself. The research also suggests important

gender differences in the impact of marital dynamics on health. It has led to the conclusion that there is a need for more diverse studies of late-life marriages, particularly ones that examine the dynamics of non-traditional elderly couples and that extend beyond a predominant focus on the Caucasian population of the United States. (KJ/RH)

ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>

RELIGION AND SPIRITUALITY

195/93

Assisting spirituality in residential establishments: the Abbeyfield Kent Society and parish-based care homes in Gillingham; by Michael Collyer, Sheffield Centre, Church Army. Sidcup, London: Church Army, 2009, 32 pp (Discovering faith in later life 9).

The Discovering Faith in Later Life (DFiLL) series is a resource to motivate, challenge and encourage the wider church to take the spiritual needs of older people seriously. The series also engages in some theological reflection to assist leaders to think theologically about the work they are doing, and to think about how a mission-shaped church might respond to the ever increasing older population who no longer have experience of church, or indeed lack a basic understanding of the Christian faith. Delivery of spiritual care in residential establishments is now a part of improving the quality of life for frail older people. Care homes now have to provide evidence that this is being incorporated into individual care plans. This report provides some insight of best practice that can be modelled by carers and ministers alike, into provision of spiritual care in residential care homes. Two examples in Kent are detailed which take this requirement seriously. (KJ/RH)

From : Download (18/06/09): http://www.churcharmy.org.uk/ms/sc/OlderPeople/sfc_DFiLL.asp

195/94

Spiritual formation of older persons; by Derrel R Watkins (ed.): The Haworth Press, Inc..

Journal of Religion, Spirituality & Aging, vol 21, no 1-2, 2009, pp 1-141 (whole issue).

The ten articles that make up this issue of Journal of Religion, Spirituality & Aging focus on spiritual formation, which is "the continual process of conforming one's thinking and behaviour to one's internalised belief system and world view; of growing in harmony with one's inner self; and one's sense of meaning and purpose" (Watkins, 2009). Spiritual formation is a process that starts at the beginning of life and continues to develop until the end of life. It would appear from all the evidence presented that spiritual formation continues to increase in older age. As a process, spiritual formation includes the essential developmental characteristics of psychology along with sociology's understanding of the life course. The articles focus on facets of spiritual formation - transcendence, pastoral care, counselling - and look at New Testament teachings. (KJ/RH)

ISSN: 15528030 From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA. email: haworthpress@taylorandfrancis.com (www.taylorandfrancis.com)

195/95

Urban mission and older people: stories of Sheffield churches responding to the challenge; by Michael Collyer, Sheffield Centre, Church Army. Sidcup, London: Church Army, 2009, 28 pp (Discovering faith in later life 8).

The Discovering Faith in Later Life (DFiLL) series is a resource to motivate, challenge and encourage the wider church to take the spiritual needs of older people seriously. The series also engages in some theological reflection to assist leaders to think theologically about the work they are doing, and to think about how a mission-shaped church might respond to the ever increasing older population who no longer have experience of church, or indeed lack a basic understanding of the Christian faith. This report describes the work of the Sheffield Churches Council for Community Care (SCCCC), which is a local charity that co-ordinates a broad range of services largely provided by its city-wide team of volunteers, to meet the needs of the older population living in the Sheffield area. (KJ/RH)

From (Downloaded 20/5/09): http://www.churcharmy.org.uk/ms/sc/OlderPeople/sfc_DFiLL.asp

RESIDENTIAL AND NURSING HOME CARE

(See Also 195/19, 195/65, 195/93)

- 195/96 The 'Quality in Care' model of quality assurance and safeguarding for older people in institutional care; by Felicity Elvidge, Geraldine MacPhail.
The Journal of Adult Protection, vol 11, no 1, February 2009, pp 28-37.
This paper profiles the Maidstone 'Quality in Care' project and makes suggestions for how it could be developed and implemented across residential and nursing home care for older people and social care more widely. 'Quality in Care' is a quality assurance model of support provided to residential care homes for older people where there are serious concerns about the risks of abuse and/or neglect and the quality of service and care provided. The aim of the intervention is to ensure that vulnerable adults are safeguarded and protected, and that key standards are improved in key areas. The model has the potential to be transferred to all client groups and most service types, although resource constraints currently limit the project to older people only.
(RH)
ISSN: 14668203
From : Website: <http://www.pavpub.com>
- 195/97 The activity year book: a week by week guide for use in elderly day and residential care; by Anni Bowden, Nancy Lewthwaite. London: Jessica Kingsley, 2009, 253 pp.
For care staff looking after older people, many of whom may have some degree of dementia, coming up with ideas for activities of a suitable level to keep their residents engaged and stimulated can be a challenge. This book offers an appropriately themed activity for every week and important date in the calendar, for example Burns Night and Harvest Festival. The activities aim to encourage socialising and interacting with others; communication skills; use of short-term and long-term memory; physical activity and hand-eye co-ordination; use of cognitive skills; and sharing experience, reminiscing and having fun. (RH)
Price: £24.99
From : Jessica Kingsley Publishers, 116 Pentonville Road, London N1 9JB. Website: www.jkp.com
- 195/98 Charges for residential accommodation - CRAG amendment no 28; The National Assistance (Sums for Personal Requirements and Assessment of Resources) Amendment (England) Regulations 2009 (S.I. 2009/597); by Department of Health - DH. London: Department of Health, April 2009, unnumbered (Local authority circular, LAC (DH)(2009)3).
This circular informs of changes to current regulations, those significant are detailed as follows:
I. Sets out the revised Personal Expenses Allowance (PEA) of £21.90, which comes into force on 6 April 2009.
II. Sets out the revised capital limits of £14,000 (lower capital limit) and £23,000 (upper capital limit), which comes into force on 6 April 2009.
III. Sets out the revised savings disregards of up to £5.65 per week for individual supported residents aged 65 and over and up to £8.45 per week for couples, which comes into force on 6 April 2009.
IV. Sets out changes to disregards of certain capital and income, in particular capital and income derived from a personal injury compensation award.
V. Reminds councils that they are expected to have a deferred payments scheme in place and that they could be challenged if they did not consider exercising their discretion to offer deferred payments in individual cases.
VI. Advises councils of the need to ensure they properly apply the provisions concerning the 12 week property disregard with regard to former self-funders.
VII. Reminds councils of guidance issued by the Department in LAC(2004)20 on the Choice of Accommodation Directions, that where a third party top-up is being paid the council remains responsible for the full cost of accommodation, and that third parties paying tops-up have the choice of paying the top-up fee direct to the care home or to the council.
VIII. Alerts councils to the coming into force of section 147 of the Health and Social Care Act

2008, which repeals sections 42 and 43 (the liable relatives rule) of the National Assistance Act 1948 with effect from 6 April 2009.

The Annex to this circular gives fuller details.

A revised copy of the Charging for Residential Accommodation Guide (CRAG) can be accessed on the DH website (electronic copy only available). (KJ)

From DH Website: http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_097576

195/99

A fair deal for self-funders?; by Natalie Valios.

Community Care, issue 1768, 30 April 2009, pp 24-25.

Currently, anyone with more than £23000 in savings or investments counts as a self-funder. This article comments that some councils are ignoring the needs of older people who fund their own care; but as the number of self-funders increases, campaigners are pushing for change. It cites evidence in the Commission for Social Care Inspection (CSCI) report, 'A fair contract with older people' (2007) that many self-funders had not received a care assessment, were paying more for care home places than those who were publicly funded, and were generally not being treated fairly. Not all councils have ignored self-funders: East Sussex has set up a Support to Access Care service. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

195/100

Residential care - a positive future?; by Chris Payne.: Croner.

Care Management Briefing, February 2009, 2009, pp 2-4.

This brief article marks the 20th anniversary of the publication of the Wagner Report "A Positive Choice", on residential care. The Residential Forum subsequently set up, to uphold its principles and to promote and monitor their implementation has marked the occasion with an anniversary lunch and launch of a new book "Residential Care - A Positive Future" (Residential Forum, 2008). The author considers the current position of residential care and concludes with Lay Wagner's comments made during the lunch, "that government policy, in its determination to support people to live independently, has neglected the contributions made by residential care" which the speaker emphasised should continue to be made available for those who need such a care setting and to be seen as a positive choice. (KJ)

ISSN: 17429331

195/101

Residents or prisoners?: [deprivation of liberty safeguards]; by Julie Griffiths.

Caring Business, issue no 230, February 2009, p 24.

The rules applying to residents and their right to free movement are changing, but not all care homes are aware of the implications. The deprivation of liberty safeguards (DoLS) became a statutory obligation on 1 April 2009. This article notes that the safeguards are intended to prevent arbitrary decision-making on behalf of those with incapacity, following the Bournemouth judgment (R v Bournemouth Mental Health Trust ex parte L) and the subsequent ruling by the European Court of Human Rights that the person's human rights had been breached. The DoLS were introduced under the Mental Capacity Act 2005 through the Mental Health Act 2007. (RH)

From : www.caringbusiness.co.uk

RETIREMENT

(See 195/34, 195/47)

SHELTERED HOUSING

195/102

Nobody's listening: the impact of floating support on older people living in sheltered housing; by Nigel King, Jenny Pannell, Ian Copeman, Housing and Support Partnership; Help the Aged. London: Help the Aged, 2009, 91 pp.

The withdrawal of resident wardens from some sheltered housing and their replacement with "floating" support from visiting staff not necessarily employed by the landlord led to complaints

about such changes to Help the Aged. The charity commissioned the Housing and Support Partnership to undertake research to: ascertain more clearly how support in sheltered housing is changing across England; help formulate a response; and ensure older people's views are considered in the wider debate. This report includes findings based on older people's experiences of changes to support services; national policy in relation to Supporting People (SP) in five local authorities; and the views of sheltered housing providers. Two different approaches to re-modelling warden services are described: provision of area-based teams by Mendip Housing, while Cambridge City Council now uses Independent Living Facilitators (ILFs) whose role is to promote independence. Recommendations are made on good practice in consulting residents on changes in support provision. (RH)

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. www.helptheaged.org.uk
Email: info@helptheaged.org.uk The Housing and Support Partnership, Stanelaw House, Sutton Lane, Sutton, Witney, Oxford OX29 5RY. www.housingandsupport.co.uk

SOCIAL CARE

(See Also 195/12, 195/22)

- 195/103 Articulating the improvement of care standards : the operation of a barring and vetting scheme in social care; by Shereen Hussein, Jill Manthorpe, Martin Stevens (et al).
Journal of Social Policy, vol 38, part 2, April 2009, pp 259-276.
The vetting and barring scheme known as the POVA (Protection of Vulnerable Adults) List established in England and Wales by the Care Standards Act (2000) was intended to provide greater assurance about the quality of social care for adults. This article discusses referrals to the POVA List in the period 21 May 2009 to 17 November 2006, details of which were made available to the researchers. These comprised 5294 cases. Further data relating to the investigation process were provided through drawing on all material supplied in a purposively selected sample of 298 referrals. These have been analysed and findings are reported here in respect of referrals and prior disciplinary action, interactions with local and national agencies and the involvement of the police. What happened to the referrals and the length of time for decisions about Listing are also reported. The article concludes with some policy recommendations for the future of the scheme and sets this in the context of regulation. (KJ)
ISSN: 00472794
From : <http://www.journals.cambridge.org>
- 195/104 Care costs : the public's view: [BBC's Care Calculator website survey]; by Martin Knapp, José-Luis Fernández, Teresa Poole.
Community Care, issue 1771, 21 May 2009, pp 24-25.
The BBC Care Calculator was created for the BBC by the Personal Social Services Research Unit (PSSRU), and comprises three elements: an interactive web tool giving a broad picture of different levels of social care support; a "care map" providing links to social service departments (SSDs); and a questionnaire collecting views on how adult social care should be funded. The authors analysed the responses of 9388 people who used at least one of the interactive tools provided by the BBC Care Calculator in early 2008. They indicate how the Care Calculator website reveals that many people are over-optimistic when it comes to care costs and who pays for them: 55% of respondents said that the level of support was worse than they expected; 40% that the level of support was about right; and only 6% that the level of support was better than expected. Results of the questionnaire are likely to feature in public debate following the Green Paper. (The website is at <http://www.bbc.co.uk/radio4/youandyours/careintheuk/calculator.shtml>). (RH)
ISSN: 03075508
From : www.communitycare.co.uk
- 195/105 Co-production: an emerging evidence base for adult social care transformation; by Catherine Needham, Sarah Carr, Queen Mary University of London; Social Care Institute for Excellence - SCIE.: Social Care Institute for Excellence - SCIE, March 2009, 23 pp (Research briefing, 31).

The term "co-production" refers to active input to service delivery by service users, as well as - or instead of - those who have traditionally provided them. This review points to the relevance of co-production to recent social care policy initiatives such as the personalisation agenda, the work of Local Involvement Networks (LINKs), self-directed support, and individual budgets (IBs). It includes examples of co-production in practice in Australia and France, as well as in the UK (for which, see the websites www.timebanking.org or www.nef.org.uk). The strengths and limitations of the co-production models of care are highlighted: staff should be trained in the benefits, and service users should be encouraged to access co-production initiatives. (RH)
From : SCIE, Goldings House, 2 Hay's Lane, London SE1 2HB. www.scie.org.uk

195/106 Getting care right for older Londoners; [and] Who cares? (DVD); by Age Concern London. London: Age Concern London, March 2009, 19 pp + DVD.

Despite the growth in the older population, the number of older people receiving local authority care has fallen by a third since 1991. The report 'Getting care right for older Londoners' looks at the need for social care and preventive health services for older people in London. It summarises evidence on the impact of unmet need and poor quality of services, but also includes examples of service provision that have met needs. Age Concern London makes recommendations on reforming the national funding system for older people's social care; and for local authorities, primary care trusts (PCTs), other key stakeholders (including the Mayor) and the voluntary sector to work together to develop strategies that will help older people. The DVD 'Who cares?' was produced by a team of older people. With support from film director Ivan Riches, they interviewed three older people and their families about their different experiences of the care system and local service provision. The DVD shows very different standards and levels of care being provided across London. It raises some important questions about the adequacy of services and their ability to respond to older Londoners' needs. (RH)

From : Age Concern London, First floor, 21 St George's Road, London SE1 6ES. www.aclondon.org.uk Further information about the DVD: Hannah Conning, tel 029 7820 6778, e-mail hconning@aclondon.org.uk

195/107 Modernising social care services for older people: scoping the United Kingdom evidence base; by Sally Jacobs, Chengqiu Xie, Siobhan Reilly (et al).

Ageing and Society, vol 29, part 4, May 2009, pp 497-538.

In common with other developed countries at the end of the 20th century, modernising public services was a priority in the UK for the New Labour administration after 1997. The modernisation reforms in health and social care exemplified their approach to public policy. The authors were commissioned by the Department of Health (DH) to examine the evidence base for the modernisation of social care services for older people, and for this purpose conducted a systematic review of the relevant peer-reviewed UK research literature published from 1990 to 2001. Publications that reported descriptive, analytical, evaluative, quantitative and qualitative studies were identified and critically appraised under six key themes of modernisation: integration, independence, consistency, support for carers, meeting individuals' needs, and the workforce. This paper lists the principal features of each study, provides an overview of the literature, and presents substantive findings relating to three of the modernisation themes: integration, independence, and individuals' needs. The account provides a systematic portrayal both of the state of social care for older people prior to the modernisation process and of the relative strengths and weaknesses of the evidence base. It suggests that, for evidence-based practice and policy to become a reality in social care for older people, there is a general need for higher quality studies in this area. (RH)

ISSN: 0144686X

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

195/108 Remodelling the third sector: advancing collaboration or competition in community-based initiatives?; by Linda Milbourne.

Journal of Social Policy, vol 38, part 2, April 2009, pp 277-298.

In the last decade, UK public agencies have increasingly been required to collaborate with non-state providers to deliver welfare services. Third sector organisations are now providers of

services from early years to old age, taking a growing role in children and young people's services in social deprived neighbourhoods. National policy has recognised third sector expertise in working with marginal groups of people. However, changing relationships with the state have drawn community organisations into new, often uncomfortable, organisational arrangements, affecting their work and their roles in relation to service uses and community stakeholders. This article examines recent changes from a third sector perspective, drawing on data from a study of community-based organisations providing children and young people's services in deprived localities. It considers the changing environment of 'new localism' affecting these organisations, focusing on recent plans for local area commissioning of services. The article identifies some progress in supporting community services in deprived areas but illustrates how the continuing emphasis on competitive contracts and centrally driven frameworks undermines collaborative work and community trust. It argues that such mechanisms may serve short-term state interests but devalue the very community-level work, which is increasingly being promoted to address challenging social problems. (KJ)

ISSN: 00472794

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

195/109

Working towards prevention in older people's services in social care; by Community Care; Department of Health - DH; Social Care Institute for Excellence - SCIE.

Supplement in Community Care, issue 1761, 12 March 2009, 11 pp.

This is the second in a series of supplements to Community Care produced as part of a partnership with the Department of Health (DH) and the Social Care Institute for Excellence (SCIE). The partnership is designed to help frontline practitioners turn policy into practice in adult social care, notably through the DH's Putting People First agenda to personalise care around the needs of the service user. The subject of this supplement is early intervention and prevention in older people's services. Three articles consider the prevention agenda with a focus on policy and well-being followed by a round table debate on early intervention and prevention. POPP and LinkAge Plus pilots are given as good examples of work already achieving results. A survey of social care professionals working with adults commissioned by Community Care specifically for this supplement reveals that 67% thought their local authorities had a prevention or early intervention strategy in place. (KJ/RH)

ISSN: 03075508

From : www.communitycare.co.uk

SOCIAL NETWORKS

(See 195/29)

SOCIAL POLICY AND THEORY

195/110

Not just old and sick: the 'will to health' in later life; by Paul Higgs, Miranda Leontowitsch, Fiona Stevenson (et al).

Ageing and Society, vol 29, part 5, July 2009, pp 687-707.

The end of the "Golden Age" of welfare capitalism in the 1970s was the prelude to a period of greater individualisation within societies, and was accompanied by an increase in the importance of consumption as a way of organising social relations. During the same period, there was also an expansion in the discourses aimed at enhancing the government of the autonomous self. One such discourse operates around what has been termed "the will to health": it suggests that health has become a required goal for individual behaviour and has become synonymous with health itself. The generational groups whose lifecourses were most exposed to these changes are now approaching later life. The authors explore the extent to which social transformations related to risk, consumption and individualisation are reflected in the construction of later-life identities around health and ageing. They examine how the growth of health-related "technologies of the self" have fostered a distinction between natural and normal ageing, wherein the former is associated with coming to terms with physical decline and the latter associated with maintaining norms of self-care aimed at delaying such decline. They consider anti-ageing medicine as a

developing area for the construction of later-life identities, and discuss the implications of the social changes for researching later life. (RH)

ISSN: 0144686X

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

STATISTICS

(See 195/62)

STROKE

195/111 Combined effect of health behaviours and risk of first ever stroke in 20040 men and women over 11 years' follow-up in Norfolk cohort of European Prospective Investigation of Cancer (EPIC Norfolk): prospective population study; by Phyo K Myint, Robert N Luben, Nicholas J Wareham (et al).

British Medical Journal, vol 338, no 7695, 14 March 2009, pp 639-642.

20040 men and women aged 40-79 living in the general community in Norfolk and having no known stroke or myocardial infarction at baseline in 1993-1997 were followed up to 2007. Participants scored one point for each health behaviour: current non-smoking, physically not inactive, moderate alcohol intake (1-14 units a week), and plasma concentration of vitamin C (50 pmol/l or more) indicating fruit and vegetable intake of at least five servings a day, for a total score ranging from 0-4. There were 599 incident strokes over 229993 person years of follow-up (average follow-up 11.5 years). After adjustment for age, sex, body mass index (BMI), systolic blood pressure, cholesterol concentration, history of diabetes and aspirin use, and social class, compared with people with the four health behaviours, the relative risks for stroke for men and women were 1.15 for three health behaviours, 1.58 for two, 2.18 for one, and 2.31 for none. The relations were consistent in subgroups stratified by sex, age, BMI and social class, and after exclusion of deaths within two years. Four health behaviours combined predict a more than twofold difference in incidence of stroke in men and women. (RH)

ISSN: 09598138

From : www.bmj.com

SUICIDE

195/112 A fitting end: [assisted suicide]; by Jennifer Taylor.

Health Service Journal, no 6154, 30 April 2009, pp 22-24.

Surveys suggest that most people in the UK support legalising assisted suicide. However, doctors in the UK appear more reluctant to assist death than in many other countries. The author of this article considers whether current law on assisted suicide could be changed. Patricia Hewitt, a former Secretary of State for Health tabled an amendment to the Coroners and Justice Bill currently going through Parliament; and while the amendment was not debated in the House of Commons, the issue will be raised in the House of Lords. This article covers the differing perspectives offered by Dignity in Dying, the Association for Palliative Medicine, the Royal College of Nursing (RCN), and the Multiple Sclerosis Society. It also outlines a few examples of assisted suicide. (RH)

ISSN: 09522271

From : www.hsj.co.uk

VOLUNTEERING

(See Also 195/108)

195/113 The challenges of the new institutional environment: an Australian case study of older volunteers in the contemporary non-profit sector; by Jeni Warburton, Catherine McDonald.

Ageing and Society, vol 29, part 5, July 2009, pp 823-840.

Increased emphasis on efficiency and regulation is changing the nature of the non-profit sector

in western countries. In this paper, the authors explore the impact of these contemporary changes on older, more traditional volunteers. Specifically, neo-institutional theory is used as a framework to explore the micro-effect of these processes in one large, multi-service non-profit organisation in Australia. The findings of an ethnographic study are presented using an analytical template comprising: the observational space; the conversational order; the content of talk; and areas of resistance. Findings from these categories provided evidence of two institutional orders - one a traditional way of operating consistent with a charity model, and the other, a new, dominant approach driven by market forces. It was found that older, more traditional volunteers struggled to maintain the old order as well as to make the transition to the new order. If organisations are to benefit from a pool of potential volunteers and if older people are to benefit from the social and health advantages associated with productive ageing, there are important implications in these findings. Older people are able to make a successful transition to the new order, but organisations need to be more proactive in facilitating the change. In particular, organisations need to reject ageist cultures and practices, provide training and skills development, and to work collaboratively with older people. (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 Julianne 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-Thom Psychogeriatric Association - IPA

Location : Montre 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

1 October 2009

Personalisation in Mental Health : New Possibilities

Organised by: OLM-Pavilion in partnership with Social Care Strategic Network

Venue: Ort House Conference Centre

Location : London, England

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

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

6 October 2009

NHS Quality vs. UK Economy : Driving sustainable quality improvement in uncertain times

Speakers: Alan Maynard (Prof. of Health Economics, York); Sir Neil Mckay (CE, NHS East of England); John Appleby (Chief Economist, Health Policy, The King's Fund); and others.

Organised by: HSJ Conferences

Venue: central London

Location : London , England

Details : NHS Quality vs. UK Economy Conference Registration, HSJ Conferences, , Greater London House, Hampstead Road, London, NW1 7EJ

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

6 October 2009

Today's Approach to Dementia Care

The conference explores how as a society we continue to search for approaches that offer high quality, informed and sensitive support. Focus will also be on the medical understanding of the illness, the practical and technological developments designed to improve life experience and the social and emotional welfare of the people involved, both personally and professionally. Presentations and workshops will cover established good practice and forward-thinking strategies with a view to improved well-being for all concerned.

Organised by: The Bristol Conferences

Venue: Ashley Down Centre, City of Bristol College

Location : Bristol, England

Details : Shirine Borbor, Conference Manager, City of Bristol College, Kingswood Centre, High Street, Kingswood, Bristol BS15 4AR

Tel : +44 (0)117 312 5851, Registration is 75 which includes all refreshments and lunch. The day will run from 09.30-16.00. There are a limited number of places so please book early to avoid disappointment

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.

7 October 2009

Quality Indicators and Metrics in Mental Health

Organised by: Healthcare Events

Venue: 76 Portland Place

Location : London, England

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

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

8 October 2009

Commissioning and Delivering Integrated Care

Organised by: HSJ Conferences

Venue: central London

Location : London , England

Details : Commissioning & Delivering Integrated Care Conference Registration, HSJ Conferences, , Greater London House, Hampstead Road, London, NW1 7EJ

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

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

13 October 2009

Difficult Case or Older Person in Need? Offering better housing related support for older people with a learning disability

Course also available on 14 October in Coventry at the Orbit HA, Binley Business Park. All trainees will receive a Certificate of Completion to contribute to their CPD.

Organised by: Care & Repair England

Venue: LVSC

Location : London, England

Details : The Renewal Trust Business Centre, 3 Hawksworth Street, Nottingham, NG3 2EG

Tel : +44 (0)115 950 6500, *Fax :* +44 (0)115 950 6500

14 October 2009

Patient Report Outcome Measures (PROMs)

Speakers: Chairman: Professor Nick Black. Jiri Chard (POIS); Professor Clare Bradley (Professor of Health Psychology and Director)

Organised by: Healthcare Events

Venue: 4 Hamilton Place

Location : London, England

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

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

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

16 October 2009

Breaking the Barriers : Conference on older people and transport

Speakers: Keynote speaker: Peter Hendy, Commissioner, Transport for London.

Organised by: Age Concern London

Location : London, England

Details : George Clark

Tel : +44 (0)7820 6770

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

20-21 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

21 October 2009

Ageing, Work-related Stress and Health Seminar

An afternoon seminar with fuller details available from the website. Places are limited but free. A report entitled Ageing, Work-related Stress and Health will be launched at the seminar.

Organised by: TAEN - Third Age Employment Network

Venue: Institute of Materials, Minerals and Mining, 1 Carlton Terrace

Location : London , England

22 October 2009

Delivering Quality markers for End of Life Care

Speakers: Chairman: Lady Christine Eames (Chair, End of Life Treatment and Care: Good Practice in Decision-making Working Group). Professor Edwin Pugh; Dr Andy Fowell.

Organised by: Healthcare Events

Venue: Manchester Conference Centre

Location : London, England

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

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

27 October 2009

Adult Green Paper : Transforming Adult Social Care

Keynote speaker: Alexandra Norrish (Head of Social Care Strategy, Dept of Health).

Speakers: Chair: Bronagh Miskelly (Group Editor, Community Care). Professor Julien Forder; Baroness Sally Greengross; Stephen Burke; Richard Humphries; Jenny Owen; Julie Jones; Liz McSheehy; and others.

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

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

3 November 2009

A Practical Guide to Reducing Clostridium Difficile

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

4 November 2009

10th Annual Healthcare Conference : Health and Social Care Reform Challenges and Opportunities

Speakers: Chairpersons: Ken Anderson (MD, UBS); Sir Cyril Chantler (Chairman, KF); Penny Dash (Partner, McKinsey & Co.); Charles Auld (Chairman, Enara Group).
Organised by: LCS International and Public Policy Projects in association with The Sunday Times
Venue: One Birdcage Walk
Location : London, England
Details : LCS International Consulting Ltd, 1 Harley Street, London, W1G 9QD
Tel : +44 (0)20 7291 4427

4 November 2009

A Practical Guide to Safeguarding Vulnerable Adults

Speakers: Chair: Penny Furness-Smith. Leo Quigley (Adviser to DH on No Secrets Review); David Walden (Director of Adult Services, SCIE)
Organised by: Healthcare Events
Venue: 4 Hamilton Place, London
Location : London, England
Details : Healthcare Events Limited, 2 Acre Road, Kingston-Upon-Thames, Surrey KT2 6EF
Tel : +44 (0) 8541 1399, *Fax :* +44 (0) 8547 2300

4 November 2009

A Practical Guide to Safeguarding Vulnerable Adults : Looking Forward to the No Secrets Review

This one day conference focuses on looking forward to the 'No Secrets' review and is an opportunity for you to develop your knowledge and hear recommendations about the next steps for implementation. The conference opens with a keynote presentation from Leo Quigley Advisor to the Department of Health on the No Secrets Review, who will discuss where to start: progressing implementation in your organisation, strengthening the safeguarding framework and measuring and monitoring outcomes.

Organised by: Healthcare Events
Venue: 4 Hamilton Place
Location : London, England
Details : Healthcare Events, 2 Acre Road, Kingston, Surrey, KT2 6EF
Tel : +44 (0)20 8541 1399, *Fax :* +44 (0)20 8547 2300

4-6 November 2009

Design and Dementia (three-day school)

This school will cover a range of issues including effective commissioning, project management, designing the external and internal environment and lighting. Theoretical and practical input over the three days will involve lectures, workshops and discussion groups. Guidance will be provided on using the DSDC's design audit tool.

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

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

5 November 2009

End of Life Care: Multi-Faith and Humanist Approaches

Themed workshops (Multi-Faith and Humanist Facilitators) on: Euthanasia;
Speakers: Chair: Professor Bernard Moss
Organised by: Douglas Macmillan Hospice; Centre for Spirituality and Health, University of Staffordshire
Venue: Douglas Macmillan Hospice
Location : Blurton, Staffs, England
Details : Julie Tilstone, Education Department, Douglas Macmillan Hospice, Barlaston Road, Blurton, Stoke on Trent, ST3 3NZ
Tel : Spiritual Distress; End of Life Rituals; Caring for Bereaved Families.

5 November 2009

Safeguarding Vulnerable Adults

Speakers: Chair: Bronagh Miskelly (Group Editor, Community Care). Sir Roger Singleton (Chair, ISA); Dr George Julian (Research in Practice for Adults, Asst. Director); Julia Winter (In Control Director); Simon Heng (Service User); Gary Fitzgerald (CE, Action on Elder Abuse) and others.
Organised by: Community Care Conferences in association with research in practice for adults
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

5 November 2009

Transforming Public Services Conference

Organised by: Neil Stewart Associates hosted by NWEWG supported by Cabinet Office; I&DEA; Directgov; esd toolkit; 2020 Public Services Trust; NWIEP; Government connect
Venue: Ramada Manchester Piccadilly Hotel
Location : Manchester, England
Details : PO Box 39976, 2nd Floor, 1 Benjamin Street, London, EC1M 5YT
Tel : +44 (0)20 7324 4330, *Fax :* +44 (0)20 7490 8830

6 November 2009

Personalisation seminars

30th November 2009 Tower Hamlets, Ancourage House
Organised by: Action on Elder Abuse - AEA
Location : Eastleigh, England
Details : Daisy Goodstien, P.O Box 60001, London, SW16 9BY
Tel : +44 (0)20 8835 9280, *Fax :* +44 (0)20 8696 9328, 6th November 2009 Eastleigh, Wells Place Centre, 12th November 2009 Teeside University, Centre for Enterprise, 17th November 2009 Bristol, The Gatehouse

9-10 November 2009

London Health 09

London Health 09 is the largest event bringing together the capital's health and social care community to share learning; showcase best practice and stimulate ambition in embracing the unique challenges and exciting opportunities that London presents. The London Health Commission has helped develop the programme and has many contributors to the conference.
Organised by: Neil Stewart Associates; London Health Commission
Venue: Hilton Metropole Hotel, Edgware Road
Location : London, England

10 November 2009

2009 Annual Homecare Conference

Keynote presentation: Phil Hope MP (invited).
Speakers: Chair: Stephen O'Brien MP (Shadow Minister for Health, social care)
Organised by: Laing & Buisson hosted by UKHCA
Venue: central London
Location : London, England
Details : Laing & Buisson (Conferences) Ltd, 29 Angel Gate, City Road, London, EC1V 2PT
Tel : +44 (0)20 7923 5348, *Fax :* +44 (0)20 7841 0048

10 November 2009

A Practical Guide to Delivering Effective Nursing in Stroke Care

Moving forward following the National Stroke Strategy and NICE Guidance
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

10 November 2009

The Greater London Forum for Older People Annual Question Time

Come and join in on the debate about healthcare - should it be based on age or need? Afternoon session 1.30 pm to 4.00 pm. Places to be reserved.

Organised by: Greater London Forum for Older People

Venue: House of Commons

Location : London, England

Details : Zara or Janine

Tel : Zara on 020 7820 or Janine on 020 7091 2593

11 November 2009

Challenges of Dementia Advocacy - from instructed to non-instructed

Organised by: Dementia Advocacy Network (DAN)

Location : London, England

Details : Jan Kendall, Dementia Advocacy Network (DAN), 55 Dean Street, London W1D 6AF

Tel : +44 (0)20 7297 9384, *Fax :* +44 (0)20 7297 9385

11 November 2009

New Frontiers in Personalisation: Next steps in the transformation agenda

Speakers: Jeff Jerome (ADSS); Sarah Carr (SCIE); Andrew Tyson (In Control); Martin Routledge (DH); James Riley (Hammersmith & Fulham); Liz Chidgey (Essex CC).

Organised by: Community Care Conferences

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

11 November 2009

Positive Ageing : integrating strategies for improving older people's services

Keynote: Developments in the Government's Strategy on Ageing, Angela Eagle MP.

Speakers: Chair: Stephen Burke (CE, Counsel & Care). Dr Finbarr Martin (National Clinical Director for Older People, DH); Jane Carrier (National Policy Lead - Older People & Adult

Services, Audit Commission) and others.

Organised by: Counsel & Care supported by DWP

Venue: Cavendish Conference Centre

Location : London, England

Details : Neil Stewart Associates Ltd, PO Box 39976, 2nd Floor, 1 Benjamin St., London, EC1M 5YT

Fax : +44 (0)20 7490 8830

12 November 2009

Advocacy Wales: Conference & AGM

This is a conference for anyone working in the advocacy sector, or with an interest in understanding the work of a variety of advocacy services. It is a networking and discussion opportunity and to show support for advocacy services across Wales. The conference theme is: "Energising the advocacy movement in Wales".

Organised by: Advocacy Wales

Venue: The Media Resource Centre, Llandrindod Wells

Location : Llandrindod Wells, Wales

Details : Linda Simms, South Wales Mental Health Advocacy, P.O.Box 5176, Cardiff, CF5 9DN

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

2009

Big Care Debate

Nationwide consultation until 13/11/09. Visit the website link for more information and to submit your comments and views about how to shape in the future our care and support system in England.

Organised by: Care Support Independence, HM Government

Venue: nationwide

Location : England

Details : Green Paper Team, Room 149, Richmond House, 79 Whitehall, London SW1A 2NS

18-19 November 2009

People, Lives and Communities : Making Inclusion Possible

A major two day conference about achieving social inclusion for older people, people with learning disabilities and people with mental health problems.

Organised by: National Development Team for inclusion - NDTi supported by JRF; Department of Health; Society Guardian

Venue: Bristol Marriott Royal

Location : Bristol, London

Details : PO Box 53297, London , N3 9AR

Tel : +44 (0)20 8922 1135

19 November 2009

Dementia Advocacy Network(DAN) - Free Networking Event

Key presenters: Kay Steven (Independent Consultant); Kath Parson (Older Peoples Advocacy Alliance).

Organised by: Dementia Advocacy Network (DAN)

Location : Sheffield, England

Details : Jan Kendall, Dementia Advocacy Network (DAN), 55 Dean Street, London W1D 6AF

Tel : +44 (0)20 7297 9384, *Fax :* +44 (0)20 7297 9385

19 November 2009

Falls Prevention in Older People

Speakers: Chairman: Dr Mathias Toth (Dartford and Gravesham NHS Trust).

Organised by: Healthcare Events

Venue: Manchester Conference Centre

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 November 2009

Transformation of Adult Social Care: Putting People First

A key seminar on the future of social care for adults in an era of likely cuts but greater expectations.

Speakers: Stephen Lowe (Social Care Policy Adviser, Age Concern and Help the Aged); Ronald Morton (Strategy, Development and Innovation Manager, Care Quality Commission); Dr Mervyn Eastman (Co Director and Company Secretary, Change AGENTS); and others.

Organised by: CPPS Seminars

Venue: The Queens Hotel

Location : Leeds, England

Details : Louise Rushworth

Tel : +44 (0)1422 845004

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

24 November 2009

Our say, our way : How older citizens can influence the development of local services and experience an improved quality of life

Speakers: Deborah Klee; Jane Carrier; Hugh Pullinger; Mona Sehgal; Paul Cann; Esther Ward; Paul McGarry; Joy Marshall.

Organised by: OLM-Pavilion

Venue: ORT House Conference Centre, NW1

Location : London, England

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

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

24 November 2009

Social Care Transformation : Agenda for change for commissioners and providers

Speakers: Chair: Des Kelly (Executive Director, National Care Forum).

Organised by: Laing & Buisson

Venue: Hallam Conference Centre

Location : London, England

Details : Laing & Buisson (Conferences) Ltd, 29 Angel Gate, City Road, London, EC1V 2PT

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

25 November 2009

Adult Social Care Reform: Shaping the Future of Care Together

This event will provide insight into how the Government and adult care stakeholders across the health and social care sector can work together to make service improvements and raise adult care standards. Key areas covered will include: The role of the Government, challenges of an ageing population, reform of funding and delivery, social care funding models: Examples from other countries, housing, the adult social care workforce and case study analysis.

Speakers: Chair: Allan Bowman, Chair, Social Care Institute for Excellence. David Behan (Director General of Social Care, Department of Health); Stephen Burke (Chief Executive, Counsel and Care); Hugh Pullinger (Head, Older People and Ageing, Department for Work and Pensions); Dr Jan Sheldon (Head of Employer Engagement, Skills for Care) and others.

Organised by: Inside Government

Venue: central London

Location : London, England

Details : James Foster, Golden Cross House, 8 Duncannon Street, London, WC2N 4JF

Tel : 0845 666 0664, *Fax :* +44 (0)207 484 4950

25 November 2009

Carers UK : Caring about Equality Conference

What will the new Equality Bill mean for carers, employers and providers, commissioners and procurers of services and goods?

Speakers: Vera Baird QC MP, Solicitor General (invited); Baroness Young (Chair, CQC); Professor Luke Clements (Cardiff Law School).

Organised by: Carers UK in partnership with IDeA and ADASS.

Venue: King's Fund

Location : London, England

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

Tel : +44 (0)20 7378 4940

25 November 2009

Learning Disability Today

Organised by: Pavilion in partnership with Society Guardian, sponsored by Department of Health; CareTech; Hft

Venue: Business Design Centre

Location : London, England

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

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

26 November 2009

Outstanding Outcomes for Vulnerable People : Achieving and demonstrating freedom and fulfillment in supported housing and related care

An increasingly competitive commissioning environment means that service providers need more than ever to demonstrate quality and added value, showing how they make a difference to aspects of life that service users really care about - love, money, family and friends, work and well-being.

Organised by: Lemos & Crane

Venue: Inmarsat, 99 City Road

Location : London, England

Details : 64 Highgate High Street, London, N6 5HX

Tel : +44 (0)20 8348 8263, Find out how to achieve this by joining us at the fourth annual SupportActionNet conference that explores personalisation, innovation, added-value services, soft outcomes, tips on demonstrating quality, and much more.

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.

2-3 December 2009

Achieving your objectives in line with the National Dementia Strategy

The UK's largest dementia-focused event.

Organised by: The Journal of Dementia Care and Jackie Pool Associates (JPA)

Venue: Holiday Inn Manchester Central Park

Location : Manchester, 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

2 December 2009

Policy Seminar : Transitions, choices and health at older ages: life course analyses of longitudinal data

Aim of this seminar is to summarise the results of this project, funded by UK joint research councils Programme New Dynamics of Ageing and consider their implications for policy. Time: 13.00 to 16.00 (followed by tea).

Organised by: UCL Research Department of Epidemiology & Public Health

Venue: Haldane Room, UCL, Gower Street WC1E 6BT

Location : London, England

Details : Patricia Crowley, 1 - 19 Torrington Place, London , WC1E 7HB, Chair: David Blane, Professor of Medical Sociology, Imperial College London, Format: Four 20-minute presentations each followed by 10 minutes of discussion.

Summary of programme: Lunch followed by Presentations on the following: - Employment and health around State Pension Age

Tel : - Paid employment, informal caring and health around State Pension Age, - Does the welfare state make a difference? Employment and health around State Pension Age in England & Wales, Finland and Italy, - Policy implications, *Fax :* RSVP by Mon 23 Nov 09 (places limited; please indicate any special needs).

2 December 2009

Service User Involvement in Social Care

Speakers: Chair: Peter Beresford (Brunel University and Chair, Shaping Our Lives). Keynote speakers: Frances Hasler (CQC); Tina Coldham (Chairman, National Survivor User Network

NSUN).

Organised by: Healthcare Events

Venue: 76 Portland Place

Location : London, England

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

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

3 December 2009

Improving Intermediate Care

Speakers: Various from localities as examples of best practice.

Organised by: SBK Healthcare

Venue: Charing Cross Hotel, London

Location : London, England

Details : 220 Vale Road, Tonbridge, Kent, TN9 1SP

Tel : +44 (0)1732 373 073

7 December 2009

Transforming Social Care through ICT

There have been a number of innovations and technical developments in the delivery of social services over the last few years but have staff taken up new working methods and are the full benefits being realised? Join fellow public sector IT and care professionals at this must-attend conference to discuss the issues and challenges facing social care transformation now and over the coming years.

Organised by: Kable; Guardianprofessional

Venue: Inmarsat Conference Centre

Location : London, England

Tel : +44 (0)1462 744058

8 December 2009

Improving Services for People with Rheumatoid Arthritis

Focus of conference is the National Audit office report which highlights the importance of early identification and diagnosis of rheumatoid arthritis. Keynote Speaker: Dame Carol Black DBE (National Clinical Director for Health and Work).

Speakers: Chair: Neil Betteridge (CE, Arthritis Care)

Organised by: Neil Stewart Associates; National Audit Office

Venue: Inmarsat Conference Centre

Location : London, England

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

Tel : +44 (0)20 7324 4330, *Fax :* +44 (0)20 7490

8830

8 December 2009

Meeting the Social Care needs of People with Cancer and their Carers

Organised by: Healthcare Events

Venue: 76 Portland Place

Location : London, England

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

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

8 December 2009

Mental Health Today

Organised by: Pavilion in partnership with Society Guardian, National Mental Health Development Unit, Turning Point

Venue: Business Design Centre

Location : London, England

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

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

8 December 2009

Safeguarding Vulnerable Adults : Implementing 'No Secrets'

Speakers: Chair: Bridget Penhale (Univ. of Sheffield). Keynote speakers: Lucy Bonnerjea (Policy Lead, No Secrets Review, DH); Allan Bowman (Chair, SCIE).

Organised by: Healthcare Events

Venue: Manchester Conference Centre

Location : Manchester, England

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

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

9 December 2009

Disability Equality: Valuing People Now

The 2005 Government report 'Improving the Life Chances of Disabled People' stated that, by 2025, disabled people should have full opportunities and choices to improve their quality of life and be respected and included as equal members of society. Delegates attending this forum will have the opportunity to discuss, among other issues, whether the Government's policies amount to a coordinated, coherent and radical strategy, and whether and the implementation of the strategy is

enabling disabled people to raise their aspirations, fulfil their potential, and to more easily meet their everyday needs. Half day conference.

Organised by: Inside Government

Venue: central London

Location : London, England

Details : Errol Palmer, Golden Cross House, 8 Duncannon Street, London, WC2N 4JF

Tel : +44 (0)207 484 5224, *Fax :* +44 (0)207 484 4950

9 December 2009

Patient Experience through Indicators, Metrics and Measures : Implementing high quality care for all

Organised by: Healthcare Events

Venue: Manchester Conference Centre

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

9 December 2009

SocietyGuardian Older People and Ageing Britain Conference

The Big Care Debate : What do leading figures think?

Speakers: Stephen Burke (CE, Counsel & Care); Professor Graham Mulley (President, BGS); Tom Wright (CE, Age UK).

Organised by: SocietyGuardian

Venue: Dexter House

Location : London, England