

# New Literature on Old Age

EDITOR

**Gillian Crosby**VOLUME  
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## **ABUSE**

- 196/1 Identifying, reporting and preventing elder abuse in the practice setting; by Julie McGarry, Christine Simpson.  
Nursing Older People, vol 21, no 1, February 2009, pp 33-38.  
The complexities surrounding elder abuse as a phenomenon and how to recognise effective strategies for identifying, reporting and preventing elder abuse in the practice setting are explored. Written in the context of recent policy and practice initiatives, this article enables nurses to define their role in the care of older people, and to develop effective identification strategies for the prevention and management of elder abuse. (RH)  
ISSN: 14720795  
From : <http://www.nursingolderpeople.co.uk>
- 196/2 Mistreatment of older people in the United Kingdom: findings from the first national prevalence study; by Simon Biggs, Jill Manthorpe, Anthea Tinker (ed).: The Haworth Press, Inc..  
Journal of Elder Abuse & Neglect, vol 21, no 1, 2009, pp 1-14.  
There have been few national studies of the prevalence of elder mistreatment (abuse and neglect) in private households. This article provides an overview of the UK National Prevalence Study of Elder Mistreatment that took place in 2006. It addressed 2111 respondents in England, Wales, Scotland and Northern Ireland who answered a face-to-face survey questionnaire. The achieved sample was weighted to be representative of the UK older population. Of respondents, 2.6% reported mistreatment by family members, close friends, or care workers. The predominant type of reported mistreatment was neglect (1.1%) followed by financial abuse (0.6%), with 0.4% of respondents reporting psychological abuse. Women were significantly more likely to have experienced mistreatment than men, but there were gender differences according to type of abuse and perpetrator characteristics. Divergent patterns were found for neglect, financial and interpersonal abuse. Further analysis of the data indicated that the likelihood of mistreatment varied with socioeconomic, position and health status. (RH)  
ISSN: 08946566  
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA. email: [haworthpress@taylorandfrancis.com](mailto:haworthpress@taylorandfrancis.com)  
([www.taylorandfrancis.com](http://www.taylorandfrancis.com))
- 196/3 Safeguarding adults: report on the consultation on the review of 'No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse'; by Lucy Bonnerjea, Department of Health - DH; Criminal Justice System - CJS; Home Office. London: Department of Health - DH, 17 July 2009, 151 pp (Gateway ref: 12247).  
This is a report on the Consultation on the Review of the No Secrets guidance, and is about safeguarding adults. It describes how the consultation took place, analyses the responses received, and summarises the views of some 12,000 people. It does not include a government response. The Consultation was launched in October 2008 and closed at the end of January 2009. Safeguarding is considered in terms of personalisation, the National Health Service (NHS), housing, community empowerment, the criminal justice system, and the concerns of black and minority ethnic (BME) groups. Among key messages from the consultation are: safeguarding adults is not like child protection; the importance of the participation or representation of people who lack capacity' and empowerment and listening to victims. (KJ/RH)  
From : Downloaded document (17/7/09):  
[http://www.dh.gov.uk/en/Consultations/Responsesstoconsultations/DH\\_102764](http://www.dh.gov.uk/en/Consultations/Responsesstoconsultations/DH_102764)

## **ACTIVE AGEING**

- 196/4 The emergence and application of active aging in Europe: Commentary; by Alan Walker.  
Journal of Aging & Social Policy, vol 21, no 1, 2009, pp 75-93.  
Active ageing is established as the leading global policy strategy in response to population ageing. In practice, however, the term active ageing serves as a convenient shelter for a wide range of policy discourses and initiatives concerning demographic change. The twin purposes

of this article are, first, to examine its European origins and how it has been applied in the world's oldest region. This policy analysis illustrates the contrast between the primarily European discourse on active ageing, which emphasizes health, participation, and well-being, and the U.S. discourse that prioritizes productivity. The application of active ageing in Europe has, nonetheless, been predominantly in the productivist mold. The examination of the emergence of this key policy concept in Europe is contextualized by an outline of the changing politics of ageing in this region. The second purpose of the article is to set out a new, comprehensive strategy on active ageing that is intended to realize the full potential of the concept. Understanding of the need for this broad vision of active ageing is facilitated by the historical policy review. (KJ)

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From : Haworth Document Delivery Service, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA. <http://www.HaworthPress.com>

## **AGE DISCRIMINATION**

196/5 Equality Bill: extending new protections to carers; by Carers UK. London: Carers UK, May 2009, 3 pp (Policy briefing).

The Equality Bill was debated in the House of Commons on 11 May 2009, and this briefing outlines the measures contained in the Bill. At present, discrimination against carers takes many forms. While protection against direct discrimination in employment is included in the Bill, carers will still have to request flexible working from their employers. Carers UK and the House of Commons' Work and Pensions Committee disagree, and believe that the Bill should make provision for reasonable adjustment to ensure carers' participation in the workplace. Carers UK draws attention to its dossier on discrimination

(<http://www.carersuk.org/Newsandcampaigns/News/1239268359>), where carers can provide their own evidence. (RH)

From : Carers UK, 20 Great Dover Street, London SE1 4LX.

<http://www.carersuk.org>

196/6 Equality Bill: making it work - ending age discrimination in services and public functions: a consultation; by Government Equalities Office - GEO. London: Government Equalities Office - GEO, June 2009, 74 pp (Ref: 296753C).

The Government Equalities Office (GEO) outlines further proposals for a new legal ban on harmful age discrimination, which will make sure older people do not face unfair or substandard treatment when buying goods or using services, such as in shops, hospitals, or when accessing car and holiday insurance. The consultation published on 29 June 2009 covers three main areas: health and social care; financial services; and other services, including commercial services such as group holidays and concessions for particular age groups (including discounts). The annexes include definitions of direct and indirect discrimination; areas not covered in the consultation (for example, volunteering); and a section on objective justification (that is, where different treatment because of age can be justified).

The link [http://www.equalities.gov.uk/news/age\\_consultation.aspx](http://www.equalities.gov.uk/news/age_consultation.aspx) includes response forms as well as the consultation document. The closing date for comments is 30 September 2009. (KJ/RH)

From : Government Equalities Office, 9th Floor, Eland House, Bressenden Place, London SW1E 5DU. Download from website (30/6/09):

<http://www.equalities.gov.uk/pdf/13511%20GEO%20Consultation%206th.pdf>

## **AGEING (GENERAL)**

196/7 Considerably better than the alternative: positive aspects of getting older; by Jane Garner.

Quality in Ageing, vol 10, issue 1, March 2009, pp 5-8.

Older people tend to be viewed negatively - as being needy, dependent and frail. Such assumptions may be reinforced by policies that, despite good intentions, focus on the consequences of physical and mental decline. This paper argues for a more balanced and positive

view. Ageing is associated with increased diversity, creativity and continuing psychological development and sexual activity. The wisdom and experience of older people is a vital, and as yet largely untapped, resource in UK society. (RH)

ISSN: 14717794

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

196/8

Older people in the UK: analysis and segmentation of the over 50's population: Age Concern 'Lifestage' Survey; by Leslie Sopp, ACRS (Age Concern Research Services), Age Concern England - ACE. London: Age Concern England - ACE, May 2009, 37 pp.

'Lifestage' is an extensive postal survey of nearly 2500 people aged 45+ in the UK for Age Concern England (ACE) by BRMB International. Fieldwork was undertaken in July/August 2007. This report has been prepared under contract for the Prime Minister's Strategy Unit working with the Department for Work and Pensions (DWP). It comprises analysis of specific elements of the 'Lifestage' survey data by a segmentation model known as 'OLives' which was developed by ACRS (Age Concern Research Services). These elements relate to Public Service Agreement (PSA) 17, 'Tackle poverty and promote greater independence and wellbeing in later life'. The Government is specifically interested in five of the PSA 17 domains: making a contribution; material wellbeing; health; home and neighbourhood; and independent living. A further "general" domain considers factors around life, attitudes to age and ageing, demography, connection, loneliness and technology. (RH)

From : Download document (15/7/09): <http://www.hmg.gov.uk/media/34575/lifestagesurvey.pdf>

#### **ASSESSMENT**

196/9

The use of an assessment tool in care homes; by Laura Stosz, Iain Carpenter.

Nursing Older People, vol 21, no 1, February 2009, pp 24-25.

The Minimum Data Set Resident Assessment Instrument (MDS/RAI) for long-term care facilities is a comprehensive standardised assessment of residents' needs in long-term care that was first developed by interRAI ([www.interrai.org](http://www.interrai.org)) in the United States. The authors outline a project they undertook for the Joseph Rowntree Foundation (JRF) to develop the reporting capabilities of MDS/RAI for use in JRF care homes in the UK. Although the assessment tool is now being widely used by Cheshire social services and the Salvation Army has plans to use it in their care homes, it has not been generally recognised by other social services or inspectors. (RH)

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

#### **ASSISTIVE TECHNOLOGY**

(See Also 196/37, 196/44, 196/82)

196/10

Brave new world: [promise of telecare and barriers to implementation]; by Bronagh Miskelly, Andrew Mickel.

Community Care, issue 1774, 11 June 2009, pp 22-24.

The futuristic technologies that older people might have read about in their youth are close to reality, and might just help many of them to live independently for longer. The authors consider the promises of telecare and the barriers to implementation. (RH)

ISSN: 03075508 From : [www.communitycare.co.uk](http://www.communitycare.co.uk)

196/11

In the realm of the sensors: [telecare systems]; by Andrew Mickel.

Community Care, issue 1775, 18 June 2009, pp 28-29.

Telecare systems can make savings while helping people to stay independent for longer, but it is best to start off small. This article notes some examples of telecare and alarm system applications by providers such as the Community Lives Consortium (which offers support to people with learning disabilities in South Wales), Hanover Housing, and Cheshire East Council. (RH)

ISSN: 03075508 From : [www.communitycare.co.uk](http://www.communitycare.co.uk)

## ATTITUDES TO AGEING

- 196/12 The construction of multiple identities in elderly narrators' stories; by Neal R Norrick.  
Ageing and Society, vol 29, part 6, August 2009, pp 903-928.  
Older storytellers are often at pains to represent multiple past identities even within the scope of a single account. Some of these identities may be incompatible, as when the teenage hell-raiser straightens out to become the perfect homemaker, and then after her husband dies becomes a successful business woman. Retrospective reassessment follows from long and varied experience, and hence becomes a natural resource for storytellers old enough to have had the time to re-evaluate events. Further, comments about people and places from the past automatically force a shift between the telling frame and the narrative frame; they create the impression that the teller's present identity is not representative of all aspects of the narrator's projected identity. In addition, older narrators insert others' perspectives into their stories, as when a widow explicitly introduces the perspective of her deceased husband into a story in progress. Older tellers convey multiple identities beyond what they project, and their listeners form opinions of them based both on what they reveal about their pasts and how they reflect on them from their current perspectives, and this also results in the construction of multiple, and on occasion, conflicting identities. This article reports on an analysis of such discourse practices in stories told about themselves by people aged 80 or more years living in Indiana. (KJ/RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/aso>
- 196/13 Dealing with life changes: humour in painful self-disclosures by elderly Japanese women; by Yoshiko Matsumoto.  
Ageing and Society, vol 29, part 6, August 2009, pp 929-952.  
This paper examines the ways in which older people depict verbally the life changes that accompany old age. It reports a study of Japanese older women's casual conversations with their friends, during which they talked about their husbands' deaths and illnesses. A frequently observed discourse practice among old people is 'painful self-disclosure' (PSD), in which unhappy personal information on one's ill health, immobility or bereavement is revealed and speakers describe themselves using negative stereotypes of old age. During the observed conversations, however, the PSD accounts were frequently accompanied by humour and laughter. This paper examines the complex structure of PSDs. To exemplify, a simple statement of death and illness given early in a conversation is later elaborated with descriptions of unremarkable domestic events, e.g. complaints about the husband's behaviour. Through shifting the frame of the narrative to quotidian normality, these older speakers convert painful life events to everyday matters that they can laugh about. Furthermore, it was found that the humour is sustained through interactions during which the hearers often laughed with the speaker. The study suggests that the disclosure of age-related negative experiences is not necessarily uniformly gloomy, but rather is combined with expressions of personal and social identities, and is nuanced and modulated through a complex resolution of the speaker's intentions and social expectations. (KJ/RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/aso>
- 196/14 Writing about age, birthdays and the passage of time; by Bill Bytheway.  
Ageing and Society, vol 29, part 6, August 2009, pp 883-902.  
How do we experience ageing, how do we interpret changes in our lives, and what do we say about the passage of time? The aim of this paper is to present longitudinal evidence about the personal and social significance of birthdays in adult life and, in particular, how birthdays contribute to a sense of ageing. The primary source of data is the Mass-Observation Archive at the University of Sussex. Members of its panel of 'ordinary' people living the United Kingdom were in 1990 invited to write anonymously about celebrations, and in 2002 they were invited to write more specifically on the topic of birthdays. A total of 120 accepted both invitations and 55 included accounts of their last birthday in both submissions. As a consequence, it is possible to



compare what they wrote on the two occasions and how this reflects their unfolding experience and changing feelings about age. The analysis reveals the personal salience of the date of a birthday and of continuity in how birthdays are celebrated. Who remembers birthdays and who participates in their celebration reflect the generational structure of families and age-related patterns of friendship. Birthdays are used to celebrate collective continuity more than individual change. (KJ/RH)

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

## **BLACK AND MINORITY ETHNIC GROUPS**

(See 196/48, 196/51, 196/112, 196/131, 196/175)

## **CARERS AND CARING**

(See Also 196/32)

- 196/15 Carer burden in relatives of patients with Alzheimer's disease; by Daya Pandita-Gunawardena, Alison Forbes, Cecilia Blomberg (et al).  
GM (Geriatric Medicine), vol 39, no 3, March 2009, pp 171-175.  
Alzheimer's disease (AD) affects both the sufferers and their carers. The prolonged demands of caring may have adverse effects on carers' physical and mental health. Reducing carer burden helps to improve the quality of life of both the carer and the patient. Carers often wish for more information, and the authors have compared the effects of "routine" and "enhanced" post-diagnostic counselling on carer burden for carers of patients with newly diagnosed AD treated with cholinesterase inhibitors. 62 patient and carer dyads were identified from the memory clinic at University Hospital, Lewisham. 31 dyads were allocated to each group of routine or enhanced counselling. Patients were reviewed over 6 months, with 3 post-diagnostic visits. Baseline characteristics including Mini-Mental State Examination (MMSE) were measured and Zarit Burden Interview (ZBI) scores were collected on each visit. The mean baseline Zarit score was 23.4. There was no significant difference between the initial and final Zarit scores. There was no association between MMSE and Zarit scores. Enhanced counselling took significantly more time than routine counselling. There was no significant difference between the family or GP satisfaction scores between the two groups. Carer burden is an important problem, and ways to reduce it need to be pursued. There was no significant improvement in carer burden or carer satisfaction with enhanced counselling, although it did involve greater time requirements. (RH)  
ISSN: 0268201X From : <http://www.gerimed.co.uk>
- 196/16 Guidance for the care of older people; by Nursing & Midwifery Council (NMC). London: Nursing & Midwifery Council, 2009, 38 pp (A5 booklet).  
The Nursing & Midwifery Council (NMC) is the UK regulator for the nursing and midwifery professions, its core function being to establish standards of education, training, conduct and performance. The purpose of this guidance is to establish principles for best practice in the care of older people in all settings where nursing care is provided, in both community and hospital settings. It uses quotations from 'The Code: standards of conduct, performance and ethics for nurses and midwives' (NMC, 2008) illustrative of the importance of having highly skilled nurses who can deal with the complexity of the health and social care needs with which older people present. (RH)  
From : Nursing & Midwifery Council, 23 Portland Place, London W1B 1PZ. [www.nmc-uk.org](http://www.nmc-uk.org)
- 196/17 The impact of the quality of relationship on the experiences and wellbeing of caregivers of people with dementia: a systematic review; by Catherine Quinn, Linda Clare, Bob Woods.: Taylor & Francis.  
Aging & Mental Health, vol 13, no 2, March 2009, pp 143-154.  
Relatively little attention has been given to the effects of caregiving context on the experience of family members providing care for people with dementia. This systematic review aims to

examine the impact of caregiving on the quality of the relationship between caregiver and care recipient, and the impact of the quality of the relationship between the caregiver and the care recipient on the caregiver's and care recipient's well-being. 15 quantitative studies were identified that examined the quality of the relationship between caregivers and care recipients. In addition, pre-caregiving and current relationship quality appear to have an impact on a caregiver's well-being. The care recipient's needs for help with activities of daily living (ADLs) and level of behavioural problems were found to influence the caregiver's perceptions of relationship quality. Future research should examine both current and pre-caregiving relationship quality. A better understanding of the role of relationship quality in determining the outcomes of caregiving will aid the development of more effective interventions for carers. (RH)  
ISSN: 13607863

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

196/18

Using postal questionnaires to identify carer depression prior to initial patient contact; by Candida R Graham, Sube Banerjee, Randeep S Gill.  
Psychiatric Bulletin, vol 33, no 5, May 2009, pp 169-171.

The Geriatric Depression Scale (GDS) and a questionnaire collecting information on the carer's circumstances were sent to carers of consecutive patients routinely referred to a community mental health team for older adults in south London. The aim was to assess whether postal questionnaires, used as a local initiative, were useful in identifying carer depression allowing early support for community-dwelling carers of older adults with mental health needs. Rates of carer depression between postal questionnaire responders and non-responders were compared. The response rate to the postal questionnaires (33%) was similar to that observed in other postal studies; 42% of responders had depression compared with only 4.5% of non-responders. Pre-contact postal questionnaires may present a simple method of enhancing early detection of carer depression for minimal economic outlay. (RH)

ISSN: 09556036

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

## CONTINENCE

196/19

Living with urinary incontinence: a longitudinal study of older women; by Julie Byles, Cynthia J Millar, David W Sibbritt (et al).

Age and Ageing, vol 38, no 3, May 2009, pp 333-338.

Urinary incontinence in women is common. Its prevalence increases with age, and is also associated with increased body mass index (BMI), so might be modifiable. Participants were from the Australian Longitudinal Study of Women's Health (ALSWH) aged 70- 75 in 1996 and who have completed four health studies in the last 10 years. Continence status across the four surveys were defined according to women's reports of "leaking urine" at each survey. Over the study period, 14.6% of the women who had previously reported leaking urine "rarely" or "never" developed incontinence, and 27.2% of women participating in Survey 4 reported leaking urine "sometimes" or "often", with women being twice as likely to report incontinence at S4 than they were 6 years earlier. Longitudinal models demonstrated the association between incontinence and dementia, dissatisfaction with physical ability, falls to the ground, constipation, urinary tract infection, history of prolapse, and prolapse repair. Stroke, parity, and hysterectomy and number of visits to the general practitioner (GP) were less strongly associated with incontinence in the final longitudinal model. Incontinence was not significantly associated with area of residence, education, smoking, diabetes, attending support groups or attending social groups. Continence promotion should be considered within falls prevention interventions. (RH)

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

196/20

Promoting continence and managing incontinence with people with dementia living at home: one more challenge for integration; by Vari Drennan, Laura Cole.

Journal of Integrated Care, vol 17, issue 1, 2009, pp 15-25.

Mental health problems in old age have attracted policy attention in the UK over the past decade. An important issue is how to improve services for people who have both mental health and other

problems. This article sets out some of the challenges facing planners and commissioners in developing integrated services for older people, by using the case study of people with dementia and incontinence problems. It uses integrated service models and observations from the EVIDEM-C study to suggest some incremental actions that would develop the long-term strategy for integrated services. The EVIDEM (evidence-based interventions in dementia) programme of research and development ([www.evidem.org.uk](http://www.evidem.org.uk)) has been independently commissioned by the National Institute for Health Research (NIHR) through the Central and North West London NHS Foundation Trust. (RH)  
ISSN: 14769018 From : <http://www.pavpub.com>

## **DEATH AND DYING**

- 196/21 Dying in public: the nature of dying in an acute hospital setting; by Davina Porock, Kristian Pollock, Fiona Jurgens.: The Haworth Press, Inc..  
Journal of Housing for the Elderly, vol 23, nos 1-2, 2009, pp 10-28.  
Despite the assumption that the home is the preferred place of death, most people will die in institutional care, specifically in acute hospital wards. Inevitably, this relatively public setting puts the privacy and dignity of the dying patient and grieving visitors at considerable risk. This study used observation of practice and staff interviews to describe the process of recognizing, communicating and managing dying on an acute medical gerontology ward in a large teaching hospital in the United Kingdom. The particularly public nature of hospitals in the United Kingdom is critically examined in the light of privacy as a fundamental component of maintaining dignity and the "good death". (KJ/RH)  
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([www.taylorandfrancis.com](http://www.taylorandfrancis.com))

## **DEMENTIA**

(See Also 196/15, 196/17, 196/20, 196/101, 196/115, 196/120, 196/143, 196/144)

- 196/22 "Out of sight, out of mind": a qualitative study of visual impairment and dementia from three perspectives; by Vanessa Lawrence, Joanna Murray, Dominic ffytche (et al).  
International Psychogeriatrics, vol 21, no 3, June 2009, pp 511-518.  
Dementia and visual impairment are among the most common medical conditions in later life. Almost nothing is known about the experiences and needs of older adults with both conditions. In this qualitative study using in-depth individual interviews, multiple perspectives were sought through a case-study approach. 52 interviews were conducted: 17 with older adults with visual impairment and dementia, 17 with family caregivers, and 18 with care professionals. Impaired memory and a lack of visual cues created profound disorientation and distress, which could be manifested in disruptive behaviour. Visual hallucinations compounded older adults' disorientation, and caregivers were uncertain about how to manage them. Visual impairments reduced the ability of older adults to perform certain activities safely, while dementia impaired their ability to assess the risks accurately. Concerns about safety prompted family members to limit their relatives' activities even in early stages of dementia. Low-vision services perceived themselves to be ill equipped to manage dementia-related needs, whilst visual needs were accorded a low priority by dementia services. A lack of joint working by the two services led to an overcautious approach. The research identified considerable unmet needs and opportunities to improve care. The provision of clear verbal communication and optimised visual inputs is likely to reduce disorientation, distress and agitated behaviour, while one-to-one contact is needed to overcome feelings of isolation. Family caregivers require additional respite services and advice on managing hallucinations. Increased sharing of information and skills between mental health and low-vision professionals would help maximize older adults' independence. (KJ/RH)  
ISSN: 10416102

- 196/23 Alzheimer's disease progression in the oldest old compared to younger elderly patient: data from the REAL.FR study; by Fati Nourhashémi, Sophie Gillette-Guyonnet, Yves Rolland (et al). *International Journal of Geriatric Psychiatry*, vol 24, no 2, February 2009, pp 149-155. Although population-based studies have revealed marked increases in the prevalence and incidence of dementia, particularly in older age groups, longitudinal studies of cognitive change have been less frequently conducted. In this study of progression to Alzheimer's disease (AD) in the oldest-old, a cohort of 144 AD patients aged 85+ and 572 AD patients aged under 85 living in the community at inclusion were monitored over 2 years in 16 centres of the French AD network (REAL.FR study). Each subject underwent extensive medical examination including functional activities of daily living (ADLs) and neuropsychological evaluation, including Mini Mental State Examination (MMSE) every 6 months. The observed decrease in MMSE performance in patients aged 85+ was  $-4.18 \pm 0.63$  points during the 2-year follow-up (vs  $-4.62 \pm 0.25$  in the younger group) with no statistically significant difference between the two groups. After adjusting for confounding factors, ADL score declined faster in the oldest old than in those aged under 85 during the 2-year follow-up:  $-1.73 \pm 0.19$  vs  $-1.27 \pm 0.08$ . While the progression of cognitive impairment was identical in both groups, after adjustment for variables relating both to age and dependency, the progression of dependency was more rapid in those aged 85+. (RH)  
ISSN: 08856230  
From : <http://www.interscience.wiley.com/journal/gps>
- 196/24 The anthropology of dementia: a narrative perspective; by William L Randall. *International Journal of Geriatric Psychiatry*, vol 24, no 3, March 2009, pp 322-324. This article draws on recent thinking in the field of narrative gerontology to lend support to Mahnaz Hashmi's 'anthropological perspective' on dementia. From a narrative perspective, the relational component of human life - and thus of dementia - is underscored. Moreover, when the narrative dimensions of memory are considered, the line between "normal" and "pathological" is revealed as finer than commonly assumed. (RH)  
ISSN: 08856230  
From : <http://www.interscience.wiley.com/journal/gps>
- 196/25 Caring for individuals with end-stage dementia at the end of life: a specific focus on hospice social workers; by Sara Sanders, Peggy Swails. *Dementia: the international journal of social research and practice*, vol 8, no 1, February 2009, pp 117-138. With more individuals reaching the end stages of dementia, it is crucial to determine how professionals view their work with end-stage dementia patients and their caregivers. During this ethnographic study, the beliefs and practices about dementia care of 13 American hospice social workers were documented for 19 months through interviews, in-field observations, and chart reviews. It was determined that although hospice social workers use a wealth of practice skills with individuals with end-stage dementia and their caregivers and strive to enhance patients' personhood, they also possess a neutral to negative view of practice with this population and see their role as limited and ambiguous compared to how they view their work with cognitively intact patients. This study has implications for how hospice social workers and other healthcare professionals provide end-of-life care for patients and families who are dealing with dementia and the types of training that should be implemented in hospice agencies to strengthen end-stage dementia care. (RH)  
ISSN: 14713012  
From : <http://www.dem.sagepub.com>
- 196/26 Concordance with clinical practice guidelines for dementia in general practice; by Jane Wilcock, Steve Iliffe, Stephen Turner (et al.): Taylor & Francis. *Aging & Mental Health*, vol 13, no 2, March 2009, pp 155-161. Dementia is said to be under-recognised and sub-optimally managed in primary care, but there is little information about actual processes of diagnosis and clinical care. In an unblinded, cluster

randomised pre-test post-test controlled trial involving 35 practices in London and Central Scotland, patients with a diagnosis of probable or confirmed dementia were identified. After seeking permission from these patients and/or their carers, the medical records of 450 patients aged 75+ were reviewed using a data extraction tool designed for the study and based on published guidelines. Unweighted scores for diagnostic concordance and management concordance were calculated. Only 4% of cases were first diagnosed in secondary care; two-thirds of those identified in primary care were referred immediately; about one-third identified had informant history and blood tests documented in the Index consultation and one-fifth underwent cognitive function testing. The records analysed in this study came from a period before the Quality Outcomes Framework and show that documentation in primary care of the diagnostic process in dementia syndrome is good, although there were significant gaps, particularly around depression case-finding. Information about management processes were less evident in the records. (RH)

ISSN: 13607863

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

196/27

Dementia: an anthropological perspective; by Mähnaz Hashmi.

International Journal of Geriatric Psychiatry, vol 24, no 2, February 2009, pp 207-212.

Despite being seen as having a firm neurological basis in the West, Alzheimer's disease (AD) is often construed very differently in other cultures. An anthropological approach can help us understand how and why this has come to be the case, and is considered in this review. Cross-culturally determined notions of selfhood are crucial to understanding differences in how dementia is conceptualised and managed in different societies. This has relevance to our treatment of patients from ethnic minority groups suffering with dementia in the UK, and also helps us to be more critical of our own beliefs and understanding of how dementia should be treated. (RH)

ISSN: 08856230

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

196/28

Dementia and suicidal behavior: a review of the literature; by Camilla Haw, Daniel Harwood, Keith Hawton.

International Psychogeriatrics, vol 21, no 3, June 2009, pp 440-453.

A search of the major relevant databases was carried out to examine the evidence for an association between dementia in older people and suicide rates among elderly population group. The association between dementia and suicide and also non-fatal self-harm did not appear, but many studies have significant methodological limitations; and there are few studies of suicide or self-harm in vascular, frontotemporal, Lewy body and HIV dementia where such behaviour might be expected to be more common. Rates of self-harm may be increased in mild dementia and are higher before the predictive testing for Huntington's disease. Overall, the risk of suicide in dementia appears to be the same or less than that of the age-matched general population but is increased soon after diagnosis, in patients diagnosed with dementia during hospitalisation and in Huntington's disease. Putative risk factors for suicide in dementia include depression, hopelessness, mild cognitive impairment, preserved insight, younger age and failure to respond to anti-dementia drugs. Large, good quality prospective studies are needed to confirm these findings. Further research should be undertaken to examine how rates of suicide and self-harm during the course of the illness also vary according to the specific sub-type of dementia. (KJ/RH)

ISSN: 10416102

196/29

Designed for a better life: [audit tool to assess how dementia-friendly a building is]; by Daniel Allen.

Nursing Older People, vol 21, no 3, April 2009, pp 28-29.

A well-designed care home is not only uplifting, it also makes life easier for residents and staff. Colm Cunningham of the Dementia Services Development Centre (DSDC), University of Stirling has developed a new design audit tool comprising a series of resources for carrying out an assessment of environments used by people with dementia. It is suitable for refurbishment projects or new buildings and can be used across a range of settings, including day centres,

hospital wards, care homes and GP surgeries. (RH)  
ISSN: 14720795  
From : <http://www.nursingolderpeople.co.uk>

- 196/30      The effect of dementia trends and treatments on longevity and disability: a simulation model based on the MRC Cognitive Function and Ageing Study (MRC CFAS); by Carol Jagger, Ruth Matthews, James Lindesay (et al).  
Age and Ageing, vol 38, no 3, May 2009, pp 319-325.  
The numbers with dementia are projected to double between 2001 and 2040, in line with continued increases of life expectancy. Projections have failed to account for the impact of changing risk factors on future numbers with dementia or disability. The authors describe use of a dynamic macro-simulation model used to calculate the numbers of older people with disability to 2026. Transition rates to disability and death conditional on a range of conditions calculated from the Medical Research Council Cognitive Function and Ageing Study (MRC CFAS), were applied to the 1992 England and Wales population. Scenarios for trends in dementia incidence, risk factors and treatment were devised from a systematic review and applied. Population ageing alone resulted in 19% more older people between 2006 and 2026 and 82% more with disability. A combination of reduced incidence of cognitive impairment and disabling consequences alongside improved survival provided the largest reductions in the disabled population (15,000) and the numbers cognitively impaired (302,000) compared with ageing of the population alone. Research priorities should focus on earlier detection of dementia and its risk factors, thereby allowing earlier and more targeted treatment to alleviate its associated disability. (RH)  
ISSN: 00020729  
From : <http://www.ageing.oxfordjournals.org>
- 196/31      The experience of living with dementia in residential care: an interpretative phenomenological analysis; by Linda Clare, Julia Rowlands, Errollyn Bruce (et al).  
The Gerontologist, vol 48, no 6, December 2008, pp 711-720.  
The subjective psychological experience of people with moderate to severe dementia living in residential care is insufficiently understood. This exploratory qualitative study aimed to explore the subjective experience of life with dementia in residential care from the perspective of the person with dementia, and to understand the psychological impact of being in that situation. 80 individuals with dementia who were living in residential care homes in England and Wales engaged in unstructured conversations with a researcher. The resultant 304 transcripts were subjected to interpretive phenomenological analysis in order to develop a thematic account. The experience of living with dementia in residential care is fundamentally one of experiencing difficult and distressing emotions relating to loss, isolation, uncertainty, fear and a sense of worthlessness. Participants generally tried to cope by accepting and making the best of things and affirming their past sense of self and identity, but some also expressed frustration and anger. Participants were able to describe aspects of their situation and their emotional response to it, grounded in a strong retained sense of self and identity. The participants' experience emphasises the importance of improving the living situation of older people with dementia in residential care settings. (RH)  
ISSN: 00169013  
From : <http://www.geron.org>
- 196/32      Growing and gaining through caring for a loved one with dementia; by Nicholas Raphael Netto, Goh Yen Ni Jenny, Yap Lin Kiat Philip.  
Dementia: the international journal of social research and practice, vol 8, no 2, May 2009, pp 245-262.  
The research reported in this article supports a shift from the conventional focus on burden, to a more holistic approach that considers how caregivers can grow and emerge stronger from the caregiver experience. 12 respondents were recruited using purposive sampling from three institutions around Singapore. A qualitative design, guided by the grounded theory approach, was adopted. Semi-structured, in-depth, face-to-face interviews were conducted with the

caregivers, who reported having gained from caregiving. The most common gain was that of "personal growth" which comprised being more patient or understanding, becoming stronger or more resilient, having increased self-awareness, and being more knowledgeable. Another theme was "gains in relationships", whereby caregivers experienced an improvement in their relationship with the care recipient, with others in the family or in their ability to interact with other older people. The third gain experienced was that of "higher level gains", encompassing gains in spirituality, deepened relations with God, and a more enlightened perspective in life. This research has implications in the design and delivery of services, as utilising these gains as a coping resource may enable better support for caregivers. It is pertinent that professionals supporting caregivers internalise the perspective of gains so that it becomes a natural way of seeing their clients, and in the process help caregivers find meaning and enrichment in their caregiving journey. (RH)

ISSN: 14713012

From : <http://www.dem.sagepub.com>

- 196/33 Guiding design of dementia friendly environments in residential care settings: considering the living experiences; by Sandra Davis, Suzanne Byers, Rhonda Nay (et al).  
Dementia: the international journal of social research and practice, vol 8, no 2, May 2009, pp 185-204.

In the past twenty years, the importance of the physical and social environments in supporting the person with dementia has gained a much higher profile in dementia care. Despite efforts to move aged care away from the medical model to a more balanced social model of care, we still struggle with the dominance of an institutional context which impedes individuality and choice. This article argues that the experience of the person with dementia should frame the perspective brought to both design and the philosophy of care - in essence, "looking out from the inside". Shifting the emphasis from "condition" to "experience" encourage the culture change needed to create environments that allow the person with dementia to be an active participant in everyday life rather than a passive recipient of care. Based on the development of a resource for residential and respite facilities in Australia, seven living experiences are identified: the presentation of self-experience; eating experience; personal enjoyment experience; bedroom experience; family and community connectiveness experience; end-of-life experience; and staff experience. Each is discussed to show how considerations of the living experiences provides a way to focus thinking for design of the built environment to practically support the person with dementia, thereby examining a wider spectrum of issues in creating a dementia friendly physical and social environment from the perspective of the person with dementia. (RH)

ISSN: 14713012

From : <http://www.dem.sagepub.com>

- 196/34 The impact of doll therapy on well-being of people with dementia; by Kimberley Minshull.:  
Hawker Publications.

Journal of Dementia Care, vol 17, no 2, March/April 2009, pp 35-39.

Interest in doll therapy is growing, but it remains controversial. The author describes how she introduced doll therapy to a dementia assessment ward in Edinburgh. The Bradford Dementia Group Wellbeing Profiling Tool (2002) was used to assess the reactions of patients before and during the therapy sessions. While there were some negative attitudes, particularly when the doll was used with male patients, the research showed that doll therapy improved dementia patients' well-being. (RH)

ISSN: 13518372

- 196/35 Information issues for providers of services to people with dementia living in the community in Australia: breaking the cycle of frustration; by Andrew Robinson, Carolyn Emden, Emma Lea (et al).

Health and Social Care in the Community, vol 17, no 2, March 2009, pp 141-150.

The rising prevalence of dementia and concomitant demands upon dementia services are global issues. In Australia, dementia has attained national health priority status and governments at all levels have implemented service strategies to help manage the complex needs of people with

dementia. Despite recognition that information is pivotal to effective dementia service delivery, little is known about the information needs of individual providers and the processes used to transfer information between providers. This qualitative study scoped information issues for key service providers for people with dementia living in the community in southern Tasmania, Australia, including information needs, availability, and transfer. Eleven focus groups were held with general practitioners, residential care staff, home carers, community health nurses, and aged care-assessment team members. Findings revealed that provider groups shared common, albeit unbeknown to them, information needs (e.g. diagnosis, behaviours, and services) and information concerns (e.g. untrustworthy information and poor information transfer) leading to poor service coordination. General practitioners emerged as a stand-out group with markedly fewer needs and concerns than other providers, a finding of special interest given their pivotal role in dementia diagnosis and referral. Participants were adamant in their view that electronic databases and single points of entry to dementia services would improve service provision and should be developed. The research highlights complexities and associated frustrations of information transferability, accessibility, and trustworthiness for dementia service providers in the community. Increased understanding of providers' diverse yet interdependent roles could play an important part in breaking the cycle of frustration experienced by all participants and thus contribute to system reform. (KJ/RH)

ISSN: 09660410

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

196/36

Information pathways into dementia care services: family carers have their say; by Andrew Robinson, Jean Elder, Carolyn Emden (et al).

Dementia: the international journal of social research and practice, vol 8, no 1, February 2009, pp 17-38.

Family carers' experiences in accessing dementia information and services in Southern Tasmania are described. The researchers conducted focus groups on three topics: information available to family carers prior to a formal diagnosis of dementia; sources of information following diagnosis; and means of transfer of information. Data analysis identified themes reflecting participants' progressive care experiences from hurtful and dismissive attitudes towards initial requests for information and early diagnosis, to futile searching for information within a seemingly disorganised healthcare system, to eventual resolution of a kind whereby dementia services were finally procured for family members to varying degrees - all of which created emotional turmoil and delayed receipt of services. This study strongly emphasises the value of health professionals seriously and empathetically hearing and acting upon family carers' requests for information and prompt diagnosis of dementia. In addition, there is a significant need to improve access and organisation of information and services for people with dementia and their family carers. (RH)

ISSN: 14713012

From : <http://www.dem.sagepub.com>

196/37

Keeping In Touch Everyday (KITE) project: developing assistive technologies with people with dementia and their carers to promote independence; by Louise Robinson, Katie Brittain, Stephen Lindsay (et al).

International Psychogeriatrics, vol 21, no 3, June 2009, pp 494-502.

The role of technology to facilitate independent living for people with dementia is not fully realised, with initial attempts (e.g. tracking devices) being considered unacceptable from a practical and ethical perspective. The aim of this study is to create acceptable and effective prototype technologies to facilitate independence for people with dementia through a user-centred design process involving them and their carers. The study comprised a three-stage participatory design process: scoping stage, participatory design stage, and prototype development stage. Focus groups and workshops were digitally recorded, fully transcribed and subjected to constant comparative analysis. People with mild to moderate dementia enjoy a variety of activities both on their own and with their families; however, concerns included getting lost, a loss of confidence with curtailment of usual activities, and carer anxiety. Existing technologies (mobile phones) were used intermittently. Participants felt strongly that future



devices should be disguised and be integrated easily into their daily routines. Suggested areas for functional improvement included two-way communications, flexibility of function as the illness progresses, and something to 'guide' them home when out walking or driving. Attention should also be focused on minimizing the size, weight and visibility of devices to reduce stigmatisation. Prototypes for two devices (armband and electronic notepad) were developed. The study showed that involving people with dementia in the process of participatory design is feasible and could lead to devices which are more acceptable and relevant to their needs. (KJ/RH)  
ISSN: 10416102

- 196/38 Prepared to care: challenging the dementia skills gap; by Jeremy Wright (chair), All-Party Parliamentary Group on Dementia; Alzheimer's Society. London: All Party Parliamentary Group on Dementia, June 2009, 60 pp.  
The All-Party Parliamentary Group on Dementia examined the readiness of the social care workforce to deliver personalised care to people with dementia and their families. The Group's report also discusses the barriers to workforce development at national, local and organisational levels, and offers solutions to delivering system-wide workforce changes in dementia skills. Among recommendations is for "an informed and effective workforce for people with dementia", as stated in Objective 13 of the National Dementia Strategy for England. The Alzheimer's Society assisted with organising the oral evidence sessions and with writing the report. (RH)  
From : [http://alzheimers.org.uk/site/scripts/download\\_info.php?downloadID=329](http://alzheimers.org.uk/site/scripts/download_info.php?downloadID=329)
- 196/39 Recognition and management of pain in patients with dementia; by Jolyne O'Hare, Clare White, Peter Passmore (et al).  
GM (Geriatric Medicine), vol 39, no 4, April 2009, pp 227-232.  
The risk of developing dementia rises exponentially with age and about a third of people will die with dementia. Palliative care is appropriate for many patients. Cognitive function may alter patients' perception of pain, and communication difficulties can lead to under-recognition and undertreatment. In such patients, use of observational scales for assessing pain is recommended. Appropriate pain control can help to improve the holistic management of patients with dementia. (KJ/RH)  
ISSN: 0268201X From : <http://www.gerimed.co.uk>
- 196/40 Remember, I'm still me: joint report on the quality of care for people with dementia living in care homes in Scotland; by Scottish Commission for the Regulation of Care (Care Commission); Mental Welfare Commission for Scotland. Dundee: The Care Commission, May 2009, 80 pp.  
From August 2008 to March 2009, inspectors from the Care Commission and the Mental Welfare Commission for Scotland reviewed dementia care in large, medium and small 30 care homes for older people across Scotland. Also visited were care homes known to have a number of people were under welfare guardianship orders. The report considers ten key messages: care that respects the individual; activities and being part of the community; environment in which people live; managing money; health assessment; managing medication; managing challenging behaviour and the use of medication; legal matters and safeguards; consent to treatment; and staff knowledge and training. These themes are used to report on what was found out about dementia in care homes in Scotland, what action is required of care homes, and examples of good practice. (RH)  
From: [http://www.carecommission.com/images/stories/documents/publications/C\\_reviewssofqualitycare/remember\\_im\\_still\\_me\\_-\\_may\\_09.pdf](http://www.carecommission.com/images/stories/documents/publications/C_reviewssofqualitycare/remember_im_still_me_-_may_09.pdf)
- 196/41 Self administered cognitive screening test (TYM) for detection of Alzheimer's disease: cross sectional study; by Jeremy Brown, George Pengas, Kate Dawson (et al).  
British Medical Journal, vol 338, no 7708, 13 June 2009, pp 1426-1428.  
The TYM ("test your memory"), a cognitive test designed to be suitable for non-specialist use, is evaluated for the detection of Alzheimer's disease (AD). This is a cross sectional study conducted in outpatient departments in three hospitals, including a memory clinic; 540 control participants aged 18-95 and 139 patients attending a memory clinic with dementia/amnesic

mild cognitive impairment were involved. Results found that control participants completed the TYM with an average score of 47/50. Patients with Alzheimer's disease scored an average of 33/50. The TYM score shows excellent correlation with the two standard tests. A score of 42/50 had a sensitivity of 93% and specificity of 86% in the diagnosis of Alzheimer's disease. The TYM was more sensitive in detection of Alzheimer's disease than the Mini-Mental State Examination (MMSE), detecting 93% of patients compared with 52% for the MMSE. The negative and positive predictive values of the TYM with the cut off of 42 were 99% and 42% with a prevalence of Alzheimer's disease of 10%. Thirty one patients with non-Alzheimer dementias scored an average of 39/50. The TYM can be completed quickly and accurately by normal controls. It is a powerful and valid screening test for the detection of Alzheimer's disease. (KJ/RH)

ISSN: 09598138 From : [www.bmj.com](http://www.bmj.com)

196/42

Sex differences in the prevalence of behavioral and psychological symptoms of dementia; by Hugo Lövheim, Per-Olaf Sandman, Stig Karlsson (et al). *International Psychogeriatrics*, vol 21, no 3, June 2009, pp 469-475.

When a person has dementia, non-cognitive behaviours and symptoms might constitute a greater problem than cognitive decline itself. Male or female sex might be a predisposing factor for certain types of behaviour disturbances and symptoms. The aim of this analysis was to explore the correlation between sex and the prevalence of behavioural and psychological symptoms of dementia. A total of 3395 people with cognitive impairment were selected from two large cross-sectional surveys of those in geriatric care settings, conducted in 1982 and 2000 in the county of Vasterbotten, Sweden. Symptoms were assessed using the Multi-Dimensional Dementia Assessment Scale (MDDAS), and prevalence was compared using multivariate logistic regression. Drug data were obtained from prescription records For 17 out of 39 behaviours and symptoms, the prevalence differed significantly between men and women. Men more often exhibited aggressive behaviour and regressive behaviours, and women more often exhibited depressive symptoms. There were no sex differences for passiveness and hallucinations. The prevalence of anti-psychotic drug use was higher among men and antidepressant drug use higher among women. The prevalence of anxiolytics, hypnotics and sedatives did not differ. There are some differences in the prevalence of behavioural and psychological symptoms of dementia between men and women. These different symptom profiles might explain some of the differences found in the pharmacological treatment of men and women with a dementia disorder. (KJ/RH)

ISSN: 10416102

196/43

Supportive living environments: a first concept of a dwelling designed for older adults with dementia; by Joost van Hoof, Helianthe S M Kort.

*Dementia: the international journal of social research and practice*, vol 8, no 2, May 2009, pp 293-316.

The vast majority of older adults want to remain living independently at home, with or without a sufficient amount of professional home care, even when overall health is starting to decline. The ageing of society and the increase in the number of the very old goes together with an increase in the number of people with dementia. About two-thirds of the diagnosed people in the Netherlands live at home. Dementia has severe implications for the quality of life, in particular to independent functioning. This sets extra demands to living environments. Older people with dementia and their partners ask for living environments that support independence, compensate for declining vitality, and lower the burden of family care. For this purpose, this paper presents a first concept of a design for a dementia dwelling which incorporates modifications in terms of architecture, interior design, the indoor environment, and technological solutions. These design features were derived from literature search and focus group sessions. Current design guidelines are frequently based on practical experience only, and therefore, more systematic field research should be carried out to find evidence for the various design modifications. Also, it needs to be studied how the design features of the dementia dwelling can be incorporated into the existing housing stock. (RH)

ISSN: 14713012 From : <http://www.dem.sagepub.com>

- 196/44 Technology studies to meet the needs of people with dementia and their caregivers: a literature review; by Päivi Topo.  
Journal of Applied Gerontology, vol 28, no 1, February 2009, pp 5-37.  
A literature search was carried out of eight scientific literature databases for studies that focused on technology supporting people with dementia and their caregivers published between January 1992 and February 2007. 46 studies providing original data and one review were included. Analyses covered the aims of the studies, the technology used, study design, methods, outcome variables, and results. Most studies were carried out in residential care and focused on the needs of formal caregivers. Only a few studies involved people with dementia actively using the technology. The studies are difficult to compare because of the large variety of aims, technologies, design and outcome measurements. There is need for more research in this area, in particular with people who have a mild stage dementia living in the community. (RH)  
ISSN: 07334648  
From : <http://jag.sagepub.com>

### DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 196/30)

- 196/45 Gender differences in functional health and mortality among the Chinese elderly: testing an exposure versus vulnerability hypothesis; by Toshiko Kaneda, Zachary Zimmer, Xianghua Fang (et al).  
Research on Aging, vol 31, no 3, May 2009, pp 361-388.  
In this study, the authors focused on older adults in Beijing with three objectives: to examine gender differences in functional health and mortality at the end of a five-year study period, controlling for initial functional health; to determine the extent to which these differences were a function of exposure versus vulnerability to risk factors; and to analyse the relative importance of social, economic, and psychological risk factors in explaining gender differences. The results show that women were more likely to survive and to be functionally dependent at follow-up compared with men among those functionally independent at baseline. No significant differences among those who were initially dependent were apparent. Differential vulnerability to risk factors, more so than exposure, explained the variation in health outcomes across gender. Smoking, a lack of formal education, a lack of health insurance, a low sense of control, stressful events, and rural living played large roles in explaining the differences. (KJ/RH)  
ISSN: 01640275  
From : <http://www.sagepub.com>

- 196/46 Inequalities in health at older ages: a longitudinal investigation of the onset of illness and survival effects in England; by Anne McMunn, James Nazroo, Elizabeth Breeze.  
Age and Ageing, vol 38, no 2, March 2009, pp 181-187.  
Previous studies have suggested a decline in the relationship between socioeconomic circumstances and health or functioning in later life, but this may be due to survival effects. The present study examined whether wealth gradients in the incidence of illness decline with old age, and, if so, whether the decline is explained by differential mortality. The study included participants from the first two waves of the English Longitudinal Study of Ageing (ELSA), a large national longitudinal study of the population aged 50+ in England, who reported good health, no functional impairment, or no heart disease at baseline. Wealth inequalities in onset of illness over 2 years were examined across age groups, with and without the inclusion of mortality. The study found that wealth predicted onset of functional impairment equally across age groups. For self-reported health and heart disease, wealth gradients in the onset of illness declined with age. Selective mortality contributed to this decline in the oldest age groups. Socioeconomic inequality in developing new health problems persists into old age for certain illnesses, particularly functional impairment, but not for heart disease. Selective mortality explains only some of the decline in health inequalities with age. (RH)  
ISSN: 00020729 From : <http://www.ageing.oxfordjournals.org>

## DEPRESSION

(See Also 196/18, 196/147)

- 196/47      Depression and excess mortality: evidence for a dose response relation in community living elderly; by R A Schoevers, M I Geerlings, D J H Deeg (et al).  
International Journal of Geriatric Psychiatry, vol 24, no 2, February 2009, pp 169-176.  
Depression is associated with an increased mortality risk, but the extent of the association of depression characteristics (such as severity and length of exposure to depression) with excess mortality is not known. This study uses data for a randomly selected cohort of 3746 non-demented community-living people aged 65+ from two waves (1990/1991) of the Amsterdam Study of the Elderly (AMSTEL) with a 10-year follow-up of vital status. At baseline, depression was present in 455 subjects; and of the 229 participating at follow-up, 95 (41.5% had remitted and 134 (56.5%) were still depressed. Incident depression was present in 302 subjects (14.4% of those participating in both waves). 1844 subjects died during the study period (49.2%); and both moderate and severe depression predicted 10-year mortality after multivariate adjustment. Chronic depression was associated with a 41% higher mortality risk in 6-year follow-up compared to subjects without depression. In combination with other findings, a causal relationship between depression and mortality is suggested, and may have implications for both preventive and treatment strategies of late-life depression. (RH)  
ISSN: 08856230  
From : <http://www.interscience.wiley.com/journal/gps>
- 196/48      The extent and impact of depression on BME older people and the acceptability, accessibility and effectiveness of social care provision; by Nadira Sharif, Walt Brown, Deborah Rutter, Social Care Institute for Excellence - SCIE; Social Care Workforce Research Unit, King's College London.: Social Care Institute for Excellence - SCIE, December 2008, 94 pp (Adults' services systematic map report 03).  
Systematic maps aim to describe the existing research literature on a broad topic area and also highlight any gaps. This report focuses on depression in older people from black and minority ethnic (BME) communities to consider three map questions. First, what is the extent and impact of depression in older people from BME communities in the UK? Second, are there barriers to recognition of depression for these groups? Lastly, what social care provision is available for BME older people with depression; and is this provision acceptable, accessible and effective, and does it promote well-being? From an initial 3,038 unique records identified in searches of databases covering health, the 60 studies included in the map were focused on depression, implied depression or maintaining mental health. More than half had been undertaken in urban locations such as London and Bradford; and 43 were about exploration of relationships or correlations between different factors. The authors find that, despite the coverage of broad issues on depression in BME older people, the map highlights considerable gaps. For example, there were no evaluations of the effectiveness of social care interventions. The appendices include: definitions of key map terms; the inclusion/exclusion criteria; the search strategies employed for each database used; keywording tools (i.e. other attributes); and a list of references used in the systematic map. The systematic map is available as a searchable database of citations (<http://eppi.ioe.ac.uk/webdatabases>) and has been developed in partnership between SCIE information managers and research staff, and a team from the Social Care Workforce Research Unit at King's College London. (RH)  
From : SCIE, Goldings House, 2 Hay's Lane, London SE1 2HB. [www.scie.org.uk](http://www.scie.org.uk)
- 196/49      Physical activity and the management of depression; by Alan Wright, Mima Cattan.  
Working with Older People, vol 13, issue 1, March 2009, pp 15-18.  
The feel-good factor we feel after exercise is well-documented. Aside from the endorphines - the "happy hormones" - that our bodies produce, the sense of achievement, being outdoors and doing something different can all lead to a sense of well-being and contentment. The authors report on the findings of their study into hospital-based exercise groups to help patients overcome

depression. Subjects in their study were 11 patients aged 68-86 who had been admitted as in-patients in West Yorkshire and who had also experienced an episode of severe depression in 2007. All had participated in a minimum of six exercise groups while in hospital and had returned home at least 3 months before being interviewed. Participants were motivated to be physically active as a means of regaining independence. (RH)  
ISSN: 13663666 From : <http://www.pavpub.com>

196/50 Recognition and response: approaches to late-life depression and mental health; by Steve Iliffe. *Quality in Ageing*, vol 10, issue 1, March 2009, pp 9-15.  
The boundaries between what is a healthy response to stress and anxiety and what is abnormal are often difficult to determine, especially in primary care. Even symptoms of conditions such as psychosis and dementia can present as relatively normal behaviour. This paper considers depression in late life as an example of this tension. On the one hand, depressive symptoms may be viewed as an "understandable" response to bereavement or physical illness, while on the other, it can be a serious, disabling and life-threatening condition if left untreated. Primary care has a key role in supporting depressed older people, through improved pattern recognition and diagnosis, by tailoring effective treatments to fit the individual, and by providing or signposting the older person to information and advice. This is a pivotal role that primary care plays in relation to other mental health problems that older people experience. (RH)  
ISSN: 14717794 From : <http://www.pavpub.com>

196/51 Working with older people from black and minority ethnic groups who have depression: from margin to mainstream; by Jill Manthorpe, Jo Moriarty. *Quality in Ageing*, vol 10, issue 1, March 2009, pp 24-31.  
Despite the growing evidence base about depression and anxiety and its application to service settings and practice, we are short of practice examples about what works and for whom. This applies to older people in general but particularly to groups, such as people from black and minority ethnic backgrounds. This article discusses policy and legislative encouragements to think about equality of access and diversity issues in mental health services and wider mental health promotion activities. It analyses recent research and policy documents in the context of demographic change and practice. It argues that the context of personalisation in England may provide new opportunities to consider what older people will find most acceptable and effective in meeting their needs, but notes the challenges that this will bring to community-based organisations and specialist services. (RH)  
ISSN: 14717794 From : <http://www.pavpub.com>

## **DISABILITY**

(See Also 196/22, 196/76, 196/131, 196/173)

196/52 Indicators of preclinical disability: women's experiences of an aging body; by Rebecca Ann Lorenz. *Journal of Women & Aging*, vol 21, no 2, 2009, pp 138-151.  
This paper is derived from a larger multi-method longitudinal study of women's bodily experiences and coping practices before the onset of disability. Twelve women participated in repeated performance measures, in-depth interviews of daily life and physically challenging events, and observations of daily activities conducted over 18 months. Interpretive phenomenological analysis of textual data showed that women's bodies provided multiple indicators or symptoms of pre-clinical disability. These indicators informed the women that their body was out of synch with their environment; conspicuous during social activities; and vulnerable to becoming dependent on others, technology, or assistive devices to accomplish daily activities. Greater attention to bodily indicators or symptoms may offer a practical method for clinicians to identify pre-clinical disability. (KJ/RH)  
ISSN: 08952841  
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA. email: [haworthpress@taylorandfrancis.com](mailto:haworthpress@taylorandfrancis.com) ([www.taylorandfrancis.com](http://www.taylorandfrancis.com))

196/53 Nothing personal: [personal assistants recourse to disputes with their employers]; by Andrew Mickel.  
Community Care, issue 1778, 9 July 2009, pp 24-25.  
Personal assistants (Pas) have little backup when disputes with their employers arise, for example over hours worked and rates of pay. Some local authorities have established special organisations to attend to these matters. The Scottish Personal Assistants Employers Network (Spaen) aims to ensure that employers know their rights and responsibilities. Spaen and the union, Unison are planning a mediation service in Scotland with the aim of preventing disputes. However, PAs elsewhere in the UK are likely to have to rely employers's goodwill. (RH)  
ISSN: 03075508  
From : [www.communitycare.co.uk](http://www.communitycare.co.uk)

196/54 The providers' profile of the disability support workforce in New Zealand; by D Jorgensen, M Parsons, M G Reid (et al).  
Health and Social Care in the Community, vol 17, no 4, July 2009, pp 396-405.  
To understand one of the predominant groups supporting people with disabilities and illness, this study examined the profile of New Zealand paid caregivers, including their training needs. Paid caregivers, also known as healthcare assistants, caregivers and home health aides, work across several long-term care settings, such as residential homes, continuing-care hospitals and also private homes. Their roles include assisting with personal care and household management. New Zealand, similar to other countries, is facing a health workforce shortage.  
A three-phased design was used: phase I, a survey of all home-based and residential care providers (N = 942, response rate = 45%); phase II, a targeted survey of training needs (n = 107, response = 100%); phase III, four focus groups and 14 interviews with 36 providers, exploring themes arising from phases I and II.  
Findings on 17 910 paid caregivers revealed a workforce predominantly female (94%), aged between 40 and 50, with 6% over the age of 60 earning a mean hourly rate of pay that is just above minimum pay rates and doing 24 hours per week. The national paid caregiver turnover was 29% residential care and 39% community. Most providers recognised the importance of training, but felt their paid caregivers were not adequately trained. Training was poorly attended; reasons cited were funding, family, secondary employment, staff turnover, low pay and few incentives. The paid caregiver profile described reflects trends also observed in other countries. There is a clear policy direction in New Zealand and other countries to support people with a disability at home, and yet the workforce which is facilitating this vision is itself highly vulnerable. Paid caregivers have minimum pay, are female, work part-time and although it is recognised that training is important for them, they do not attend, so consequently remain untrained. (KJ)  
ISSN: 09660410  
From : <http://www.blackwellpublishing.com/hsc>

## **ECONOMIC ISSUES**

196/55 Monitoring the impact of the recession on various demographic groups; by Equality and Human Rights Commission - EHRC; Government Equalities Office - GEO; Department for Work and Pensions - DWP. London: Equality and Human Rights Commission - EHRC, June 2009, 25 pp.  
This publication uses the Labour Force Survey (LFS) to summarise headline trends in employment, unemployment and inactivity, to give an overview of labour market outcomes during the preset recession. The data in this report considers the first quarter of 2009 compared to the position a year earlier when the recession started to have an impact on the labour market. The report notes that while older workers aged 50-68 have the lowest employment rate of all working age groups, redundancy rates are not as high as for other age groups. (RH)  
From : [http://www.equalityhumanrights.com/uploaded\\_files/monitoring-impact-recession-demographic-groups.pdf](http://www.equalityhumanrights.com/uploaded_files/monitoring-impact-recession-demographic-groups.pdf)

## EMPLOYMENT

- 196/56      Employment opportunities at older ages: introduction to the special issue; by Richard W Johnson.  
Research on Aging, vol 31, no 1, January 2009, pp 3-16.  
The baby boomer generation in the US appear willing to work longer. This introductory article considers the extent to which employment opportunities are available to older workers. Johnson comments on the benefits of working longer and why boomers will want to work longer. He considers whether employers want older workers in relation to their productivity, costs of employment, and employer attitudes toward older workers. The remaining articles in this special issue of Research on Aging also reflect the pessimism of the current job market. They variously consider redundancy, age discrimination, the propensity of industries to employ older workers, the decisions by some older workers to move into self-employment, and effects of gradual or forced retirement on the happiness of retirees. (RH)  
ISSN: 01640275  
From : <http://www.sagepub.com>
- 196/57      Exploring the relationship between employment history and retired women's social relationships; by Christine A Price, Katherine J Dean.  
Journal of Women & Aging, vol 21, no 2, 2009, pp 85-98.  
The relationship between retired women's employment history and their social integration and social support networks in retirement is explored. Employment history is defined by former occupation (professional, paraprofessional, non-professional) and job continuity (discontinuous or continuous). The sample consists of 350 retired women aged 50 to 83 with diverse occupational histories who were retired an average of 3.5 years. Results indicate occupational status may influence women's social integration, part-time employment, caregiving tasks and satisfaction with social support. Continuity or employment appears to only marginally influence social integration with no impact on social support or satisfaction with social support. (RH)  
ISSN: 08952841  
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([www.taylorandfrancis.com](http://www.taylorandfrancis.com))
- 196/58      Work orientations of older employees: change over the 90s and into the 00s; by Michael White, Policy Studies Institute - PSI. London: Policy Studies Institute - Electronic format, 2009, 26 pp (PSI Discussion Paper (new series); 2).  
Older employees are usually assumed to be especially "loyal" to their employers, but there has been little research to establish whether such attitudes have been changing. This paper conceptualises the traditional position of older employees in terms of incentive contracts and employment rents. It then uses knowledge about recent changes in the labour market to suggest that this position will have been deteriorating relative to younger employees. This prediction is tested using data from national surveys of employees, the main comparisons being for 1992 (Employment in Britain) and 2000 (Working in Britain survey). To test for robustness, supplementary comparisons are made using the Workplace Employee / Employment Surveys for 1998 and 2004. The results support the prediction that older employees have become relatively disenchanted with their situation, and show that their negative feelings are aimed at their own employers rather than the general employment situation. This paper is a development of a presentation made at a conference on "Orientations and Experiences of Work" held at Cardiff University in October 2008. (RH)  
From : Download from website (1/7/09): <http://www.psi.org.uk/pdf/PSIDP/pdp2.pdf>

## END-OF-LIFE CARE

(See Also 196/21, 196/113)

- 196/59 Better care every step of the way: report on the quality of palliative and end of life care in care homes for adults and older people; by Scottish Commission for the Regulation of Care (Care Commission). Dundee: The Care Commission, April 2009, 28 pp (Ref: IHD/006/0109).  
A national action plan, 'Living and dying well' (Scottish Government, 2008), sets out a plan for delivery of high quality palliative and end of life care for everyone who needs it across all care settings in Scotland. This report aims to raise awareness of the need for such care in all care homes. Inspections showed that 587 (57%) of the care homes in the sample understood the importance of this; and this report includes examples of good practice. However, a sizeable minority of care homes fell short on aspects of best practice in respect of recognising need and in providing training around sensitive issues surrounding death and dying. The report also includes what was learned from complaints about palliative and end of life care, and makes recommendations about such provision. (RH)  
From : [http://www.carecommission.com/images/stories/documents/publications/reviewsofqualitycare/better\\_care\\_every\\_step\\_of\\_the\\_way\\_-\\_april\\_2009.pdf](http://www.carecommission.com/images/stories/documents/publications/reviewsofqualitycare/better_care_every_step_of_the_way_-_april_2009.pdf)
- 196/60 Diversity in death: [response of a London hospice to different ethnic approaches to death]; by Anabel Unity Sale.  
Community Care, issue 1779, 16 July 2009, pp 30-31.  
The 'End of life care strategy' published in July 2008 included a quote from Dame Cicely Saunders (founder of the modern hospice movement), "How people die remains in the memory of those who live on". This article looks at the work of the St Joseph's Hospice in Hackney which embraces that ethos. It focuses on the different beliefs of black and minority ethnic (BME) communities in dealing with illness and death. The role of the organisation Social Action for Health (SAFH) as a broker between the hospice and BME communities, in helping with varying needs and expectations as the death of a relative approaches, is outlined. (RH)  
ISSN: 03075508  
From : [www.communitycare.co.uk](http://www.communitycare.co.uk)
- 196/61 End of life care strategy: first annual report; by Department of Health - DH. London: Department of Health - DH electronic format, July 2009, 65 pp.  
The End of Life Care Strategy published in July 2008 was the first such strategy for the UK. Using practice examples from different localities, this first annual progress report takes stock of how challenges in meeting end of life care are being met. It reviews issues including: death, dying and bereavement; the end of life care pathway; care in different settings; support for carers and families; development of the care workforce; and research projects. (RH)  
From : <http://www.dh.gov.uk>
- 196/62 End of life treatment: decisions and attitudes of doctors; by National Council for Palliative Care - NCPC. London: National Council for Palliative Care, June 2009, 8 pp (Briefing 17).  
This briefing reports on the initial findings from a postal survey of 8857 UK doctors across a range of specialisms carried out by Professor Clive Seale of the Centre for Health Sciences at Queen Mary University of London in 2007 and 2008. Respondents were asked about the decisions they made about the provision, withdrawing or withholding treatment at the end of life, and their attitudes towards physician-assisted suicide and euthanasia. Of the 3733 who replied, 2869 had attended one or more people who had died in the previous year (representing more than 70000 deaths). About 40% of the reported deaths involved end of life treatment decisions that were judged to have the potential to shorten life (involving either a "double effect" or a non-treatment decision or NTD). The initial results of the survey have been published in two papers in Palliative Medicine 23(3). (RH)  
Price: £5.00 (FOC to NCPC subscribers)  
From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: [enquiries@ncpc.org.uk](mailto:enquiries@ncpc.org.uk) Website: [www.ncpc.org.uk](http://www.ncpc.org.uk)



196/63

Palliative and end of life care for older people: (Best Practice Guide 4.8 reviewed February 2009); by E Burns, BGS Policy Committee, British Geriatrics Society - BGS. London: British Geriatrics Society - BGS, February 2009, unnumbered.

The National End of Life Care Strategy for England was published in 2008, and similar initiatives are being produced by Scotland, Wales and Northern Ireland. This Best Practice Guide suggests improved education, improved communication with the palliative care team, and an integrated care pathway as most important in such a strategy. It defines palliative, terminal and specialist palliative care. It lists those issues in end of life care of older people on which research studies have identified inadequacies. It considers elements that are important to a good death, noting the appendix which lists the 12 principles of a good death as identified by Age Concern, as well as legal and ethical aspects of end of life care, also the role of the geriatrician. (RH)

From : [http://www.bgs.org.uk/Publications/Compendium/compend\\_4-8.htm](http://www.bgs.org.uk/Publications/Compendium/compend_4-8.htm)

### **ENVIRONMENTAL ISSUES**

196/64

Greener and wiser: an older person's manifesto on the environment; by Greener and Wiser Taskforce. London: Green Alliance, 2009, 24 pp.

The Greener and Wiser Taskforce comprises ten older people representing a range of backgrounds and areas of the country who were recruited through an advertisement distributed by Help the Aged. Their manifesto aims to increase the profile of older people in environmental decision making and communication, and to address the practical challenges older people face in making greener choices. Having worked together and talked to experts over a 6-month period, they make recommendations for change on transport, energy and climate change, and waste and recycling. This manifesto has been written with support from Green Alliance in partnership with Natural England and Age Concern and Help the Aged. (RH)

Price: £5.00

From : Green Alliance, 36 Buckingham Palace Road, London SW1W 0RE.

Email: [gr@green-alliance.org.uk](mailto:gr@green-alliance.org.uk) Website: [www.green-alliance.org.uk](http://www.green-alliance.org.uk)

### **EPIDEMIOLOGY**

(See 196/30)

### **ETHICAL ISSUES**

196/65

Changing attitudes to cardiopulmonary resuscitation in older people: a 15-year follow-up study; by P E Cotter, M Simon, C Quinn (et al).

Age and Ageing, vol 38, no 2, March 2009, pp 200-205.

While it is well-established that individual patient preferences regarding cardiopulmonary resuscitation (CPR) may change with time, the stability of population preferences, especially during periods of social and economic change, has received little attention. Based on the views regarding the resuscitation preferences of 150 older Irish medical patients awaiting discharge compared with results elicited from 100 patients in a 1992 study, this study shows a dramatic increase over 15 years in the proportion of older Irish in-patients willing to accept CPR. Most patients (94%) felt that it was a good idea for doctors to discuss CPR routinely with patients, compared with 39% in 1992. In their current health, 6% in 2007 and 76% in 1992 would refuse CPR. However, the authors point to the risk of mismatch between patients' and doctors' ethical perspectives in discussions and decisions about resuscitation. Rapid changes in societal preferences will increase the risk of poor communication and conflict in this area. (RH)

ISSN: 00020729

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

## FALLS

- 196/66 Elderly women's experiences of living with fall risk in a fragile body: a reflective lifeworld approach; by L Berlin Hallrup, D Albertsson, A Bengtsson (et al).  
Health and Social Care in the Community, vol 17, no 4, July 2009, pp 379-387.  
The purpose of this qualitative study was to explore the lived experience of fall risk from a lifeworld perspective in elderly women with previous fragility fractures. Thirteen women with a high risk of fall and fracture, aged 76-86, living in their own homes in rural areas, were recruited from a voluntary fracture prevention programme. All women had a history of fragility fractures and were interviewed in their homes from spring to autumn 2004. A phenomenological reflective lifeworld approach was chosen to analyse in-depth interview data. The study was conducted within an interdisciplinary research group inspired by dialogical research; older women's life space has been narrowed due to advanced age, physical injury or by efforts to prevent new injuries leading to changes in self-perception. However, the women seek strategies to challenge limitations and insecurity, and strive to retain mobility and daily life routines. The four major constituents of the phenomenon 'elderly women's experiences of fall risk' emerged in this study: a changing body, living with precaution, ambiguous dependency and influence and need for understanding. Employing the women's thoughts and resources in trust-based dialogues with caregivers may strengthen their concord and the prospects to continue an active life. Such older women seek strategies to challenge limitations and feelings of insecurity, and strive to maintain mobility and daily life routines. A trust-based care respecting the preferences of the women seemed to stimulate behavioural change in maintaining an active life. (KJ)  
ISSN: 09660410  
From : <http://www.blackwellpublishing.com/hsc>
- 196/67 The national audit of services for falls and bone health; by Jonathan Bayly, Jonathan Treml. GM (Geriatric Medicine), vol 39, no 6, June 2009, pp 311-318.  
Falls and related fractures are a major cause of disability and mortality in older people. Falls prevention services have been available in the UK for many years, but audits of these services show that improvements are needed. The authors discuss the results of the most recent audit, 'National audit of the organisation of services for falls and bone health of older people 2009', commissioned by Healthcare Quality Improvement Partnership. (RH)  
ISSN: 0268201X  
From : <http://www.gerimed.co.uk>
- 196/68 A prospective observational study of falling before and after knee replacement surgery; by Annette Swinkels, John H Newman, Theresa J Allain.  
Age and Ageing, vol 38, no 2, March 2009, pp 175-180.  
Knee arthritis is a risk factor for falling. Increasing numbers of people are receiving total knee arthroplasty (TKA), but the natural history of falling before and after TKA is unknown. In this study with 1-year follow-up at the Avon Orthopaedic Centre, Bristol, 24.2% of those undergoing TKA fell in the 3 months before surgery. Post-operative falls rates were 11.7% to 11.8% per quarter in the first year. TKA led to the improvement in balance confidence, but this was not maintained in patients with a history of falling pre-operatively. TKA led to a reduction in depression symptomatology in non-fallers, but not in people who had fallen pre-operatively. Pre-operative falling was predicted by depression symptomatology and pre-operative history of falling. A recent history of falling is common in people undergoing TKA, and about 45% of patients fall again in the year following surgery. Patients being considered for TKA should be asked about falls history and undergo falls risk assessment and intervention. (RH)  
ISSN: 00020729  
From : <http://www.ageing.oxfordjournals.org>

## FAMILY AND INFORMAL CARE

(See Also 196/116)

- 196/69 Daughters as caregivers of aging parents: the shattering myth; by Pnina Ron.: The Haworth Press, Inc..  
Journal of Gerontological Social Work, vol 52, issue 2, 2009, pp 135-153.  
This research study examines adult daughters' measures of coping in the roles as caregivers of ageing parents, thus affirming Pearlin, Lieberman, Menaghan and Mullan's 1981 model. The model presents the mental health of caregiver daughters as a function of demographic variables, role burden and stresses resulting from other relationships within the family, as well as personality variables such as mastery and self-esteem. The research examined 224 women in Israel and presented four major assumptions relating to the extent of the correlation between: the characteristics of the daughter and emotional well-being; the stresses and role burden of the caregiver and her emotional well-being; the caregiver's self-image and her emotional well-being; and gender role orientation and family support and the emotional well-being of the caregiver. The main finding is that gender gender role orientation of female caregivers affects their well-being. The findings indicate mutual relations between all elements of the research model and actually validate all four of the research assumptions. Findings show that of the mediating variables in the model, family support and male gender role orientation moderate the intensity of the stresses experienced by the daughter in her role as caregiver. (RH)  
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From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA. email: haworthpress@taylorandfrancis.com  
(www.taylorandfrancis.com)
- 196/70 Family influence on caregiver resistance, efficacy and use of services in family elder care; by Pat M Keith, Robbyn Wacker, Susan M Collins.: The Haworth Press, Inc..  
Journal of Gerontological Social Work, vol 52, issue 4, 2009, pp 377-400.  
This research investigated how resistance to use of services attributed to family members and primary caregiver self-efficacy and resistance had influenced actual use of services. Data were analysed from questionnaires completed by 224 people engaged in informal elder care in the community. Tests of six hypotheses revealed that family influence on caregivers had a consistent, important influence on behaviour and views of caregivers. Family resistance to use of formal services framed caregivers' feelings, preferences, and decisions, ranging from their own perceived self-efficacy to actually obtaining help outside the family. Professionals must include family members in their dialogue with primary caregivers about their plans for care of an older relative. Suggestions for interventions to better understand family and caregiver resistance are discussed. (KJ/RH)  
ISSN: 01634372  
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA. email: haworthpress@taylorandfrancis.com  
(www.taylorandfrancis.com)
- 196/71 How well do family caregivers know their relatives' care values and preferences?; by Carol J Whitlatch, Rich Piiparinen, Lynn Friss Feinberg.  
Dementia: the international journal of social research and practice, vol 8, no 2, May 2009, pp 223-244.  
The psychometric properties of the Values and Preferences Scale (VPS) are examined. This study also compares the responses of 267 people with cognitive impairment with the responses of their family caregivers to determine the accuracy of the caregivers' perceptions of their relatives' care values and preferences. Exploratory factor analysis examined whether a consistent factor structure could be found for the VPS both for the people with cognitive impairment (PWCIs) and family caregivers. Analyses also determined whether family caregivers were accurate in their perceptions of their relative's care preferences. Results indicate that the VPS was best divided into four factors or subscales (i.e. burden, safety or quality of care, autonomy,

and social interactions), all of which were found to have adequate natural consistency for people with cognitive impairment and family caregivers. Caregivers generally had a good sense of what preferences were most important to their relatives (i.e. issues of safety and quality of care) but often underestimated the importance of certain values and preferences. These findings support previous work suggesting that practitioners consider incorporating an assessment of values and preferences for everyday care when working with people with cognitive impairment and their family caregivers. Further application and testing of the VPS should prove useful to practitioners who assist cognitively impaired people and their caregivers with health care decision-making and planning. (RH)

ISSN: 14713012

From : <http://www.dem.sagepub.com>

196/72

The influence of service factors on spousal caregivers' perceptions of community services; by Tamara Sussman.: The Haworth Press, Inc..

Journal of Gerontological Social Work, vol 52, issue 4, 2009, pp 406-422.

The literature clearly denotes that spouses differ from other family members in their reactions to caregiving, their patterns of service use and their assessment of specific services. Yet, despite their prevalence as caregivers, little is known about their unique perceptions of community services and the factors that affect their experiences with the service system. The purpose of this study was to explore the relative influence of spouses' personal factors (e.g. gender, family support); and service factors (e.g. one-on-one professional support) on spousal caregivers' perceptions of community services. The study employed a survey design with a sample of 73 spousal caregivers caring for their partners with dementia at home. This study found that spousal caregivers have more negative perceptions of the service system when their in-home workers are not informed about their spouses' likes, dislikes and routines. This service factor was the most significant predictor of caregivers' service perceptions. The study further found that most spousal caregivers received fewer than five consultations from a non-medical professional over a one year period. While spouses longed for more professional support, this service factor was not uniquely associated with service related stress. The policy and practice implications of these findings are discussed. (KJ/RH)

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## **GOVERNMENT AND POLICY**

(See Also 196/8, 196/165)

196/73

Building a society for all ages: presented to Parliament by the Secretary of State for Work and Pensions; by Department for Work and Pensions - DWP; Department of Health - DH; Department for Communities and Local Government - DCLG. London: TSO, July 2009, 59 pp (Cm 7655).

This strategy develops the Government's 2005 strategy, Opportunity Age. It has been developed from discussion with members of the public and non-government organisations, and sets out long-term vision and actions over the next 2-3 years. While existing initiatives such as Age Positive will continue, it proposes an "Active at 60" package for those approaching their 60th birthday about entitlements. A chapter on "older people at the heart of the family" states that a Families and Relationships Green paper will be published in the autumn, when there will also be a "grandparents summit". On "engaging with work and the economy", a review of the Default Retirement Age is being brought forward to 2010; and an Innovation and Growth Team of experts from academia, business and the age sector is proposed. The chapter "Improving financial support" notes work on existing policies on tackling pensioner poverty and pension reform. "Better public services for later life" notes the greatest need for services is in later years; and resulting from the Equalities Bill going through Parliament, "unjustifiable age discrimination" will be banned from April 2012. Also, the Care and Support Green Paper being

published shortly will set out options for a fairer and more sustainable funding system. Other items - housing, neighbourhood design, safer neighbourhoods, transport, and community volunteers - are dealt with under "Building communities for all ages". The Age Stakeholder Team at the Department for Work and Pensions seeks responses to this consultation by 12 October 2009. A website ([www.hmg.gov.uk/buildingasocietyforallages](http://www.hmg.gov.uk/buildingasocietyforallages)) gives details of regional and local consultation events, also workshops. (RH)

Price: £14.35

From : TSO, PO Box 29, Norwich NR3 1GN. [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop) Responses to: Age Stakeholder Team, Department for Work and Pensions, Level 5, Caxton House, Tothill Street, London SW1H 9NA. Email: [allages@hmg.gov.uk](mailto:allages@hmg.gov.uk)

196/74

LinkAge Plus: Capacity building - enabling and empowering older people as independent and active citizens: a report of research carried out by INLOGOV, University of Birmingham on behalf of the LinkAge Plus National Evaluation Team, the Local Government Centre, Warwick Business School and the Department for Work and Pensions; by Martin Willis, Robert Dalziel, INLOGOV, University of Birmingham; Local Government Centre, Warwick Business School; Department for Work and Pensions - DWP. London: Electronic format (DWP), 2009, 74 pp (Department for Work and Pensions Research report, no 571).

LinkAge Plus (LAP) provides a comprehensive approach to accessible joined-up services for older people, with central and local government combining their efforts with voluntary and community sector organisations to design, develop and deliver services that meet older people's needs. The Department for Work and Pensions (DWP) commissioned the Local Government Centre, Warwick Business School to undertake this national evaluation of the LinkAge Plus pilot programme. The report examines the extent to which LAP has been a tool for capacity building for the 8 LAP pilots, by analysing evidence in relation to ten distinct dimensions of capacity building. For the purposes of this research, capacity building is defined as "the creation of additional capability to achieve improved outcomes for older people either through the better use of existing resources, or through the development of new resources". References to the pilot areas (Devon, Gateshead, Gloucestershire, Lancaster, Leeds, Nottinghamshire, Salford and Tower Hamlets) and to other recent reports on capacity building and citizenship illustrate the extent to which LAP has enabled and empowered older people to be independent and active citizens. (RH)

From : <http://www.dwp.gov.uk/asd/asd5/rrs-index.asp>

196/75

Preparing for our ageing society: summary of responses; by HM Government; Department for Work and Pensions - DWP. London: Department for Work and Pensions, June 2009, 24 pp.

The 2005 strategy paper 'Opportunity age' (Cm 6466) set out the Government's strategy for older people and the ageing society. This is a summary of responses to the 'Preparing for our ageing society' discussion paper, which are considered under four main themes. First, "a society for all ages", from which the key topics that emerged were: creating a society for and across all ages; having influence and a strong voice; and improving delivery of services. Second, "preparing for later life", for which the key priority was the need to help people do more than financial planning when thinking about their later life. Examples include making choices about housing and where to live, how to stay active, and having faster access to information when circumstances change. Third, "living well in later life", for example, keeping up with activities and interests, and staying connected with family, friends and the local community. Fourth, "the right support for those who need it", such as better access to high quality, well-written information, better access to health and social care from trusted sources of support. Topics raised by those attending the exploratory events included: greater clarity about the funding of social care; more support for those funding their own care arrangements; more positive treatment from those providing care; better transport; and opportunities to volunteer. Further information on consultation events and development tools will be made available at the weblink given. (RH)

Price: FOC

From : Age Stakeholder Team, Department for Work and Pensions, Level 5, The Adelphi, 1-11 John Adam Street, London WC2N 6HT. E-mail: [dwp.ageingstrategy@dwp.gsi.gov.uk](mailto:dwp.ageingstrategy@dwp.gsi.gov.uk) Web link at: [www.dwp.gov.uk/policy/ageing-society/](http://www.dwp.gov.uk/policy/ageing-society/)

## GRANDPARENTS

- 196/76 Grandparenting a child with a disability: an emotional rollercoaster; by Sandra Woodbridge, Laurie Buys, Evonne Miller.: Blackwell Publishing.  
Australasian Journal on Ageing, vol 28, no 1, March 2009, pp 37-40.  
As our knowledge about the experiences of grandparents when their grandchild has a disability is extremely limited, the purpose of this research was to explore the emotional journey of Australian grandparents. This qualitative research utilised purposive sampling and semi-structured in-depth interviews to explore the experiences of 22 Australian grandparents, whose grandchild had been diagnosed with a disability. Three key themes characterized grandparent's emotional journey: adjusting (the transition from anger to acceptance), the 'double grief' (sadness about what might have been for both their child and grandchild) and pride in family (pride in family's ability to adjust to the challenges of the situation). As the first Australian study to explore the experiences of grandparents when their grandchild has a disability, the research provides important new knowledge about the emotional journey for grandparents. Unlike overseas research, Australian grandparents view themselves as being there to support their own children, rather than 'holding the family together'. The findings will provide current policy debates about the role of grandparents and highlight the importance of support services that help facilitate grandparents' role within their family. (KJ/RH)  
ISSN: 14406381  
From : <http://www.cota.org.au> / <http://www.blackwellpublishingasia.com>
- 196/77 The poor relation?: grandparental care: where older people's poverty and child poverty meet: interim report; by Julia Griggs, Grandparents Plus; Equality and Human Rights Commission (EHRC); Department for Social Policy and Social Work, University of Oxford. London: Grandparents Plus - electronic download, June 2009, 22 pp.  
The author has used data from the British Social Attitudes (BSA) survey for 2007 to build a more comprehensive picture of Britain's grandparent population and the significant role played by grandparents in providing support for their children and care for their grandchildren. This interim report looks at changes in the last ten years in the socio-economic and income aspects of being a grandparent. It notes that working class grandparents are more likely than middle class grandparents to belong to four-generation families, and that working age grandmothers on low incomes are most likely to be providing the childcare. There is also a direct correlation between a mother's employment and whether her own mother is still alive. Overall, the grandparental contribution is being shaped by an ageing population, increased family diversification, and increased participation by mothers in the workforce. In turn, these changes affect grandparents own (financial) well-being. (RH)  
From : Download (29/6/09): <http://www.grandparentsplus.org.uk/>

## HEALTH CARE

(See 196/127)

## HEALTH SERVICES

(See Also 196/67, 196/81)

- 196/78 British Medical Association consultation: Developing general practice, listening to patients: summary [of] consultation response; by Andrew Harrop, Charlotte Potter, Age Concern and Help the Aged. London: Age Concern and Help the Aged, May 2009, 4 pp (Consultation response, Ref: 3009(S)).  
'Developing general practice, listening to patients' is a nationwide consultation by the British Medical Association (BMA), which invites comments on the subject from patient groups. The main points Age Concern and Help the Aged make about general practitioners (GPs) relate to: providing good clinical advice and support; commissioning a wide range of care and support services; and combating health inequalities. GP services must be arranged in ways which meet

older people's needs and preferences. Older people want to be able to the GP they know and trust, to have an appointment that is convenient to them, and to be seen at home when it is difficult to get to the surgery. (RH)

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

196/79

Screening men for abdominal aortic aneurysm: 10 year mortality and cost effectiveness results from the randomised Multicentre Aneurysm Screening Study; by S G Thompson, H A Ashton, L Gao (et al), Multicentre Aneurysm Screening Study Group.

British Medical Journal, vol 338, no 7710, 27 June 2009, pp 1538-1541.

In a sample of 67770 men aged 65-74 from four UK centres, participants were individually allocated to invitation to attend ultrasound screening or to a control group not offered screening. Patients with an abdominal aortic aneurysm detected at screening were offered surgery if they met predetermined criteria. Over 10 years, 135 deaths related to abdominal aortic aneurysm occurred in the invited group and 296 in the control group. The degree of benefit seen in earlier years of follow-up was maintained in later years. Based on the 10-year trial data, the incremental cost per man invited to screening was £100 (£82 to £118) leading to a cost-effectiveness ratio of £7600 (£5100 to £13000) per life year gained. However, the incidence of ruptured abdominal aortic aneurysms in those originally screened as normal increased noticeably after 8 years. The mortality benefit of screening men aged 65-74 for abdominal aortic aneurysm is maintained up to 10 years and cost-effectiveness becomes more favourable over time. To maximise the benefit from a screening programme, emphasis should be placed on achieving a high initial rate of attendance and good adherence to clinical follow-up, preventing delays to undertaking surgery and maintaining a low operative mortality after elective surgery. On the basis of current evidence, re-screening of those originally screened as normal is not justified. (RH)

ISSN: 09598138

From : [www.bmj.com](http://www.bmj.com)

## **HIV AND AIDS**

(See Also 196/88)

196/80

Sexually transmitted infections in older patients; by Vanessa Akyeampong, Patrick French. GM (Geriatric Medicine), vol 39, no 2, February 2009, pp 69-74.

Clinicians should recognise that older patients are often sexually active and, therefore, at risk of sexually transmitted infections. Syphilis and HIV are two such infections with particular relevance in an older population, since the morbidity of other infections mainly affects fertility, which is of little worry in older patients. Since 1998, diagnoses of syphilis have been increasing in the UK, and late effects of earlier epidemics may be seen as untreated, latent, or symptomatic syphilis. In the case of HIV, effective anti-viral treatment has increased the life-span of patients and an increasing number of new diagnoses are made in much older patients. (KJ/RH)

ISSN: 0268201X

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

## **HOME CARE**

196/81

Can't live at home, can't live in care: [inability to live independently despite desire to do so: a case study]; by Barry Clewer, Maureen Sheridan, Frances Anderson.

Community Care, issue 1778, 9 July 2009, pp 26-27.

The family of a woman aged 84 is at a loss at what to do when, despite her strong desire to live at home, it becomes clear that she is unable to live independently. This article gives a diary of events following a fall, beginning with her initial admission to hospital. The Chair of Birmingham Advisory Council of Older People, and a social worker and community care officer from the Integrated Discharge Planning Team, Luton & Dunstable Hospital comment on the case. They suggest courses of action that may have alleviated problems encountered: discussions

between family members and social workers; district nurse visits to administer medication at home; and community psychiatric assessment as an alternative to re-admission to hospital. This case study illustrates the absence of services that could support independence. (RH)  
ISSN: 03075508 From : [www.communitycare.co.uk](http://www.communitycare.co.uk)

196/82

The process of decision-making in home-care case management : implications for the introduction of universal assessment and information technology; by M Ega, J Well, K Byrne (et al).

Health and Social Care in the Community, vol 17, no 4, July 2009, pp 371-378.

Increasingly, jurisdictions are adopting universal assessment procedures and information technology to aid in healthcare data collection and care planning. Before their potential can be realised, a better understanding is needed of how these systems can best be used to support clinical practice. The authors investigated the decision-making process and information needs of home-care case managers in Ontario, Canada, prior to the widespread use of universal assessment, with a view of determining how universal assessment and information technology could best support this work. Three focus groups and two individual interviews were conducted; questioning focused on decision-making in the post-acute care of individuals recovering from a hip fracture. It was found that case managers' decisional process was one of a clinician-broker, combining clinical expertise and information about local services to support patient goals within the context of limited resources. This process represented expert decision-making, and the case managers valued their ability to carry out non-standardised interviews and override system directives when they noted that data may be misleading. Clear information needs were found in four areas: services available outside of their regions, patient medical information, patient pre-morbid functional status and partner/spouse health and functional status. Implications for the use of universal assessment are discussed. Recommendations are made for further research to determine the impact of universal assessment and information technology on the process and outcome of home-care case manager decision-making. (KJ)

ISSN: 09660410 From : <http://www.blackwellpublishing.com/hsc>

## **HOSPICE CARE**

(See 196/25)

## **HOSPITAL SERVICES**

(See Also 196/89, 196/121)

196/83

Discharge planning: the role of the discharge co-ordinator; by Mary Rose Day, Geraldine McCarthy, Alice Coffey.

Nursing Older People, vol 21, no 1, February 2009, pp 26-32.

Research spanning 30 years has highlighted discharge planning as a complex area of practice. Discharge co-ordinators are part of the support provided to improve the patient's journey from acute to community settings. This study explores and describes the role of discharge co-ordinators in a healthcare setting. Using an exploratory descriptive research design, a convenience sample of 6 discharge co-ordinator nurses across a variety of acute care settings in the Republic of Ireland was interviewed. Thematic analysis revealed that the role of the discharge co-ordinators was multifaceted and a number of factors affected their role. Recommendations for practice include improved discharge planning processes and education. (RH)

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

196/84

Use of emergency departments by older people from residential care: a population based study; by Sharyn L Ingarfield, Judith C Finn, Ian G Jacobs (et al).

Age and Ageing, vol 38, no 3, May 2009, pp 314-318.

A study of all 97,161 patients aged 65+ who presented to public hospital emergency departments (EDs) in Perth, Western Australia 2003-2006 considered patient demographic and clinical



characteristics. Logistic regression was used to model the effects of living in residential care on the likelihood of a particular ED diagnosis, hospital admission and in-hospital death. Older people from residential care were 1.69 times more likely to present to EDs than those from the community, and they were also older (mean age 84.7 vs 76 years). Those from residential care also had a different pattern of presentations: they were more likely to be diagnosed with pneumonia or influenza, urinary tract infections and hip fractures, and less likely to be diagnosed with circulatory system diseases and neoplasms. They were more likely to be admitted to hospital and die there. Whether these differences in care practices are appropriate, or represent under-treatment of those from residential care, is unknown. (RH)

ISSN: 00020729

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

## HOUSING

(See Also 196/43)

- 196/85      Housing, care and support options for older people; by Housing 21. Beaconsfield: Housing 21, 2009, 10 pp.  
Housing 21 promotes choice and independence for older people through a range of care, health and housing services. This pamphlet gives short explanations of the sorts of retirement housing, dementia services (including assistive technology), home care services, end of life care, respite and rehabilitation services and day services that it offers. (RH)  
From : Housing 21, The Triangle, Baring Road, Beaconsfield, Bucks HP9 2NA.  
[www.housing21.co.uk](http://www.housing21.co.uk) Email: [enquiries@housing21.co.uk](mailto:enquiries@housing21.co.uk)  
(Also available in other formats.)
- 196/86      A place to live; by Gillian Crosby, Angela Clark.  
Housing, Care and Support, vol 11, no 4, December 2008, pp 20-23.  
The home improvement agency (HIA) sector must move up a gear or two as the pace quickens to respond to society's wish to "stay put", even when frailty or ill health sets in. This article examines the policies that are driving the housing agenda and the housing options that are currently available to older people, stressing the need for consultation at all stages. An earlier version of this article was published in Working with Older People (vol 12, issue 3, September 2008). (RH)  
ISSN: 14608790  
From : Website: <http://www.pavpub.com>
- 196/87      Toward a screening tool for housing accessibility problems: a reduced version of the Housing Enabler; by Gunilla Carlsson, Oliver Schilling, Björn Slaug (et al).  
Journal of Applied Gerontology, vol 28, no 1, February 2009, pp 59-80.  
To present a reduced version of the Housing Enabler, useful as a screening tool in practice contexts and research, this study identifies the core items of the instrument's environmental component, that is, items most important in measuring accessibility problems. A set of core items was identified by using cross-national data and interdisciplinary knowledge. The environmental component of the reduced version comprises 61 items compared to 188 in the original instrument. The rank correlation between the accessibility scores generated by the original and reduced versions was  $r$  equal to or greater than .97. Based on comprehensive empirical research in three countries (Sweden, Germany and Latvia), the reduced version of the Housing Enabler is a time-efficient and valid screening instrument. It is a powerful tool for research and interventions focusing on housing accessibility problem identification. (RH)  
ISSN: 07334648  
From : <http://jag.sagepub.com>
- 196/88      Working across boundaries to improve health outcomes : a case study of a housing support and outreach service for homeless people living with HIV; by A Cameron, L Lloyd, W Turner (et al).  
Health and Social Care in the Community, vol 17, no 4, July 2009, pp 388-395.

This paper reports the findings of an evaluation of the 'Housing Support, Outreach and Referral' service developed to support people living with HIV who were homeless or at risk of homelessness. The service was set up as part of the Supporting People Health Pilot programme established to demonstrate the policy links between housing support services and health and social care services by encouraging the development of integrated services. The paper considers the role of housing support in improving people's health, and considers the challenges of working across housing, health and social care boundaries. The evaluation of the health pilot employed two main sources of data collection: quarterly project evaluation reports, which collected process data as well as reporting progress against aims and objectives, and semi-structured interviews with professionals from all key stakeholder groups and agencies, and with people who used services. Over the course of 15 months, 56 referrals were received of which 27 were accepted. Fifteen people received tenancy support of whom 12 were helped to access temporary accommodation. At the end of the 15 months, all of the tenancies had been maintained. In addition, 18 people registered with a general practitioner and 13 registered with an HIV clinic. Interviews with professionals emphasised the importance of the local joint working context, the involvement of the voluntary sector and the role of the support workers as factors that accounted for these outcomes. Those using services placed most emphasis on the flexibility of the support worker role. Importantly, interviews with professionals and those using services suggest that the role of support worker incorporates two dimensions - those of networker/navigator as well as advocate - and that both dimensions are important in determining the effectiveness of the service. (KJ)

ISSN: 09660410

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

## **HUMAN RIGHTS**

(See Also 196/122)

196/89

Is forced relocation of older people abuse of human rights?; by M Shaukat Ali. GM (Geriatric Medicine), vol 39, no 3, March 2009, pp 176-177.

The familiarity of the home environment and the freedom to be able do as one wants there is important to people's well-being. Relocation of older people against their wishes and the taking away of such rights is becoming a more common occurrence, for example with admission to hospital and then the strong desire to return home on discharge. The most common reason for forced relocation of such older people is that they are confused and/or have dementia, so therefore cannot be discharged home safely. Six examples illustrate cases in which the right decision is difficult, resulting as they do in admission to a care home. (RH)

ISSN: 0268201X

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

## **INFORMATION AND COMMUNICATION TECHNOLOGY**

196/90

Digital lifestyles: adults aged 60 and over; by Ofcom. London: Ofcom, May 2009, 32 pp.

Compared to the general adult population, those aged 60+ are less likely to live in households with digital television and the Internet, and less likely to regularly use newer media devices such as mobile phones, MP3 players and games consoles. This report is part of Ofcom's Media Literacy Audit research (reports available from Ofcom website at [http://www.ofcom.org.uk/advice/media\\_literacy/ml\\_audit/](http://www.ofcom.org.uk/advice/media_literacy/ml_audit/)). The report aims to support people in developing and promoting media literacy among an age group whose preferences are for "traditional" media such as radio and television. It considers issues of access, for example the reasons for non-take-up of the Internet; older people's interest in and confidence in using different media devices; preferences for learning about digital technology; and attitudes and behaviours relating to communications technology. (RH)

From : Ofcom, Riverside House, 2a Southwark Bridge Road, London SE1 9HA. [www.ofcom.org.uk](http://www.ofcom.org.uk)

## **INTEGRATED CARE**

- 196/91 The benefits of sharing: attitudes towards data sharing to provide benefits and support for older people; by Sally West, Age Concern England - ACE; Help the Aged. London: Age Concern Reports, February 2009, 34 pp.  
Many older people fail to access those services and entitlements that are available to them. Sharing information between different organisations could help ensure that people receive the support they need. However, there are concerns about privacy and security of data when shared. This report is based on findings of research carried out with 46 people aged 60+ at four deliberative workshops and focusing on three specific scenarios: data matching to increase benefit take-up; sharing Department for Work and Pensions (DWP) information with energy companies to provide assistance with fuel bills; and sharing information to help services reach vulnerable people. The need to consult and take people's views into account before introducing such strategies was seen as important; more so was ensuring that information was secure and with the correct procedures in place before introducing greater data data sharing. (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

## **INTERNATIONAL AND COMPARATIVE**

(See Also 196/13, 196/35, 196/54, 196/124)

- 196/92 Frailty and type of death among older adults in China: prospective cohort study; by Matthew E Dupre, Danan Gu, David F Warner (et al).  
British Medical Journal, vol 338, no 7700, 18 April 2009, pp 924-927.  
Participants were 13,717 older Chinese people aged 65+ from the 2002 and 2003 waves of the Chinese longitudinal healthy longevity survey carried out in 22 provinces throughout China. Multinomial analyses showed that higher levels of frailty significantly increased the relative risk ratios of mortality for all types of death. Of those with the highest levels of frailty, men were most likely to experience 30 or more bedridden days with suffering before death, and women 30 or more bedridden days with no suffering. Regardless of frailty, centenarians and nonagenarians were most likely to experience fewer than 30 bedridden days with no suffering, whereas those aged 65-79 and 80-89 were more likely to experience fewer than 30 bedridden days with suffering. Adjusting for compositional differences had little impact on the links between frailty and type of death for both sexes and age groups. The association between frailty and type of death differs by sex and age. Health scholars and clinical practitioners should consider age and se differences in frailty to develop more effective measures to reduce preventable suffering before death. (RH)  
ISSN: 09598138  
From : www.bmj.com
- 196/93 The status of Beijing geriatric health care; by Song Yuetao, Chen Zheng, Zhang Jinping (et al).: International Institute on Ageing (United Nations - Malta).  
BOLD, vol 19, no 2, February 2009, pp 2-9.  
The Director of Beijing Geriatric Institute and colleagues comment on the social problems of an ageing population in Beijing City, and in particular how to meet older people's increasing needs for medical care. This article discusses the current situation on geriatric health care in Beijing, guiding principles, the health care system, basic functions, its general future development, and safeguards for the service. (RH)  
ISSN: 10165177  
From : http://www.inia.org.mt

## **LEARNING DIFFICULTIES**

(See 196/114, 196/120)

## LEGAL ISSUES

(See 196/5, 196/101)

## LEISURE

(See 196/155)

## LIFE-LONG LEARNING

- 196/94 Grey matter matters: older Londoners have the right to learn!; by Age Concern London - ACL. London: Age Concern London - ACL, 2009, 15 pp.  
The value of older people's participation in lifelong learning is confirmed, but the activity is under threat from Government funding. Age Concern London (ACL), the Greater London Forum for Older People, and Age Concern and Help the Aged are gathering information on access to formal and informal learning across London. At an event on 27 March 2009, older people gave their views on the benefits and the barriers to learning. This report comments that priority has been given to vocational training and under 25s. Among its recommendations is for a Londonwide older person's learning pass: learning must be accessible and affordable for all. (RH)  
From : ACL, 1st Floor, 21 St Georges Road, London SE1 6ES.  
<http://www.aclondon.org.uk>

## MEDICAL ISSUES

(See Also 196/65, 196/79, 196/128)

- 196/95 'Post antibiotic apocalypse': discourses of mutation in narratives of MRSA; by Brian Brown, Paul Crawford.  
Sociology of Health & Illness, vol 31, no 4, May 2009, pp 508-524.  
The question of mutation as it is manifested in press coverage of MRSA (methicillin-resistant Staphylococcus aureus) in UK hospitals is considered. This represents a fertile field of discourse which brings into focus issues relating to microbes, people and working practices as well as the concepts of risk and vulnerability. A regular feature of reporting has been the presence of explanations for drug resistance and versatility, largely through a Darwinian process which is "clever" at overcoming human attempts at elimination. More recently, a discourse has emerged which also brings to the forefront the vulnerability of patients who are very young, old or otherwise immunocompromised, or whose genetic make-up might put them at risk from the microbe. The hospital is de-centred as a source of infection, and attention is turned instead to nursing homes and gymnasia as sources of infection in the community. This latter development mitigates the responsibilities of hospitals and statutory healthcare providers and turns the risk back toward the individual as a responsible actor in an ecology of mutation. (RH)  
ISSN: 01419889  
From : <http://www.blackwellpublishing.com>

- 196/96 Cardiac monitoring for cholinesterase inhibitors: a survey; by Dirk Maliepaard, Tom MacEwan. International Psychogeriatrics, vol 21, no 3, June 2009, pp 457-462.  
There is no consensus on the monitoring for rare but potentially serious cardiac adverse events associated with cholinesterase inhibitor drugs in the treatment of dementia. Different protocols have been proposed, with and without ECG examination. The researchers surveyed an urban old age psychiatry service in Aberdeen to investigate the variables that may influence the implementation of such protocols. Case notes of 45 consecutive patients assessed for dementia were scrutinized, to establish how many underwent an ECG or other cardiac examination prior to drug treatments. Data were collected on demographics, medical conditions and drug treatments. Patient files were searched for indications of investigations and any outcomes. Half

of all patients treated with a cholinesterase inhibitor (11/22) had an ECG before treatment. In 5 cases, no pulse or cardiac symptoms were recorded in the absence of an ECG. Medical history, findings on examination, seniority of the clinician, and patient cooperation all may have influenced whether patients had an ECG. In 3 cases, treatment was not prescribed due to concerns over cardiac effects, and with 5 ECGs, new diagnoses were made. A protocol based on pulse monitoring would only have indicated ECGs in 2 out of 22 cases. Several factors may influence decisions on cardiac monitoring. Fewer ECGs could be done if only pulse and cardiac symptoms were monitored before cholinesterase inhibitor prescription, but new cardiac diagnoses might then be missed. Protocols can be devised to incorporate both cardiac investigation and cholinesterase inhibitor monitoring. (KJ/RH)  
ISSN: 10416102

- 196/97 Diabetes: (Best Practice Guide 6.4 published May 2009); by T J Aspray, A J Yarnall, S C Croxson (et al), British Geriatrics Society - BGS. London: British Geriatrics Society - BGS, May 2009, 8 pp (Best Practice Guide).  
Half of all people with diabetes in the UK are aged 65+, and a quarter are over 75. Yet the majority of large randomised clinical trials involving treatment and outcomes of patients with diabetes exclude these older (often frailer) people. This Best Practice Guide focuses on the Principal Aims of Diabetes Care, which have been summarised by the European Diabetes Working Party for Older People (see the website, [www.instituteofdiabetes.org](http://www.instituteofdiabetes.org)). It considers complications; interventions and treatments; the importance of audit for diabetes services; and future service developments. It notes other resources such as the National Service Framework for Diabetes (2003). (RH)  
From : [http://www.bgs.org.uk/Publications/Publication%20Downloads/good\\_practice\\_full/C\\_Diabetes\\_6-4.pdf](http://www.bgs.org.uk/Publications/Publication%20Downloads/good_practice_full/C_Diabetes_6-4.pdf)

#### **MEDICATION**

(See Also 196/102)

- 196/98 Making the most of pharmacies for carers: medicines; by Carers UK. London: Carers UK, [May 2009], 3 pp (Practice briefing).  
Carers UK has teamed up with Lloydspharmacy to see how carers and local carers' organisations can make the most of what community pharmacy services have to offer. Pharmacists are often the experts on medication, its side-effects and interactions with different drugs. This briefing provides help for carers in managing medicines, getting prescriptions and reviewing medications, suggesting links to information on the Lloydspharmacy website ([www.lloydspharmacy.com](http://www.lloydspharmacy.com)). (RH)  
From : Carers UK, 20 Great Dover Street, London SE1 4LX.  
<http://www.carersuk.org>
- 196/99 The multidisciplinary medication team for the elderly: a nursing point of view; by Julie Preston.: International Institute on Ageing (United Nations - Malta).  
BOLD, vol 19, no 2, February 2009, pp 25-26.  
Older people are likely to suffer from more than one disease. Consequently, they may be prescribed a variety of different drugs to be taken in different quantities and possibly at different times, with which they may fail to comply. This article comments on these and other problems: polypharmacy and possible adverse drug reactions; and non-selective self-medication with over-the-counter drugs. The author suggests a formal education plan for all patients who are discharged to home on any medication. (RH)  
ISSN: 10165177  
From : <http://www.inia.org.mt>

## MENTAL CAPACITY

- 196/100      Contemporaneous assessment of testamentary capacity; by Kenneth J Shulman, Carmelle Peisah, Robin Jacoby (et al), IPA Task Force on Testamentary Capacity and Undue Influence, International Psychogeriatric Association.  
International Psychogeriatrics, vol 21, no 3, June 2009, pp 433-439.  
A subcommittee of the International Psychogeriatric Association (IPA) task force on "Testamentary Capacity and Undue Influence" was formed to establish guidelines for contemporaneous assessment of testamentary capacity. The task-specific criteria for testamentary capacity as outlined by Lord Chief Justice Cockburn in the Banks v Goodfellow case are described. Additional issues are identified for probing and documentation. This is designed to determine whether the testator can formulate a coherent, rational testamentary plan that connects his/her beliefs, values and relationships with the proposed disposition of assets. Rules of engagement by the expert assessor are defined as well as an approach to the clinical examination for testamentary capacity resulting in a clear and relevant report. Guidelines for experts who are asked to provide a contemporaneous opinion on testamentary capacity should help to inform disputes resulting from challenges to wills. A consistent clinical approach will help the courts to make their determinations. (KJ/RH)  
ISSN: 10416102
- 196/101      The Mental Capacity Act 2005 Deprivation of Liberty Safeguards and people with dementia: the implications for social care regulation; by Geraldine Boyle.  
Health and Social Care in the Community, vol 17, no 4, July 2009, pp 415-422.  
The Mental Capacity Act 2005 introduced legal safeguards (which came into force in April 2009) aimed at protecting the liberty of people lacking capacity admitted to institutions in England and Wales. This paper discusses the adequacy of the Deprivation of Liberty Safeguards for protecting the liberty of residents in social care settings and the role of regulation in monitoring their implementation. In particular, the potential impact of planned unitary regulation on the regulator's ability to protect residents' liberty is critiqued, centring on people with dementia living in care homes. It is suggested that the capacity of the safeguards to adequately protect the liberty of residents with dementia may be limited by under-recognition of the extent to which deprivation of liberty can actually occur in care homes, insufficient resourcing and a lack of critical independence in their proposed implementation. In addition, the planned contraction of regulation - especially a reduction in inspections - will constrain the regulator's ability to ensure that residents' right to liberty is protected. The author concludes that the new model of regulation adopted by the UK government has prioritised economic efficiency over safeguarding the right to liberty of vulnerable residents in institutions. (RH)  
ISSN: 09660410  
From : <http://www.blackwellpublishing.com/hsc>

## MENTAL HEALTH

(See Also 196/47, 196/49, 196/50)

- 196/102      Attitudes of old age psychiatrists in England and Wales to the use of mood stabilizer drugs; by E Ephraim, R Prettyman.  
International Psychogeriatrics, vol 21, no 3, June 2009, pp 576-580.  
This study investigates attitudes to the prescription of mood stabilizer drugs for older patients by old age psychiatrists. From a sample of 508 members of the Old Age Faculty of the Royal College of Psychiatrists practising in England and Wales, 188 (37%) took part in a postal questionnaire survey. A proforma questionnaire investigating opinions about potential indications for, and current concerns about, mood stabilizer drugs was sent to all participants. Nearly all respondents initiated prescriptions for mood stabilizer drugs and a large majority agreed that they are therapeutically appropriate for prophylaxis of affective disorder (95%), treatment resistant depression (95%), acute mania (91%) and for behavioural symptoms in dementia (75%). Concerns about safety (77%), drug interactions (68%) and lack of scientific

evidence (53%) were common. In conclusion, old age psychiatrists are frequent prescribers of mood stabilizer drugs for a variety of indications, but have understandable concerns arising from a relative lack of scientific evidence of efficacy and effectiveness in older patients. (KJ/RH)  
ISSN: 10416102

- 196/103      Characteristics of help-seeking behaviour in subjects with subjective memory complaints at a memory clinic: a case-control study; by Inez H G B Ramakers, Pieter Jelle Visser, Arnold J N Bittermann (et al).  
International Journal of Geriatric Psychiatry, vol 24, no 2, February 2009, pp 190-196.  
Memory complaints in the absence of objective test impairments are common, but only a sub-set of subjects seeks medical attention for these complaints. This study investigates which factors determine why people with subjective memory complaints (SMC) seek medical attention. 33 cases with SMC from the Maastricht Memory Clinic were compared to 85 control subjects with SMC from the Maastricht Aging Study who did not seek help for their complaints. The authors investigated whether cases differed from controls with respect to: depressive and anxiety symptoms (SCL90), extraversion and neuroticism (EPQ), meta-memory (MIA), quality of life (SF-36), changes in memory and daily functioning according to a relative (DECO), life-changing events, and a family history of dementia. Cases with SMC who seek medical attention scored lower on memory self-efficacy and quality of life. They were more often worried due to daily functioning than relatives of controls. Both cases and controls had similar levels of depression and anxiety symptoms as well as levels of extraversion and neuroticism. Lower memory self-efficacy and quality of life, deterioration in daily functioning and worries due to a positive family history for dementia are factors that determine why subjects with SMC seek medical attention. This information may be useful for the development of interventions for these subjects. (RH)  
ISSN: 08856230  
From : <http://www.interscience.wiley.com/journal/gps>
- 196/104      Cognitive status and the psychological well-being of long-term care residents over time; by Norm O'Rourke, Sienna Caspar, Gloria M Gutman (et al).: Taylor & Francis.  
Aging & Mental Health, vol 13, no 2, March 2009, pp 280-287.  
Most of the research within long-term care (LTC) has emphasised the physical health of residents, has been cross-sectional in design, and has focused almost exclusively on residents with dementia. Few longitudinal studies have followed participants over intervals longer than one year. In contrast, this Canadian study set out to examine the experience of LTC residents with and without cognitive loss over a 2-year period comparing the physiological well-being of groups over time. Significant Group x Time interaction effects were observed between residents with and without significant cognitive loss in life satisfaction and depressive symptomatology. Results of this study underscore the need for longitudinal measurement in LTC research, the use of multivariate statistical procedures, and the need to identify and meet the distinct needs of residents with and without significant cognitive loss. (RH)  
ISSN: 13607863  
From : <http://www.informaworld.com/CAMH>
- 196/105      Diagnostic utility of the Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) and its combination with the Addenbrooke's Cognitive Examination-Revised (ACE-R) in a memory clinic-based population; by P Hancock, A J Larner.  
International Psychogeriatrics, vol 21, no 3, June 2009, pp 526-530.  
The study aimed to assess the clinical utility of the Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) in patients referred to memory clinics, alone and in combination with the Addenbrooke's Cognitive Examination-Revised (ACE-R) and the Mini Mental State Examination (MMSE). This pragmatic prospective study was based on 144 consecutive referrals attending with an informant to two memory clinics over a 12-month period. Patients were diagnosed using standard clinical diagnostic criteria for dementia (DSM-IV) as gold standard (dementia prevalence = 59%). The IQCODE was administered to informants, and the ACE-R and/or MMSE to most patients. The IQCODE proved acceptable to informants, and

was quick and easy to use. Using traditional parameters of diagnostic utility (sensitivity, specificity, positive predictive value, likelihood ratios), the performance of the IQCODE at optimal test accuracy was highly sensitive for the diagnosis of dementia, but specificity was poor with suboptimal positive predictive value and small or unimportant likelihood ratios. Combining the IQCODE with either ACE-R or MMSE greatly improved accuracy, specificity and positive predictive value when the tests were used in series, but not when used in parallel. In a memory clinic based population, the IQCODE proved sensitive for the diagnosis of dementia, but overall diagnostic accuracy was suboptimal. Combining the IQCODE in series with the ACE-R or MMSE greatly improved diagnostic utility. (KJ/RH)  
ISSN: 10416102

196/106

Education and trajectories of cognitive decline over 9 years in very old people: methods and risk analysis; by Graciela Muniz-Terrera, Fiona Matthews, Tom Dening (et al), Cambridge City over-75s Cohort Study Group - CC75C Group.

Age and Ageing, vol 38, no 3, May 2009, pp 277-282.

The investigation of cognitive decline in the older population has been hampered by analytical considerations. Most studies of older people over prolonged periods suffer from loss to follow-up, yet to date this has seldom been investigated fully. Such considerations limit our understanding of how basic variables such as education can affect cognitive trajectories. The authors examined cognitive trajectories in a population-based cohort study of people aged 75+ in Cambridge with whom multiple interviews were conducted over time. Cognitive function was measured using the Mini Mental State Examination (MMSE). Socio-demographic variables were measured, including educational level and social class. An age-based quadratic latent growth model was fitted to cognitive scores. The effect of socio-demographic variables was examined on all latent variables and the probability of death and dropout. At baseline, age, education, social class and mobility were associated with cognitive performance. Education and social class were not related to decline or its rate of change. In contrast, poor mobility was associated with lower cognitive performance, increased cognitive decline and increase rate of change of cognitive decline. Gender, age, mobility and cognitive ability predicted death and dropout. Contrary to much of the current literature, education was not related to rate of cognitive decline or change in this rate as measured by MMSE. Higher levels of education do not appear to protect against cognitive decline, though if the MMSE is used in the diagnostic process, individuals with less education may be diagnosed as having dementia somewhat earlier. (RH)

ISSN: 00020729

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

196/107

An empirical typology of lifetime and current gambling behaviors: association with health status of older adults; by Song-lee Hong, Paul Sacco, Renee M Cunningham-Williams.: Taylor & Francis.

Aging & Mental Health, vol 13, no 2, March 2009, pp 265-273.

Despite the low prevalence of gambling problems, older people experience poorer health status, given certain vulnerabilities associated with ageing. The authors aimed to classify lifetime (LPG) and current (CPG) problem gambling patterns, identify the determinants, and examine their association with current health status. Using a subset of 489 older gamblers (aged 50+) from the US Gambling Impact and Behavior Study, Latent Class Analysis classified LPG and CPG subgroups based on 10 DSM-IV criteria: preoccupation, tolerance, withdrawal, loss of control, escape, chasing losses, lying, illegal acts, relationship impairment and financial bailout. A two-class solution was the best fit for LPG and CPG groups. Except for illegal acts, the remaining criteria endorsed the distinguishing patterns. The authors observed 10.8% LPGs, 8.4% CPGs and 2.2% with both. Participation in religious services was protective of both groups. Gambling for excitement and to win money were related to CPG. Further CPG was significantly related to worse self-rated health. Although problem gambling is strongly characterised by number and type of diagnostic criteria, findings support a focus to include targeted assessment of additional clinically meaningful gambling correlates. Research on the moderator of articulation in faith-based communities on problem gambling is also warranted. (RH)

ISSN: 13607863 From : <http://www.informaworld.com/CAMH>



- 196/108      Explaining about ... mental health and well-being; by Fiona Borrowman, Sarah Dempster.  
Working with Older People, vol 13, issue 1, March 2009, pp 11-14.  
According to the authors of this article, no-one knows how to improve mental health and well-being in later life better than older people themselves. That is why the underpinning ethos of NHS Scotland's Mental Health and Wellbeing in Later Life Programme is about working with older people to ensure that their voices are heard. (RH)  
ISSN: 13663666  
From : <http://www.pavpub.com>
- 196/109      Grouchy old men?; by Toby Williamson.  
Working with Older People, vol 13, issue 1, March 2009, pp 19-22.  
With the numbers of older men increasing as the population ages, it is not only important to get a better understanding of their health and social care needs, but equally as important to challenge the perceptions that exist of who they are and how they relate to the world. In this article, the author looks at some of these challenges, and describes a Mental Health Foundation (MHF) project that is attempting to tackle these issues. Among the activities of the Grouchy Old Men project is a learning and information exchange network for individuals and organisations interested in older men's mental health. (RH)  
ISSN: 13663666  
From : <http://www.pavpub.com>
- 196/110      Influence of education and depressive symptoms on cognitive function in the elderly; by Renata Avila, Marco Antonio Aparício Moscosa, Salma Ribeiz (et al).  
International Psychogeriatrics, vol 21, no 3, June 2009, pp 560-567.  
This study was conducted at the Institute of Psychiatry, University of Sao Paulo School of Medicine, Hospital das Clínicas. All of the individuals evaluated were aged 60 or older. The study sample consisted of 59 outpatients with depressive disorders and 51 healthy controls. The sample was stratified by level of education: low = 1-4 years of schooling; high = 5 or more years of schooling. Evaluations consisted of psychiatric assessment, cognitive assessment, laboratory tests and cerebral magnetic resonance imaging. The researchers found that level of education influenced all the measures of cognitive domains investigated (intellectual efficiency, processing speed, attention, executive function and memory) except the Digit Span Forward and Fuld Object Memory Evaluation (immediate and delayed recall), whereas depressive symptoms influenced some measures of memory, attention, executive function and processing speed. Although the combination of a low level of education and depression had a significant negative influence on Stroop Test part B, Trail Making Test part B and Logical Memory (immediate recall), no other significant effects of the interaction between level of education and depression was found. The results of this study underscore the importance of considering the level of education in the analysis of cognitive performance in depressed older patients, as well as the relevance of developing new cognitive function tests in which level of education has a reduced impact on the results. (KJ/RH)  
ISSN: 10416102
- 196/111      Secrets to psychological success: why older doctors might have lower psychological distress and burnout than younger doctors; by C Peisah, E Latif, K Wilhelm (et al).: Taylor & Francis.  
Aging & Mental Health, vol 13, no 2, March 2009, pp 300-307.  
Long hours, little acknowledgement, poor sleep and high-stress work environments all contribute to making doctors prone to psychological distress and burnout, which have been much studied in younger doctors but less so in older doctors. 158 doctors were recruited from in and around the St George's Hospital, a major teaching hospital in Sydney, Australia. Participants completed a self-report questionnaire comprising the Maslach Burnout Inventory (MBI) and Kessler 10 Psychological Distress Scale. A sub-sample of 51 completed a semi-structured interview about issues related to burnout. These data were subjected to qualitative analysis. Older doctors and doctors with more years of experience had significantly lower scores on MBI subscales of Depersonalisation and Emotional exhaustion, and K-10 measured psychological distress. Aspects

of working conditions such as being in private practice were associated with increased scores on MBI subscales of Personal accomplishment and lower scores on MBI subscales of Emotional exhaustion and Depersonalisation and K10 measured psychological distress. Older doctors more frequently worked in private practice. These quantitative findings were supported by the qualitative data that suggested that older doctors perceived that they experienced less psychological distress compared with earlier in their careers, which they attributed to the development of protective defences in their relationship with patients and the liberation afforded by accumulation of expertise and changed work conditions. This study's findings suggest that older, more experienced doctors report lower psychological distress and burnout than younger doctors, which the older doctors attributed to lessons learned over the years of training and practice. It may be of considerable value to find ways to more efficiently pass on these lessons to younger doctors, to aid them in dealing with this challenging profession. By soliciting older doctors to aid this transfer of knowledge, this approach may also have the added benefit of assisting older doctors in the transition from active clinical practice to the role of mentoring the new physician cohort. (RH)

ISSN: 13607863 From : <http://www.informaworld.com/CAMH>

196/112

Working towards promoting positive mental health and well-being for older people from BME communities; by Rachel Tribe, Pauline Lane, Sue Heasum.

Working with Older People, vol 13, issue 1, March 2009, pp 35-40.

This article identifies some of the key issues that need to be considered when trying to promote positive mental health and well-being in older people from black and minority ethnic (BME) communities. The authors say that while developing a cultural understanding is important for providing good care for BME elders, it is also important to recognise that a number of structural and organisational issues that go beyond language or culture can affect health and access to care. The article also promotes the significant role of voluntary sector organisations in developing culturally appropriate mental health promotion services for BME elders. Two such projects are described: the 'Meri Yaadan' Dementia Project which raises awareness and promotes access to mental health services for South Asian elders in Bradford; and the Bangladeshi Mental Health Promotion Project in Tower Hamlets. (RH)

ISSN: 13663666 From : <http://www.pavpub.com>

## **MENTAL HEALTH CARE**

(See 196/147)

## **MENTAL HEALTH SERVICES**

(See Also 196/103)

196/113

Adapting services for a changing society: a reintegrative model for old age psychiatry (based on a model proposed by Knight and Emanuel, 2007); by Martin Blanchard, Marc Serfaty, Stephane Duckett (et al).

International Journal of Geriatric Psychiatry, vol 24, no 2, February 2009, pp 202-206.

Most psychiatric services use a Recovery Model; but that model is not entirely relevant to older people with mental health problems who have lost a life-long spouse, or have no living family, or have developed life-threatening, disabling diseases. The reference in the title is to 'Processes of adjustment to end-of-life losses: a reintegration model', by Sara J Knight and Linda Emanuel (Journal of Palliative Medicine, vol 10, pp 1190-1198), in which those authors discussed their model and its implications for the dying person, caregivers, and the palliative care team. The present article considers three main processes that are central to understanding this adjustment process: comprehension of loss, creative adaptation, and reintegration. Its authors suggest that the reintegration model may also help those working directly with older patients on medical wards to come to terms with the often irreversible nature of their health problems. (RH)

ISSN: 08856230 From : <http://www.interscience.wiley.com/journal/gps>

- 196/114 Commissioning services and support for people with learning disabilities: national report of joint review; by Commission for Social Care Inspection - CSCI; Mental Health Commission - MHC; Healthcare Commission. London: Commission for Social Care Inspection, Mental Health Commission and Healthcare Commission, March 2009, 59 pp ((CSCI-245).  
Some recent reports have shown that services for people with learning disabilities have not always worked well, particularly for those with complex needs. This report uses the evidence from visits in 2008 to nine local areas (Doncaster, Dorset, Dudley, Gateshead, Harrow, Hillingdon, Lancashire, Redbridge and Stoke-on-Trent) to assess how people with learning disabilities and complex needs were being supported to live their lives fully, through the activities of commissioning. It concludes that those with learning disabilities should enjoy the same basic rights as other people, and that central to achieving this are personalised services and access to good advocacy. This was one of the final reports of the three commissions before the new Care Quality Commission assumed responsibilities in April 2009. (RH)  
From : Care Quality Commission orderline 0870 240 7535.  
Download at: [http://www.cqc.org.uk/\\_db/\\_documents/8071-CSCI-LDisability.pdf](http://www.cqc.org.uk/_db/_documents/8071-CSCI-LDisability.pdf)
- 196/115 Early psychosocial intervention in a memory clinic: addressing isolation in older people with early dementia; by Hannah Wilkinson, Sue Whiteing, Karen Hawcroft (et al): Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society.  
PSIGE Newsletter, no 106, January 2009, pp 31-38.  
The structure and progress of a group for older women identified as vulnerable to mood disorders following a diagnosis of dementia is described. The aim of the community-based group intervention used was to facilitate integration into local community facilities rather than mental health services. The authors review how this social integration intervention has helped six participants with early-stage dementia whose perceived loneliness rendered them vulnerable to distress and depression in the longer term. (RH)  
ISSN: 13603671 From : <http://www.psige.org.uk>
- 196/116 An emotive subject: insights from social, voluntary and healthcare professionals into the feelings of family carers for people with mental health problems; by Ben Gray, Catherine A Robinson, Diane Seddon (et al).  
Health and Social Care in the Community, vol 17, no 2, March 2009, pp 125-132.  
Carers for people with mental health problems can generate a whole range of positive and negative emotions, including fear, disbelief, guilt and chaos as well as a sense of purpose, pride and achievement. This paper explores the emotions of family carers from the perspectives of social, voluntary and healthcare professionals. 75 participants were interviewed; the sample included directors, managers and senior staff from social, voluntary and healthcare organisations. Participants were encouraged to talk in detail about their understanding of family carers' emotions. Findings highlight a rich understanding of the broad spectrum of carer emotions and the huge emotional adjustments that are often involved. Diagnosis was seen to be imbued with negative emotions, such as fear, anger and denial. However, feelings of hopelessness and desolation were often counterbalanced by feelings of hope, satisfaction and the emotional rewards of caring for a loved one. Participants noted a clear lack of emotional support for family carers, with accompanying feelings of marginalisation, particularly during transition and especially involving young carers as well as ethnic minorities. By way of contrast, carer support groups were suggested by professionals to be a holistic, effective and economical way of meeting carers' emotional needs. This paper explores the challenges of family carer emotions from the perspective of managers and practitioners, and draws out inspirations for research, policy and practice. (RH)  
ISSN: 09660410 From : <http://www.blackwellpublishing.com/hsc>
- 196/117 The importance of collaborative theory in older people's services; by Tresa Andrews, Jessica Read.  
Journal of Integrated Care, vol 17, issue 2, 2009, pp 35-40.  
The authors are mental health practitioners who provide mental health resources to integrated health and social care services, and they briefly describe what informs their service model. They

show how their respective authorities, Southwark and Salford, have attempted to bring alive government guidance by developing a mental health resource for those working at the intersection with integrated mainstream care. Although a local context receptive to partnership working was important, connecting collaborative theory with practice was crucial to the successful development of this resource. (RH)

ISSN: 14769018

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

- 196/118      Improving access to psychological therapies for all adults; by Pradip Ghosh.  
Psychiatric Bulletin, vol 33, no 5, May 2009, pp 186-188.  
New psychological services are about to be introduced across England. The National Institute for Health and Clinical Excellence (NICE) clinical guidelines have led to government investment in the Improving Access to Psychological Therapies (IAPT) programme. New IAPT services could cut waiting times for psychological treatment of depression and anxiety disorders from months to days. They are intended to be available for all adults on the basis of need rather than age. It is not currently illegal for patients to be discriminated against by the National Health Service (NHS) because of their age. The government intends to introduce new legislation against age discrimination in the provision of goods, facilities and services by the NHS. Further investment and service development will be needed to counter existing age-related inequalities in mental health services. (RH)  
ISSN: 09556036  
From : <http://pb.rcpsych.org>
- 196/119      New Horizons : Towards a shared vision for mental health: Consultation; by Mental Health Division, Department of Health - DH. London: Department of Health - DH, 23 July 2009, 130 pp (Gateway ref: 11640).  
Chapter 6 focuses on older people with the aims to improve the mental well-being of all older adults and; to build on the achievements of the National Service Framework for Older People and the National Service Framework for Mental Health towards high-quality, non-discriminatory mental health care that respects the autonomy and dignity of the individual, families and carers, and supports recovery. Consultation closes 15 October 2009 - responses should be sent to: Mental Health Policy Team, Department of Health, Wellington House, 133-155 Waterloo Road, London SE1 8UG. (KJ)  
From : [http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_103144](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_103144)  
Orderline: 296200/New Horizons: Towards a shared vision for mental health. DH Orderline, PO Box 777 London SE1 6XH. Email: [dh@prolog.uk.com](mailto:dh@prolog.uk.com)
- 196/120      Nurses' views about services for older people with learning disabilities; by Robert Jenkins.  
Nursing Older People, vol 21, no 3, April 2009, pp 23-27.  
An ageing population with learning disabilities faces many difficulties. This article aims to explore nurses' views of the strengths and weaknesses of current patterns of service provision for older people in relation to three service models (age integrated, specialist and generic) and parent or carer needs. Focus groups were held with mental health nurses, practice nurses and nurses specialising in the care of people with a learning disability, and an interview was held with a district nurse. Some services may not be prepared for this client group, nor in some cases be appropriate for it, and there appears to be little specialist provision or use made of mental health services. Specialist services and/or teams should be developed to cater for the complex needs of older people with learning disabilities, particularly those who develop dementia. (RH)  
ISSN: 14720795  
From : <http://www.nursingolderpeople.co.uk>
- 196/121      Partnership in practice: mental health working with general hospital wards; by Sally Ashton, Christine Carter.  
Working with Older People, vol 13, issue 1, March 2009, pp 32-34.  
Older people (those aged 65+) occupy a significant proportion of hospital beds, with many suffering from depression, delirium, dementia, anxiety and other conditions. The mainstreaming

of mental health liaison teams within general hospitals is therefore to be welcomed. The authors describe work by the Gloucestershire Primary Care Trust (PCT) mental health liaison service which originated from the Partnership in Practice project (2004-2006) funded by the Department of Health (DH) relating to the National Service Framework for Older People (NSF) Standard 4. Two case studies illustrate the teaching opportunities that the project presented, as well as the benefits to the patients. (RH)

ISSN: 13663666 From : <http://www.pavpub.com>

- 196/122 Psychological therapies, older people and human rights; by Claire Hilton. *Psychiatric Bulletin*, vol 33, no 5, May 2009, pp 184-186. Additional funding has recently been made available by the government for the treatment of anxiety and depression. However, this is targeted towards people of working age, to reduce expenditure on incapacity benefit. That older people with the same mental illnesses do not receive equitable access to psychological therapies, contradicts other recent government recommendations. Economic data appear to hugely influence provision of services for this group of users, but is this appropriate and humane? The Human Rights Act 1988 has been largely ignored in the provision of mental health services for older people, and the centrality of this legislation needs further consideration. (RH)  
ISSN: 09556036 From : <http://pb.rcpsych.org>

- 196/123 Psychological well-being and social support among elders employed as lay helpers; by Denise Gammonley.: The Haworth Press, Inc.. *Journal of Gerontological Social Work*, vol 52, issue 1, 2009, pp 64-80. Impacts on lay helpers of participation in part-time work supporting rural elders with severe mental illness were explored in a group of 17 older adults employed in a demonstration project. Self-rated well-being and social support were assessed over 1 year. Ratings of autonomy and positive relations with others varied over 1 year. Perceptions of the amount of social support provided showed a trend toward improvement at 1 year. Results are considered in the context of role theory and illustrated with ethnographic case study of the service environment. The lay helper role is a form of productive engagement through paid caregiving, with potential to supplement rural mental health service systems while supporting elders' needs for meaningful civic engagement. (KJ/RH)  
ISSN: 01634372  
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA. email: [haworthpress@taylorandfrancis.com](mailto:haworthpress@taylorandfrancis.com)  
([www.taylorandfrancis.com](http://www.taylorandfrancis.com))

## **MENTAL ILLNESS**

(See 196/47, 196/49)

## **NURSING**

- 196/124 Involvement of family nurses in home visits during an 8-year period encompassing primary healthcare reforms in Poland; by L Marcinowicz, S Chlabicz, J Konstantynowicz (et al). *Health and Social Care in the Community*, vol 17, no 4, July 2009, pp 327-334. Home visits by doctors and nurses are considered an important indicator of the quality of healthcare. Published data are scarce regarding the role of family nurses in providing professional home care in Central and Eastern European countries that have recently introduced reforms to their primary care systems. The objective of the present study was to describe the involvement of family nurses in home visits in the context of organizational and legal changes in service provision, that is, to analyse the role of the family nurses employed by family doctors (1998) versus family nurses working in autonomous positions (2002 and 2006). The proportion of patients in the community receiving a home visit from a family nurse, the purpose of the family nurse's home visit and patient expectations towards the family nurse were studied. A series of cross-sectional studies were conducted in a small town in northeastern Poland, based

on three consecutive surveys taken at 4-year intervals (1998, 2002, 2006, surveys I, II and III, respectively). During each survey, 1000 patients were interviewed (face to face) with structured questionnaires. In 1998, family nurses were employed by family doctors, but by 2002, nurses had established their own practices and held direct contracts with the National Health Fund. A significant increase in the percentage of patients receiving home visits from a family nurse was observed between surveys I and II (12.8% and 30.0%); however, the number of respondents reporting a home visit in survey III decreased to 23.9%. Patients over 75 years of age were the major demographic group receiving family nursing at home. This study suggests that reform of the primary healthcare system in Poland has produced changes in the family nursing system. Independence, contractual obligations and self-employment of Polish family nurses have resulted in their greater participation in home visits. (KJ)

ISSN: 09660410 From : <http://www.blackwellpublishing.com/hsc>

## **NUTRITION**

196/125 Nutrition and older people; by Hazel Heath, Deborah Sturdy, Nursing Standard; Nursing Older People. London: Nursing Standard; Nursing Older People, June 2009, 15 pp (Nursing Standard / Nursing Older People essential guide).

The role of nursing in the assessment, management and monitoring of nutrition and hydration is highlighted, by referring to some examples of good practice and screening tools. This guide has been funded by the Department of Health (DH). (RH)

Price: £3.50

From : Nursing Older People, The Heights, 59-65 Lowlands Road, Harrow, Middx HA1 3AW.

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

## **OLDER MEN**

(See 196/109)

## **OLDER WOMEN**

(See Also 196/13, 196/57, 196/66)

196/126 Experiences of purpose in life when becoming and being a very old woman; by Pia Hedberg, Christine Brulin, Lena Aléx.

*Journal of Women & Aging*, vol 21, no 2, 2009, pp 125-137.

The aim of the study was to illuminate how very old women describe their experiences of purpose in life (PIL) in narratives about becoming and being very old. Participants comprised 30 women selected from 120 women who had answered the PIL test and had been interviewed about their experiences of being very old as part of the Umeå 85+ study in northern Sweden. The interviews were analysed with qualitative content analysis, which revealed four themes: having a positive view of life, living in relation to God, having meaningful activities, and simply existing. The findings show that very old women experience purpose in life both in their daily activities and in their contact with a spiritual world. It seems to be facilitated by a positive view of life. Although the results were dominated by a positive view of life, some of the participants saw their lives in terms of simply existing and did not experience purpose in life. (KJ/RH)

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196/127 A proactive approach to aging well for women over 45; by June N Sheriff, Lynn Chenoweth.

*Journal of Women & Aging*, vol 21, no 1, 2009, pp 63-78.

This paper reports on an exploratory two-group, pre- and post-test design study, which employed data triangulation with a convenience sample of 120 women aged 45 to 83 living and/or working within the South East Sydney and Illawarra areas of New South Wales. 69 women (of whom 33 were health professionals) recorded the Health Check Log (HCL) to assess and monitor their

health over 12 months. The majority found the HCL greatly assisted in monitoring and maintaining their health, and the analyses of the SF-36 health survey suggest that women aged 45+ may benefit from regular use of the HCL. (RH)

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196/128

Socioeconomic factors in menopausal women's use of hormone replacement therapy; by Bassima H Schbley.

Journal of Women & Aging, vol 21, no 2, 2009, pp 99-110.

This study examines whether education, income and medical insurance coverage are primary factors in determining whether menopausal women use hormone replacement therapy (HRT). The author conducted a survey of 62 women aged between 30 and 60. These women completed a self-administered questionnaire that provided both quantitative and qualitative information. The results suggest that these socioeconomic factors increase the likelihood that women will receive treatment with HRT. Implications for clinical practice are discussed. (RH)

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### **PALLIATIVE CARE**

(See Also 196/59)

196/129

Places for palliative care; by Debra Parker Oliver, Benyamin Schwarz (et al): The Haworth Press, Inc..

Journal of Housing for the Elderly, vol 23, nos 1-2, 2009, 129 pp (whole issue).

This special issue of Journal of Housing for the Elderly explores some places in which hospice and palliative care is provided in the US and the UK, also what constitutes a "good death". These "places" for palliative care range from the situations of older homeless people and the public nature of acute hospital settings, to assisted living, houses with modified interiors, "smart homes", and generally making provision in the home environment. (RH)

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

### **PARTICIPATION**

196/130

Civil society : a framework for action; by National Council for Voluntary Organisations - NCVO. London: National Council for Voluntary Organisations - NCVO, 2009, unnumbered A5 booklet.

This document sets out NCVO's vision for civil society in the coming years, one in which people are inspired to make difference to their communities. It identifies four key challenges facing our society, where it is believed the voluntary sector can and should play a role in bringing about a positive change. These challenges are: community cohesion; individual and community well-being; climate change and financial security. NCVO members are encouraged to help take this strategy forward through involvement. (KJ)

From : NCVO Regent's Wharf, 8 All Saints Street, London N1 9RL.  
www.ncvo-vol.org.uk

### **PENSIONS AND BENEFITS**

196/131

The under-pensioned: disabled people and people from ethnic minorities; by Adam Steventon, Carlos Sanchez, Pensions Policy Institute - PPI; Equality and Human Rights Commission - EHRC. London: Pensions Policy Institute - PPI, 2008, 92 pp (Research report : 5).

This research has been commissioned by the Equality and Human Rights Commission (EHRC)

to examine the likely future pension incomes of disabled people and people from ethnic minorities. Overall, it finds that disabled people and people from ethnic minorities have many of the characteristics that are associated with lower pension incomes. If current trends continue, they are likely to have lower pension incomes in future than the traditionally-employed median-earning male. (KJ)

From : [http://www.pensionspolicyinstitute.org.uk/uploadeddocuments/CPI\\_EHRC\\_The\\_Underpensioned\\_Nov\\_2008.pdf](http://www.pensionspolicyinstitute.org.uk/uploadeddocuments/CPI_EHRC_The_Underpensioned_Nov_2008.pdf)

## **PERSONALISATION**

- 196/132 Building Choices part 2: 'Getting Personal' - the impact of personalisation on older people's housing: overall project summary; by Jill Manthorpe, Sarah Vallely, Housing 21; Tenant Services Authority (TSA). London: Housing 21, May 2009, 32 pp.  
Personalisation is now the basis for social care policy: the focus is on what people want from public services. This project aimed to explore the implications of personal (individual budgets and the broader theme of personalisation for specialist housing for older people. This report starts with an overview of the key literature (specifically the Individual Budgets Pilot Programme Evaluation, IBSEN) along with changing policy. It reviews issues identified at the outset of the Building Choices project, and looks at how the views of older people in specialist housing settings can influence what happens, for example in terms of challenging ageism, and promoting inclusivity and age equality. (RH)  
From : Download (16/6/09): <http://www.housing21.org.uk/downloads/building-choices-part2.pdf>
- 196/133 How effective so far have personal budgets been?; by Alison Petch.  
Community Care, issue 1777, 2 July 2009, pp 32-33.  
The introduction of personal budgets (PBs) in five local authorities has been examined in separate reports, and mostly focusing on people with learning disabilities. These reports contribute to our knowledge of how self-directed support has continued to develop, and builds on earlier reports from In Control on pilot schemes. Following their evaluations, the authorities - Cambridgeshire, the City of London, Herefordshire, Northamptonshire and Worcestershire - are committed to ensuring that personal budgets are widely available. (RH)  
ISSN: 03075508  
From : [www.communitycare.co.uk](http://www.communitycare.co.uk)
- 196/134 Individual and personal budgets; by Social Care Institute for Excellence - SCIE.  
Community Care, issue 1778, 9 July 2009, pp 28-30.  
The Social Care Institute for Excellence (SCIE) considers some of the research findings behind the development of personal budgets (PBs) and individual budgets (IBs). Most usefully, the article outlines findings on the effectiveness of the pilot schemes conducted by the Individual Budgets Evaluation Network (Ibsen) regarding user outcomes, staffing issues, support, brokerage, cost, carers, and rural issues. It suggests websites for further information and gives further details of the Ibsen study (carried out by Caroline Glendinning and colleagues at the Social Policy Research Unit, SPRU, University of York, 2009) and two other major studies: 'Rethinking social care and support: what can England learn from other countries?' (Joseph Rowntree Trust, JRF, 2008); and 'Dimensions of choice: a narrative review of cash-for-care schemes' (SPRU, 2008). (RH)  
ISSN: 03075508  
From : [www.communitycare.co.uk](http://www.communitycare.co.uk)
- 196/135 A legal tangle?: [lack of specific legislation to support personalisation]; by Ed Mitchell.  
Community Care, issue 1779, 16 July 2009, pp 26-27.  
A lack of specific legislation to support personalisation means that local authorities are having to be creative in order to implement the policy. Currently, Section 51 of the Health and Social Care Act 2001 states that direct payments may only be made to a client who "consents" to them, thus making them unavailable to those without mental capacity. The Department of Health (DH) has consulted on draft regulations that would allow payments to be made to third parties.



Another impediment to the policy is the NHS and Community Care Act 1990, which requires a local authority social worker to assess an individual's care needs; this makes self-assessment not legally possible. If enacted, the Welfare Reform Bill would allow regulations to be made that would give disabled people more control over the services they receive. The article refers to the DH personalisation guidance (LAC 2008(1)), suggestions in which are also not fully achievable. (RH)

ISSN: 03075508 From : [www.communitycare.co.uk](http://www.communitycare.co.uk)

196/136

A matter of perception?: [personalisation agenda]; by Jon Glasby.  
Community Care, issue 1772, 28 May 2009, pp 28-29.

A review of progress with self-directed support by the Care Services Improvement Partnership (CSIP) in 2007 described it as "potentially the biggest change in the provision of social care in England in 60 years". However, the rapid introduction of personalisation and personal budgets has met with mixed reactions from academics and social workers. The author looks at some of the arguments, by considering the differing reactions which he believes appear to have been influenced at least by these underlying issues: a misunderstanding of key concepts such as In Control and direct payments; not comparing like with like; attitudes to current services; and different views about what constitutes good evidence. (RH)

ISSN: 03075508 From : [www.communitycare.co.uk](http://www.communitycare.co.uk)

196/137

Neo-liberal individualism or self-directed support: are we all speaking the same language on modernising adult social care?; by Alan Roulstone, Hannah Morgan.  
Social Policy & Society, vol 8, pt 3, July 2009, pp 333-346.

This article explores recent developments in the modernisation of adult social care through the lens of changes to English day services. Drawing on wider policy debates, it argues that Disabled Peoples' Movement and governmental ideas on self-directed support, although superficially similar, are growing increasingly apart. It is argued that in the absence of adequate funding and exposure to organisations of disabled people, day service recipients risk moving from a position of enforced collectivism to an enforced individualism characteristic of neo-liberal constructions of economic life. (KJ/RH)

ISSN: 14747464 From : <http://www.journals.cambridge.org/sps>

196/138

Towards a history of choice in UK health policy; by Ian Greener.  
Sociology of Health & Illness, vol 31, no 3, April 2009, pp 309-324.

This paper examines health policy documents from the period in which the NHS was planned through to New Labour's reforms, to examine how the terms 'choice' and 'responsiveness' are used to position both users and the public in particular roles. It suggests that health consumerism is a process that has gradually appeared in the NHS through an extension of the choices offered to patients and the terms on which they were offered. Utilising Hirschman's classic framework of exit, voice and loyalty, it is suggested that although there appears to be a strong relationship between the introduction of choice with the aim of securing greater responsiveness, that does not necessarily work in the opposite direction. This is because the analysis of responsiveness suggests that there are other means of achieving this goal other than increasing choice through consumerist approaches to organisation. The implications of this analysis are explored for contemporary health service reform. (KJ/RH)

ISSN: 01419889 From : <http://www.blackwellpublishing.com>

## **PSYCHOLOGY**

196/139

Psychodynamic observation and emotional mapping: a tool for continuing professional development and research in services for older people; by Rachael Davenhill.  
Quality in Ageing, vol 10, issue 1, March 2009, pp 32-39.

Psychodynamic observation and emotional mapping (POEM) is a continuing professional development (CPD), supervisory and research process, which works from the "inside out". It aims to ensure that staff experience is placed at the heart of understanding meaningful, relationship-centred care in the workplace. Central to this process is the assumption that feeling

occurring "under the surface" in both staff and patients are important channels of communication impacting on staff, care practice and the service setting. In terms of good psychological health for staff and patient, the POEM approach facilitates the digestion and understanding of both conscious and unconscious processes in the workplace. It also contributes towards a healthier, more open workplace in which staff teams are supported by their capacity to think and respond effectively and honestly to everyday clinical and organisational pressures. (RH)

ISSN: 14717794

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

## QUALITY OF LIFE

- 196/140 The jungle of quality of life: mapping measures and meanings for elders; by Penny Hambleton, Sally Keeling, Margaret McKenzie.: Blackwell Publishing.  
Australasian Journal on Ageing, vol 28, no 1, March 2009, pp 3-6.  
The literature on quality of life (QOL) can be described as a jungle: vast, dense and difficult to penetrate, especially for those entering the field without a specialist QOL background. While QOL as a term is entwined in an extensive body of work from many disciplines and covering diverse perspectives, it has been most extensively documented and operationalised within the domains of health-related socioeconomic drivers and is largely quantitative in nature. Subjective and qualitative measurement is less fully developed and documented. This review paper provides a map through the QOL literature by constructing a tabular framework to position the measures and meanings of QOL prior to undertaking a phenomenological study with older people. It concludes by arguing for attention to the further development of qualitative experiential measures specific to life-stage QOL for older people, having found these perspectives rarely visible. (KJ/RH)  
ISSN: 14406381 From : <http://www.cota.org.au> / <http://www.blackwellpublishingasia.com>
- 196/141 Promoting quality of life for all ages; by M Clarke, A Liebenberg.: International Institute on Ageing (United Nations - Malta).  
BOLD, vol 19, no 2, February 2009, pp 27-30.  
A short course entitled 'Social Gerontology in South Africa' was offered at North West University in collaboration with the Malta-based United Nations International Institute on Ageing in December 2008. As part of this course, participants were spontaneously formed into groups, each of 6-8 members. Each group was tasked with developing a project for the care of older people, incorporating knowledge acquired during this course. Group members were asked to: take cognizance of the particular socio-demographic and environmental context; identify specific problems and list expected project outcomes; indicate who would implement the proposed project; and indicate how this project would be monitored and evaluated. (RH)  
ISSN: 10165177 From : <http://www.inia.org.mt>
- 196/142 What matters, and what matters most, for change in life satisfaction in the oldest-old?: a study over 6 years among individuals 80+; by Anne Ingeborg Berg, Lesa Hoffman, Linda Björk Hassing (et al).: Taylor & Francis.  
Aging & Mental Health, vol 13, no 2, March 2009, pp 191-201.  
The study uses data from the Swedish OCTO-Twin study to investigate whether markers of life satisfaction identified in a cross-sectional study predict change in life satisfaction (LSI-Z) across four measurement occasions during a 6-year period in individuals aged 80+. The markers of life satisfaction concerned are quality of social network, self-rated health, depressive symptoms, locus of control and widowhood, financial satisfaction, and the personality traits of extraversion and neuroticism. Growth curve analysis showed a relatively consistent significant linear decline in life satisfaction, but certain markers predicted change in life satisfaction. The loss of spouse, particularly in men, and higher levels of depressive symptoms were related to lower levels of life satisfaction over time. The results from the study question the notion of a life-long stability of life satisfaction. (RH)  
ISSN: 13607863 From : <http://www.informaworld.com/CAMH>

## RELIGION AND SPIRITUALITY

- 196/143 The evaluation of spiritual care in a dementia care setting; by Margaret A Goodall.  
Dementia: the international journal of social research and practice, vol 8, no 2, May 2009, pp 167-184.  
Spiritual care has become an integral part of the care package offered to older people who move to residential care. However, spirituality is a word that can mean everything or nothing, and as such, becomes difficult to define. Assessment of "spiritual care" becomes a real challenge, because it raises important questions. These are as follows: the nature of spiritual care; how it is offered; and who take responsibility for it. This is especially true of dementia care homes where residents cannot normally take part in evaluation. This paper offers a model of evaluation of spiritual care by using reflection, relationship and restoration, and through observing the virtues described in the Biblical concept of "fruit of the spirit". (RH)  
ISSN: 14713012  
From : <http://www.dem.sagepub.com>
- 196/144 Spiritual care and dementia: pilgrims on a journey; by Cathy Dakin.: Hawker Publications.  
Journal of Dementia Care, vol 17, no 1, Jan/Feb 2009, pp 24-27.  
An Anglican priest who is Chaplain with MHA Care Group (formerly Methodist Homes) in Stafford argues that everyone has a spiritual dimension to their lives; and that only by offering spiritual care to people with dementia will we be meeting their whole needs. (RH)  
ISSN: 13518372

## RESEARCH

- 196/145 Involving older people in community-based research: developing a guiding framework for researchers and community organisations; by Jeni Warburton, Helen Bartlett, Matthew Carroll (et al): Blackwell Publishing.  
Australasian Journal on Ageing, vol 28, no 1, March 2009, pp 41-45.  
The purpose of this paper is to outline the development of a guiding framework for both researchers and community organisations seeking to involve older people in research. Such a framework is needed to facilitate good quality, multidisciplinary research that can be used to inform policy and practice responses to the challenges of ageing. There is increased recognition that involving older people in the research process can lead to increased benefits for all involved. The guidelines outlined below put forward the following six principles: (1) acknowledge research as a process; (2) clarify roles and levels of involvement; (3) communicate effectively; (4) recognise different expectations; (5) recognise difference; and (6) ensure representativeness and diversity. These guidelines are now being promoted through the ARC/NHMRC Research Network in Ageing Well and collaborating stakeholder organisations that will be working together to implement these principles in future research involving older people. (KJ/RH)  
ISSN: 14406381  
From : <http://www.cota.org.au> / <http://www.blackwellpublishingasia.com>

## RESIDENTIAL AND NURSING HOME CARE

(See Also 196/9, 196/31, 196/33, 196/40, 196/84, 196/89, 196/104)

- 196/146 Defining roles, relationships, boundaries and participation between elderly people and nurses within the home: an ethnographic study; by Julie McGarry.  
Health and Social Care in the Community, vol 17, no 1, February 2009, pp 83-91.  
Recently, there has been a marked shift in the location of nursing care in the UK from the hospital setting to the community, and more particularly the home, with older people identified as key recipients of care in this setting. A number of commentators have highlighted the particular situation of older people with regard to care provision, illuminating the often disempowering nature of care interactions between nurses and older people. However, although

there is clear evidence from a number of settings that care for older people has been less than optimal, to date there is little comparable evidence available regarding older people's experiences of nursing care in the home environment. This study used an ethnographic approach, incorporating participant observation and semi-structured interviews with 16 community nurses and 13 older people aged 65+ in one Primary Care Trust (PCT) area in the Midlands, the aim being to explore the nature of the care relationship within the home setting. Data were collected over a 1-year period. Three themes emerged: the location of care, the nature of nurse-patient relationships, and the meaning of health and illness. These offer an account of the ways in which roles and relationships are constructed, negotiated and experienced by nurses in older people in the home, illuminating the centrality of relationships between nurses and older people in defining the experiences and perceptions of both groups of the quality of care overall. As the location of care continues to move closer to home, it is crucial that the implicit qualities that are valued within nurse-patient relationships in this context are recognised and made more explicit at both the organisational and policy level. (RH)

ISSN: 09660410

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

196/147

Depression and mental health in care homes for older people; by Tom Dening, Alisoun Milne. *Quality in Ageing*, vol 10, issue 1, March 2009, pp 40-46.

About 5% of - generally very frail - older people live in long-term care in the UK; approximately a fifth of all deaths occur in care homes. Depression and dementia are prevalent mental health conditions in care homes: depression is reported in around a third of residents and dementia in two-thirds. While there is some evidence about efficacy of medication in treating psychiatric and behavioural symptoms in residents, much less is known about the potential role of psychosocial interventions in enhancing mental health and quality of life. Quality of care varies widely across the care home sector including support from primary and specialist health and quality and level of training. In terms of enhancing care quality, there is evidence that investing in staff training and conditions, establishing good links with healthcare providers, and developing care standards that genuinely promote good practice are likely to improve resident quality of life. This is an exciting area for research development and practice innovation for the future; taking account of users' perspective holds particular potential. (RH)

ISSN: 14717794

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

196/148

Developing community in care homes through a relationship-centred approach; by Christine Brown Wilson.

*Health and Social Care in the Community*, vol 17, no 2, March 2009, pp 177-186.

Within the literature, the formation of therapeutic relationships between professionals, older people and others significant to them in their lives has been considered as central to current care philosophies. Furthermore, relationships between staff, residents and their families have emerged within the literature as fundamental to the experiences of life within the community of a care home. This paper reports part of a wider study that explored relationships between residents, families and staff. The aim of this paper is to contribute to an understanding of the factors that may be significant in the formation of relationships in care homes, and how this may support the development of community. Three case studies of care homes were undertaken using a constructivist approach. Constructivist methodology seeks to share multiple perceptions between participants with the aim of creating a joint construction. This process supported the development of shared meanings as views and ideas were shared between participants using interviews, participant observation and focus groups. The key factors influencing relationships that emerged were leadership, continuity of staff, personal philosophy of staff and contribution of residents and families. This paper suggests that considering how the style of leadership influences the organisation of care may be a useful starting point in developing community within care homes. (KJ/RH)

ISSN: 09660410

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

- 196/149      The impact of ageing-in-place policies on structural change in residential aged care; by Bev Richardson, Helen Bartlett.: Blackwell Publishing.  
 Australasian Journal on Ageing, vol 28, no 1, March 2009, pp 28-31.  
 This paper reports findings from a study to investigate the impact of ageing-in-place policies on resident dependency levels and to explore the relationship between structural variables and outcome ratings. The study involved a time series data collection of high and low care places and accreditation ratings from both the first and the second accreditation cycles in Queensland (n= 482 and 499). Paired samples t-tests were also conducted on a sample of homes providing both high and low level care to assess changing dependency levels over the two time periods. A statistically significant increase was found in the proportion of residents classified as high care living in low care homes between the first and the second accreditation. The findings suggest that the ageing-in-place regulatory intervention achieved the intended policy goal and homes have effectively implemented staffing and quality control strategies to accommodate the changes. (KJ/RH)  
 ISSN: 14406381  
From : <http://www.cota.org.au> / <http://www.blackwellpublishingasia.com>
- 196/150      Improving support for self-funders; by Melanie Henwood.  
 Community Care, issue 1773, 4 June 2009, pp 28-29.  
 Council procedures can be daunting for self-funders trying to find relevant information. The role of the social worker in this situation is to open doors. The author reviews two recent reports. 'Assessment denied? Council responsibilities towards self-funders moving into care' by Gillian Dalley and Michael Mandelstam (Relatives & Residents Association, 2008); and 'Transforming adult social care access to information, advice and advocacy' (IDeA, 2009). Comments are in the context of the Putting People First policy agenda and 'Transforming social care' (Local Authority Circular, LAC 2008(1) Department of Health). The reviewer concludes that the R&RA and IDeA reports are helpful in exploring information and advice provision, but that more investigation is required on implementation processes. (RH)  
 ISSN: 03075508  
From : [www.communitycare.co.uk](http://www.communitycare.co.uk)
- 196/151      Residents' choice of and control over food in care homes; by Susan Winterburn.  
 Nursing Older People, vol 21, no 3, April 2009, pp 34-37.  
 Residents in care homes are dependent on others for food and this can increase nutritional risk. The author discusses the findings of a small study aimed to map food pathways in care homes, to identify how residents exercised choice and control over their food intake and any associated or influencing factors. Four homes were visited; interviews were conducted with chefs and nursing staff; and the dining facilities were noted. It was found that residents were dependent on the care home for the provision of food. There was almost no direct contact between residents and external food retailers. A food map was constructed, which identified three routes for potential improvements in practice: supply and delivery of food; serving of food; and consumption of food. Residents' choice and control over food could be improved through the design of new products for serving and consumption of food and eating aids, access to local food retailers and nutritional training. (RH)  
 ISSN: 14720795  
From : <http://www.nursingolderpeople.co.uk>
- 196/152      Sowing seeds: introducing the Eden Alternative; by June Burgess.: Hawker Publications.  
 Journal of Dementia Care, vol 17, no 2, March/April 2009, pp 27-30.  
 Originally founded in the US to reduce nursing home residents' feelings of loneliness, boredom and helplessness through interactions with plants, animals and children in their environment, the Eden Alternative is making progress in spreading its message about enlivening care homes for the benefit of residents and staff. This article explains how the Eden approach is being implemented in a growing number of care homes around the UK and Ireland. (RH)  
 ISSN: 13518372

- 196/153 Support for relatives: a partnership approach; by Rosemary Hurtley, Michele Woodger.: Hawker Publications.  
Journal of Dementia Care, vol 17, no 2, March/April 2009, pp 22-24.  
Rosemary Hurtley describes how she and care home manager Michele Woodger started a relatives' group at her mother's care home, and how understanding and practice has developed in this important aspect of the care manager's role. (RH)  
ISSN: 13518372

## **RETIREMENT**

- 196/154 Preretirement planning and well-being in later life: a prospective study; by Jack H Noone, Christine Stephens, Fiona M Alpass.  
Research on Aging, vol 31, no 3, May 2009, pp 295-317.  
Cross-sectional and retrospective research has identified a reliable relationship between pre-retirement planning and later-life well-being. Although it seems intuitive that retirement planning leads to more positive retirement outcomes, limited longitudinal analysis has confirmed the directionality of this relationship or clarified its complexities. The Health and Retirement Study (HRS), a prospective survey of American workers and retirees from 1992 to the present, can help illuminate this relationship. Data signifying the pre-retirement activities of employed individuals from the 1992 wave were compared with their post-retirement ratings of retirement satisfaction and subjective physical and emotional health in 2004. An ordinal regression analysis indicated that those who had discussed retirement with their spouses and had retirement superannuation or savings plans in 1992 reported greater well-being in 2004 (controlling for health status, the reason for retirement, and income in 1992). These results confirm the importance of pre-retirement preparation and provide a rationale for developing more comprehensive, theory-driven measures of retirement planning. (KJ/RH)  
ISSN: 01640275 From : <http://www.sagepub.com>

- 196/155 Retirement and leisure; by Professor Jayashree.: International Institute on Ageing (United Nations - Malta).  
BOLD, vol 19, no 2, February 2009, pp 10-24.  
Developed countries have already experienced the consequences of population ageing, and they have more or less systematic coping mechanisms. There are studies pertaining to the problems of older people in developing countries. However, older people's leisure activities are not given much priority, because leisure during old age is blended with spirituality in Indian society. Once a person retires from active life or he/she passes the age of 60, both society and the individual feel that the aged should concentrate of religious, spiritual and detached activities. Of late, straggling and unprecedented changes in almost every aspect of life are being witnessed, and these changes affect older people's overall life pattern including their leisure activities. Systematic utilisation of leisure time is one of the vexing problems of the post retirement period. Proper utilisation of leisure depends on factors such as age, educational background, nature of job held before retirement, personal interests, health conditions, income, level of social involvement, etc. There are various ways in which an older person can utilise leisure time in a fruitful manner: taking up some other form of employment or useful social activity after retirement; religious activities; community activities such as social service; or maintaining health, taking rest or leading a peaceful life free from worries. This paper highlights some of the important aspects related to leisure, hobbies, entertainment, friends and work after retirement. (RH)  
ISSN: 10165177 From : <http://www.inia.org.mt>

## **RURAL ISSUES**

- 196/156 Working together for older people in rural areas; by Social Exclusion Task Force, Cabinet Office; Department for Environment, Food and Rural Affairs - Defra. London: Social Exclusion Task Force, July 2009, 47 pp.  
This discussion paper presents an analysis of a number of issues pertaining to older people and

rural communities in the UK. It is not a statement of Government policy. The aim is to take stock of the evidence on social exclusion experienced by older people (defined here as those aged 50 and over); understand who among this population is at most risk of experiencing exclusion; and understand the particular issues in delivering public services to older people in rural areas. It examines indicators of disadvantage in relation to: income, health and well-being; social support and participation; access to transport and services; and housing quality. Included is a case study toolkit that identifies good practice innovations in public services to alleviate exclusion. (RH)

From : [http://www.cabinetoffice.gov.uk/media/221434/working\\_together\\_older\\_people\\_rural\\_areas\\_report\\_july09.pdf](http://www.cabinetoffice.gov.uk/media/221434/working_together_older_people_rural_areas_report_july09.pdf)

## **SEXUALITY**

(See Also 196/80)

196/157

Factors influencing young adults' attitudes and knowledge of late-life sexuality among older women; by Rebecca S Allen, Kathryn N Petro, Laura L Phillips.: Taylor & Francis.

*Aging & Mental Health*, vol 13, no 2, March 2009, pp 238-245.

Although sexuality is valued throughout the lifespan, older women's sexual expression can be influenced by physical, mental and social factors, including attitudes and stereotypes held by younger generations. By gaining an understanding of what influences negative attitudes toward sexuality and beliefs about sexual consent capacity, the stigma associated with sexuality in later life may be reduced. The authors used a vignette methodology in an online survey to examine older women's health and 606 young adults' (mean age 18.86, age range 17-36) general knowledge and attitudes toward ageing and sexuality, personal social behaviour, religious beliefs and perceived closeness with an older person in attitudes towards social behaviour and perceptions of older women's consent capacity. The health status of older women proved important in determining young adults' acceptance and perception of sexual consent capacity regarding late-life heterosexual, autoerotic and homosexual behaviours. Specifically, young adults expressed lower acceptance and more doubt regarding capacity to consent to sexual expression when the older woman was described as cognitively impaired. Additionally, young adults' personal attitudes toward late-life sexuality, but not knowledge, predicted acceptance toward sexual expression and belief in sexual consent capacity. Attention toward the influence of older women's cognitive health and young adults' attitudes toward late-life sexuality may prove beneficial in designing interventions to decrease the stigma associated with sexual activity in later life. (RH)

ISSN: 13607863

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

196/158

Sexual behaviour and diagnosis of people over the age of 50 attending a sexual health clinic; by Chris Bourne, Victor Minichiello.: Blackwell Publishing.

*Australasian Journal on Ageing*, vol 28, no 1, March 2009, pp 32-36.

A retrospective patient record of people aged 50 years and over attending a sexual health clinic was investigated to examine the sexual health and behaviour of older Australians. 2438 people aged 50+ were involved in this study. The main reasons for attending were assessment of genital symptoms (40%), testing for sexually transmitted infections (STIs)(23%), and HIV testing/care (13%). More than 50% of the clients had a previous sexual health problem and more than 50% had not been tested for HIV. Men reported more lifetime sexual partners than women and were significantly more likely to report using condoms, although condom use was variable. Genital herpes (10% women, 6% men) and non-gonococcal urethritis (9% men) were the most commonly diagnosed STIs. High levels of unsafe sex and many important sexual health problems were identified which provide direction for public health interventions for older sexually active Australians. (KJ/RH)

ISSN: 14406381

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

## **SHELTERED HOUSING**

- 196/159 Pathways to assisted living: the influence of race and class; by Mary M Ball, Molly M Perkins, Carole Hollingsworth (et al).  
Journal of Applied Gerontology, vol 28, no 1, February 2009, pp 81-108.  
The influence of race and class on decisions to move to assisted living facilities in the US is examined. Qualitative methods were used to study moving decisions of residents in 10 assisted living facilities, varying in size and location, as well as residents' ethnicity and the influence of race and class. Data were derived from in-depth interviews with 60 residents, 40 family members and friends, and 12 administrators. Grounded theory analysis identified three types of resident based on their decision-making control: proactive, compliant, and passive or resistant. Only proactive residents (less than a quarter of residents) had primary control. Findings show that control of decision-making for older people who are moving to assisted living are influenced by class, though not directly by race. The impact of class primarily related to assisted living placement options and strategies available to forestall moves. Factors influencing the decision-making process were similar for Black and White elders of comparable socioeconomic status. (RH)  
ISSN: 07334648  
From : <http://jag.sagepub.com>

## **SLEEP**

- 196/160 Kleine-Levin syndrome presenting in later life; by Sanjeev Maskara, Rajesh Govindarajan, Pippa Medcalf (et al).  
GM (Geriatric Medicine), vol 39, no 2, February 2009, pp 59-66.  
Kleine-Levin syndrome is more commonly known as recurrent primary hypersomnia. The patient can lapse into a deep sleep at any time without warning, sometimes lasting as long as 16 hours. It is often associated with compulsive overeating and hypersexuality. This is not a passing desire for a quick nap, but is excessive daytime sleepiness, which is a much more significant problem. On awakening, the person appears listless, speaks gibberish, and does not remember anything about events before. The authors discuss the presentation, course of illness, pathophysiology, laboratory investigations, diagnosis, possible treatments, and the importance of early diagnosis. (KJ/RH)  
ISSN: 0268201X  
From : <http://www.gerimed.co.uk>
- 196/161 Understanding primary insomnia in older people; by Tony Gillam.  
Nursing Older People, vol 21, no 3, April 2009, pp 30-33.  
An adequate quantity and quality of sleep are required to maintain health. Insomnia is common and can result in significant distress and impaired daytime functioning. This article seeks to raise awareness of the evidence surrounding insomnia and the guidance relating to its management. It focuses particularly on the role of the hormone melatonin and recent developments in the synthesised melatonin as a treatment in primary insomnia in people aged 55+. (RH)  
ISSN: 14720795  
From : <http://www.nursingolderpeople.co.uk>

## **SOCIAL CARE**

(See Also 196/53, 196/72, 196/81)

- 196/162 Cost and provision adult social care survey: research report for London Councils; by CELLO mruk [Social & Market Research].: London Councils - Electronic format, 2009, 25 pp.  
This is a survey carried out on behalf of London Councils of 1,011 adults aged 18-64 to explore the views of current and future adult social care users on a range of issues. The sample was representative of the population of London in terms of age, gender and ethnicity. The report



presents findings on how respondents meet the care needs of relatives aged 65+; also on their concerns and attitudes regarding planning their own future needs for social care. Respondents were generally confused about the funding of adult care. This survey was carried out in anticipation of the forthcoming Department of Health (DH) Green Paper on adult social care. A brief news report of the survey's results is featured in the magazine, Community Care, issue 18th June 2009. (KJ/RH)

From: <http://www.londoncouncils.gov.uk/London%20Councils/CMRUKReportFinal10June0902.pdf>

196/163

Getting on well together: councils working with older people; by Deborah Klee, Improvement and Development Agency - I&DeA; Local Government Association - LGA.: Local Government Association - LGA (Electronic format), April 2009, 36 pp (Ref: L09-155).

The Local Government Association (LGA) and the Improvement and Development Agency (IDeA) have been working with local authorities to explore how services are planned and provided to promote independence and well-being in later life, in line with Public Service Agreement (PSA) 17, 'Tackle poverty and promote greater independence and wellbeing in later life'. This document details the learning and best practice that the LGA and the IDeA have gathered from research and sector-shared initiatives on the age agenda, bearing in mind the forthcoming "refresh" of 'Opportunity age'. A particular focus is on the National Indicators relating to older people's health and well-being: NI 137 Healthy life expectancy at age 65; NI 138 Satisfaction of people over 65 from with home and neighbourhood; and NI 139 The extent to which older people receive the support they need to life independently at home. The report is based on responses sent to 33 English local authorities that had one of more of the NIs relating to older people's health and well-being in their Local Area Agreement (LAA). (RH)

From : Download from website (2/7/09): <http://www.lga.gov.uk/lga/aio/1875998>

196/164

Improving outcomes for people in shared living services; by Social Care Institute for Excellence - SCIE. London: Social Care Institute for Excellence - SCIE, April 2009, 4 pp (At a glance 02; Practitioner guidance for care managers).

Previously known as adult placements, shared living schemes are one way of providing more personalised services. They offer care and support to service users, usually older people and those with learning disabilities, in family homes. This accommodation is offered to a maximum of three adults at any one time. This 'At a glance' presents a summary of the key messages of SCIE Guide 14, 'Improving outcomes for service users in adult placement: commissioning and care management', downloadable at the weblink given. (RH)

From : SCIE, Goldings House, 2 Hay's Lane, London SE1 2HB.  
<http://www.scie.org.uk/publications/ataglance/ataglance02.asp>

196/165

Shaping the future of care together: tell us what you think; by HM Government. London: CDS for Department of Health - DH, July 2009, 63 pp (ref: 295936/ER) (Care, Support, Independence).

This is an Easy Read summary of the Green Paper, 'Shaping the future of care together', which looks at why we need a new care and support system and why there is a need to change things. It summarises what can be expected from the new system: prevention services, national assessment, easy assessment process, information, personalised care and support, and fair funding. It also looks at alternative ways of paying for the system: pay for yourself, partnership, insurance, a comprehensive system, or paid for out of tax money. Also suggested are changes to the disability benefits system for over 65s. There is a question and answer section on the consultation, which closes on 13 November 2009. (RH)

From : Order copies from: DH Publications orderline, PO Box 777, London SE1 6XH.  
Email: [dh@prolog.uk.com](mailto:dh@prolog.uk.com)

## SOCIAL EXCLUSION

(See Also 196/168)

- 196/166      Creating and sustaining disadvantage: the relevance of a social exclusion framework; by Amanda M Grenier, Nancy Guberman.  
Health and Social Care in the Community, vol 17, no 2, March 2009, pp 116-124.  
Over the last decade, public home-care services for older people have been subject to increased rationing and changes in resource allocation. The authors argue that a social exclusion framework can be used to explain the impacts of current policy priorities and organisational practices. In this paper, the framework of social exclusion is used to highlight the disadvantages experienced by older people, particularly those who cannot afford to supplement public care with private services. The argument is illustrated by drawing on examples from previous studies with people giving and receiving care in the province of Québec. The focus is on seven forms of exclusion: symbolic, identity, socio-political, institutional, economic, exclusion from meaningful relations, and territorial exclusion. These illustrations suggest that policy-makers, practitioners and researchers must address the various ways in which current policy priorities can create and sustain various types of exclusion. They also highlight the need to reconsider the current decisions made regarding the allocation of services for older people. (KJ/RH)  
ISSN: 09660410    From : <http://www.blackwellpublishing.com/hsc>

## SOCIAL NETWORKS

- 196/167      Gender and friendship norms among older adults; by Diane Felmlee, Anna Muraco.  
Research on Aging, vol 31, no 3, May 2009, pp 318-344.  
The authors examined same- and cross-gender friendship norms in a sample of 135 adults (average age 73 years). Participants evaluated a friend's behaviour, quantitatively and qualitatively, in vignettes in which the friend's gender was experimentally manipulated. Gender often significantly, though modestly, influenced normative evaluations. Women frequently had higher expectations of friends than men and placed a greater emphasis on intimacy. Women were more disapproving of violations of friendship rules, such as betraying a confidence, paying a surprise visit, and failing to stand up for a friend in public. However, both men and women were less approving of a man than a woman who greets another friend with a kiss or who requests to stay overnight. Respondents' open-ended comments reflected positive attitudes regarding cross-gender friendships. Most findings demonstrated that men and women across a wide age range held similar cultural norms for close ties, norms of trust, commitment, and respect. (KJ/RH)  
ISSN: 01640275    From : <http://www.sagepub.com>
- 196/168      Making meaningful connections: a profile of social isolation and health among older adults in small town and small city, British Columbia; by Karen M Kobayashi, Denise Cloutier-Fisher, Marilyn Roth.  
Journal of Aging and Health, vol 21, no 2, March 2009, pp 374-397.  
The objectives of this study are: to develop a profile of socially isolated older adults (IOA) in British Columbia (BC) based on sociodemographic and health characteristics; and to examine whether SIOA under- or over-utilises health care services. This study used telephone interview data collected from a random sample of 1064 older people aged 65+ in BC. The sample was identified using established criteria from the six-item Lubben Social Network scale Results. The results indicate that 17% of the sample is socially isolated. To summarise, the strongest predictors of social isolation are income, gender, marital status, self-rated health, length of residence, and home ownership. Further analysis indicates that SIOA were not more inclined to overuse health services. The findings underscore the importance of understanding differential profiles of need and service use for SIOA within broader social contexts and are discussed in terms of their implications for health care policy and programme planning for this vulnerable population. (RH)  
ISSN: 08982643    From : <http://www.sagepublications.com>

## SOCIAL POLICY AND THEORY

- 196/169 Discourse, identity and change in mid-to-late life: interdisciplinary perspectives on language and ageing; by Justine Coupland.  
Ageing and Society, vol 29, part 6, August 2009, pp 849-862.  
The papers in this issue of Ageing and Society offer qualitative, contextually based analyses of a broad range of data and use various methodological and theoretical perspectives: narrative theory, critical pragmatics, social theory, and discursive psychology. The main focus is on the ways in which change impacts on the ageing individual, and how this change is discursively interpreted and negotiated both by and for, or about individuals in diverse social frames. Age and change are examined as they interact with personal and social identity in personal diary accounts, in print, on the television and web media, in conversations amongst friends and acquaintances, in interviews and during storytelling. Language and communication are examined as resources for making and interpreting the meanings of ageing, at both the macro (societal) and micro (individual and inter-personal) levels. (KJ/RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/aso>
- 196/170 Discourse, identity and change in mid-to-late life; by Justine Coupland (ed).  
Ageing and Society, vol 29, part 6, August 2009, pp 849-996 (whole issue).  
The seven papers in this special issue of Ageing and Society contribute to the growing body of research on sociolinguistic and discursive interpretations of mid and later life, by investigating some of the identity affordances and constraints associated with 'being middle-aged' or 'being old'. The papers offer qualitative, contextually based analyses of a broad range of data. For example, Bill Bytheway uses the Mass-Observation Archive at the University of Sussex. Various methodological and theoretical perspectives are used: narrative theory, critical pragmatics, social theory, and discursive psychology. The main focus is on the ways in which change affects the ageing individual, and how this change is discursively interpreted and negotiated both by and for, or about, individuals in diverse social frames. (KJ/RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/aso>
- 196/171 Doing change and continuity: age identity and the micro-macro divide; by Pirjo Nikander.  
Ageing and Society, vol 29, part 6, August 2009, pp 863-882.  
This paper is a study of the discursive management of notions of change and continuity in interview talk. It presents selected short empirical examples from interviews with 22 Finnish baby-boomers, and discusses the methodological and theoretical issues that arise. Following a review of the major approaches to the study of age identity, this paper explores the analytic intersection between qualitative gerontology and discursive psychology. The analysis identifies how the frequent use of a 'provisional continuity device' enables speakers simultaneously both to acknowledge and to distance themselves from factual notions of physical or psychological lifespan change. The key methodological argument is that the discursive analysis of age-in-interaction cannot necessarily be achieved through the myopic micro-study of discursive strategies, but rather two suggestions are made. First, it is argued that analytically-anchored and rigorous discursive gerontology that both systematically draws on and contributes to the broad field of discursive research provides a means by which to test empirically post-modern conceptualisations of age identity. Second, it is suggested that analyses of age-talk in everyday and institutional settings provide an analytical and theoretical middle-ground between the macro versus micro or 'microfication' debate in gerontology. (KJ/RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/aso>

## **SOCIAL SERVICES**

- 196/172      Assessment staff in home and community care services: issues of learning and professional identity in Australia; by M A Lindeman.  
Health and Social Care in the Community, vol 17, no 4, July 2009, pp 406-414.  
Home and Community Care (HACC) is a funding programme of the Commonwealth and State governments of Australia which supports the vast majority of community care services. Gaining access to basic community care services is via an assessment process undertaken by workers in roles that may be comprised partially or solely of assessment and care planning tasks. Arguably, the role of assessor in the HACC programme has become increasingly professionalised in recent years, and the complexity and demands of the role have increased. However, to date, little information has been available about the composition of this workforce, making initiatives to improve practice difficult to plan and implement. This paper reports findings of research from Victoria in which interviews were conducted with a range of key informants, and staff employed in client assessment roles. Results indicate considerable diversity on issues such as: the professional backgrounds of HACC assessment staff; the education, training and support they receive; how they learn their role; and what they draw upon to assist decision-making. A significant theme to emerge is that the nature of their practice derives substantially from the local contexts in which they work. In the absence of a single profession or narrative that guides their practice, they draw from a diverse range of knowledge sources. The significance of the workplace as a site of professional learning, which may provide the basis for the development of a new qualification for this workforce, is highlighted, as is the need for a professional body for this group of workers. (KJ)  
ISSN: 09660410    From : <http://www.blackwellpublishing.com/hsc>

## **STROKE**

- 196/173      Visual impairment following stroke: do stroke patients require vision assessment?; by Fiona Rowe, Darren Brand, Carole A Jackson (et al).  
Age and Ageing, vol 38, no 2, March 2009, pp 188-193.  
The types of visual impairment following stroke are wide-ranging and encompass low vision, eye movement and visual field subnormalities, and visual perceptual difficulties. This paper presents a 1-year data set, and identifies the type of visual impairment occurring following stroke and their prevalence. A multi-centre prospective observation study was undertaken in 14 acute trust hospitals. Stroke survivors with a suspected visual difficulty were recruited. Standardised screening or referral and investigation forms were employed to document data on visual impairment, specifically assessment of visual acuity, ocular pathology, eye alignment and movement, visual perception (including inattention), and visual field defects. 323 patients were recruited (mean age 69). 68% had eye alignment / movement impairment. 49% had visual field impairment, 26.5% had low vision and 20.5% had perceptual difficulties. Of patients referred with a suspected visual difficulty, only 8% had normal vision status confirmed on examination. 92% had visual impairments of some form confirmed, which is considerably higher than previous publications and probably related to the prospective, standardised investigation offered by specialist orthoptists. However, under-ascertainment of visual problems cannot be ruled out. Supplementary data are available on the Age and Ageing website. (RH)  
ISSN: 00020729    From : <http://www.ageing.oxfordjournals.org>

## **SUICIDE**

(See Also 196/28)

- 196/174      A comparative study of elderly suicides in England and Wales, Scotland and Northern Ireland: trends over time and age-associated trends; by Ajit Shah, Jacqueline Coupe.  
International Psychogeriatrics, vol 21, no 3, June 2009, pp 581-587.  
Time trends in suicide rates of older adults and age-associated trends in suicide rates in the UK (England and Wales, Scotland and Northern Ireland) were examined and comparisons were

made of such suicide rates in these countries using data from the World Health Organization (WHO). Suicide rates in older people of both sexes declined over the 24-year period 1979 to 2002 in England, Wales, and Scotland, but only in females in the age-band 65-74 years in Northern Ireland. Female suicide rates increased with age, while male suicide rates peaked in the age-band 25-34 years in England and Wales. In Northern Ireland and Scotland, male suicide rates decreased with age and peaked in the age-band 25-34 years, and female suicide rates peaked in the age-bands 25-34, 35-44 and 45-54 years. Suicide rates amongst older people were lowest in Northern Ireland. The similarities and differences in suicide rates of older adults, time trends for older suicide rates and age-associated trends in suicide rates between the constituent countries of the UK offer an opportunity to examine the differential characteristics between these countries which may potentially explain these observations. (KJ/RH)  
ISSN: 10416102

- 196/175 Comparison of elderly suicide rates among migrants in England and Wales with their country of origin; by Ajit Shah, James Lindesay, Mick Dennis.  
International Journal of Geriatric Psychiatry, vol 24, no 3, March 2009, pp 292-299.  
Only two studies, both more than 10 years old, have compared suicide rates in black and minority ethnic (BME) groups in England and Wales with those of their country of origin. This study was conducted using the latest available suicide data from the Office for National Statistics (ONS) and the World Health Organization (WHO). There were wide variations in standardised mortality rates (SMRs) for suicides of older people among migrants from different countries compared with those born in England and Wales and their country of origin. There was convergence towards older suicide rates for England and Wales for some migrant groups in males in the age bands 65-74 and 75+ years and for females in the age band 75+ years. However, males aged 75\_ from most migrant groups had higher rates than those born in England and Wales. A more detailed analysis of suicides of older people from migrant groups is required to determine vulnerability and protective influences. (RH)  
ISSN: 08856230 From : <http://www.interscience.wiley.com/journal/gps>

- 196/176 Suicide and self-harm in older people; by Michael S Dennis.  
Quality in Ageing, vol 10, issue 1, March 2009, pp 16-23.  
Suicide is a tragic cause of death and causes considerable distress for families, carers and healthcare professionals. Thankfully, suicide rates in older people in the UK have steadily declined in both men and women since the mid 1980s. An understanding of the clinical and demographic characteristics of both completed suicide and non-fatal self-harm in older people is important in informing the development of preventive strategies to sustain this decline. Non-fatal self-harm in older people is relatively uncommon compared with younger age groups, but research indicates that self-harm among older people is frequently a failed attempt at suicide. Thus, the important factors associated with self-harm in this age group are similar to those linked with completed suicide, particularly high rates of clinical depression, poor physical health and social exclusion. Unfortunately, there is also a high rate of subsequent completed suicide. For this reason, self-harm in later life needs to be taken very seriously and a careful assessment of risk and need by a specialist in older people's mental health should be conducted. The identification and appropriate management of older people with depression in the community and general hospitals is a key area for the prevention of self-harm and suicide in this age group and requires further attention, particularly with targeted support programmes for those at high risk. (RH)  
ISSN: 14717794 From : <http://www.pavpub.com>

## **TRANSPORT**

- 196/177 A community based survey of cognitive functioning, highway-code performance and traffic accidents in a cohort of older drivers; by Sanjay Ingley, Srimvasan Chinnaswamy, Manikarassa Devakumar (et al).  
International Journal of Geriatric Psychiatry, vol 24, no 3, March 2009, pp 247-253.  
The Driver Vehicle and Licensing Agency (DVLA) allows driving in early dementia, contingent

on regular medical assessment. General practitioners (GPs) and psychiatrists require validated and accessible assessments. Some studies have suggested that cognitive testing has utility in the assessment of driving capacity in older drivers. This study raises the possibility of using a Highway Code questionnaire as an adjunct to these tests. 200 drivers aged 65+ were randomly selected from two GP surgeries. Baseline assessment comprised completion of a Highway Code questionnaire (DPHC-98), the Mini Mental State Examination (MMSE) and an abbreviated version of the Alzheimer's disease Assessment Scale Cognitive Subsection (EURO-ADAS). A history of road traffic accidents (RTAs) over the preceding 5 years was obtained. A 12-month follow-up interview, driving status of the subject and occurrence of RTAs were recorded. Predictive power of DPHC-98 and cognitive testing with regard to RTAs were examined through logistic regression analysis. Performance on the Highway Code questionnaire was identified as the only significant regression factor in the prediction of prospective RTAs. However, none of the logistic regression models were able to identify any drivers involved in RTAs either retrospectively or prospectively. Cognitive tests are not linked with risk of driving accidents in older people in any useful way. (RH)

ISSN: 08856230

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

# 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.**

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, Edgeware 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  
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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, Freepost 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, Freeport 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

10 December 2009

### **Supporting Families : Have we got what it takes?**

Keynote speech: The Rt Hon Dawn Primarolo MP (Minister of State for children, Schools and

Families).

*Organised by:* IPPR

*Venue:* Royal Society of Arts

*Location :* London, England

*Details :* IPPR, 30-32 Southampton Street, London, WC2E 7RA

*Tel :* +44 (0)20 7470 6100, *Fax :* +44 (0)20 7470 6111

7 January 2010

### **The Emotional Care of Older People with a Terminal Illness**

Morning event 9.30 am to 12.30 pm. IAH is pleased to run this practical master-class, with the aim of helping all community and hospital based nursing staff give the best emotional care to their patients, carers and family.

*Organised by:* Institute of Ageing and Health (IAH) - West Midlands

*Venue:* The Lecture Theatre, Moseley Hall Hospital

*Location :* Birmingham, England

*Details :* Jeanette Lane, Institute of Ageing and Health - West Midlands, Moseley Hall Hospital, Alcester Road, Moseley, Birmingham, B13 8JL

*Tel :* +44 (0)121 442 3501, *Fax :* +44 (0)121 442 3663

11 January 2010

### **Putting the Patient First? End of Life Care in the UK**

On average over 570,000 people will die each year and three quarters of these deaths follow a period of chronic illness where people need access to end of life care. What happens to us and our families at the end of our lives affects us all. Everyone should be able to access high quality care and support in the place of their choice. Join Marie Curie Cancer Care and Policy Exchange to hear what Shadow Health Secretary Andrew Lansley MP and the Conservatives have to say on end of life care, at our lunchtime discussion (3 to 4.30pm).

*Speakers:* Andrew Lansley MP (Shadow Health Secretary)

*Organised by:* Policy Exchange and Marie Curie Cancer Care

*Venue:* The Ideas Space, Clutha House, 10 Storey's Gate

*Location :* London, England

12 January 2010

**Delivering the National Dementia Strategy :  
Transforming the Quality of Dementia Care**

*Speakers:* Chair: Neil Hunt (CE, Alzheimer's Society). Dr Daphne Wallace; Lezli Boswell (CE, Cornwall Partnership NHS Trust).

*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

18 January - 8 February 2010

**Age Equality in Health and Social Care Events**

To further increase opportunities for consultation involvement, four events have been planned to enable the NHS and local authorities and other stakeholders to contribute to the consultation and comment on the work in producing a resource pack to support local implementation. We would welcome interest from non-executive directors and members, professional and managerial staff, members of third and independent sector providers and representatives of the public and campaigning organisations. They will be held as follows:

*Organised by:* Department of Health - DH

*Location :* various, England, Monday 18 January 2010 in Bristol, Friday 22 January 2010 in Birmingham, Wednesday 3 February 2010 in London

*Details :* Monday 8 February 2010 in Leeds, To reserve a place, please contact Judith Saville by Wednesday 6 January 2010, email as given.

20 January 2010

**A Practical Guide to delivering Quality,  
Productivity, Innovation and Prevention through  
Care Pathways**

*Speakers:* Chair: Claire Whittle (Co Chair England Branch).

*Organised by:* Healthcare Events supported by the European Pathways Association

*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

20 January 2010

**Storytelling in Research : Leverhulme Public  
Lecture Series**

Lectures 6.00 pm to 7.00 pm with drinks reception afterwards. Register for a ticket at University of Surrey Box Office.

*Speakers:* Professor Tina Koch, Leverhulme Visiting Professor

*Organised by:* The Leverhulme Trust; university of Surrey

*Venue:* Lecture Theatre M, University of Surrey

*Location :* Guildford, Surrey

*Details :* Penny Robinson, University of Surrey, Guildford, GU2 7TE

*Tel :* +44 (0)1483 686876, Lecture 1: 20 January, Storytelling with Australian and UK Centenarians , Lecture 2: 10 February, Reform: Storytelling and participatory action research, Lecture 3: 3 March, Storytelling with Australian Grey Nomads, *Fax :* Lecture 4: 21 April, Telling stories in participatory action research, Lecture 5: 5 May, Telling stories or telling lies: Rigour in qualitative research revisited, Lecture 6: 26 May, Laura: Storytelling and dementia

22 January 2010

**Delivering person centred outcomes for for  
quality improvement**

Day event 10.00 to 4.00 pm. IAH is pleased to host this workshop which will give participants an overview of the RCC HS (Resident Centred Care Home Standard) and how it can be used to achieve continuous quality improvement in relationship based person centred care. The RCC HS is a new initiative, which is attracting national interest and support.

*Organised by:* Institute of Ageing and Health (IAH) - West Midlands

*Venue:* The Lecture Theatre, Moseley Hall Hospital

*Location :* Birmingham, England

*Details :* Jeanette Lane, Institute of Ageing and Health - West Midlands, Moseley Hall Hospital, Alcester Road, Moseley, Birmingham, B13 8JL

*Tel :* +44 (0)121 442 3501, *Fax :* +44 (0)121 442 3663

22 January 2010

**The Reform of Adult Social Care Law**

Keynote address: Lord Justice Munby, (Chairman of the Law Commission)

*Organised by:* AssessForCare supported by ADASS; Inst. of Healthcare Management; CDP;

SCA; Journal of Community Care Law  
*Venue:* Le Meridien, Piccadilly  
*Location :* London, England  
*Details :* Suite 1, Park House, 86 St Mary's Road,  
Reigate, Surrey RH2 7JG  
*Tel :* +44 (0)1737 211289

### **ESRC Seminar Series 2010**

Why study New ageing populations? on 25 January (2.30pm to 5.30 pm) is the first seminar of this series. Our aim in these seminars is to widen the debates surrounding the interconnected topics of health and identity and disability and ageing as they impact on new ageing populations, particularly focusing on those in mid- to later life. We hope to foster discussion of this important but under-researched group by examining and presenting the issues raised from multiple perspectives and different disciplines.

*Speakers:* Rosie Barnes (Chief Executive, Cystic Fibrosis Trust); Emma Lake (Expert Patient Advisor, Cystic Fibrosis Trust); Christina Victor (Professor of Gerontology and Public Health, Brunel University).

*Organised by:* King's College London and University of Surrey

*Venue:* Council Room, King's College London

*Location :* London, England

*Details :* King's College London, Strand, London, WC2R 2LS

*Tel :* +44 (0)20 7836 5454, The seminar series will comprise six events to be held during 2010-2011, and will bring together leading researchers with stakeholders, user groups, practitioners and policy makers. The seminar series is run collaboratively by King's College London, University College London, and the University of Surrey. Each seminar will be held over one afternoon. The format of each is designed to allow time for audience discussion and interdisciplinary exchange. There will also be opportunities for poster presentations which will enable doctoral and postdoctoral workers to display their work.

25 January 2010

### **The Future of Housing : a new era for better outcomes**

A conference combining keynote debates with in-depth case studies addressing the most pressing challenges for the housing sector.

*Organised by:* SocietyGuardian

*Venue:* Hotel Russell

*Location :* London, England

26 January 2010

### **Delivering Quality Markers for End of Life Care**

*Speakers:* Chair: Eve Richardson (NCPC).

*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

27 January 2010

### **Counsel & Care 5th National Conference : Delivering quality care - fair to everyone, affordable to all**

Keynote speakers: John Bolton (Director of Strategic Finance, DH); Norman Lamb MP (Shadow Secretary of Health, Liberal Democrats).

*Speakers:* Chair: Stephen Burke (CE, Counsel & Care). Dr Julie Forder; Dame Jo Williams, Chris Pond, Lord Richard Best OBE, Andrew Cozens CBE and others.

*Organised by:* Neil Stewart Associates supported by ADASS; I&DeA; DWP; DH.

*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

27 January 2010

### **Delivering the National Dementia Strategy**

*Organised by:* Laing & Buisson

*Venue:* Radisson SA Portman Hotel

*Location :* London, England

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

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

27 January 2010

### **Meaningful Consultation with the Older Generations**

Most public bodies and certainly all local authorities are having to think long and hard about the implications of our ageing population on service provision. Looming cuts in public expenditure only add to the necessity for urgency

in providing what s most needed, and the use of increasingly imaginative ways.

*Organised by:* The Consultation Institute

*Venue:* Avonmouth House, SE1

*Location :* London, England, Yorkshire

*Details :* Baystrait House, 15 Station Road, Biggleswade, Bedfordshire, SG18 8AL

*Tel :* +44 (0)1767 318350, This is our latest specialist event on the subject of consulting older people. Previous Seminars have proved invaluable in addressing the special issues that arise and we have assembled an excellent line-up of speakers, with the opportunity for participants to become involved in roundtable discussions. The agenda includes a representative from the Equalities Office which has increased the profile of this issue considerably since Dame Joan Bakewell took up her role of providing a national voice for older people. IPSOS-MORI will provide an excellent review of the current research on engaging these groups and the Audit Commission will illustrate best practice from their excellent Report on the subject.

27 January 2010

#### **NIACE Training Course : Every Adult Matters**

If you are committed and passionate about adults getting the best support to fulfil their potential for themselves, as key members of their families and communities and at work - then join us to work through practical solutions to making this happen.

*Organised by:* NIACE

*Venue:* London - tba

*Location :* London, England

*Details :* NIACE Training Courses Team, 20 Princess Road West, Leicester, LE1 6TP

*Tel :* +44 (0)116 204 2811, *Fax :* +44 (0)116 285 9670

28 January 2010

#### **Commissioning for Mental Health and Wellbeing**

*Organised by:* HSJ Conferences

*Venue:* central London

*Location :* London , England

*Details :* HSJ Commissioning Conference

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

*Tel :* +44 (0)845 056 8299, *Fax :* +44 (0)20 7728 5299

28 January 2010

#### **The Challenge of Personalisation for Older People's Services**

*Speakers:* Chair: Glyn Kyle MBE, (Chair, Age Concern London). Professor Jill Manthorpe

*Organised by:* Making Research Count in collaboration with Age Concern London and the Social Care Workforce Research Unit (SCWRU)  
*Venue:* King's College London Henriette Raphael Room, Henriette Raphael House, Guy's Hospital,  
*Location :* London, England

*Details :* Jess Harris, SCWRU, Kings College London, Melbourne House Rm 502, 44-46

Aldwych, WC2B 4LL

*Tel :* +44 (0)20 7848 1503, *Fax :* +44 (0)20 7848 1866, (Director, Social Care Workforce Research Unit, King s College London); Kirsty Woodard, (B&W Consulting); Visva Sathasivam (Assistant Director, Adult Social Care, London Borough of Lambeth); Stephen Burke (Chief Executive, Counsel and Care); Vanessa Pinfold (Deputy Director of Knowledge and Learning, Rethink).