

New Literature on Old Age

EDITOR

Gillian CrosbyVOLUME
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ABUSE

- 197/1 Elder abuse in Wales; by Age Concern Cymru and Help the Aged in Wales. EnvisAGE, no 8, Summer 2009, 22 pp (whole issue).
This edition of Envisage focuses on elder abuse in Wales. An introduction and five articles are on aspects of abuse including financial abuse; the right to be treated with dignity and respect; and the work of the Crown Prosecution Service and crimes against older people. The final article, by Andrew Dunning and Kath Parson, looks at lessons and findings from the Benchmarking Advocacy and Abuse Project 2008-09. In English and Welsh. (KJ/RH)
From : EnvisAGE, Age Concern Cymru, Ty John Pathy, 13/14 Neptune Court, Vanguard Way, Cardiff, CF24 5PJ. <http://www.accymru.org.uk>
- 197/2 Medical students' recognition of elder abuse; by Jonas Thompson-McCormick, Lisa Jones, Claudia Cooper (et al).
International Journal of Geriatric Psychiatry, vol 24, no 7, July 2009, pp 770-777.
The aim of this study was to determine the proportion of UK fourth-year medical students (from University of College London and the University of Birmingham) who correctly recognise abusive and non-abusive care of older people, and whether recognition is related to sociodemographic factors and education. A cross-sectional self-report questionnaire study, using the Caregiving Scenario Questionnaire, measured recognition of elder abuse according to the Department of Health's definition. 202 of 207 students (97.6%) responded. 29 of 201 (14.4%) identified accepting someone was not clean; 113/200 (56.5%) locking someone in alone; and 160/200 (80.0%) trapping someone in an armchair as abusive. All medical students correctly identified four out of five non-abusive responses. 12 (6.0%) incorrectly identified camouflaging the door to prevent wandering as abusive. Medical students are good at recognising non-abusive care, but not as successful at recognising elder abuse. (KJ/RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com/journal/gps>
- 197/3 The sensitivity and specificity of the Modified Conflict Tactics Scale for detecting clinically significant elder abuse; by Claudia Cooper, Kate Maxmin, Amber Selwood (et al).
International Psychogeriatrics, vol 21, no 4, August 2009, pp 774-778.
A third of family carers of people with dementia describe acting abusively in research studies, but far fewer cases of abuse are currently detected in clinical situations. This discrepancy may be explained by inadequate detection by health professionals, or disagreement regarding what constitutes elder abuse. This study was undertaken to determine the sensitivity and specificity of the revised Modified Conflict Tactics Scale (MCTS) for detecting clinically significant elder abuse. The authors interviewed 220 family carers of people consecutively referred to psychiatric services with dementia in Essex and London, using the MCTS to measure abuse. They defined abuse cases using: the MCTS conventional scoring system; the Pillemer criteria; and clinical judgment of an expert panel. The panel judged that 15 (6.8%) of carers reported potentially clinical concerning abusive behaviour; but 47 (21%) were cases according to the Pillemer criteria and 74 (34%) using the MCTS conventional scoring system. The authors developed a weighted MCTS scoring system with high sensitivity and specificity for detecting clinically concerning abuse. The MCTS could be used routinely in clinical practice with carers of people with dementia to detect clinically concerning cases of abuse, many of which are currently being missed. (RH)
ISSN: 10416102
From : <http://www.journals.cambridge.org/ipg>
- 197/4 What would help me stop abusing?: the family carer's perspective; by Amber Selwood, Claudia Cooper, Colm Owens (et al).
International Psychogeriatrics, vol 21, no 2, April 2009, pp 309-313.
A third of family members caring for people with dementia report acting abusively towards them, but there are currently no evidence-based interventions to reduce or prevent such behaviour. Family carers who act abusively have not previously been consulted about what may

help to reduce abuse. The researchers recruited a consecutive sample of 220 family carers of people with dementia referred to secondary psychiatric services. Carers who reported any abusive behaviour in the previous three months were asked to select from a list of services and potential interventions those that they thought might help to reduce or prevent this abusive behaviour. Carers were also asked to suggest other interventions that might help prevent abuse. Results gained found 113/115 carers who reported any abusive behaviour answered questions about possible interventions. The three most frequently endorsed interventions were: medication to help the care recipient's memory (n=54; 48.2%); written advice on understanding memory problems and what to do (n=48; 42.9%) and more information from professionals caring for the person with dementia (n=45; 40.2%). When asked which interventions were most important, medication to help memory (n=21; 18.6%), home care (n=17; 15.0%), residential respite and sitting services (both n=12; 10.6%) were most frequently endorsed. In order to prevent abuse, family carers prioritised medication for memory, good communication from professionals, written advice on memory problems, home care, residential respite and sitting services. As no interventions to reduce abuse by family carers have yet been formally evaluated, a good starting point may be the expressed wishes of family carers. (KJ/RH)

ISSN: 10416102

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

ADVOCACY

197/5 Independent advocacy with older people: what will be the impact of personalisation?; by John Miles.

Working with Older People, vol 13, issue 2, June 2009, pp 28-31.

A trustee and founder member of the Older People's Advocacy Alliance (OPAAL) comments that the meaning of "advocacy" is not fully understood. John Miles comments that "advocacy" is frequently used in the sense of speaking up for an individual or a group. He reviews the position of advocacy with older people as the government pursues its transformation of social care. Among definitions applicable to older people he cites Andrew Dunning (1995): that advocacy involves a "partnership between a [trained] advocate and an [older] person who needs to secure or exercise [his or her] rights, choices and interests", and thus more appropriate. (RH)

ISSN: 13663666

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

AGE DISCRIMINATION

197/6 Achieving age equality in health and social care: Annex to a report to the Secretary of State for Health by Sir Ian Carruthers and Jan Ormondroyd; by Ian Carruthers, Jan Ormondroyd, Department of Health - DH. London: Department of Health, October 2009, 31 pp.

These working papers provide some background and additional information about the work of the review, especially the work in the South West that has focused on the practical implementation of the legislation. There has been a close collaboration between the analysis of the broad themes at a national level and the work in the South West focusing on specific issues that are of direct relevance to statutory organisations, their partners and service users and carers. This has led the review to both build on existing pieces of work commissioned by the Department of Health (DH) and to commission further work that will comprise a resource pack to support local implementation of the relevant sections of the Equality Bill. The annex contains the following sections: 1. Local Engagement Events: a summary of the key themes from the twelve engagement events held in September and October 2009; 2. The Resource Pack: details of the work commissioned from the National Development Team for Inclusion, the Social Care Institute for Excellence and Ros Levenson and colleagues to support local implementation; 3. Indicators: initial ideas on developing a set of indicators in collaboration with the University of West of England; 4. Age Explicit Criteria: a summary of initial review of national age explicit criteria within the Department of Health and its Arms Length Bodies; 5. Joint Strategic Needs Assessment: summary of a review of local JSNAs by the University of West of England; 6. Literature Reviews: key themes from the reviews undertaken by the Centre for Policy on Ageing

(CPA); and 7. Cost effectiveness and Quality Adjusted Life Years (QALYs): Discussion of the work with the University of Leeds. The literature reviews undertaken by the CPA are also available to download from the organisation's website (www.cpa.org.uk). (KJ/RH)
From : http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_107397.pdf

- 197/7 Equality Bill: assessing the impact of a multiple discrimination provision: consultation response; by Robert Brown, Age Concern and Help the Aged. London: Age Concern and Help the Aged, June 2009, 6 pp (Consultation response, Ref: 3409).
Age Concern and Help the Aged welcome proposals to include protection from discrimination on multiple grounds in the Equality Bill. This consultation response to the Government Equalities Office updates evidence provided by the Age Reference Group on Equality and Human Rights in 2005 in 'Age and ... multiple discrimination and older people: a discussion paper'. It identifies examples of multiple disadvantage and discrimination as the affect older women; gay, lesbian, bi-sexual and transgender older people; older people with disabilities; and black and minority ethnic (BME) older people. It also answers some of the specific questions posed in the GEO's document. (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 Email: robert.brown@helptheaged.org.uk
- 197/8 Making the case: why children should be protected from age discrimination and how it should be done: proposals for the Equality Bill; by Young Equals; Children's Rights Alliance for England.: Children's Rights Alliance for England, 2009, 23 pp.
Young Equals is a group of charities and children who are campaigning to stop age discrimination. The group is coordinated by the Children's Rights Alliance for England, while 11 Million, the Children's Commissioner for England, and the Equality and Human Rights Commission have observer status. The Equality Bill going through Parliament proposes to extend age discrimination protection to cover the provision of goods, facilities and services. However, protection for children is currently excluded from the proposed legislation. This publication brings together evidence showing why children need protection against age discrimination. The evidence cited relates to lack of: equal access to: public buildings and public transport for babies and young children; healthcare; child protection; justice; public leisure facilities; shops and restaurants; and public transport for older children. The publication was coordinated and written by the Children's Rights Alliance for England, and funded by Save the Children UK. (RH)
From : Children's Rights Alliance for England, 94 White Lion Street, London N1 9PF. Website: www.crae.org.uk
- 197/9 Marmot review - Health inequalities strategy in England post 2010: consultation response; by Margit Physant, Age Concern and Help the Aged. London: Age Concern and Help the Aged, August 2009, 5 pp (Consultation response, Ref: 4509).
Professor Sir Michael Marmot has been asked to advise the Secretary of State for Health on the future development of a health inequalities strategy in England post 2010. Age Concern and Help the Aged comment on issues raised in the consultation document on the first phase of the Strategic Review. First, it is suggested that the Review should consider 'financial capability' in order to reduce 'material inequalities. Second, implementing the Lifetime Neighbourhood strategy will contribute to reducing health inequalities. Third, older people should be considered as a vulnerable group. Fourth, equality legislation is essential to reduce health inequalities. Fifth, an ageing society should be considered as one of the cross-cutting challenges. The organisation has considered age discrimination in health and social care in more detail in its Response to the National Review of Age Discrimination in Health and Social Care call for evidence. (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

- 197/10 Response to the National Review of Age Discrimination in Health and Social Care call for evidence; by Robert Brown, Age Concern and Help the Aged. London: Age Concern and Help the Aged, July 2009, 15 pp (Evidence, Ref: 3709).
 The ban on unjustifiable age discrimination in health and social care should be brought into force in 2012, along with other sectors covered by goods, facilities and services provisions. This document draws together examples of evidence that Age Concern and Help the Aged found regarding the pernicious effects of age discrimination against older people in health and social care. At worst, age discrimination can be a matter of life and death. Age discrimination in health and social care are best understood as three different but connected mechanisms: explicit age-based policies; frontline decisions and behaviours; and organisational level decisions. Evidence from examples of age discrimination are outlined in respect of cancer, stroke, cardiology, depression, footcare, continence, palliative care and social care. The organisation's survey of members of the British Geriatric Society (BGS) found that 47% think that the NHS is institutionally ageist, and 77% would support the introduction of legislation against age discrimination in the NHS. This document identifies eight key themes for action: national leadership; transparency and accountability; workforce; incentives; innovation; regulation; personalisation and choice; and information technology. (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 Email: robert.brown@helptheaged.org.uk
- 197/11 Submission to Joint Committee on Human Rights on the human rights compatibility of the Equality Bill; by Robert Brown, Age Concern and Help the Aged. London: Age Concern and Help the Aged, June 2009, 7 pp (Submission, Ref: 3509).
 Age Concern and Help the Aged have collected much evidence on the pernicious effects of age discrimination on older people's human rights. This response notes Help the Aged's previous response in 2008 to the Joint Committee on Human Rights's call for evidence regarding the then unpublished Bill. Now that the Bill has been published, this submission comments on: goods facilities and services; disability related discrimination; discrimination against carers; multiple discrimination; premises access; volunteers; forced retirement; and the public sector equality duty. (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 Email: robert.brown@helptheaged.org.uk
- 197/12 UK consultation on the European Commission proposal for an Equal Treatment Directive: consultation response; by Robert Brown, Ken Bluestone, Age Concern and Help the Aged. London: Age Concern and Help the Aged, July 2009, 8 pp (Consultation response, Ref: 4409).
 Age Concern and Help the Aged respond to the consultation by the Government Equalities Office (GEO) consultation on the proposed Equal Treatment Directive, by focusing on the "strong and compelling evidence of age discrimination in healthcare". While the National Service Framework for Older People (NSF) has resulted in removing the most explicit barriers affecting older people, two key barriers remain at age 65+: mental health services and the funding and assessment processes for social care. This response also comments on age-related practices in financial services; the scope of the Directive, for example, on the inclusion of housing; the positive action provisions of Article 5; and the length of time for implementing the Directive. (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 Email: robert.brown@helptheaged.org.uk
- 197/13 Unequal ageing: Briefing 4: Quality of life; by Help the Aged. London: Help the Aged, 2009, 13 pp.
 The third wave of the English Longitudinal Study of Ageing (ELSA) considered the concept of "social detachment" as a measurement of exclusion in older age. This Help the Aged briefing considers various aspects of older people's social, civic and cultural engagement, and its impact

on quality of life. It considers both inequalities within the older population and ways in which older people may be disadvantaged in general. Although a considerable body of evidence may be available to researchers, this may not necessarily be available to the general public. Even where such knowledge exists, there remain elements which are not "age-proofed" or where assumptions have been made about older people which may no longer be correct. Ways of rectifying such errors or gaps in our knowledge are suggested. (RH)

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. www.helptheaged.org.uk
Email: info@helptheaged.org.uk

AGEING (GENERAL)

197/14

AARP International : The Journal; by AARP International. New York: AARP.
Summer 2009, 112 pp (whole issue).

This edition of The Journal focuses on the economic crisis and its impact on older people globally. In many countries, older people in many countries are the most susceptible to the economic fluctuations and uncertainties that follow. Within the United States, retirement savings accounts have lost an estimated four trillion dollars in value since July 2007. At the same time, higher unemployment makes it more difficult for older workers to keep existing jobs or find and compete for new ones. This economic crisis also highlights one of the greatest vulnerabilities for older people - access to affordable, quality health care. Feature articles have been written by leading experts in their field from around the world, on various aspects of the repercussions of this economic crisis on health, employment, and lifelong learning opportunities for older people. This edition also features proceedings from two major AARP programmes in 2009: Reinventing retirement Asia: employment active engagement beyond 50; and the 2009 AARP-UN briefing series on global ageing. (KJ)

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

197/15

AARP International : The Journal; by AARP International. New York: AARP.
Winter 2009, 116 pp.

Focus of this issue is on the longer lifespan and what this means for countries with an ageing population. Highlights of this issue are: Preparing for an Aging Population - The Singapore Experience by Lee Hsien Loong, Prime Minister, Singapore. New Perspectives on Aging: Priorities of the Czech Government and EU Presidency by Petr Necas, Deputy Prime Minister and Minister of Labour and Social Affairs, Czech Republic. The Next Generation of Investors By James Perkins, Jr., Founder, CEO, and Portfolio Manager of Thrasher Funds. Over-50s on the Move in France by Roland Bréchet. Raising Global Awareness of Women's Health Issues by Fran Drescher, President, Cancer Schmancer and Public Diplomacy Envoy for Women's Health Issues, US Department of State. Global Aging: The Importance of Nutrition and Food Companies by Derek Yach, Mark Pirner, and Dondeena Bradley. Thanks for the Memory: Design and Dementia by Julia Cassim, Senior Research Fellow, Royal College of Art Helen Hamlyn Centre, London. Visitability: Making Homes More Accessible for the Growing 50+ Population by Jana Lynott, AICP, Strategic Policy Advisor, AARP. Advancing Global Action on Aging By Dr. Alexandre Sidorenko, Head, United Nations Programme on Ageing. The Journal is available in electronic format only from website link given below. (KJ)

From : Posted on website (1 December 2008): <http://www.aarpinternational.org/thejournal>

197/16

Meeting the challenge of population ageing; by Yvonne Doyle, Martin McKee, Bernd Rechel (et al).

British Medical Journal, vol 339, no 7726, 17 October 2009, pp 892-894.

Increased longevity poses a challenge to the welfare state. The authors of this article believe that the problems can be overcome, and they cite studies published in the last ten years that variously consider these themes: working longer, staying healthy, and enjoying retirement. (RH)

ISSN: 09598138

From : www.bmj.com

ALCOHOL AND DRUG MISUSE

- 197/17 Self-poisoning in older adults: patterns of drug ingestion and clinical outcomes; by Martin W Doak, Andrew C Nixon, David J Lupton (et al).
Age and Ageing, vol 38, no 4, July 2009, pp 407-410.
Self-poisoning accounts for a substantial proportion of acute medical hospital presentations, but has been poorly characterised in older adults. This Scottish retrospective observational study sought to determine the agents ingested by older adults presenting to hospital accident and emergency (A&E) after drug overdose, and to compare clinical outcomes to younger patients. During the study period (2004-2007), there were 8,059 admissions, including 4,632 women (57.5%). This included a subgroup of 361 patients (4.5%) who were age 60+. This subgroup was more likely to require hospital stay, transfer to a critical care and had higher mortality. A higher proportion of older patients required transfer to a psychiatric unit or to a general medical ward than younger adults. Older adults that presented to hospital after drug overdose had ingested different drugs compared to younger patients, possibly due to different prescribing patterns, and had a poorer outcome. The use of drugs associated with significant toxicity should be avoided in older patients at risk of self-harm. (KJ/RH)
ISSN: 00020729
From : <http://www.ageing.oxfordjournals.org>

ANXIETY

(See Also 197/59, 197/130)

- 197/18 Levels of anxiety and depression as predictors of mortality: the HUNT study; by Arnstein Mykletun, Ottar Bjerkeset, Simon Overland (et al).
British Journal of Psychiatry, vol 195, no 2, August 2009, pp 118-125.
Depression is reported to be associated with increased mortality, although underlying mechanisms are uncertain. Associations between anxiety and mortality are also uncertain. The aim of this study was to investigate associations between individual and combined anxiety/depression symptom loads (using the Hospital Anxiety and Depression Scale (HADS)) and mortality over a 3-6 year period. The authors utilised a unique link between a large Norwegian population survey (HUNT-2, n = 61,349) and a comprehensive mortality database. Results showed that case-level depression was associated with increased mortality (hazard ratio (HR) = 1.52, 95% CI 1.35-1.72) comparable with that of smoking (HR = 1.59, 95% CI 1.44-1.75), and which was only partly explained by somatic symptoms or conditions. Anxiety comorbid with depression lowered mortality compared with depression alone (anxiety depression interaction P = 0.017). The association between anxiety symptom load and mortality was U-shaped. In conclusion, depression as a risk factor for mortality was comparable in strength to smoking. Comorbid anxiety reduced mortality compared with depression alone. The relationship between anxiety symptoms and mortality was more complex with a U-shape and highest mortality in those with the lowest anxiety symptom loads. (KJ/RH)
ISSN: 00071250
From : <http://bjp.rcpsych.org>

ASSESSMENT

(See Also 197/115, 197/127)

- 197/19 Using the Barnes Language Assessment with older ethnic minority groups; by Victoria Ramsey, Susan Stevens, Karen Bryan (et al).
International Journal of Geriatric Psychiatry, vol 24, no 4, April 2009, pp 426-431.
There are many issues concerning the assessment of older people from ethnic minority groups, the most significant being the language barrier experienced by those whose English is an additional language (EAL). This study aimed to test the hypothesis that EAL participants would score less well than those with English as a first language (EFL) on the sub-texts of the Barnes

Language Assessment (BLA), elucidate the reasons for any such differences, and discuss the implications. The BLA was administered to 144 participants divided into sub-groups with respect to age, gender and educational background, most of whom had a working diagnosis of dementia. Subjects with English as a first language (EFL) and English as an additional language (EAL) perform differently on the Barnes Language Assessment. The differences are mainly related to levels of education. Difficulties were found in recruiting subjects from ethnic minority groups. The consequences of this and other factors are discussed. (RH)

ISSN: 08856230

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

197/20

The utility of the Mini-mental State Examination in guiding assessment of capacity to consent to research; by Paul J P Whelan, Justyna Oleszek, Alastair Macdonald (et al).

International Psychogeriatrics, vol 21, no 2, April 2009, pp 338-344.

Previous studies have found the Mini Mental State Examination (MMSE) predictive of capacity to consent to power of attorney and to enter into residential care. The authors aimed to assess the utility of the MMSE in predicting capacity to consent to research in UK care home residents, to determine the optimal cut-point score, and to ascertain which items of the MMSE most predicted capacity. Care home residents (n = 227) who had been recruited into a randomised controlled trial and assessed for capacity to consent were subsequently administered the MMSE and a measure of depression. A receiver operator characteristic (ROC) curve was generated and the maximal MMSE cut-point that best predicted capacity status determined. Multiple regression analyses were conducted to assess the effect of other variables on capacity status. The results showed that the MMSE is predictive of capacity to consent to research and may have a role in guiding researchers in this domain. It should not, however, be used in lieu of a formal capacity assessment as even the optimal cut-point of 13/14 mislabelled 24% of capable subjects as lacking capacity, and 21% of incapable subjects as having capacity. (KJ/RH)

ISSN: 10416102

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

197/21

Validation study of the Camberwell Assessment of Need for the Elderly (CANE) in Portugal; by Lia Fernandes, Manuel Gonçalves-Pereira, António Leuschner (et al).

International Psychogeriatrics, vol 21, no 1, February 2009, pp 94-102.

The Camberwell Assessment of Need for the Elderly (CANE) is widely used for multidimensional evaluation of older people with mental health problems. The aim of this study was to evaluate reliability and validity of a Portuguese version of CANE. A cross-sectional multi-centre study was designed using a convenience sample of older mental health services' users. CANE was compared with EASYCare, GHQ12, MMSE, Barthel Index and GDS-15 to assess criterion and construct validity. Inter-rater and test-retest reliability were also assessed. Included were 79 patients (76% female), with mean age of 74 years; with most patients living at home with a family caregiver, generally female. Only 32% had no carer. Dementia was the commonest psychiatric diagnosis (61%) and somatic comorbidity was very prevalent (85%). Overall, inter-item and item-total correlations for CANE and item comparison with other measures indicated reasonable construct validity. Results showed that the psychometric properties of CANE seem to be consistently good, in accordance with other studies. Robust results on ecological, face, content, criterion and construct validity, as well as good reliability, were achieved. This version is a promising tool for research and practical use in Portuguese old age settings. (KJ/RH)

ISSN: 10416102

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

ASSISTIVE TECHNOLOGY

197/22

Ageing and technology: a review of the research literature; by Christina M Blaschke, Paul P Freddolino, Erin E Mullen.

British Journal of Social Work, vol 39, no 4, June 2009, pp 641-656.

While the ageing of the population around the world raises serious concerns about social

security, pensions, long-term care, health care and family systems, digital age tools have been proposed as possible resources to improve outcomes. Considerable literature has appeared suggesting that assistive technologies (ATs) and information and communication technologies (ICTs) may improve quality of life, extend length of community residence, improve physical and mental health status, delay the onset of serious health problems, and reduce family and caregiver burden. The aim of this review is to separate the evidence base to these claims from simple optimism about the ultimate status of technology-based tools. This is accomplished through an extensive examination of the empirical research literature in the field of ATs and ICTs as they relate to older people and ageing populations. The authors describe how these technologies are being utilised and barriers to use by older people. The authors identify what is known - based on scientific studies - about the utility and effectiveness of the technologies. Appropriate social work practice in the digital age requires knowing what tools are available and their documented effectiveness and limitations. Thus, this review considers the implications of current research knowledge for social work practice, education and research. (RH)

ISSN: 00453102

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

197/23 Safe walking technologies for people with mild to moderate cognitive impairments; by Kevin Doughty, Barbara Dunk.

Journal of Assistive Technologies, vol 3, no 2, June 2009, pp 54-59.

There are many new devices and systems now available to help manage the risk of an individual becoming lost or disoriented when out walking, especially at night. Many use radio devices carried by, or worn by, users that communicate with receivers carried by carers. They generate alerts when the user goes out of range. Other intelligent devices are based on virtual sensors that monitor exists and generate alarms through a telecare system if the person leaves the property at an unsafe time and fail to return within a reasonable period. This approach is particularly useful when used in conjunction with a global positioning system (GPS) location device carried by the individual. The latest technologies, which can be integrated into mobile phones, PDAs (personal digital assistant), wrist watches or key fobs, including a geofencing option that raises an alarm if the individual moves outside a defined zone of safety. The success of these technologies depends on a full assessment of the individual and their support mechanisms in order to determine the management of the devices and their batteries. (KJ/RH)

ISSN: 17549450

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

197/24 Telecare; by Department of Health. London: Department of Health - DH (Electronic format only), June 2009, 8 pp.

Telecare involves the use of electronic sensors and aids that make the home environment safer so that people can live at home, independently, for longer. This briefing then is part of the Department of Health's prevention package, a key component of the government's strategy for an ageing society. The package aims to raise the focus on older people's prevention services and encourage their use, ultimately improving older people's health well-being and independence. (KJ)

From : http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@pg/documents/digitalasset/dh_103148.pdf

ATTITUDES TO AGEING

197/25 Attitudes to aging: a comparison of obituaries in Canada and the UK; by Ruth E Hubbard, Eamonn M P Eeles, Sherri Fay (et al).

International Psychogeriatrics, vol 21, no 4, August 2009, pp 787-792.

Populations worldwide are ageing and the overall prevalence of dementia at death is now 30%. Since the contemporary social impact of a disease is indicated by the frequency of its newspaper coverage and since obituary notices illuminate conceptions of death, the authors hypothesised that obituary notices placed by families would reflect societal attitudes to ageing and dementia. A critical discourse analysis of 799 obituaries in representative national and local newspapers

in Canada and the UK found that chronological age, suggested donations in memory of the deceased, and donations to dementia charities were each included in significantly more obituaries in Canadian newspapers than in UK ones. Military service was explicit for significantly more men aged 80+ in Canada compared to the UK (41% versus 4%). Of the donations to medical charities, nearly half (117) were to cancer charities, and one-fifth (54) to heart and stroke foundations. In the UK, obituaries for those aged 70+ were more likely to recommend donations to children's charities (12), or the Royal National Lifeboat Institution (8) than dementia charities (7). Donations to dementia charities were significantly more common in obituaries in Canada than in the UK. In both countries, donations to medical charities did not reflect disease prevalence or impact to the individual. Societal attitudes in the UK may be impacted by the fragmentation of ageing research and antipathy to geriatric medicine in the national medical press. (RH)

ISSN: 10416102

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

197/26

Body image and self-esteem in older adulthood; by Lucie Baker, Eyal Gringart.

Ageing and Society, vol 29, part 6, August 2009, pp 977-996.

Given global population ageing and the fact that Australia is experiencing a significant increase in the proportion of older adults in its population, research into ageing issues has become a national priority. Whilst body image and self-esteem have been empirically linked, the relationship among older adults has been neglected. This study investigated several body-image variables and their relationship to self-esteem in a sample of 148 men and women aged 65-85 years who were living independently in the Perth Metropolitan Area of Western Australia. They completed the 'Rosenberg Self-Esteem Scale' and the 'Multi-dimensional Body-self Relations Questionnaire'. The results indicated, contrary to a common misconception, that body-image concerns are significant to self-esteem in older adulthood, but that these vary by age and gender. Whilst women appear to develop various strategies to counter the effects of ageing, men seem to be more negatively affected, particularly in relation to body functioning. The findings shed light on the meaning of body image in older adulthood. A better understanding of the meaning of body image, of the factors that influence the meaning, and of how these relate to older adults' self-esteem may help older adults develop a positive body image that will contribute to psycho-social strengths and enhance their quality of life. (KJ/RH)

ISSN: 0144686X

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

197/27

Time, the body and the reversibility of ageing: commodifying the decade; by Justine Coupland. Ageing and Society, vol 29, part 6, August 2009, pp 953-976.

Contemporary popular culture proposes new ideological associations between time, ageing, the body and personal identity projects. In a range of magazine texts, television shows and associated websites, several commercialised discourses equate ageing, and women's ageing in particular, with the 'look' of ageing. They project a version of personal ageing that is reversible and repairable, on the presumption that looking younger is universally a desirable goal and one that can be reached through regimes of control operating on skin, body shape and weight, hair and clothing. Different moral stances are established in these discourses. One set offers magazine readers putative control over acknowledged risks and threats deemed inherent to ageing. Such texts invoke personal responsibility for maintaining and indeed for re-claiming a youthful appearance in middle and old age. Another set shames and vilifies people who 'look older than they should.' In those cases, visible ageing needs to be urgently dealt with, on the gerontophobic assumption that the look of ageing renders the individual progressively less socially desirable or even less acceptable. Different frames of mediation, such as the keying of personal censure and humiliation as play, complicate the moral critique of these discourses, even though their ageist orientations are often stark. The decade is constructed as an important unit of bodily ageing, when the target is to look or in some ways to be 'ten years younger.' (KJ/RH)

ISSN: 0144686X

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

BIOLOGY OF AGEING

- 197/28 Slowing human ageing; by David L Wilson.
Quality in Ageing, vol 10, issue 2, June 2009, pp 23-29.
Knowledge of why and how we age is pointing to ways to extend human longevity. Studies in model organisms indicate that increasing the expression of repair and maintenance genes results in slower ageing and increased life expectancy. It might soon be possible to achieve such slowing of ageing in humans. The evidence for, and societal consequences of, such an advance are discussed. (KJ/RH)
ISSN: 14717794
From : <http://www.pavpub.com>

BLACK AND MINORITY ETHNIC GROUPS

(See 197/19, 197/55, 197/70)

CARERS AND CARING

(See Also 197/4, 197/73, 197/162)

- 197/29 Bereaved informal cancer carers making sense of their palliative care experiences at home; by W K Tim Wong, Jane Ussher.
Health and Social Care in the Community, vol 17, no 3, May 2009, pp 274-282.
This qualitative study explored the positive meanings constructed and ascribed to the experiences of providing palliative care at home by bereaved informal cancer carers, a group of individuals who are in a position to make sense of their caring experiences as a coherent whole. 22 bereaved cancer carers in New South Wales (NSW), Australia were recruited through cancer support groups, cancer clinics and the Cancer Council NSW.
They were interviewed as part of a larger mixed-method study examining the experience of informal cancer care. The findings indicated that these bereaved carers gave accounts that accentuated the benefit and satisfaction derived from providing direct palliative care at home, which enabled them to construct positive meanings associated with their participation in the dying process, and as a result to ascribe subjectively meaningful interpretations to their loved ones' death and their sense of loss. This included a sense of reward for doing something good, meeting the expressed needs of the patient, continuing with normal life as much as possible, improving the condition of the relationship, and meeting cultural expectations of the right thing to do. Being present at the point of death was positioned as rewarding because it facilitated the process of saying goodbye, fostered inclusion of others, provided closure and was as spiritual experience. These findings suggest that there are positive and rewarding aspects associated with providing informal cancer care in a palliative context, and these aspects were pertinent and meaningful for carers in their endeavours to reconcile the difficulties and loss they experienced. This has implications for the prevention and amelioration of distress experienced by informal cancer carers, and suggests that future research should not ignore the positive aspects of providing palliative care. (RH)
ISSN: 09660410
From : <http://www.blackwellpublishing.com/hsc>

- 197/30 Effectiveness of a psychoeducational intervention program in the reduction of caregiver burden in alzheimer's disease patients' caregivers; by Manuel Martin-Carrasco, Manuel Franco Martin, Carmelo Pelegrin Valero (et al).
International Journal of Geriatric Psychiatry, vol 24, no 5, May 2009, pp 489-499.
Caregivers of patients with Alzheimer's disease (AD) experience physical and psychological stress due to the caring experience. This study evaluated the benefits of a Psychoeducational Intervention Program (PIP) on caregiver burden in southern Europe. A multicentre, prospective, randomised study was conducted. 115 Spanish caregivers of patients with clinical diagnosis of AD (DSM-IV-TR criteria, mini-mental score = 10-26) and functional impairment (Lawton and

Brody Scale and Katz Index) were recruited. Caregivers were randomised to receive either PIP (IG: intervention group, n = 60) or standard care (CG: control group, n = 55). PIP consisted of eight individual sessions over 4 months for teaching strategies for confronting problems of AD patient care. Caregivers' stress, quality of life and perceived health were measured using validated scales (Zarit, SF-36, GHQ-28, respectively) at baseline and after 4 and 10-months follow-up. A mean change in caregiver burden (Zarit baseline - Zarit final scores) was statistically significant showing an improvement in the IG and a worsening in the CG. The IG showed significant improvements in all the well-being perception areas measured by the SF-36 and a significantly lower score in the GHQ-28. 97.7% of caregivers and 88.6% of therapists considered PIP useful or very useful at 4 months (the end of PIP), whereas at 10 months the estimates were 93.2% and 86.3%, respectively. Conclusions reached were that psychosocial training of caregivers can minimise caregiver distress and help them to develop problem-solving strategies. A PIP improves quality of life and the perceived health of caregivers of patients with AD. (KJ/RH)

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

197/31 Join the Big Care Debate - quick guide; by Care, Support Independence, HM Government. London: HM Government, 2009, leaflet.

This leaflet is intended as a brief guide to the reform of the adult care and support system in England and signposts the current consultation that is being held for all to participate in. The consultation ends on 13 November 2009. Copies of the Green Paper launched in July, 'Shaping the future of care together', can also be obtained via the website. The Green Paper explains how the current care and support system is struggling to meet the needs of our society. Designed in the 1940s, when life expectancy was shorter and social attitudes and expectations were very different, the social welfare system needs to be updated. The Paper sets out a vision for a National Care Service that is far, simple and affordable for all adults in England. It makes proposals about how the system should be organised and paid for and the 16-week public consultation, the Big Care Debate, is being conducted to gather people's views on the proposals. (KJ)

From : Find out more at: <http://www.careandsupport.direct.gov.uk>

197/32 A lifeline for carers: [Birmingham's Carers Emergency Response Service (Cers)]; by Natasha Salari.

Community Care, issue 1781, 30 July 2009, pp 28-29.

An emergency response carers' service is giving peace of mind to overstretched carers in the Birmingham area. This article describes the work of the Carers Emergency Response Service (Cers) which is managed by the charity Crossroads, and how Cars can help in preventing emergencies. (RH)

ISSN: 03075508 From : www.communitycare.co.uk

197/33 Migrant care workers in an ageing society: [implications for providers]; by Jill Manthorpe.

Community Care, issue 1785, 3 September 2009, pp 32-33.

The UK is heavily reliant on migrants to provide care in residential homes and clients' own homes. What are the implications for providers? The author reviews research by Alessio Cangiano and colleagues from the ESRC Centre on Migration Policy and Society (Compas) at the University of Oxford. Their report, 'Migrant care workers in ageing societies: research findings in the United Kingdom' looks at patterns of demand and supply in social care where historically there have been high vacancy rates. However, employing migrant workers leaves managers with difficulties in handling problems such as discrimination, harassment and integrating workers into local communities. Perceptions of future demand for social care of older people are examined in relation to two scenarios: a reduced need for migrant labour; and continuing problems with recruitment so that there is a higher demand for migrant workers. At a time when local authorities are having to respond to the recession and deal with issues such as social cohesion, this report is timely. (RH)

ISSN: 03075508 From : www.communitycare.co.uk

- 197/34 Narratives in a users' and carers' group: meanings and impact; by Susan M Benbow, Yong Lock Ong, Sarah Black (et al).
International Psychogeriatrics, vol 21, no 1, February 2009, pp 33-39.
Carers who wished to share their experiences with a national working group (the Consumer Group) prepared narratives as a way of identifying areas for discussion. The narratives were submitted to one author and subjected to thematic qualitative analysis. The themes were fed back to the Group for discussion. Five main themes were identified: difficulties in obtaining a diagnosis; acting as an advocate; stresses of caring; practical problems with social care; and emotions experienced by carers. The narratives provided a means of sharing carers' experiences and creating initiatives for further action by the Group. They have an impact on the people who hear or read them, but may also be therapeutic for those who produce them. Narratives can also be a powerful tool in teaching and training, and in identifying areas for service and professional improvement. (KJ/RH)
ISSN: 10416102
From : <http://www.journals.cambridge.org/ipg>
- 197/35 Older carers in the UK: are there really gender differences?: new analysis of the Individual Sample of Anonymised Records from the 2001 UK Census; by Emilia Del Bono, Emmanuela Sala, Ruth Hancock.
Health and Social Care in the Community, vol 17, no 3, May 2009, pp 267-273.
Logistic and interval regression models are applied to individual records from the 2001 Census to estimate the following: the impact of gender on the likelihood of being a carer; the impact of gender on the hours of care provided; and the impact of gender on the likelihood of being a carer for different groups defined by marital status. In the general population, the share of women who provide care is higher than the corresponding share of men, but men have a higher probability of being carers among people aged 65+. This phenomenon is largely explained by gender differences in marital status. As older men are more likely to be married, and married people are more likely to be carers, higher levels of caring among older men are observed. Once differences in marital status are accounted for, the relationship between gender and care provision among older people is overturned. In particular, the analysis finds that without controlling for household size, limiting long-term illness or marital status, the odds of being an informal carer are lower for older women than men. Once these factors are accounted for, older women have higher odds of caring than older men. Restricting the sample to care providers, and controlling for the same factors, it is shown that women supply on average 3.77 more hours of care per week than older men. Gender differences in the provision of care among older people disappears only when considering married individuals and adjusting for the presence of other household residents affected by a limiting long-term illness. (RH)
ISSN: 09660410
From : <http://www.blackwellpublishing.com/hsc>

DAY CARE

- 197/36 Dutch psychogeriatric day-care centers: a qualitative study of the needs and wishes of carers; by Jeltsje D do Jong, F Boersma.
International Psychogeriatrics, vol 21, no 2, April 2009, pp 268-277.
This study addresses the needs and wishes of informal caregivers when providing skilled psychogeriatric day-care in the Netherlands. This is a qualitative, exploratory study, based on interviews with family caregivers and professional focus groups as the primary data source. Using data from the interviews, the needs and wishes of carers were classed into three general domains: (1) approach to care - relating to shared and tailored care and confidence in professionals as well as the facility as important themes; (2) professional expertise - relating to the carers' need for education and information regarding dementia, available resources, as well as cooperation between professionals; and (3) the day programme - concerning the content and structure of the day care. The interviews with the caregivers suggest that the relationship with day-care personnel is an important aspect of psychogeriatric day-care. Caregivers have high expectations regarding the expertise of professionals, but seem to be unaware of available

resources and services. Professionals should play a more active role in providing education, advice and support. Above all, the attendees must have a positive experience of the day-care facilities and its activities. (KJ/RH)

ISSN: 10416102

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

DEMENTIA

(See Also 197/30, 197/68, 197/83, 197/114, 197/115)

- 197/37 Agitation in the morning: symptom of depression in dementia?; by Anne-Katharina Theison, Urban W Geisthoff, Hans Förstl (et al).
International Journal of Geriatric Psychiatry, vol 24, no 4, April 2009, pp 335-340.
Data were collected from three independent nursing homes in an urban setting in Bochum, Germany. Trained nursing home staff pre-selected 110 demented and agitated patients aged 60+. Three main groups were formed based on agitation peak either in the morning, evening or none. Each is respectively "sunrisers", "sundowners" and "constants". Agitation was assessed by the same staff twice a day for a 2-week timeframe using the Cohen-Mansfield Agitation Inventory (CMAI), Mini Mental State Examination ((MMSE) for dementia re-evaluation and staging, and Cornell Score for Depression in Dementia (CSID). 63 patients (60%) were depressive, but only 16 of them were treated with antidepressants. 44 patients were classified as "sunrisers", 38 as "sundowners", and 23 as "constants". There were no significant differences in depression between the three groups for the difference in proportion of depressed or not depressed people. "Sunrising" appears to play an important role in dementia. In the population studied, agitation was slightly more common in the morning than in the evening, but peak agitation does not seem to be related to depression in dementia. The data supports that the diagnosis of depression is still often overlooked in demented and agitated people. (RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com/journal/gps>
- 197/38 The behavioral neurology of dementia; by Bruce L Miller, Bradley F Boeve (eds). Cambridge: Cambridge University Press - CUP, 2009, 418 pp.
This comprehensive textbook offers an international, though predominantly American perspective to the diagnosis and treatment of patients with dementing conditions in the twenty-first century. The coverage is broad, ranging from common conditions such as Alzheimer's disease (AD), Parkinsonian disorders, vascular and frontotemporal dementia, to the more obscure such as Creutzfeldt-Jakob disease. Subtypes of mild cognitive impairment (MCI) are presented and the early prodromes of neurodegenerative diseases are explored. Simple approaches to bedside mental status testing, differential diagnosis and treatment, genetic testing, interpreting neuropsychological testing and neuroimaging findings, and assessing rapidly progressive dementias, paraneoplastic syndromes, and disorders of white matter give guidance to both the novice and expert in dementia. The basic science of dementia is outlined in introductory chapters on animal models of dementia, dementia epidemiology and dementia neuropathology. (KJ/RH)
Price: £110.00 (hdbk)
From : Cambridge University Press, The Edinburgh Building, Cambridge, CB2 8RU.
<http://www.cambridge.org>
- 197/39 Bright light therapy for agitation in dementia: a randomized controlled trial; by Alistair Burns, Harry Allen, Barbara Tomenson (et al).
International Psychogeriatrics, vol 21, no 4, August 2009, pp 711-721.
Agitation is common in people with dementia, is distressing to patients and stressful to their carers. Drugs used to treat the condition have the potential to cause particularly severe side effects in older people with dementia and have been associated with an increased death rate. Alternatives to drug treatment for agitation should be sought. The study aimed to assess the effects of bright light therapy on agitation and sleep in people with dementia. A single centre

randomised controlled trial of bright light therapy versus standard light was carried out. The study was completed prior to the mandatory registration of randomised controls on the clinical trials registry database and, owing to delays in writing up, retrospective registration was not completed. Results showed that there was limited evidence of reduction in agitation in people on active treatment, sleep was improved and a suggestion of greater efficacy in the winter months. Bright light therapy is thus a potential alternative to drug treatment in people with dementia who are agitated. (RH)

ISSN: 10416102

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

197/40

Clinical and cost effectiveness of services for early diagnosis and intervention in dementia; by Sube Banerjee, Raphael Wittenberg.

International Journal of Geriatric Psychiatry, vol 24, no 7, July 2009, pp 748-754.

This paper analyses the costs and benefits of commissioning memory services for early diagnosis and intervention for dementia. A model was developed to examine potential public and private savings associated with delayed admissions to care homes in England as a result of the commissioning of memory services. The new services would cost around £220 million extra per year nationally in England. The estimated savings if 10% of care home admissions were prevented would by year 10 be around £120 million in public expenditure (social care) and £125 million in private expenditure (service users and their families), a total of £245 million. Under a 20% reduction, the annual cost would within around 6 years be offset by the savings to public funds alone. In 10 years, all people with dementia will have had the chance to be seen by the new services. A gain of between 0.01 and 0.02 QALYs per person year would be sufficient to render the service cost-effective (in terms of positive net present value). These relatively small improvements seem very likely to be achievable. These analyses suggest that the service need only achieve a modest increase in average quality of life of people with dementia, plus a 10% diversion of people with dementia from residential care, to be cost-effective. The net increase in public expenditure would then, on the assumptions discussed and from a societal perspective, be justified by the expected benefits. This modelling presents for debate support for the development of nationwide services for the early identification and treatment of dementia in terms of quality of life and overall cost-effectiveness. (KJ/RH)

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

197/41

A cross cultural review of the ethical issues in dementia care in Kerala, India and The Netherlands; by C V Sowmini, Raymond De Vries.

International Journal of Geriatric Psychiatry, vol 24, no 4, April 2009, pp 329-334.

The diverse ethical issues in the care of people with dementia in the Netherlands and Kerala, India are explored, using cross-cultural data and a review of the literature. The medical paradigm is dominant in the Netherlands, and awareness of dementia as an organic brain disease is low in Kerala. Institutionalised care is more common in the Netherlands and home-based care is the norm in Kerala. Institutional care is costly, whereas home-based care is stressful for caregivers. The advanced directive plays an influential role in the Netherlands, but this mechanism is yet to evolve in Kerala. The legal and social setting of the Netherlands has a strong influence on physician decision-making concerning end-of-life issues. In Kerala, decisions on these matters is nearly unknown. Limited awareness of dementia in Kerala should be addressed in public forums, which can then be used to garner government support. The predominantly institutional model of care-giving in the Netherlands and home-based caregiving in Kerala each have their strengths; policy makers in both societies can usefully apply the value merits inherent in both models. A culturally appropriate implementation of the advanced directive will have beneficial medical, social and economic impacts in Kerala. The remarkable disparity between these two examples in dealing with end-of-life issues will allow more philosophically and socially informed ways of dealing with the ethical questions that arise in these situations. (RH)

ISSN: 08856230

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

- 197/42 Dementia: ethical issues; by Nuffield Council on Bioethics. London: Nuffield Council on Bioethics, October 2009, 172 pp.
The Nuffield Council on Bioethics established a Working Party (chair, Professor Tony Hope) to examine the ethical issues raised by degenerative neurological diseases which result in dementia. This report considers the legal, ethical and social issues raised by dementia as it affects not only the individuals involved but also society as a whole. It suggests an ethical framework comprising five components: a case-based approach to ethical decisions; the nature of dementia; quality of life in dementia; promoting interests in autonomy and well-being (of the person with dementia, carers, professionals and care workers); solidarity; and recognising personhood. It considers ethical approaches to care; making decisions; dilemmas in care; the needs of carers; and ethical issues posed by research into dementia. As part of its work, the Working Party held 'fact-finding meetings' with those at working at the frontline of dementia, members of the Bradford Dementia Group, a visit to Vale House, Oxford, and a visit to an Alzheimer Cafe in Farnborough. The Working Party's work was also informed by responses to a consultation document (May 2008); a summary of the consultation can be found on the Councils website (at www.nuffieldbioethics.org/ourwork/dementia/introduction.html). (RH)
From : Nuffield Council on Bioethics, 28 Bedford Square, London WC1B 3JS. Website: www.nuffieldbioethics.org
- 197/43 Dementia in the acute hospital: prospective cohort study of prevalence and mortality; by Elizabeth L Sampson, Martin R Blanchard, Louise Jones (et al).
British Journal of Psychiatry, vol 195, no 1, July 2009, pp 61-66.
A longitudinal cohort study of 617 people (aged over 70) investigated the prevalence of dementia in older people undergoing emergency medical admission and its effect on outcomes. The main outcome was mortality risk during admission. Of the cohort, 42.4% had dementia (only half diagnosed prior to admission). In men aged 70-79, dementia prevalence was 16.4%, rising to 48.8% of those aged over 90. In women, 29.6% aged 70-79 had dementia, rising to 75.0% aged over 90. Urinary tract infection or pneumonia was the principal cause of admission in 41.3% of the people with dementia. These individuals had markedly higher mortality; 24.0% of those with severe cognitive impairment died during admission (adjusted mortality risk 4.02, 95% CI 2.24-7.36). The rising prevalence of dementia will have an impact on acute hospitals. Extra resources will be required for intermediate and palliative care and mental health liaison services. (KJ/RH)
ISSN: 00071250
From : <http://bjp.rcpsych.org>
- 197/44 Effects of a telephone-based exercise intervention for dementia caregiving wives: a randomized controlled trial; by Cathleen M Connell, Mary R Janevic.
Journal of Applied Gerontology, vol 28, no 2, April 2009, pp 171-194.
Despite the importance of self-care for dementia caregivers, few interventions have included a focus on health behaviours. This study reports outcomes of a telephone-based exercise intervention designed for women caring for a spouse with dementia. 137 caregiving wives were randomised to intervention or control conditions. Participants with at- or below-median exercise scores at baseline had a significantly greater increase in exercise at 6-month follow-up compared with their control counterparts. At 6 months, participants had greater reductions in perceived stress relative to controls. Participants also reported significantly greater increases in exercise self-efficacy than caregivers in the control group at both follow-up points. Results indicate that spouse caregivers are able to increase their physical activity and that a focus on exercise in multi-component interventions may be beneficial. Debate and discussion are needed to inform expectations for programme effects and their maintenance and to explore the interface between enhanced self-care and caregiving perceptions. (KJ/RH)
ISSN: 07334648
From : <http://jag.sagepub.com>

197/45

The impact of personal characteristics on engagement in nursing home residents with dementia; by Jiska Cohen-Mansfield, Marcia S Marx, Natalie G Regier (et al).

International Journal of Geriatric Psychiatry, vol 24, no 7, July 2009, pp 755-763.

In order to examine the impact of personal attributes on engagement in persons with dementia, 193 residents of seven Maryland nursing homes participated in this study. All participants had a diagnosis of dementia. Cognitive functioning was assessed via the Mini-Mental State Examination (MMSE), and engagement was assessed via the Observational Measure of Engagement. Data pertaining to activities of daily living were obtained from the Minimum Data Set (MDS). Women had longer mean engagement duration than men, and significant results were not seen with the other demographic variables. Significant, positive correlations were found between higher cognitive functioning and longer engagement duration, more attention, a more positive attitude, and a higher refusal rate. There was a positive and significant correlation between the comorbidity index and engagement duration, and between the number of medications and attention. All functional status variables yielded significance in a positive direction. Participants with poor hearing had a higher refusal rate. Cognitive status was the most consistent and potent predictor of engagement in this population. Despite a higher refusal rate among those with higher cognitive levels, their overall engagement with stimuli is higher. Caregivers should anticipate higher refusal rates in those with poor hearing, and therefore compensatory methods should be used in presenting stimuli in this population group. The potent role of cognitive and functional status on engagement of persons with dementia underscores the importance of tailoring activities to nursing home residents' needs, interests, and limitations. (KJ/RH)

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

197/46

International perspectives on dementia education, training and knowledge transfer; by Colleen Doyle (ed), Department of Health and Ageing (Australia).

International Psychogeriatrics, vol 21, Supplement 1, 2009, pp S1-S80.

This Supplement brings together ten papers that have addressed various perspectives on dementia education, training and knowledge transfer in the USA, UK and Australia. In Australia as in other countries, the social care workforce and the setting is changing. More people are being cared for in the community rather than care homes; and, with a declining proportion of the residential care workforce who are qualified nurses. It is imperative therefore that education and training moves to address the changing needs of the workforce caring for people who are living with dementia in any setting. The papers in this Supplement were solicited by the guest editor and approved by the editorial panel of International Psychogeriatrics. They were invited and reviewed by the guest editor, the Australian Government Department of Health and Ageing, and the Editor in Chief but have not undergone the standard journal formal peer review process. They may be cited. (KJ/RH)

ISSN: 10416102

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

197/47

Living with dementia: a systematic review of the influence of relationship factors; by Astri Ablitt, Gregory V Jones, Jane Muers.: Taylor & Francis.

Aging & Mental Health, vol 13, no 4, July 2009, pp 497-511.

Many people with dementia are enabled to live at home by the support of a close family member who takes on the role of a carer. Considerable research has investigated the impact of caring for a person who has dementia. In early research, there was a tendency to overlook the experiences of the person with dementia and in particular the relationship between the two people. This has now been corrected by a growing body of research on the relationships between people with dementia and the family members who care for them. Peer reviewed publications on the influence of the relationship factors in dementia caregiving were reviewed. The impact of dementia on the quality of relationships is examined, together with the impact of relationship quality on the experience of living with dementia. The different forms that this relationship can take in the context of dementia is considered, and an integrative theoretical framework is proposed. A neglect of direct evidence from the person with dementia is identified, and possible

ways of combating these are considered. Clinical implications are drawn with regard to supporting the carer, the person with dementia and their relationship. (RH)

ISSN: 13607863

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

197/48

Patients' attitudes of dementia screening across the Atlantic; by Michael D Justiss, Maláz Boustani, Chris Fox (et al).

International Journal of Geriatric Psychiatry, vol 24, no 6, June 2009, pp 632-637.

The objective of this cross-sectional study was to compare the acceptance, perceived harms and perceived benefits of dementia screening among older adults receiving their care in two different primary health care systems (Indianapolis, United States and Kent, England). Participants were a convenience sample of 245 older adults (125 in Indianapolis, 120 in Kent). The outcome to be determined was the acceptance of dementia screening and its perceived harms and benefits as determined by Perceptions Regarding Investigational Screening for Memory in Primary Care (PRISM-PC), a 52-item questionnaire. Results showed that four of the five domains were significantly different across the two samples. The UK sample had significantly higher dementia screening acceptance scores; higher perceived stigma scores; higher perceived loss of independence scores; and higher perceived suffering scores than the US sample. Both groups perceived dementia screening as beneficial ($p = 0.218$). After controlling for prior experience with dementia, acceptance and stigma were marginalized. It was found that older adults attending primary care clinics across the Atlantic value dementia screening but have significant concerns about dementia screening, although these concerns differed between the two countries. Low acceptance rates and high rates of perceived harms might be a significant barrier for the introduction of treatment or preventive methods for dementia in the future. (KJ/RH)

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

197/49

Prediction of survival in Alzheimer's disease: the LASER-AD longitudinal study; by Matt Paradise, Zuzana Walker, Claudia Cooper (et al).

International Journal of Geriatric Psychiatry, vol 24, no 7, July 2009, pp 739-747.

Alzheimer's disease (AD) is associated with variable but shortened life expectancy. Knowing expected survival time may empower people with AD and their families, but clinicians currently have limited predictive information. This study is part of a longitudinal study of people with AD and their carers from London and South East Region of England (LASER-AD). The authors aimed to identify determinants of survival in a cohort of people with mild to moderate AD and test these on a separate validation cohort. They followed a representative cohort of 158 people for 42 months and identified independent determinants of shorter survival. From these they constructed the Survival in Alzheimer's Model (SAM), and tested this on a validation cohort. Baseline constructional apraxia, age and gait apraxia independently predicted shorter survival: about half of those scoring 2 on the SAM survived 3.5 years compared to 85% of those scoring 0. The SAM is a potentially useful tool for clinicians who previously had very limited specific and quantitative prognostic information to tell AD patients and carers. This model predicted survival from age, constructional and gait apraxia. This may be because constructional and gait apraxia are relatively free from educational or cultural bias and thus are better indicators of severe neuropathology than global cognitive tests. Alternatively, they may increase falls or immobility, or represent disease sub-types with worse prognoses. Oncology services are able to inform patients and their families about 5-year survival rates. This step towards such provision in AD is new and of potential importance to patients and their carers. (KJ/RH)

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197/50

Predictors of rapid cognitive decline among demented subjects aged 75 or more: ('Sujet Agé Fragile - Evaluation et Suivi' Cohort - SAFES); by Saturnin Viatonou, Moustapha Dramé, Damien Jolly (et al).

International Journal of Geriatric Psychiatry, vol 24, no 7, July 2009, pp 709-715.

The factors predictive of rapid cognitive decline (RCD) among older subjects aged 75+ suffering

from dementia were identified. The analysis concerned 250 patients drawn from the Sujet Agé Fragile - Evaluation et Suivi (SAFES) cohort, presenting a dementia syndrome at inclusion and followed up for at least 1 year. RCD was defined as the loss of at least 3 points on the Mini-Mental State Examination (MMSE) in the 12-month follow-up period. All patients underwent a standardised geriatric evaluation. Logistic regression was used to identify factors predictive of RCD. In the study sample, 84 patients (33.6%) presented RCD. The factors identified in multivariate analysis as predictive of RCD were: high level of education; risk of depression; and the initial MMSE score. Among the 177 subjects with a main caregiver, the predictive factors were malnutrition or risk thereof, risk of a fall, caregiver burden and initial MMSE score. In conclusion, as soon as dementia is diagnosed in older adults, information should be collected about the subject's socioeconomic status, nutritional status, risk of falling, mood state, and caregiver burden. This would enable the provision of appropriate therapeutic care, and make it possible to adapt follow-up in case of a risk of accelerated cognitive deterioration. (KJ/RH)

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

197/51

The prevention of dementia; by Ruth Peters.

International Journal of Geriatric Psychiatry, vol 24, no 5, May 2009, pp 452-458.

Dementia is prevalent in older adults and the population is ageing. Many factors have been associated with dementia, and anything that may aid the prevention of dementia is of importance. The literature in this area was evaluated and information relating to the various factors that may impact upon the prevention of dementia is presented. Factors that have been associated with a possible increased risk of developing dementia include high blood pressure, (at least in midlife), high body mass index, smoking and possibly diabetes although the evidence is mixed. There is currently no clear evidence with regard to cholesterol and metabolic syndrome although both may be implicated. Education and maintaining a Mediterranean diet, including vegetable, fruit and fish intake, have been linked to a lower incidence of dementia, as has low to moderate alcohol intake. Although care must be taken with the latter given the different characteristics of the studies reporting on alcohol and dementia. It may be that risk and protective factors vary with age; however, in the absence of prophylactic treatment, it seems likely that the maintenance of a healthy lifestyle may represent the best option with regard to the prevention of dementia. (KJ/RH)

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

197/52

Selfhood in younger onset dementia: transitions and testimonies; by Phyllis Braudy Harris, John Keady.: Taylor & Francis.

Aging & Mental Health, vol 13, no 3, May 2009, pp 437-444.

Younger people with dementia and their carers are an overlooked population for research, policy and practice attention. In this study, data were collected from both the United States and the UK in order to explore the meaning and construction of selfhood and identity. The US data collection comprised in-depth interviews with 23 people diagnosed with younger-onset dementia, while the UK data collection comprised 15 face-to-face interviews with younger carers of younger people with dementia. All carers were of had been caring for a younger person with dementia diagnosed through DSM-IV criteria. A grounded theory analysis of the data resulted in the emergence of five themes to explain the interview data: identity as a worker; identity of abandoned individual; sexual identity; family identity; and identity as an individual engaged in living. Additional research is necessary to further develop the attributes and application of these identity profiles. (RH)

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

197/53

Small, homelike care environments for older people with dementia: a literature review; by Hilde Verbeek, Erik van Rossum, Sandra M G Zwakhalen (et al).

International Psychogeriatrics, vol 21, no 2, April 2009, pp 252-264.

This study provides an international comparison of the care concepts which have adopted a homelike philosophy in a small-scale context. Insight into their characteristics is vital for theory, planning and implementation of such dementia care settings. A literature search was performed

using various electronic databases, including PubMed, Medline, CINAHL and PsycINFO. In addition, grey literature was identified on the internet. Concepts were analysed according to five main characteristics: physical setting, number of residents, residents' characteristics, domestic characteristics, and care concept. Retrieved were 75 papers which included coverage of 11 different concept types in various countries. Similarities among concepts reflected a focus on meaningful activities centred around the daily household. Staff have integrated tasks and are part of the household, and home-style features, such as kitchens, are incorporated in the buildings. Differences between concepts were found mainly in the physical settings, numbers of residents and residents' characteristics. Some concepts have become regular dementia care settings, while others are smaller initiatives. In conclusion, it can be seen that the care concepts are implemented in various ways with a changing staff role. However, many aspects of these small, homelike facilities remain unclear. Future research is needed, focusing on residents' characteristics, family, staff and costs. (KJ/RH)

ISSN: 10416102

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

197/54

A small-scale study comparing the impact of psycho-education and exploratory psychotherapy groups on newcomers to a group for people with dementia; by Richard Cheston, Roy Jones.: Taylor & Francis.

Aging & Mental Health, vol 13, no 3, May 2009, pp 420-425.

The importance of providing emotional support to people newly diagnosed as having dementia is now widely recognised. However, the evidence base for this work is limited. This study compared the effectiveness of exploratory psychotherapy and psycho-educational group interventions for new group members at three memory assessment centres or clinics in south-west England. Participants had received a diagnosis of dementia of the Alzheimer's type (DAT) or a similar form of dementia and had a mild level of cognitive impairment. Interventions occurred in ten, weekly sessions with participants attending either a psychotherapy or psycho-educational group, each of which were facilitated by the same team of clinicians, and had the same amount of therapist contact. Data relating to levels of mood was collected at the start and at the end of the group intervention from eight participants in each arm of the study. Data collection occurred independently from the intervention by a researcher who was blind to the form of intervention. There was a significant interaction between mode of therapy and levels of depression and a borderline significant interaction between therapy type and levels of anxiety. However, once the low affect level of participants in the psycho-educational groups was controlled for, differences between the interventions were non-significant. Although the results that can be drawn from this study are limited, nevertheless it supports previous research indicating that a 19-week group intervention can be effective in reducing levels of depression for people with a mild level of dementia. (RH)

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

197/55

A systematic review of the prevalence and covariates of dementia or relative cognitive impairment in the older African-Caribbean population in Britain; by Simon Adelman, Martin Blanchard, Gill Livingston.

International Journal of Geriatric Psychiatry, vol 24, no 7, July 2009, pp 657-665.

The objective of this study was to collate evidence regarding the prevalence and predictors of dementia or relative cognitive impairment in older, African-Caribbean people in Britain, as compared to their white, British peers. A systematic literature review was undertaken by searching electronic databases, contacting experts in the field and searching the references of identified papers for studies fulfilling the predefined inclusion criteria. They were divided into those measuring the prevalence or incidence of dementia or cognitive impairment, and those investigating risk factors. Each study selected for inclusion was evaluated by two of the three authors using a standardised checklist and assigned a numerical score for quality. Eleven papers fulfilled the selection criteria. Two cross-sectional surveys had calculated prevalence of dementia in a sample of British African-Caribbean people. A further prevalence study had estimated dementia prevalence in a mixed sample of African and African-Caribbean participants. All the

comparative studies found an excess of dementia in African-Caribbean people when compared to the indigenous white population, but in one study, this was not statistically significant. Seven studies investigated potential predictive factors for cognitive impairment or cognitive decline. One study investigated the association between hypertension, dementia and country of birth. The published research in this area is limited. The available studies consistently indicate an excess of dementia in older African-Caribbean people when compared to the indigenous white population. However, the magnitude of this difference and the associated risk factors are not clear, and warrant further investigation. (KJ/RH)

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DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 197/172)

197/56

Estimating the cohabiting population; by Ben Wilson.

Population Trends, no 136, Summer 2009, pp 21-27.

Over the last 15 years, there has been a rise in the number of cohabiting adults in England and Wales. This article summarises mid-2007 cohabitation estimates produced for England and Wales, and compares these with estimates made for previous years. Previous estimates indicate that there were 2.7 million cohabiting adults in 1992 (5% of the population aged over 15 years). In 2007, it is estimated that the number of cohabiting adults has increased to 4.5 million (10% of the over 15 population). Cohabitation trends provide evidence to suggest that cohabitation will continue to rise for never married adults (and therefore overall), particularly at older ages. There is also evidence suggesting an end to historic increases in cohabitation levels for never married adults under 30 years old. (RH)

ISSN: 03074463

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

197/57

Have women born outside the UK driven the rise in UK births since 2001?; by Nicola Tromans, Eva Natamba, Julie Jefferies.

Population Trends, no 136, Summer 2009, pp 28-42.

The number of births in the UK has increased each year since 2001. This article examines the demographic drivers underlying this rise, assessing the contribution of UK born and foreign born women. It brings together key information from across the UK to provide a coherent picture of childbearing trends among UK born and foreign born women since 2001. Geographical variations in the proportion of births to foreign born women are also explored at the local authority level. (KJ/RH)

ISSN: 03074463

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

197/58

Subnational analysis of the ageing population; by Sarah Blake.

Population Trends, no 136, Summer 2009, pp 43-63.

Over the last decade, the number of people aged 65+ in the UK has grown by 5%, from 9.2 million to 9.8 million in 2007. Over the next 10 years, this older population is projected to grow by a further 23% to 12.1 million by 2017. This is primarily as a result of falls in fertility and mortality rates over the past 150 years and changing sizes of past birth cohorts. Population age structures differ by region and local area. In the UK, the majority of local areas are ageing, but a small number are becoming less aged. Information on changes in the size and composition of the older population in local areas is of increasing importance to local government, as this group is more likely to be in receipt of health and social services. This article maps and explores changes in population age structure at the local authority (LA) level for the whole of the UK between 1997 and 2017, focusing on change in the older population. (RH)

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

DEPRESSION

(See Also 197/18, 197/113, 197/130)

- 197/59 Co-occurrence of depression and anxiety in elderly subjects aged 90 years and its relationship with functional status, quality of life and mortality; by Gerda M Van der Weele, Jacobijn Gussekloo, Margot W M De Waal (et al).
International Journal of Geriatric Psychiatry, vol 24, no 6, June 2009, pp 595-601.
The objective of this study was to examine the prevalence of concurrent depression and anxiety and its relationship with functional status, quality of life and mortality in individuals at age 90. In the Leiden 85-plus Study, a population based cohort study, depression (15-item Geriatric Depression Scale, GDS-15, 5 points) and anxiety (Anxiety Screening Questionnaire, 1 positive answer) were assessed in all 90-year old subjects with 19 points on the Mini Mental State Examination (MMSE). Functional status included: cognitive function (MMSE) and disability in activities of daily living (Groningen Activity Restriction Scale). Quality of life included: loneliness (Loneliness Scale of De Jong-Gierveld) and life satisfaction (Cantril's ladder). For all subjects, mortality data were available up to a maximum age of 95.3 years. Of the subjects aged 90 years with MMSE 19 points (56 men, 145 women), 50 subjects (25%, 95% CI 19-31%) experienced depression and 25 subjects (12%, 95% CI 9-18%) anxiety; of them 34 (17%) experienced depression only, 9 (4%) anxiety only, and 16 (8%) both depression and anxiety. Presence of depression was associated with an overall decreased functional status and quality of life and with increased mortality. Within the depressed group, subjects with anxiety did not differ from subjects without anxiety, except for higher loneliness scores. In conclusion, among individuals aged 90 years, depression and anxiety and their co-occurrence are highly prevalent. Anxiety does not add to poor functional status and increased mortality beyond that associated with depression, and is probably part of the phenomenology of depression in old age. (KJ/RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com/journal/gps>
- 197/60 Factors associated with depression in Norwegian nursing homes; by Maria Lage Barca, Geir Selbaek, Jerson Laks (et al).
International Journal of Geriatric Psychiatry, vol 24, no 4, April 2009, pp 417-425.
Depression among patients in nursing homes is frequent and apparently under-diagnosed. The aim of this Norwegian study was to confirm or reject the hypothesis that depression in nursing homes is associated with worse medical health, cognitive and functional impairment. A sample of 902 randomly selected nursing home patients was assessed using the Cornell Scale, the Clinical Dementia Rating Scale (CDR), the Self-Maintenance Scale and a general measurement of medical health. Additionally, information was collected from the patients' records. A multiple linear regression was performed with the CS total social and mood and non-mood sub-scale scores as the dependent variables. In the adjusted analysis, depression according to the Cornell total score was associated with worse medical health (strongest) and worse cognitive impairment but not with worse functional impairment. The mood sub-scale score was associated with worse medical health (strongest), pulmonary disease, being unmarried and female gender, but not with worse cognitive impairment. The non-mood sub-scale score was correlated with cognitive impairment (strongest), worse medical health, younger age, digestive disease and not having suffered stroke. The hypothesis was partly confirmed. Worse general health was the strongest factor associated with depression, followed by degree of cognitive impairment. Cognitive impairment was not associated with the mood sub-scale score, but was the strongest correlate for the non-mood symptoms of the Cornell Scale. (RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com/journal/gps>
- 197/61 Integrated management of depression in the elderly; by Carolyn Chew-Graham, Robert Baldwin, Alistair Burns (eds). Cambridge: Cambridge University Press, 2008, 198 pp.
Depression is one of the most common mental health problems facing older people, and it is often unrecognised and usually under-treated. This book provides a new approach to

understanding late-life depression, by using a series of case studies with commentaries from practitioners internationally (Australia, Bulgaria, Canada, Denmark, France, Hong-Kong, Japan, and The Netherlands). The book covers the epidemiology, presentation and diagnosis of depression in older people, and outlines current evidence for effective management from recently published work. The substantive part of the book presents ten case studies of increasing complexity. Each case has a commentary from a primary care clinician and a health or social care professional to outline how professionals would work together to manage the patient within their community. The emphasis is on self-management strategies, which can be implemented in primary care and collaborative care approaches, depending on the complexity of the case. The addition of commentaries from experts in the field adds an international perspective, which will be suited to health and social care professionals and students. (KJ/RH)

Price: £29.99 (pbk)

From : Cambridge University Press, The Edinburgh Building, Cambridge, CB2 8RU.
<http://www.cambridge.org>

197/62

Is psychotherapy for depression equally effective in younger and older adults?: A meta-regression analysis; by Pim Cuijpers, Annemieke van Straten, Filip Smit (et al).

International Psychogeriatrics, vol 21, no 1, February 2009, pp 16-24.

It is well established that psychotherapy is effective in the treatment of depression in younger as well as in older adults. Whether psychotherapy is equally effective in younger and older age groups has not been examined in meta-analytic research. The researchers conducted a systematic literature search and included 112 studies with 170 comparisons between a psychotherapy and a control group (with a total of 7,845 participants). 20 studies with 26 comparisons were aimed at older adults. No indication was found that psychotherapy was more or less effective for older adults compared to younger adults. The effect sizes of both groups of comparisons did not differ significantly from each other. In a multivariate meta-regression analysis, in which the researchers controlled for major characteristics of the participants, the interventions and the study designs, no indication of a difference between psychotherapy in younger and older adults was found. There appears to be no significant difference between psychotherapy in younger and older adults, although it is not clear whether this is also true for clinical samples, patients with more severe depression, and the oldest old. (KJ/RH)

ISSN: 10416102

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

DISABILITY

197/63

Care research and disability studies: nothing in common?; by Teppo Kröger.

Critical Social Policy, vol 29, no 3, issue 100, August 2009, pp 398-420.

Disability researchers have voiced the criticism that the concept of care, together with research based on it, consists of the view that disabled people are dependent non-autonomous second-class citizens. The perspectives of disability studies and care research certainly are different from each other. Disability studies analyse the oppression and exclusion of disabled people and emphasize that disabled people need human rights and control over their own lives. Care research focuses rather on care relationships, informal and formal care, care-giving work and 'an ethics of care.' Nevertheless, it is suggested here that the two perspectives are not mutually exclusive and that the two groups could learn from each other's approaches. For example, the relationship between disabled people and their personal assistants has much the same characteristics as the care relationship and requires a balancing of the needs and interests of the two parties. On the other hand, access to adequate care could be perceived as a basic civil and human right. (KJ/RH)

ISSN: 02610183 From : <http://csp.sagepub.com>

197/64

The needs of older people with acquired hearing and sight loss: [summary report]; by Sue Pavey, Graeme Douglas, Liz Hodges (et al), Thomas Pocklington Trust. London: Thomas Pocklington Trust, June 2009, 7 pp (Research findings, no 23).

This publication summarises findings from a research study funded by Thomas Pocklington Trust entitled 'Experiences of people with hearing and sight loss' carried by researchers at the

School of Education, University of Birmingham and the University of Cambridge. The aim was to increase the knowledge base concerning the experiences, needs and goals of older people with both sight and hearing loss, with the focus on acquired loss, and to raise awareness of their needs and those working with them. The project's two phases are outlined. Phase 1 analysed two pre-existing datasets relating to 609 older people with hearing and sight loss. Phase 2 focused on case studies of 20 older people with hearing and sight loss, and drew out 13 broad themes: vision, hearing and other disabilities and health problems; identification; communication and social interaction; leaving the home and getting out and about; activities within and beyond the home; daily living and sources of support; daily living and independent living skills (ILS); accessing information; access to and participation in medical services; social and emotional needs; care homes; views of participants' families; and professionals' views of services. Copies of the two reports that inform this publication are available to download (from: <http://www.education.bham.ac.uk/research/victar/research.shtml>). The reports are: 'Secondary analysis with a focus upon the needs of older people with acquired hearing and sight loss: an analysis of the "Network 1000" and "Cambridge" datasets'; and 'The needs of older people with acquired hearing and sight loss: findings from 20 case studies'. (RH)
From : Thomas Pocklington Trust, 5 Castle Row, Horticultural Place, London W4 4JQ.
www.pocklington-trust.org.uk

ECONOMIC ISSUES

(See 197/94)

EDUCATION

(See Also 197/46)

- 197/65 Undergraduate teaching in geriatric medicine: the role of national curricula; by Adrian Blundell, Adam Gordon, John Gladman (et al).
Gerontology & Geriatrics Education, vol 30, no 1, 2009, pp 75-88.
There has been recent international concern that the teaching of geriatrics may be in decline. Research has suggested that support for geriatrics in national undergraduate curricula is the key to effective delivery of teaching in the specialty. The authors set out to determine the geriatric medicine content in the UK generic curriculum, reviewing this in the context of the international guidance available on undergraduate teaching in geriatric medicine. Ten learning outcomes from the UK generic curriculum were identified as being relevant to geriatric medicine. The domains of learning and actual learning outcomes were similar among the specialty curricula from different countries. Expert-judge consultation revealed general satisfaction that these outcomes were adequate in depth and scope. Findings show the UK generic curriculum supports the learning outcomes suggested in the specialty undergraduate curricula in geriatrics providing additional weight to calls for a comprehensive review of undergraduate teaching in geriatrics. This process of validating specialty curricula against national guidelines might be usefully replicated in other countries. (KJ)
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EMPLOYMENT

(See Also 197/146)

- 197/66 Ageing and work; by Chris Ball.
Quality in Ageing, vol 10, issue 2, June 2009, pp 47-53.
Human resource (HR) managers have known for many years about the demographic time bomb; and more recently, they have been urged to take age positive approaches to the management of their organisations. However, conversations and seminars with many of those who devise and

steer human resource management policies in organisations suggest that understanding of demographic change is sometimes limited, and coping strategies are often absent or inchoate. This paper will briefly explore the demographic context and comment briefly on the main policy responses in relation to workforce issues. It will then consider the sorts of measures that might be needed to make work compatible with a significantly older working population. Taken together, these strands will hopefully weave a picture that meets our purpose of forward looking conjecture. (KJ/RH)

ISSN: 14717794

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

197/67

The OECD's discourse on the reconciliation of work and family life; by Rianne Mahon. *Global Social Policy*, vol 9, no 2, August 2009, pp 183-204.

The Organisation for Economic Co-operation and Development (OECD) can be considered a pioneer of soft forms of transnational governance. For some, it has used its "soft powers" to contribute to the construction of a neoliberal world order; however, Neoliberal solutions are not the only ones it has to offer, especially in the area of social policy. What accounts for the ability of one unit (the Directorate on Employment, Labour and Social Affairs - DELSA) of the Organisation to fashion and enunciate each different prescription from that prescribed by the dominant Economic Department? The author suggests that development of the concept of "organisational (discourses)" offers some insight. The author develops the concept and uses it to compare to moments in the formation of the OECD's discourses in the "reconciliation of work and family life", an area of social policy that has grown in importance as a result of women's rising labour force participation rates, the increase in the number of lone parent families, and the demographic challenges posed by ageing and falling fertility in OECD societies. (RH)

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

END-OF-LIFE CARE

197/68

End of life care in dementia; by Elizabeth L Sampson, Louise Robinson (eds).

Dementia: the international journal of social research and practice, vol 8, no 3, August 2009, pp 331-444 (whole issue).

This issue considers the current and future needs of those with dementia at the end of their life. This will be a challenge in health care, given that by 2021 one million people in the UK will experience dementia, with similar increases throughout the world. One in three of the UK population over the age of 60 years will die whilst having a dementia and the quality of end-of-life care may be less than optimal. The UK Government has attempted to address these issues through the End of Life Care Strategy (NHS, End of Life Care Programme, 2007) and the National Dementia Strategy (Department of Health, 2009). This issue is an acknowledgement of how health and social care professionals and researchers are working to provide equitable access and improved services for people with dementia and their families and caregivers. There is a need to develop new and cost-effective ways to improve the quality of care that is provided. Examples of some initiatives at a local level are beginning to demonstrate how effective multidisciplinary bridges can be built, and these are presented. Through innovative practice and coordinated use of existing resources, not 'high tech solutions', large improvements in the quality of care can be made. (KJ/RH)

ISSN: 14713012

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

197/69

End of life treatment and care: good practice in decision-making: a draft for consultation: consultation response; by Charlotte Potter, Pauline Thompson, Age Concern and Help the Aged. London: Age Concern and Help the Aged, July 2009, 11 pp (Consultation response, Ref: 3809). A consultation from the General Medical Council (GMC) has offered draft guidance for doctors in end of life treatment and care, which updates the existing guidance, 'Withholding and withdrawing life-prolonging treatments' (2002). Age Concern and Help the Aged respond in detail to the full written consultation, particularly in the context of current developments in end

of life care and the need for a more joined-up approach to how older people and their families are treated in hospital. The focus on decision-making processes following the Mental Health Act is welcomed, but the consultation appears to overlook the importance of empathy.

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

ETHICAL ISSUES

(See 197/42)

EXERCISE

(See Also 197/44)

197/70 Factors influencing the physical activity levels of older people from culturally-diverse communities: an Australian experience; by Stephen Bird, Harriet Radermacher, Susan Feldman (et al).

Ageing and Society, vol 29, part 8, November 2009, pp 1275-1294.

Inactivity has been identified as a major contributor to the burden of disease among older Australians, particularly those in culturally-diverse communities. This study assessed the facilitators and barriers to physical activity in older people from culturally-diverse communities, and investigated the predictors of physical activity participation by recruiting 333 older people from seven different communities in the western suburbs of Melbourne, Australia. A survey questionnaire that recorded physical activity and the barriers to and facilitators of activity was interviewer-administered in the participants' preferred language. The data were analysed using bivariate and multivariate inferential statistical methods. Personal barriers to physical activity, such as poor health, lacking the energy to exercise, being too tired and low motivation, were highly prevalent in all groups. Specific factors, such as 'being self-conscious about my looks', were more prevalent among the Vietnamese, as were concerns about the weather among Macedonians and Croatians. Across all groups, perceptions of health and safety strongly influenced physical activity behaviour, more so than the external environment. Some of the barriers can be addressed with a common approach, but others in some communities will require particular strategies. (KJ/RH)

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

197/71 Observing body position of older adults while gardening for health benefits and risks; by Sin-Ae Park, Candice A Shoemaker.

Activities, Adaptation & Aging, vol 33, no 1, 2009, pp 31-38.

Gardening is a moderate intensity physical activity for older adults. Health benefits are possible, however body positions whilst gardening, such as stooping, kneeling and squatting may be uncomfortable. The purpose of this study was to characterize both the type of gardening tasks done by older adults and their body positions while performing the tasks, so that safe and effective gardening programmes for older adults could be designed. In this study, 14 older gardeners in Manhattan, Kansas were observed on two separate occasions, and the types of gardening tasks and body positions used during gardening were recorded. Bodily pain during gardening by the older gardeners was self-reported. Seventeen different garden tasks were observed. While conducting these tasks, six body positions were used by 90% of the subjects: gripping, bending, walking, lifting, stretching and standing. Ten different bodily pains were reported with lower back pain reported the most of all. These results show that older gardeners use body positions during gardening that can provide both health benefits and risks. Biomechanical characterization of gardening through kinematics and kinetics is needed. (KJ/RH)

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

FAMILY AND INFORMAL CARE

(See Also 197/29, 197/106, 197/108, 197/109)

197/72

Care provision within families and its socio-economic impact on care providers across the European Union; by Caroline Glendinning, Hilary Arksey, Frits Tjadens (et al), Social Policy Research Unit - SPRU, University of York. York: Social Policy Research Unit - SPRU, University of York, July 2009, 4 pp (Research works, no 2009-05).

Across Europe, family members provide by far the largest amount of care for older, disabled and chronically ill people. In 2005, it was estimated that across the EU, 19 million people aged 25 and over provided at least 20 hours a week care for an older, disabled and chronically ill person, with around 9.6 million of them providing at least 35 hours a week care. There are also thought to be 2 to 4 million young people with additional care responsibilities. Thus, family care is essential for the sustainability of many countries' long-term care arrangements. This Research Works outlines findings of the authors' working paper, 'Care provision within families and its socio-economic impact on care providers'. Their study provides up-to-date evidence from across the European Union (EU) on the numbers and characteristics of carers and the consequences of caring. The study used EU and other cross-national datasets, including the Eurofamcare study of care of older people (www.ukc.de/extern/eurofamcare). It also evaluated some innovative services initiatives to support carers. Among policy recommendations is that EU employment policies (including those on extending working lives) should take into account the care responsibilities of working age people. (RH)

Price: FOC

From : SPRU, University of York, Heslington, York YO10 5DD. <http://www.york.ac.uk/spru>
Full report can be downloaded from: <http://www.york.ac.uk/spru/research/pdf/EUCarers.pdf>

197/73

An educative support group for female family caregivers: impact on caregivers psychological distress and patient's neuropsychiatry symptoms; by Ali Javadpour, Laaya Ahmadzadeh, Mohammad Jafar Bahredar.

International Journal of Geriatric Psychiatry, vol 24, no 5, May 2009, pp 469-471.

In the developing world, most patients with dementia live in the community, and female family caregivers are the primary source to delivering care to patients. Educating and supporting the carers may reduce psychological distress and the challenging behaviour of those with dementia. The authors run a non-pharmacological intervention focusing on education regarding dementia, behavioural problems and an interactive self support group. Twenty nine female family caregivers were assigned and divided in two groups of 15 and 14. Two-hourly weekly sessions were conducted for 8 weeks. Baseline and outcome measures were assessed using the Classic Neuropsychiatry Inventory (NPI), general health questionnaire and perceived stress scale (PSS). Initial co-relational analysis demonstrated a significant correlation between general health score (GHQ) and total NPI scores but not for PSS. Paired sample test revealed significant change from baseline and at the end in both GHQ score and neuropsychiatry symptoms. This study supports the use of a non-pharmacological intervention focusing on education in a feasible and cost benefit setting for dementia caregivers. (KJ/RH)

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

197/74

Family caregivers' viewpoints towards quality of long-term care services for community-dwelling elders in Taiwan; by I Lee, Hsiu-Hung Wang, Chii-Jun Chiou (et al).

Health and Social Care in the Community, vol 17, no 3, May 2009, pp 312-320.

The population of older people in Taiwan is increasing rapidly, and long-term gerontology care has become an important issue in the greying society. A qualitative study conducted between August and December 2005 used focus groups to explore family caregivers' viewpoints and opinions regarding long-term care services for community-dwelling older people in Taiwan. 50 family caregivers agreed to participate in the focus group interviews that were used to collect the data. Five major themes emerged through content analysis and peer discussion: praise for the

services; flexibility of long-term care services; comprehensiveness of long-term care services; linkage and extension of existing resources; and activeness of service provision. Study findings from family caregivers' viewpoints should contribute to the improvement of long-term care services and provide a basis for designing suitable programmes to enhance in situ care living in the community. (RH)

ISSN: 09660410

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

GOVERNMENT AND POLICY

197/75

The business case for LinkAge Plus: a report of research carried out by the Local Government Centre, Warwick Business School, on behalf of the Department for Work and Pensions; by Peter Watt, Ian Blair, Local Government Centre, Warwick Business School; Department for Work and Pensions - DWP. London: Department for Work and Pensions, 2009, 84 pp (Department for Work and Pensions Research report, no 573).

The aim of LinkAge Plus was to test the limits of holistic working between central and local government and the voluntary and community sector, with a goal of improving older people's well-being. This report brings together key findings on the costs and benefits of LinkAge Plus from across eight pilot areas, as well as drawing on wider literature on the benefits of preventative services for older people. The pilot areas (Gateshead, Leeds, Salford, Nottinghamshire, Tower Hamlets, Lancaster, Gloucestershire and Devon) variously worked on themes around independence (e.g. falls prevention and transport), social inclusion (e.g. preventing social isolation and including older people in decision-making), and support to live at home (e.g. home adaptations and security). Thus, there is no one LinkAge Plus model, with each of the eight areas taking a different approach based on the needs of older people in their area. However, there were common themes based around stronger partnership working, better information and access to services, and putting older people at the centre of service design and delivery. Taken together, this can be said to represent a "LinkAge Plus approach". (RH)

From : Paul Noakes, Commercial Support and Knowledge Management Team, 3rd Floor, Caxton House, Tothill Street, London SW1H 9HA.

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

197/76

Fair ageing: the challenge of our lifetime; by Housing 21; Counsel and Care.: Electronic format, 2009, 28 pp.

This report was drafted by Donald Hirsch, and follows a programme of three round table seminars and a conference on the theme 'Fairness in an Ageing Society' organised by the Fabian Society. The focus is on ways in which Britain can become a fairer place in which to age: society needs to change its attitudes; enabling participation; adapting infrastructure; allocating resources to helping people at different times in their lives; and deploying resources wisely to enhance opportunities and improve quality of life. Among the twelve steps that could be taken are: a clear-cut settlement for long-term care; scrapping compulsory retirement ages; a specific duty on local government to engage with older people in making decisions about policies that affect them; an 'ageing matters initiative' (c.f. 'Every child matters'); a 'prevention' agenda; more positive portrayals of age by the media; focus toward 'lifetime' homes and communities; review of universal and targeted entitlements in later life; and explicit measures to address the needs of over 80s (the "forgotten generation"). Five eminent commentators offer their view on: enabling participation; a sense of fairness; fair ageing and the media; adapting infrastructure and fairness in care; changing attitudes for the better; and bringing the generations together. (RH)

From : <http://www.housing21.co.uk/corporate-information/media-centre/news/fair-ageing-the-challenge-of-our-lifetime/>

197/77

LinkAge Plus - DVD resource tool: good practices, evidence and information; by Older People and Ageing Society Division, LinkAge Plus, Department for Work and Pensions - DWP. London: Department for Work and Pensions - DWP, 2009, DVD.

LinkAge Plus was a two year programme funded by the Department for Work and Pensions (DWP) to test the holistic joining up of services at a local level between central and local

government and the third sector. This DVD was launched by Angela Eagle, Minister of State for Pensions and the Ageing Society in October 2009 at the UK Advisory Forum and at the All Party Parliamentary Local Government Group. The DVD brings together a comprehensive range of learning, good practice and business case evidence that supports the joining up of local services. This tool brings together many aspects of the programme including: examples of good practice; all electronic versions of key documents and strategies; a corporate self-assessment tool; and a library of useful reference resources. This tool is aimed at local authorities and is accompanied with an instruction sheet to assist in its use. (KJ/RH)

Price: foc

From : LinkAge Plus, Room 2S25, Quarry House, Leeds LS2 7UA.
brian.keating@dpw.gsi.gov.uk (www.dpw.gov.uk)

197/78

LinkAge Plus national evaluation: end of project report: a report of research carried out by the Local Government Centre, Warwick Business School, on behalf of the Department for Work and Pensions; by Howard Davis, Katrina Ritters, Local Government Centre, Warwick Business School; Department for Work and Pensions - DWP. London: Department for Work and Pensions, 2009, 139 pp (Department for Work and Pensions Research report, no 572).

LinkAge Plus aimed to test the limits of holistic working between central and local government and the voluntary and community sector, with a goal of improving older people's well-being. This report presents the final evaluation of LinkAge Plus and brings together key findings across the eight pilot areas (Gateshead, Leeds, Salford, Nottinghamshire, Tower Hamlets, Lancaster, Gloucestershire and Devon), for example in promoting social inclusion and community cohesion. There is no one LinkAge Plus model, with each of the eight areas taking a different approach based on the needs of older people in their area. However, there were common themes based around stronger partnership working, better information and access to services, and putting older people at the centre of service design and delivery. Taken together, this can be said to represent a "LinkAge Plus approach". (RH)

From : Paul Noakes, Commercial Support and Knowledge Management Team, 3rd Floor, Caxton House, Tothill Street, London SW1H 9HA.

Website: <http://www.dpw.gov.uk/asd/asd5/rrs-index.asp>

197/79

Policies for peace of mind?: Devolution and older age in the UK; by James McCormick, Eleanor McDowell, Andrew Harris, Institute for Public Policy Research - IPPR. London: Institute for Public Policy Research - IPPR, October 2009, 37 pp (Politics of Ageing working paper, no 2). This paper considers the changing landscape of policy and practice for older people since 2000 and how this varies across the four countries of the United Kingdom. The authors draw mainly on desk review of published documents, supplemented by interviews with a few policymakers, to reflect on UK Government reforms over this period as well as the early choices made by the devolved administrations, which have varying powers. They consider measures such as Public Service Agreement (PSA) 17 and Opportunity Age indicators; discuss the UK Government's ageing strategy, 'Building a society for all'; and examine the contribution of LinkAge Plus (LAP) and Partnerships for Older People's Projects (POPPs). Older people's policies in Scotland's devolved administration covers free personal care and nursing care; warm housing and supported living; concessionary travel; and scrutiny and advocacy. For Wales, the first and second phases of the 10-year Strategy for older people, and the scrutiny role of the Commissioner for Older People are examined. In Northern Ireland, 'Ageing in an inclusive society' (2005), and anti-poverty and social inclusion policies have been published. The authors conclude that it is still too early to assess what difference devolution has made to outcomes for older people, but that strengths can be identified for each country.

From : Download from website: <http://www.ippr.org>

HEALTH CARE

(See Also 197/91)

- 197/80 Adiposity and weight change in mid-life in relation to healthy survival after age 70 in women: prospective cohort study; by Qi Sun, Mary K Townsend, Olivia I Okereke (et al).
British Medical Journal, vol 339, no 7725, 10 October 2009, p 851.
Does mid-life adiposity have any impact on overall health status among women who escape premature death and survive to older age? Study participants were a subset of the Nurses' Health Study, consisting of female registered nurses in the US. The authors identified 17,065 women for whom disease status, cognitive and physical functioning, and mental health were ascertained at age 70 or older. Information on body weight and height was collected at baseline in 1975, when these study participants were, on average, aged 50. Of those who survived until at least age 70, 1686 (9.9%) met criteria for healthy survival. Midlife adiposity, as well as weight change between age 18 and midlife, decreases the possibility of maintaining optimal overall health status at older ages in women. Women who are lean in early adulthood and maintain a healthy body weight thereafter have the highest probability of achieving healthy survival. This a summary of a paper published on bmj.com as BMJ 2009:339:b3796. (RH)
ISSN: 09598138
From : www.bmj.com

HEALTH SERVICES

- 197/81 Factors related to frequent usage of the primary healthcare services in old age: findings from the Swedish National Study on Aging and Care; by Mikael Rennemark, Göran Holst, Cecilia Fagerstrom (et al).
Health and Social Care in the Community, vol 17, no 3, May 2009, pp 304-311.
People aged 60+ are the most frequent users of healthcare services. In this age range, however, both frequent and infrequent users can be found. Previous research has found that the frequency of of service use may be influenced by psychological and social factors as well as illness. This study investigated the degree to which such factors add to the explanation of differences to number of visits to a physician. A cross-sectional study was conducted with a random sample of 1017 individuals aged 60 to 78 from the Blekinge part of the Swedish National Study on Aging and Care database. The data were collected during 2001 to 2003. Hierarchical logistic regression analyses were used with frequent (three visits or more during a year) and infrequent use as dichotomous dependent variable. The final statistical analysis included 643 individuals (63% of the sample). Independent variables were sense of coherence (SOC), internal locus of control, education level and social anchorage. Controlled variables were age, gender, functional ability and comorbidity. The results showed that comorbidity was most strongly related to frequent use. In addition, SOC and internal locus of control had small, but significant effects on the odds of being a frequent user. The lower the SOC and the internal locus of control were, the higher were the odds of frequent use. Education levels and social anchorage were unrelated to frequency of use. The results indicate that frequent healthcare services users are more ill than infrequent users; Psychological factors influence use only marginally, and social factors as well as age and gender are not by themselves reason for frequent healthcare service use. (RH)
ISSN: 09660410
From : <http://www.blackwellpublishing.com/hsc>

HIV AND AIDS

- 197/82 Self-silencing and age as risk factors for sexually acquired HIV in midlife and older women; by Robin J Jacobs, Barbara Thomlison.
Journal of Aging and Health, vol 21, no 1, February 2009, pp 102-128.
The contributions of psychosocial factors on sex behaviours of midlife and older women were explored in a community-based sample of 572 ethnically diverse women aged 50-93 who completed standardised measures of self-silencing, self-esteem, sensation-seeking behaviour,

HIV-related stigma, behaviour, sexual assertiveness and safer sex behaviours. Results from the regression analysis indicated the model significantly predicted safer sex behaviours, with self-silencing and age as significant predictors. Bivariate correlation analysis indicated an inverse correlation between HIV stigma and safer sex behaviours. Implications for further study and practice discussed include considerations for development of age- and gender-appropriate interventions assisting women with interpersonal processes combined with skills for active involvement in addressing high-risk sex behaviours. (RH)

ISSN: 08982643

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

HOME CARE

197/83

Domiciliary and day care services: why do people with dementia refuse?; by Marianne Durand, Aroushka James, Aruna Ravishankar (et al.): Taylor & Francis.

Aging & Mental Health, vol 13, no 3, May 2009, pp 414-419.

Fifty people with dementia who lived alone in Manchester and had refused day services were interviewed. The most common reason for reluctance to attend day services were the belief that they did not need day services, that they liked being on their own, and the belief that they would not enjoy it. People who persistently refused day services tended to have additional worries about meeting new people, losing their independence and being institutionalised. 54% of the sample scored six or more on the Cornell Scale for Depression in Dementia, suggesting possible presence of major depression. In patients with dementia who live alone and refuse day services, their misconceptions about day services and possibility of undiagnosed depression need further exploration. (RH)

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

197/84

Enabling independence: restorative approaches to home care provision for frail older adults; by Bridget Ryburn, Yvonne Wells, Peter Foreman.

Health and Social Care in the Community, vol 17, no 3, May 2009, pp 225-234.

The "real world" potential (i.e. efficacy and effectiveness) of restorative approaches towards home care for frail older adults is reviewed. Such approaches aim to go beyond traditional home care goals of "maintenance" and "support" towards improvements in functional status and quality of life. The authors' review of the literature included searches of health and gerontology databases as well as "grey literature" across Australia, the UK and the USA. They provide an initial overview of the efficacy of a range of single component restorative interventions, including occupational therapy, physical therapy, health education and social rehabilitation. In order to answer questions about the overall efficacy of restorative home care provision, they also review the nature of in-house programmes across the three nations as well as the evidence base for such programmes, particularly where they have been compared to home care "as usual". A range of positive outcomes has emerged, including improved quality of life and functional status and reduced costs associated with a reduction in the ongoing use of home care services post intervention. Questions remain about which components are most beneficial, which clients are likely to receive the greatest benefit, and the appropriate intensity and duration of such interventions. (RH)

ISSN: 09660410

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

197/85

Together they cracked it: [domiciliary support schemes]; by Louise Tickle.

Community Care, issue 1784, 27 August 2009, pp 30-31.

The adult social care Green Paper's key message on joint working has already been taken up in some localities. This article notes that Chapter 4 of 'Shaping the future of care together' (Cm 7673, July 2009) sought more joined-up working between health, social and housing services. In Torquay, Devon, the intermediate care team has reduced hospital admissions and readmission. The value of a multi-disciplinary team of occupational therapists, physiotherapists, district nurses, social workers and community nurses working together enables patients' needs

to be met more quickly. In Forest of Dean District, Gloucestershire, caring for carers of adult service users has been augmented by introduction of a carers' emergency scheme. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

HOSPITAL SERVICES

(See Also 197/43)

- 197/86 Non-pharmacological interventions in the prevention of delirium; by Naji Tabet, Robert Howard. *Age and Ageing*, vol 38, no 4, July 2009, pp 374-379. Delirium is a serious and common disorder especially among older people on inpatient units. Numerous modifiable or manageable delirium risk factors have been identified. As a result, there is now a widespread notion that many cases of delirium can be prevented. In this review, published data evaluating non-pharmacological interventions for delirium prevention were assessed in relation to their efficacy. Currently, most published studies are based on direct targeting of risk factors and/or introduction of educational programmes to increase staff knowledge and awareness. However, there continues to be a dearth of randomised controlled trials evaluating non-pharmacological interventions, partly because of the inherent difficulties associated with delirium research in general and with the evaluation of non-pharmacological interventions in particular. Instead, many of the available studies have been observational or non-randomised in nature. Nevertheless, the majority of these support a role for non-pharmacological interventions in delirium prevention. While more research is certainly needed, the majority of available data are based on best practice protocols, guidelines and interventions. Hence, a consistent and concerted effort is now justified to introduce non-pharmacological prevention strategies across units to help tackle the increasingly prevalent delirium among older people. (KJ/RH)
ISSN: 00020729
From : <http://www.ageing.oxfordjournals.org>
- 197/87 Patients... Not Numbers, People... Not Statistics; by The Patients Association.: The Patients Association, 2009, 78 pp. The Patients Association has published this report containing 16 first hand accounts of patient care in hospital. The report calls on government and the Care Quality Commission to conduct an urgent review of the standards of basic care being received by patients in hospital and demands stricter supervision and regulation of hospital care.
From : <http://www.patients-association.org.uk/DBIMGS/file/~Patients%20not%20numbers,%20people%20not%20statistics.pdf>
- 197/88 Predicting the onset of delirium in the post-operative patient; by Dean Noimark. *Age and Ageing*, vol 38, no 4, July 2009, pp 368-373. The number of people over 65 is increasing and those over 65 requiring surgery will likewise increase. Post-operative delirium (POD) affects up to 47% of patients undergoing surgery and is more prevalent in older people. Importantly, POD is associated with increased morbidity, mortality, length of stay and care home placement. There is evidence that specialist geriatrician input reduces POD, but to be cost effective, this needs to target patients with increased risk for POD. Many factors have been associated with increased risk of POD, including age, cognitive impairment, gender, depression, alcohol, drug use, smoking, co-morbidity, functional status, ASA score and pre-operative biochemical and haematological abnormalities. This article reviews the literature associated with the above factors, considers frailty as a factor, and also suggests that POD may be associated with rapidity of onset and severity of the insult to the patient. (KJ/RH)
ISSN: 00020729
From : <http://www.ageing.oxfordjournals.org>

HOUSING

(See Also 197/157)

- 197/89 Fifteen years of the Survey of English Housing : 1993-1994 to 2007-08; by Department for Communities and Local Communities - DCLC. London: Department for Communities and Local Communities - DCLC, 2009, 41 pp.
This report introduces the SEH15 dataset which combines key household level data from each of the 15 annual SEH datasets from 1993-94 to 2007-08. It includes initial analysis based on the SEH15 and contact details for obtaining the dataset and documentation which will be available from autumn 2009. One of the main changes in households' circumstances during the 15-year time span of the SEH is that older people (aged 65 or over) are much more likely to be owner occupiers than in previous years. This Survey (SEH) is to be replaced with the English Housing Survey (EHS) which merges the SEH with the English House Condition Survey (EHCS). SEH databases are deposited with the UK Data Archive (www.data-archive.ac.uk) (KJ)
Price: £12.00
From : DCLC, Eland House, Bressenden Place, London SW1E 5DU. www.communities.gov.uk
- 197/90 Homes for our old age: independent living by design; by Commission for Architecture and the Built Environment - CABE; Housing LIN, Department of Health - DH. London: Commission for Architecture and the Built Environment - CABE, 2009, 40 pp.
Being at home is what most people want in their old age. People want to retain a choice about where and how they live and to have a say over how they are cared for. They also want to keep their independence and stay connected to local communities and family networks. This publication is based on research commissioned by the Department of Health (DH), which was conducted by the Women's Design Service and the University of West of England (UWE). It features 10 case studies of housing schemes for older people, each of which offers inventive design and management solutions linking home and social care. Most of the schemes are purpose built flats; all but two of the homes are in cities; and most of the projects are alongside other houses and maintain close links with the surrounding area. The Commission for Architecture and the Built Environment (CABE) is the government's advisor on architecture, urban design and public space. (KJ/RH)
From : CABE, 1 Kemble Street, London WC2B 4AN. Website download:
http://www.dhcarenetworks.org.uk/_library/Resources/Housing/Support_materials/Reports/Homes-for-our-old-age.pdf
- 197/91 Housing and health care for older people; by Ian P Donald.
Age and Ageing, vol 38, no 4, July 2009, pp 364-367.
There is an enormous impact of home conditions both on the health of an older person living with a long-term illness, and that person's ability to remain independent in the face of disability. Geriatricians are often called upon to give advice to older people with a new illness about where to live. It is important therefore that they should understand the relationship between housing and health, and how to signpost patients and their families to advice on housing options. Vulnerable older people are more likely to be living in non-decent homes, generally private rented or owner-occupied. A new UK government initiative, Lifetime Homes, Lifetime Neighbourhoods, offers the prospect for improvements in Home Improvement Agencies (HIAs), Lifetime Homes Standards, and Disabled Facilities Grants. (KJ/RH)
ISSN: 00020729
From : <http://www.ageing.oxfordjournals.org>
- 197/92 Information sharing protocol; by Helena Stephenson.
Housing, Care and Support, vol 12, no 1, April 2009, pp 19-21.
People with a history of homelessness often have complex needs and vulnerabilities which may affect their ability to manage future tenancies. If not given adequate support, there is a risk that their tenancies may break down, causing a "revolving door" of repeat homelessness. Having

better information available at the point of re-housing allows the receiving landlord to arrange appropriate housing-related support from the start of the tenancy, reducing this risk. Local authorities can assist, by improving the way they gather, access and share information about housing clients prior to their move on to permanent accommodation. One way of doing this is by using the Housing Corporation's Information Sharing Protocol. This article includes two case studies to explain how the ISP was implemented in the City of Westminster. (RH)

ISSN: 14608790

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

HUMAN RIGHTS

(See Also 197/11)

197/93 Social security and the global socio-economic floor: towards a human rights-based approach; by Wouter van Ginneken.

Global Social Policy, vol 9, no 2, August 2009, pp 228-245.

This article shows that the commitment towards economic and social human rights (including the right to social security) will provide a strong force towards realising the global socio-economic floor. The right to social security has become realisable for a growing number of countries that have focused on the extension of social security coverage. This article shows that a global social security floor is affordable, including in low-income countries, with the initial support from the international community. This article explores how a global socio-economic floor could be better implemented through a human rights-based approach, and it reviews some of the recent initiatives undertaken by the United Nations' (UN) Human Rights Council. It suggests a number of steps to improve the effective implementation of its human rights-based approach. It concludes that such an approach can help achieve the Millennium Development Goals, and provide the framework for global policies for development and poverty eradication beyond 2015. (RH)

ISSN: 14680181

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

INCOME AND PERSONAL FINANCE

197/94 Coping with the crunch: the consequences for older people; by Age Concern and Help the Aged. London: Age Concern and Help the Aged, July 2009, 8 pp (Economy in crisis).

The effects of the recession are as important to older people as other age groups. Evidence in this research review is based on unpublished surveys for Age Concern and Help the Aged by ICM Research. It finds that 60% of older workers say that the economic downturn means they may need to work for longer than they had originally planned. However, more than one in five fear that the recession could force them to stop work sooner than they expected. As for people in retirement, 59% of those aged 60+ are not confident that the Government will help older people cope during the recession. This review cites examples from other research sources and newspapers concerning older workers in the recession; declining pensions and assets; older savers; the changing face of pensioner poverty; financial education and debt; struggling local economies; and crime and scams. Age Concern and Help the Aged believe that these challenges must be tackled urgently, before a short-term crisis leads to disadvantage for vulnerable older people. (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

197/95 European Commission consultation: Review of Directive 94/19/EC on Deposit Guarantee Schemes: [summary of] consultation response; by Jane Vass, Age Concern and Help the Aged. London: Age Concern and Help the Aged, July 2009, 3 pp (Consultation response, Ref: 4109(S)).

Since 1994, the European Union Directive 94/19/EC on Deposit Guarantee Schemes (DGS) has

ensured that all Member States have a safety net for depositors in place, should banks fail to pay. Events in 2007 and 2008 have led to depositors having decreased confidence in financial institutions' handling of payments and savings. Age Concern and Help the Aged comment on the DGS review. (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

197/96 Financial Services Authority consultation 09/11: FCSC: temporary high deposit balances and implementing changes to the Deposit Guarantee Schemes Directive: [summary of] consultation response; by Jane Vass, Age Concern and Help the Aged. London: Age Concern and Help the Aged, June 2009, 3 pp (Consultation response, Ref: 3609(S)).

The Financial Services Authority (FSA) is seeking views on whether the Financial Services Compensation Scheme (FCSC) should provide extra protection for holders of temporary high deposit balances in the event of the failure of a UK bank, if the European Union (EU) Deposit Guarantee Schemes Directive provides the UK with the scope to provide such protection. Age Concern and Help the Aged comment on the FSA's proposals which are generally welcomed, but does not support the proposal that the special treatment should be time-limited. (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

197/97 Office of Fair Trading: financial services strategy: consultation response; by Jane Vass, Age Concern and Help the Aged. London: Age Concern and Help the Aged, June 2009, 3 pp (Consultation response, Ref: 3209).

The Office of Fair Trading (OFT) published its 'Financial services strategy' consultation paper in April 2009. Age Concern and Help the Aged asks OFT to take account of four aspects of policy. First, the interests of disadvantaged consumers. Second, the implications of the Equality Bill currently before Parliament in respect of irresponsible lending, risk pricing of credit products, and the public sector equality duty (the requirement of financial inclusion of older people). Third, the increase of problem debt for those forced out of work in their 50s. Lastly, the wide availability of financial education (not just on the internet), for example OFT's research on victims of scams. (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

197/98 Personal Accounts Delivery Authority consultation 'Building personal accounts: designing an investment approach': [summary of] consultation response; by Jane Vass, Age Concern and Help the Aged. London: Age Concern and Help the Aged, August 2009, 3 pp (Consultation response, Ref: 4209(S)).

The Personal Accounts Delivery Authority (PADA) is responsible for establishing the personal accounts scheme, which will then be managed by an organisation to be known as the Trustee Corporation. Age Concern and Help the Aged comments on PADA's discussion paper, on which it does not have the evidence to take a formal position on the issues being discussed. However, deliberative research should be conducted among the target membership whose needs should be considered. (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

INFORMATION

(See Also 197/92)

- 197/99 Typeface legibility of patient information leaflets intended for community-dwelling seniors; by Adriana Chubaty, Cheryl A Sadowski, Anita G Carrie.
Age and Ageing, vol 38, no 4, July 2009, pp 441-447.
There are guidelines available from a number of countries and organisations regarding the design of written information, as appropriate design is essential for effective communication. The design of leaflets should be evaluated, as written information that does not adhere to guidelines may not be effective for older people. This cross-sectional study used current typeface guidelines to describe the design of health information leaflets, in this instance leaflets from pharmacies and seniors' clinics in Edmonton, Canada. Health information leaflets and information sheets on hydrochlorothiazide (a diuretic) were collected. The body of each was evaluated, based on guidelines (from Canada, UK and USA). Adherence to recommendations was assessed descriptively. A total of 388 unique leaflets and 10 hydrochlorothiazide sheets were collected from 21 pharmacies and 3 clinics. Most leaflets were produced by pharmaceutical companies (42.8%) and contained disease information (43.8%). Only one-third of all leaflets used the minimum recommended point size (12 point), 18.6% followed American guidelines for line spacing (1.5 lines), but 77.1% had appropriate contrast. Although guidelines are available, most leaflets did not meet recommendations. Improvements in leaflet design should be considered to assist older people in their uptake of information. (KJ/RH)
ISSN: 00020729
From : <http://www.ageing.oxfordjournals.org>

INFORMATION AND COMMUNICATION TECHNOLOGY

- 197/100 The informalization of welfare: older people and the role of digital services; by Michael Hardey, Brian Loader.
British Journal of Social Work, vol 39, no 4, June 2009, pp 657-669.
The informalisation of health and social care is a central element of the modernisation of welfare. This article seeks to understand how older people have been conceptualised during the complex process of informalisation, for example with the introduction of the Single Assessment Process (SAP and electronic versions, eSAP). To do this, an idealised typology is used as a heuristic and way of engaging with the complexities of informalisation and policy changes. The typology gives rise to four models that are used to highlight the dilemmas and opportunities afforded by different paths to the informalisation of health and social care services. It is suggested that while informalisation may have facilitated the integration of services, it has been accompanied by a marginalisation of older people as users. However, it is argued that the recent transition of the Web from version one (or Web 1.0) to a significant new version (or Web 2.0) and the consequent rise of user generated information may transform the role of the user in such systems. (RH)
ISSN: 00453102
From : <http://www.bjsw.oxfordjournals.org>
- 197/101 Social work and the changing face of the digital divide; by Jan Steyaert, Nick Gould.
British Journal of Social Work, vol 39, no 4, June 2009, pp 740-753.
In this article, the concept of digital divide and its relation to social exclusion is analysed. After describing the several facets of the digital divide, the question is asked whether the divide is widening or narrowing. The definition of digital divide is reconsidered, and the article argues that access to the technology alone is but a very rudimentary indicator of actually making use of digital opportunities. Finally, implications of this approach of the digital divide for social work and social care are considered. (KJ/RH)
ISSN: 00453102
From : <http://www.bjsw.oxfordjournals.org>

- 197/102 Tackling the digital divide; by Yu Cheung Wong, John Yat Chu Fung, Chi Kwong Law (et al). British Journal of Social Work, vol 39, no 4, June 2009, pp 754-767.
The emergence of an information society has created new social exclusions and aggravated old ones by creating digital exclusion. Many countries have explicit policies about turning themselves into the leaders of such transformations, or about catching up with the changes made in other countries. nevertheless, little is known about their efforts to bridge the gap between the digital "haves" and "have nots". Governments in East Asia are good examples of those who work on improving their society's digital capabilities: they top most of the related international comparison tables. However, it is not clear what they have done to bridge the new digital exclusion gap or what the effects of such efforts have been. This paper reviews the digital inclusion strategies put in place by several East Asian countries. It discusses a framework for tackling the digital divide, and examines pertinent policies using Hong Kong as an example. The authors argue that while improvement in information and communication technology (ICT) accessibility and knowledge is important, the promotion of community-based ICT user networks for certain disadvantaged groups is crucial to enhance their participation in the information society. (RH)
ISSN: 00453102
From : <http://www.bjsw.oxfordjournals.org>

INHERITANCE

- 197/103 The wills of older people: risk factors for undue influence; by C Peisah, S Finkel, K Shulman (et al), IPA Task Force on Testamentary Capacity and Undue Influence, International Psychogeriatric Association.
International Psychogeriatrics, vol 21, no 1, February 2009, pp 7-15.
As people live longer, there is increasing potential for mental disorders to interfere with testamentary distribution and render older people more vulnerable to 'undue influence' when they are making a will. Accordingly, clinicians dealing with the mental disorders of older people will be called upon increasingly to advise the courts about a person's vulnerability to undue influence. A Subcommittee of the IPA Task Force on Testamentary Capacity and Undue Influence undertook to establish consensus on the definition of undue influence and the provision of guidelines for expert assessment of risk factors for undue influence. International jurisdictions differ in their approach to the notion of undue influence. Despite differences in legal systems, from a clinical perspective, the subcommittee identified some common issues which might alert the expert to risk of undue influence. These include: social or environmental risk factors such as dependency, isolation, family conflict and recent bereavement; psychological and physical risk factors such as physical disability, deathbed wills, sexual bargaining, personality disorders, substance abuse and mental disorders including dementia, delirium, mood and paranoid disorders; and legal risk factors such as unnatural provisions in a will, or provisions not in keeping with previous wishes of the person making the will, and the instigation or procurement of a will by a beneficiary. This review provides some guidance for experts who are requested by the courts to provide an opinion on the risk of undue influence. Whilst international jurisdictions require different thresholds of proof for a finding of undue influence, there is good international consensus on the clinical indicators for the concept. A further article on this subject appears in the June 2009 issue (pp 433-439). (KJ/RH)
ISSN: 10416102
From : <http://www.journals.cambridge.org/ipg>

INTERGENERATIONAL ISSUES

- 197/104 'I sort of pay back in my own little way': managing independence and social connectedness through reciprocity; by Mary Breheny, Christine Stephens.
Ageing and Society, vol 29, part 8, November 2009, pp 1295-1313.
There is increasing emphasis in the media, public and policy discourses about the implications of the ageing population on promoting independence and self-reliance in old age, which is linked to the importance of social connection and the dangers of social exclusion. This paper examines

how the potential contradictory moral imperatives of independence and connectedness are managed by older people through reciprocity. Thirty-six interviews were conducted with people aged 55-70 years in New Zealand, and the data have been analysed discursively. Older people drew upon social conventions of independence as well as describing firm ties to family and community. One way in which the contradictions between the discourses of independence and connectedness were managed was through the notion of reciprocity. This allowed the participants to describe their lives as linked to others through acts that benefited both parties, constructing both a sense of connection and a rejection of the position of dependency on others. Using this linguistic resource has both possibilities and limitations for older people's attempts to manage a moral identity as they age. Although many approaches can be used to construct an equal relationship between people, a commitment to reciprocity in social exchanges may restrict older people from accepting help if they do not see the interactions as contributions to others. (KJ/RH)

ISSN: 0144686X

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

197/105

Childlessness and intergenerational transfers: what is at stake?; by Martin Kohli, Marco Albertini.

Ageing and Society, vol 29, part 8, November 2009, pp 1171-1183.

In this introductory article for this special issue of Ageing and Society, the authors discuss the prior research literature and then overview the presented contributions. Up to now, childless older adults have been treated for the most part as both homogeneous and a problematic group. This does not do justice to the different pathways to childlessness: there are those who actively forgo having children, those who defer births so long that they involuntarily become childless, and those who are not fecund or lack a partner. It also neglects the changing social profile of the childless, e.g. the shift from less educated to more highly-educated women. Most importantly, it fails to recognise what childless older people give to others. The studies presented aim to redress these two deficits in previous research. They examine how the consequences of childlessness are mediated by the pathways to and motivations for being childless and by factors such as gender, education and marital history; and they also examine what childless older adults provide to their families and to society at large. Such adults establish strong linkages with next-of-kin relatives, invest in non-family networks, and participate in voluntary and charitable activities, and broadly do so to a greater extent than older people with surviving children. (KJ/RH)

ISSN: 0144686X

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

197/106

Childlessness at the end of life: evidence from rural Wales; by G Clare Wenger.

Ageing and Society, vol 29, part 8, November 2009, pp 1243-1259.

After the spouse, children are the most likely source of informal support for an older person when the frailties of advanced old age create the need for help. Childlessness may thus be seen as particularly a problem for older people. In general, to compensate for the lack of children, childless people develop closer relationships with available next-of-kin and non-kin. Despite this, in times of need they are likely to find themselves with inadequate informal support. Using data from the Bangor Longitudinal Study of Ageing, this article explores the consequences of childlessness among persons aged 85 years or more living in rural Wales. The results indicate that by the time they reach old age, childless people have adapted to their situation and developed expectations consistent with being childfree. They have closer relationships with collateral kin, friendships are important, and a high value is placed on independence. Nevertheless, unless they die suddenly or after a short acute illness, almost all of them enter residential care or a long-stay hospital at the end of their lives. It is also shown that the situation of childless people varies greatly and depends on several factors, particularly marital status, gender, social and financial capital, and on the person's earlier investment in the strengthening of next-of-kin and non-kin networks. (KJ/RH)

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

- 197/107 Minimal families: childlessness and intergenerational transfers; by Martin Kohli, Marco Albertini (eds).
Ageing and Society, vol 29, part 8, November 2009, pp 1171-1274.
The proportion of childless adults has increased substantially in most of the low fertility countries in Europe. Six articles in this special issue of Ageing and Society consider ways in which childless older people transfer their assets to next-in-line kin (nephews, nieces, brothers and sisters), make donations to charitable organisations, or use social capital to benefit civil society. The articles include consideration of: the social conditions of very old childless people living in rural Wales; factors that encourage charitable giving and philanthropy in Germany and the United States; who received financial gifts from the childless in the United States; and the well-being of Dutch fathers and childless men in mid-life. (RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>
- 197/108 The well-being of childless men and fathers in mid-life; by Pearl A Dykstra, Renske Keizer.
Ageing and Society, vol 29, part 8, November 2009, pp 1227-1242.
Using data from the first wave of the Netherlands Kinship Panel Study conducted in 2002-03, this paper examines the economic, psychological and social well-being among 1467 men aged 40-59 years with different parenthood histories and circumstances: the childless, fathers who live with their children, non-co-resident fathers, and 'empty-nest fathers'. The gerontological interest is whether there are variations in well-being by parenting, and whether they persist in old age. The results showed that fathers have higher incomes than childless men, regardless of their partner history. As regards psychological well-being, men's partner history counts, not their parenthood status. Being single contributes to low levels of psychological well-being. The findings provide evidence of the socially integrating effects of parenthood and for men's 'good-provider' role. Childless men and non-co-resident fathers report poorer quality family relationships. In addition, childless men were least likely to report helping others in the community. Overall, more support is found for the notion that fatherhood is a transforming event than that the well-being benefits derive from fathering activities. The paper concludes with a discussion of the implications of the findings for inequalities in well-being and informal support among the male members of the cohort born during 1943-63 when they reach old age. (KJ/RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>
- 197/109 What childless older people give: is the generational link broken?; by Marco Albertini, Martin Kohli.
Ageing and Society, vol 29, part 8, November 2009, pp 1261-1274.
With the increase of childlessness in European societies, its consequences have become a matter of concern. Studies in this field, however, have concentrated on what childless people lack and need in terms of social, financial and moral support. In contrast, this article focuses on what childless people give to their families, friends, unrelated others and to society at large. Using 2004 data on social support and financial transfers given and received by people aged 50+ in ten European countries from the Survey of Health Ageing and Retirement in Europe (SHARE), the analyses show that the support networks of childless older people tend to be somewhat weaker than those of parents, and that links with members of the younger generations in the family are stronger for parents than for those without children. The results also indicate, however, that the differences in transfer behaviour between parents and childless adults are small, and that the support networks of the childless are more diverse than those of parents, and characterised by stronger links with ascendants and lateral relatives and with non-relatives. Moreover, people without children tend to be more intensely involved in charities and comparable organisations. (KJ/RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>

INTERNATIONAL AND COMPARATIVE

(See Also 197/36, 197/41, 197/48, 197/60, 197/72, 197/74, 197/81, 197/107, 197/123, 197/142, 197/146, 197/147, 197/150)

- 197/110 Ageing and well-being in an international context; by Jonathan Clifton, Institute for Public Policy Research - IPPR. London: Institute for Public Policy Research - IPPR, October 2009, 36 pp (Politics of Ageing working paper, no 3).
This report explores how older people's well-being can be incorporated into a consideration of four areas of policy debate: relationships, work, learning and the built environment. These were all identified by Jessica Allen in 'Older people and wellbeing', the first phase of IPPR's Politics of Ageing project. This report provides case studies of policies and programmes that have been successful in other countries, with the aim of inspiring new responses to ageing in the UK and the lessons that can be learnt from overseas. (RH)
From : Download from website: <http://www.ippir.org>
- 197/111 A profile of older Japanese 2009; by ILC-Japan. Tokyo: International Longevity Centre-Japan, 2009, 65 pp.
This booklet which is planned to be an annual publication provides a general picture of the older adult population of Japan. Some tables and charts accompany individual short articles that focus on health, long-term care, economic status and social inclusion of the ageing population group. (KJ)
From : <http://www.ilcjapan.org> email: ilcjapan@mba.sphere.ne.jp
- 197/112 Rural-urban migration and depression in ageing family members left behind; by Melanie A Abas, Sureeporn Punpuing, Tawanchai Jirapramukpitak (et al).
British Journal of Psychiatry, vol 195, no 1, July 2009, pp 54-60.
It has been suggested that rural-urban migration will have adverse consequences for older parents left behind. The aim of this study was to describe correlates of out-migration and to estimate any association between out-migration of children and depression in rural-dwelling older parents. Population-based survey of 1147 parents aged 60 and over in rural Thailand. The authors randomly oversampled parents living without children. They defined an out-migrant child as living outside their parent's district, and measured depression as a continuous outcome with a Thai version of the EURO-D. Out-migration of all children, compared with out-migration of some or no children, was independently associated with less depression in parents. This association remained after taking account of social support, parent characteristics, health and wealth. Parents with all children out-migrated received more economic remittances and they perceived support to be as good as that of those with children close by. Out-migration of children was not associated with greater depression in older parents and, after taking account of a range of possible covariables, was actually associated with less parental depression. This could be explained by pre-existing advantages in families sending more migrants and by the economic benefits of migration. (KJ/RH)
ISSN: 00071250
From : <http://bjp.rcpsych.org>
- 197/113 Subjective health-related quality of life of Chinese older persons with depression in Shanghai and Hong Kong: relationship to clinical factors, level of functioning and social support; by Sally Chan, Shoumei Jia, Helen Chiu (et al).
International Journal of Geriatric Psychiatry, vol 24, no 4, April 2009, pp 355-362.
Older people with depression have both psychological and physical health care needs. This study aimed to measure and compare the perceptions of health-related quality of life (HRQoL) among Chinese older people with depression in Shanghai and Hong Kong, and to explore the association between HRQoL with clinical factors, levels of functioning and social support in the two sites. A cross-sectional study was conducted with a convenience sample of 80 older people from Hong Kong and 71 from Shanghai with a diagnosis of depression. Results showed that both groups had a poor perception of their HRQoL when compared with Caucasian populations. The

Shanghai group had a significantly higher HRQoL perception than did the Hong Kong group. Physical health problems that affected functional abilities also influenced older people's satisfaction with life. The severity of depression, number of medical conditions that affected functional abilities and satisfaction towards social support were predictors of HRQoL. (RH)

ISSN: 08856230

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

LEARNING DIFFICULTIES

(See Also 197/23)

- 197/114 'We're thinking three steps ahead': [Down's syndrome and dementia]; by Vern Pitt. Community Care, issue 1792, 22 October 2009, pp 30-31. The number of people with Down's syndrome and dementia is rising as life expectancy increases. The author reports on a visit to Highcroft House near Birmingham, which is one of the UK's first homes that meets the needs of this group, by helping them to maintain their independence and skills for as long as possible and improving their quality of life. (RH)
ISSN: 03075508
From : www.communitycare.co.uk

- 197/115 Screening adults with Down's syndrome for early signs of dementia; by Judith McBrien.: Pavilion. Journal of Integrated Care, vol 17, issue 3, 2009, pp 3-7. There is a heightened risk of Alzheimer's type dementia in people with Down's syndrome (DS) from age 40. This article outlines the case for learning disability teams to provide routine screening of adults with Down's syndrome for early signs of dementia. It is illustrated by reference to practice in one such service (Plymouth), where clinical and research developments have gone hand in hand, with tangible benefits to clients, carers and the multi-disciplinary team. Although specifically designed to meet the challenge of the increasing number of people with Down's syndrome who develop dementia, it is applicable to the care of all people with learning disabilities. (RH)
ISSN: 14769018
From : <http://www.pavilionjournals.com>

LIFE-LONG LEARNING

(See Also 197/132)

- 197/116 The learning revolution: presented to Parliament by the Secretary of State for Innovation, Universities and Skills; by Department for Innovation, Universities and Skills - DIUS. London: TSO, March 2009, 52 pp (Cm 7555). This White paper follows on from the consultation document, 'Informal adult learning: shaping the way ahead' (DIUS, 2008), and is a government-wide strategy. It sets out how a "culture of learning" could be built, and the ways of achieving the aim of increasing access to informal adult learning. The strategy also looks at transforming the way people learn through technology and broadcasting. To make these things happen, an advisory forum will be established; and local authorities will also have a role in supporting local networks of informal learning. Included are examples of individuals and local organisations contributing to informal learning. (RH)
Price: £14.35 From : TSO, PO Box 29, Norwich NR3 1GN. Tel: 0870 600 5522
<http://www.tsoshop.co.uk>
- 197/117 Learning through life; by Sir David Watson (Chair of the Inquiry), Inquiry into the Future for Lifelong Learning - IFLL, NIACE - National Institute of Adult Continuing Education. Leicester: NIACE, 2009, 290 pp. Learning Through Life is the report of a two-year Independent Inquiry into the Future for Lifelong Learning sponsored by NIACE, the National Institute of Adult Continuing Education.

The Inquiry found the current system too complex and opaque, too skewed to the young and de-motivating for too many, thereby leading to educational inequalities accumulating over the course of people's lives to an unacceptable extent. As life patterns become more complex and less predictable with increased job changes, greater geographical and social mobility and more frequent family changes, adults need ever greater skills and knowledge to remain successful, fulfilled and independent. Moreover, a rapidly ageing and dependent population will lead to a steep rise in the numbers of people who are socially and economically excluded, unless they can gain greater skills to control and give quality to their own lives. Failure to tackle these issues will waste talent and create an ever greater health and welfare burden on families and the taxpayer. This report provides a radical vision entailing fundamental reform of the educational budget to ensure lifelong learning is a central strategy of the UK's educational system. (KJ)

Price: £11.95 From : NIACE, 21 De Montfort Street, Leicester LE1 7GE.

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

197/118

Older people's learning: an action plan: a NIACE paper; by Stephen McNair, NIACE - National Institute of Adult Continuing Education. Leicester: NIACE, 2009, 33 pp.

The focus of government policy on vocational education for younger people has led to a decrease in the numbers of older people on publicly funded courses in recent years. This policy paper has been produced after consultation with a wide range of interested agencies. It maps out some current policy development; summarises recent research into older people's learning; and makes proposals about what a proper service of learning to older people might look like. The government Public Sector Agreement (PSA) objectives and indicators relevant to older learners are listed as an annex. (RH)

From : NIACE, 21 De Montfort Street, Leicester LE1 7GE. Website: www.niace.org.uk

LONELINESS

197/119

Loneliness, social support networks, mood and wellbeing in community-dwelling elderly; by Jeanette Golden, Ronán M Conroy, Irene Bruce (et al).

International Journal of Geriatric Psychiatry, vol 24, no 7, July 2009, pp 694-700.

Both loneliness and social networks have been linked with mood and well-being. However, few studies have examined these factors simultaneously in community-dwelling participants. The aim of this study was to examine the relationship between social network, loneliness, depression, anxiety and quality of life in community dwelling older people living in Dublin. 1299 people aged 65+, recruited through primary care practices, were interviewed in their own homes using the GMS-AGECAT. Social network was assessed using Wenger's typology. Results showed that 35% of participants were lonely, with 9% describing it as painful and 6% as intrusive. Similarly, 34% had a non-integrated social network. However, the two constructs were distinct: 32% of participants with an integrated social network reported being lonely. Loneliness was higher in women, the widowed and those with physical disability and increased with age; but when age-related variables were controlled for this association they were non-significant. Well-being, depressed mood and hopelessness were all independently associated with both loneliness and non-integrated social network. In particular, loneliness explained the excess risk of depression in the widowed. The population attributable risk (PAR) associated with loneliness was 61%, compared with 19% for non-integrated social network. Taken together they had a PAR of 70%. Loneliness and social networks both independently affect mood and well-being in the older adult population, underlying a very significant proportion of depressed mood. (RH)

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

LONG TERM CARE

197/120

Identifying a fairer system for funding adult social care; by Justin Keen, David Bell, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF.

Viewpoint, 2441, October 2009, 12 pp.

This Viewpoint argues that analysts and commentators have paid insufficient attention to equity in adult social care. It sets out a framework for identifying a fairer system (based on five key

questions that assess policy proposals) and uses this to evaluate the Green Paper, 'Shaping the future of care together'. This analysis shows that the Green Paper represents an advance on previous government statements on adult social care, but lacks important detail, particularly on funding options. There is a widespread view that the current funding arrangements are unfair with agreement across the political spectrum, but as yet, no agreement has led to action. This paper continues the debate on reforming social care expressed in two previous JRF Viewpoints in 2008: 'Rethinking social care and support: what can England learn from other countries?' and 'Does anyone care about fairness in adult social care?' (KJ/RH)

ISSN: 09583084

Price: download

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

197/121

Reforming long-term care: recent lessons from other countries; by Caroline Glendinning, Nicola Moran, Social Policy Research Unit - SPRU, University of York. York: Social Policy Research Unit - SPRU, University of York, July 2009, 4 pp (Research works, no 2009-06).

Following publication of a Green Paper, 'Shaping the future of care together' (Cm 7673) in July 2009, the Department of Health (DH) is consulting on options for the future organisation and funding of adult social care in England. The experiences of other countries can help inform policy development in England. This study examined recent reforms and current debates about adult social care in five developed societies: Germany, the Netherlands, Denmark, Australia and Japan. The focus is on three particular issues: the sustainability, economically and politically, of social care funding arrangements; the effectiveness of quasi-market mechanisms in generating a range of quality, responsive services; and how far recent reforms have treated younger and older disabled people equitably and sought to reduce previous inequalities. This Research Works outlines the methods used and main findings of the authors' main report (same title), and summarising the recent reforms in the five countries and the policy implications. (RH)

Price: FOC

From : SPRU, University of York, Heslington, York YO10 5DD. <http://www.york.ac.uk/spru>
Full report can be downloaded from: <http://www.york.ac.uk/spru/research/pdf/LTCare.pdf>

MEDICAL ISSUES

(See Also 197/140)

197/122

Chronic disease management and the use of remote patient monitoring; by David McDaid (ed), LSE Health.

Eurohealth, vol 15, no 1, 2009, pp 1-17.

Chronic diseases, such as heart disease and diabetes, have substantial health and economic impacts. Routine consultations to monitor these conditions place a considerable strain on health service resources. Consequently, there has been an increased interest in using information technology to help manage patients' conditions. Remote monitoring allows for the collection of routine information on the health status of individuals away from the doctor's office, and this is the focus of this issue of Eurohealth, with four articles and two commentaries from the European Commission. (KJ/RH)

ISSN: 13561030 From : <http://www.lse.ac.uk/LSEHealth> eurohealth@lse.ac.uk

197/123

Chronic disease management in Europe; by David Scheller-Kreinsen, Miriam Blümel, Reinhard Busse.

Eurohealth, vol 15, no 1, 2009, pp 1-4.

Chronic conditions and diseases are the leading cause of mortality and morbidity in Europe. Managing chronic diseases has therefore become a health policy priority in many European countries. However, current approaches face substantial problems. This article briefly presents the main strategies to manage chronic diseases and summarises existing evidence on their effectiveness. Moreover, the researchers describe common obstacles to effective chronic disease management. Finally, the authors conclude by outlining some of the actions policy makers need

to take to improve the conditions for chronic disease management in Europe. (KJ/RH)

ISSN: 13561030

From : http://www.lse.ac.uk/LSEHealth_eurohealth@lse.ac.uk

197/124

Reichel's care of the elderly: clinical aspects of aging; by Wiliam Reichel, Christine Arenson, Jan Busby-Whitehead (et al) (eds). 6th ed Cambridge: Cambridge University Press - CUP, 2009, 656 pp.

Reichel's 'Care of the elderly' remains the pioneering text for the practising physician confronted with the unique problems of an increasingly ageing population. Dr William Reichel's formative text is designed as a practical and useful guide for health specialists from medical students to practising physicians. This book is not a collection of sub-specialty chapters, but rather emphasizes the clinical management of the geriatric patient with simple to complex problems. The editors have reviewed every chapter and have included the most up-to-date advances in the care of older patients. New chapters include hormonal therapy in post-menopausal women, drug therapy for Alzheimer's sufferers, alternative medicine, the chronic understaffing of nursing homes, management of delirium, and ethical issues. Comprehensive and written for any clinicians caring for older patients (including general practitioners, nurse practitioners, geriatricians, and allied health practitioners), this well-known text aims to provide practical and trusted advice. (KJ/RH)

Price: £50.00 (hdbk)

From : Cambridge University Press, The Edinburgh Building, Cambridge, CB2 8RU.
<http://www.cambridge.org>

197/125

Screening for osteoporosis: a survey of older psychiatric inpatients at a tertiary referral centre; by Brendon Stubbs, Enrique Zapata-Bravo, Camilla Haw.

International Psychogeriatrics, vol 21, no 1, February 2009, pp 180-186.

Osteoporosis causes much morbidity and mortality among elderly people. Older inpatients with severe mental illness may be at particular risk of osteoporosis because of factors including immobility, vitamin D deficiency and psychotropic medication. Predominantly older inpatients with severe mental illness were screened for osteoporosis using a peripheral DEXA scanner. Associations were examined between patient variables and osteoporosis as detected by DEXA scan, Z-scores and history of fragility fractures. Patients were followed up to see how many subsequently received drug treatment for osteoporosis. Patient acceptability of the scanning technique was also assessed. It was possible to scan 72/89 (81%) of patients. 42 (58%) patients had osteoporosis and 23 (32%) osteopenia. 12 (17%) patients with a history of fragility fractures had osteoporosis on DEXA scan. A scan suggestive of osteoporosis and a history of fragility fractures were both associated with age of 75 years and over and thoracic kyphosis. Low Z-scores were associated with longer hospital stay and osteoporosis predisposing drugs. Patient acceptability of scanning was high. At follow-up, only 7/16 (44%) patients were suitable for central scanning and 9/40 (23%) for bisphosphonates. Older institutional patients with severe mental illness are likely to be at high risk of developing osteoporosis. Peripheral DEXA scanning is acceptable to these patients and identifies those at high risk of fractures. However, some behaviourally-disturbed patients are not suitable for central scans or for some osteoporosis drug treatments. (KJ/RH)

ISSN: 10416102

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

MENTAL CAPACITY

197/126

Expertise and experience: people with experiences of using services and carers' views of the Mental Capacity Act 2005; by Jill Manthorpe, Joan Rapaport, Nicky Stanley.

British Journal of Social Work, vol 39, no 5, August 2009, pp 884-900.

The views of people with experiences of using services and the views of their carers about the Mental Capacity Act 2005 (which applies to England and Wales) are reported in this article. Interviews with 10 people about the detail of the Act prior to its implementation revealed that they welcomed the principles of the Act, and were able to relate these to aspects of their

experiences. The Act's framework for planning around care and treatment for making advance decisions was seen as offering greater choice and empowerment. Comments were made about the need for the Act to be publicised by professionals, for practitioners to provide specific information for people with experiences of using services, and carers to be included in training and monitoring. The data also revealed some concerns about implementation processes, about missed opportunities for legislative reform, and the difficulty of balancing risks and safeguards. Such issues are likely to be highly relevant to social work practice; social workers are alerted to the expertise existing among many people with experience of using services and to the variations in opinion and knowledge likely to be found among people using services and carers. (RH)

ISSN: 00453102

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

197/127

Mental capacity assessments among general hospital inpatients referred to a specialist liaison psychiatry service for older people; by Fedza Mujic, Maite Von Heising, Robert J Stewart (et al). *International Psychogeriatrics*, vol 21, no 4, August 2009, pp 729-737.

A retrospective analysis was undertaken of routinely collected data (age, gender, ethnicity, admission diagnosis, psychiatric diagnosis, Mini-mental State Examination score, whether capacity was assessed, the outcome of that assessment, and discharge destination) on referrals to a liaison psychiatry service for older people (2003-2006) from medical and surgical teams at a large London teaching hospital. 1267 patients were referred to the service, of whom 379 (30%) were assessed for capacity. The most common mental capacity issues were placement (303 assessed, of whom 54% lacked capacity), treatment (86 assessed, 59% lacking capacity) and finances (70 assessed, 79% lacking capacity). Cognitive impairment, dementia and delirium, rather than mental disorders were associated with incapacity. Those assessed and deemed to lack capacity for placement decisions were twice as likely to be placed in a care home, and four times as likely to be placed in an elderly mentally ill (EMI) facility, independent of dementia diagnosis and cognitive functioning. Referrals to a liaison psychiatry service for older people for assessment of mental capacity are common. The main mental capacity issues in older people were those linked to discharge planning. The relatively high proportion of those found to have capacity when capacity had been queried by referring clinicians attests to the important role of specialist liaison teams, particularly in complex cases, in protecting the autonomy of vulnerable older people, and avoiding institutionalisation. (KJ/RH)

ISSN: 10416102

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

197/128

Not just in the Mental Capacity Act: using the law to protect vulnerable adults; by David Hewitt. *The Journal of Adult Protection*, vol 11, no 2, May 2009, pp 25-31.

Vulnerable adults have recently gained greater protection. A lot of attention has focused on the effect of the Mental Capacity Act 2005 (MCA) and the Safeguarding Vulnerable Groups Act 2006, but many significant provisions can be found elsewhere. It may be that those provisions, and the possibilities they introduce, are not fully understood by those who could make the best use of them. That would be unfortunate. Where it enjoys powers for adult protection purposes, a public authority might have to explain any failure to use them, particularly where that failure has unfortunate consequences. This paper does not deal directly with the law on adult social care. Nor even, in general terms, does it describe the law relating to the safeguarding of vulnerable adults. It does, however, discuss some of the more significant adult protection provisions and in the process, refers to the No Secrets guidance, which was published in 2000 and remains the chief resource for adult protection work (Department of Health and Home Office, 2000). (KJ/RH)

ISSN: 14668203

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

MENTAL HEALTH

(See Also 197/86, 197/88)

- 197/129 Cognitive function and common mental disorders in older people with vascular and non-vascular disorders: a national survey; by Aysha Begum, Christos Tsopelas, James Lindesay (et al). *International Journal of Geriatric Psychiatry*, vol 24, no 7, July 2009, pp 701-708.
Vascular disorders are important potential causes of cognitive impairment and common mental disorders but their specificity as risk factors has yet to be clarified. The objectives of this analysis were to compare vascular and non-vascular health problems with respect to their associations with cognitive function and common mental disorder. An analysis was carried out of cross-sectional data from the 2000 UK National Survey of Psychiatric Morbidity. The two dependent variables analysed were common mental disorder (revised Clinical Interview Schedule) and cognitive function (TICS_m and animal naming) in survey participants who were aged 60-74 years (n = 2007). Associations with self-reported vascular and common non-vascular (musculo-skeletal, respiratory or gastrointestinal) disorders were compared. Disability (SF-12 physical scale) was considered as a potential confounding/mediating factor. Vascular disorders were associated with impaired global cognitive function and lower memory but not verbal fluency scores after adjustment for age, gender, education and social class. No such associations were found for non-vascular disorders. Vascular and non-vascular disorders were associated with common mental disorder to a similar extent, and associations were substantially explained by disability. Lower cognitive function was specifically associated with vascular disorders. Findings for common mental disorder were more consistent with an effect of disability rather than the actual consequences of specific health complaints. (RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com/journal/gps>
- 197/130 Do improvements in emotional distress correlate with becoming more mindful?: A study of older adults; by Kate Splevins, Alistair Smith, Jane Simpson.: Taylor & Francis.
Aging & Mental Health, vol 13, no 3, May 2009, pp 328-335.
The study aimed to investigate changes in older people's emotional well-being (specifically depression, anxiety and stress levels) and mindful ability following a mindfulness-based cognitive therapy (MBCT) course. The study also explored correlations between mindfulness (measured as an overall ability and as individual components: observe, describe, act with awareness and accept without judgement) and changes in depression, anxiety and stress levels. 22 participants took an 8-week MBCT course. Levels of depression, anxiety and stress were recorded pre- and post-intervention, as was mindfulness ability (measured both as overall ability and as individual components). Significant improvements in emotional well-being and mindfulness were reported post MBCT with large to moderate effect sizes. Increases on all four components of mindfulness were positively associated with greater emotional well-being. However, only one act with awareness and accept without judgement were significantly correlated (with reduced depression). Older people in the sample reported higher scores on observe and act with awareness than other populations. This study adds to a growing evidence base indicating the efficacy of MBCT for depression, anxiety and stress, and extends these findings to older people. The study found older people to have elevated levels of certain facets of mindfulness. Recommendations are made for researching the possibility that mindfulness may be an extension of the developmental process. (RH)
ISSN: 13607863
From : <http://www.informaworld.com/CAMH>
- 197/131 Impact of forced displacement during World War II on the present day mental health of the elderly: a population-based study; by Philipp Kuwert, Elmar Brähler, Heide Glaesmer (et al). *International Psychogeriatrics*, vol 21, no 4, August 2009, pp 748-753.
The effects of traumatisation amongst the generation who experienced the Second World War is a neglected topic in research and clinical settings. Forced displacement of civilians is one of the main traumatic features of modern armed conflict. Roughly 12 million German people were

displaced in World War II (WWII), and to our knowledge there has been no representative study investigating the mental health outcomes of such trauma in this population group. The survey assessed whether current depression, anxiety, resilience and life satisfaction were significantly associated with forced displacement in WWII. A nationwide representative face-to-face household survey was conducted in Germany. A representative sample of the German population aged 61 years or older (N = 1513 participants, N = 239 displaced in WWII) was approached using 258 sample points. Measurements included depressive symptoms (Patient Health Questionnaire, PHQ-2), anxiety (Generalized Anxiety Disorder, GAD-7), resilience (RS-11), general and domain-specific life satisfaction (FLZM) and socio-demographic variables. Results showed that forced displacement in WWII is significantly associated with higher levels of anxiety and lower levels of resilience and life satisfaction 60 years later. In regression analyses, forced displacement in WWII significantly predicted current anxiety, life satisfaction and resilience. To the researchers' knowledge this is the first nationwide representative survey to examine the late-life effects of forced displacement, particularly of persons displaced during WWII in Germany. Further research is needed to identify mediating variables and to evaluate psychotherapeutic interventions in older trauma survivors. (KJ/RH)

ISSN: 10416102

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

197/132

Interaction effects of education and health status on cognitive change: a 6-year follow-up of the Maastricht Aging Study; by Willemien A Meijer, Martin P J van Boxtel, Pascal W M Van Gerven (et al).: Taylor & Francis.

Aging & Mental Health, vol 13, no 4, July 2009, pp 521-529.

The interaction between education and health status (i.e. physical, social and psychological functioning) was tested with respect to baseline cognitive performance and change over 6 years. This study used data from the Maastricht Aging Study (MAAS) of 1544 men and women aged 24-47 and 49-77. Education by health interactions was restricted to the younger group. The components of health status that most consistently interacted with education were physical functioning on cognitive performance at baseline, and physical and psychological functioning on cognitive change. These results indicate that high education attenuates age-related decline and lower baseline performance measured by low health status in people age under 30. (RH)

ISSN: 13607863

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

197/133

Long-term effects of the British evacuation of children during World War II on their adult mental health; by James S M Rusby, Fiona Tasker.: Taylor & Francis.

Aging & Mental Health, vol 13, no 3, May 2009, pp 391-404.

This study of 870 respondents aged 62-72 years investigates possible long-term effects on adult mental health due to temporary childhood separation by evacuation in the United Kingdom during World War II. Using univariate and multivariate analyses associations were examined between upbringing, evacuation experience and certain life-course variables with the lifetime incidence of depression and clinical anxiety, and also with the dependency and self-critical factors of the Depressive Experiences Questionnaire (DEQ). Those evacuated at a young age, 4-6 years, or who received poor foster care, were found to be at a greater risk of depression and clinical anxiety, with high levels of self-criticism. Compared to other groups respondents evacuated at 13-15 years age, who received good care, had reduced incidences of both affective disorders, comparable to those who were not evacuated. The quality of home nurture was also found to be significantly associated with both disorders. Structural equation models for each sex based on those variables significantly associated with depression explained 45% of the variance of the incidence of depression for males and 25% for females. The models also confirmed the relatively high levels of dependency for females and their vulnerability to these levels in terms of depression. The study demonstrated significant associations between childhood experiences and life-span mental health, reinforcing the importance of knowledge of childhood history in the clinical treatment of older adults. (KJ/RH)

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

- 197/134 Places, social relations and activities in the everyday lives of older adults with psychiatric disabilities: an interview study; by M Nordström, A Dunér, E Olin, H Wijk. *International Psychogeriatrics*, vol 21, no 2, April 2009, pp 401-412.
The overall aim of this Swedish study was to describe and analyse the ways in which older adults with a psychiatric disability experience places, social relations and activities in different arenas of their everyday lives. Twelve older adults (aged 55+) with a psychiatric disability were interviewed either once or twice, using different interview techniques. The first interviews were semi-structured and the second were in-depth interviews guided by a site-map. The interview texts were analysed using qualitative content analysis, proceeding from open to focused coding in several steps. Although the respondents spent most of their time in their own homes, some also spent a lot of time at day-care centres and other similar places. The amount of time spent in places in the public arena varied a great deal. The interviewees' experiences of the places, relationships and activities in their everyday lives can be related to aspects of freedom and coercion, internal and external structure, and relationships and support. The provision of a varied range of services and support in diverse settings in order to make these accessible to people of different ages and needs is an important challenge for welfare politics. (KJ/RH)
ISSN: 10416102 From : <http://www.journals.cambridge.org/ipg>

MENTAL HEALTH SERVICES

(See Also 197/62, 197/127)

- 197/135 The emerging role of cognitive remediation therapy; by David E Vance. *Activities, Adaptation & Aging*, vol 33, no 1, 2009, pp 17-30.
Age-related cognitive declines can hinder older people's ability to perform instrumental activities of daily living (IADLs). As a result, this decline places an additional burden on formal and informal caregivers. Fortunately, based on the principles of cognitive reserve and neuroplasticity, cognitive remediation therapy shows promise in reducing the severity of such cognitive declines and improving everyday functioning. Incorporating such therapy into institutional settings represents an avenue for improving cognitive functioning, ameliorating self-care, and facilitating successful ageing. Suggestions for adapting this approach in institutional settings are provided. (RH) ISSN: 01924788
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA. (www.taylorandfrancis.com)
- 197/136 Floods in 2007 and older adult services: lessons learnt; by Joseph Hayes, Julian Mason, Fay Brown (et al). *Psychiatric Bulletin*, vol 33, no 9, September 2009, pp 332-336.
The aim of this study was to review the clinical and managerial impact of flooding on a community mental health team (CMHT) for older adults by prospectively recording all flooding related events met by the CMHT. Of 348 individuals known to the CMHT in West Oxfordshire, 87 lived in flood affected areas. In nine patients, symptoms deteriorated. There were two new referrals as a direct consequence of the flooding. Flood effects can be grouped into: new mental illness, management problems, CMHT workload and secondary benefits. The immediate and delayed problems caused by flooding to older people with mental illness and dementia include unmasking cognitive impairment and provoking exacerbations in depressive and anxiety disorders. Personal evacuation plans should be used when moving individuals with marked cognitive impairment to avoid difficulties with identification. Overcrowding of care homes used to temporarily accommodate additional residents can contribute to behavioural changes and psychological symptoms in those with pre-existing dementia. (KJ/RH)
ISSN: 09556036 From : <http://pb.rcpsych.org>
- 197/137 Links not boundaries: service transitions for older people growing older with enduring or relapsing mental illness; by Susan M Benbow (chair), Royal College of Psychiatrists. London: Royal College of Psychiatrists, 2009, 24 pp (College report, CR153).
This document updates the Council report 110, 'Caring for people who enter old age with

enduring or relapsing mental illness' (2002). It has been produced by a working party including representatives from the Faculties of Old Age Psychiatry, General and Community Psychiatry, Rehabilitation Psychiatry, the Faculty of Old Age Psychiatry consumer group and a mental health nurse. The report makes recommendations aimed at improving the care of older people growing older with enduring or relapsing mental illness and who face the possibility of moving between psychiatric services, most commonly from general and community (or rehabilitation) psychiatry to the psychiatry of old age. Recommendations fall into six main areas: the use of transition protocols; assessment; the process of transition; the care plan; monitoring; and commissioning. Included as an appendix are service models that were presented at a seminar organised by the Working Group in May 2006. (RH)

- 197/138 Managing outcome performance in mental health using HoNOS: experience at St Andrew's Healthcare; by Philip Sugarman, Lorraine Walker, Geoff Dickens.
Psychiatric Bulletin, vol 33, no 8, August 2009, pp 285-288.
Modern mental healthcare providers must demonstrate service-level clinical effectiveness to key stakeholders. The authors introduced two performance indicators of clinical effectiveness based on outcome data from routinely collected Health of the Nation Outcome Scales (HoNOS) and HoNOS-secure assessments across St Andrew's Healthcare, a charity providing in-patient services in Northampton and Essex. Presented are outcome data from the period 2004-2007. The indicators showed consistent 90-day improvement rates and increasing stability over time. The validity of results is supported by levels of change along predicted lines among different patient cohorts. It is possible and beneficial to use routine outcome measures to demonstrate clinical effectiveness at service level. The future of managing mental health outcomes will be in electronic health records systems. (KJ/RH)
ISSN: 09556036 From : <http://pb.rcpsych.org>
- 197/139 The many roads to quality care; by Stuart Shepherd, Yorkshire and Humber PCT Collaborative. Collaboration, supplement to Health Service Journal, no 6176, 1 October 2009, pp 6-8.
Partnership between the National Health Service (NHS) and local government is allowing a high level integrated care pathway to be defined for mental health. This article considers the work of two programmes - Mental Health Commissioning and Contracting, and Mental Health Care Pathways and Packages Payment by Results currency project - being used by mental health trusts across the Yorkshire and Humber region. (RH)
ISSN: 09522271 From : www.hsj.co.uk
- 197/140 Neuroimaging in geriatric psychiatry; by Gwenn S Smith, George S Alexopoulos (eds).
International Journal of Geriatric Psychiatry, vol 24, no 8, August 2009, pp 783-893 (whole issue).
Neuroimaging methods represent the interface between basic and clinical neuroscience. Advances in instrumentation, radiotracer chemistry, positron emission tomography (PET) and magnetic resonance (MR) imaging methodologies provide the opportunity to test mechanistic hypotheses generated from basic neuroscience studies in normal function and disease. Over the past decade, the impact of geriatric depression on cognitive decline, disability and mortality has been increasingly recognized and has stimulated translational research in this area. The eleven papers in this issue represent unique observations regarding neural circuitry of geriatric depression and anxiety symptoms, and of cognitive impairment associated with vulnerability to cognitive decline and Alzheimer's dementia; and they pave the way for novel treatment development. The papers also illustrate the value of integrating a variety of methodologies, including genetics, cognition, structural and functional neuroimaging to understand the neurobiology of late life psychopathology. (KJ/RH)
ISSN: 08856230 From : <http://www.interscience.wiley.com/journal/gps>
- 197/141 A psychiatric intensive care unit for older adults: an interval comparison of admissions; by Gary S Stevenson, Muhammad A Khan, Nagarajan Perumal.
International Psychogeriatrics, vol 21, no 2, April 2009, pp 278-285.
This audit aims to describe and compare demographic data, clinical characteristics and outcomes

of patients admitted to a Scottish regional psychiatric intensive care unit (PICU) for older adults in Fife during two 18-month periods five years apart. Data on all patients admitted to the PICU for older adults during the two sample periods, commencing 2001 and 2006 respectively, were collected by the clinical care team, and included information on previous psychiatric contact and detentions under mental health legislation, diagnoses, cognitive ratings, reasons for transfer to the PICU, treatments and outcomes. Continuous variables were subject to statistical analyses. Twenty-one male patients and twenty male patients were admitted during the 2001 and 2006 cohorts respectively, with equivalent mean ages of 72.9 years. The majority of patients were married, diagnosed with dementia, with similar levels of previous psychiatric admissions and detentions under mental health legislation. The most common reason for transfer to the PICU was physical aggression. The 2006 cohort exhibited shorter inpatient stays prior to transfer to, and shorter durations of stay in, the PICU. The PICU for older adults provides a function similar to the PICU for general adults. The cohorts were similar on most recorded variables, with noted differences possibly reflecting increased awareness and acceptance of the service, reduced tolerance by staff of aggressive behaviours by patients, and enhanced community services in the region. These perceptions warrant further study and clarification. (KJ/RH)
ISSN: 10416102 From : <http://www.journals.cambridge.org/ipg>

- 197/142 Use of health services for psychological distress symptoms among community-dwelling older adults; by Michel Prévile, Helen-Maria Vasiliadis, Richard Boyer (et al).
Canadian Journal on Aging, vol 28, no 1, March 2009, pp 51-62.
To document the use of health services for psychological distress symptoms, the authors collected data from a cross-section of adults aged 65 years and over. Nearly 13 per cent met DSM-IV criteria for mood or anxiety disorders. In addition, 42.4 per cent of those having at least one DSM-IV diagnosis reported having used health services. Results show a direct association between the presence of a probable DSM-IV diagnosis and health service use. However, results show no significant association between gender and health service use, and do not support the hypothesis that minimal social support increases the probability of older adults using health services for psychological distress. The analysis suggests unmarried elders are more likely than married elders to use health services. Furthermore, this study shows that older adults having a high level of daily hassles reported using health services for psychological distress than those reporting a low stress level. The authors conclude that a large proportion of older people's mental health needs in Quebec are potentially not being met. (KJ/RH)
ISSN: 07149808 From : <http://www.journals.cambridge.org/cjg>

NEIGHBOURHOODS AND COMMUNITIES

- 197/143 Manchester : a great place to grow older: 2010-2020; by Valuing Older People - VOP, Manchester City Council. Manchester: Manchester City Council, 2009, 69 pp (o/s).
This strategy was produced by the Valuing Older People (VOP) partnership, an initiative to improve life for older people in Manchester involving a number of different services, organisations, agencies and older Manchester residents. VOP was created in 2003 and has now produced this strategy which focuses on "making Manchester a great place to grow older". Five key objectives are laid out and a programme of works is described to achieve these objectives. (KJ)
From : Valuing Older People, Manchester Joint Health Unit, Manchester City Council, Town Hall Extension, Room 4042, Manchester M60 2LA.

NURSING

- 197/144 Training and assessing independent nurse prescribers: a model for old age psychiatry; by Sally Cubbin, Jane Pearce, Roger Bullock (et al).
Psychiatric Bulletin, vol 33, no 9, September 2009, pp 350-353.
The brevity of training and assessment for independent nurse prescribers has caused some concern. The authors aimed to validate an Objective Structured Clinical Examination (OSCE) for potential nurse prescribers in dementia. Nurses' performance after 12 days of training for

potential prescribers was compared with that of doctors of different grades. The performance of doctors, but not nurses, correlated with years of experience. Many nurses, especially those working in memory clinics, scored better than junior doctors. This OSCE provides evidence of potential prescribers' competency for employers. This could make a significant contribution to maintaining high standards of patient safety with nurse prescribing. This may also be an appropriate addition to the assessment of specialty trainees as well as for revalidation. (KJ/RH)
ISSN: 09556036 From : <http://pb.rcpsych.org>

NUTRITION

197/145 Preventing malnutrition in later life: the role of community food projects; by Lisa Wilson, Caroline Walker Trust; Age Concern and Help the Aged. London: Age Concern and Help the Aged, June 2009, 32 pp.

The aim of this report is to examine how community food projects support older people to access to food and their impact on reducing nutritional risk. It includes excerpts from interviews with 51 respondents about their attitudes to food, diet and health and the differences food projects have made. Seven case studies across England illustrate successful food projects that help with shopping; offer food and food advice through cafes and luncheon clubs, co-operative development agencies and healthy living classes, or raise awareness of malnutrition through eating well. The research conducted highlights barriers to food access, such as immobility and lack of access to shops and transport. Funding of food projects should be seen as a priority for local authorities. (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

OLDER WOMEN

(See Also 197/73)

197/146 The relationship between women's work histories and incomes in later life in the UK, US and West Germany; by Tom Sefton, Jane Falkingham, Maria Evandrou, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, June 2009, 34 pp (CASEpaper 137).

Using data from several longitudinal surveys, this paper investigates the relationship between older women's family histories and their personal incomes in later life in the UK, US and West Germany. By comparing three countries with very different welfare regimes, the authors sought to gain a better understanding of the interaction between the life course, pension system and women's incomes in later life. The association between older women's incomes and work histories is strongest in West Germany and weakest in the UK, where there is evidence of a pensions poverty trap and where only predominantly full-time employment is associated with significantly higher incomes in later life, after controlling for other socio-economic characteristics. Work history matters less for widows (in all three countries) and more for younger birth cohorts and more educated women (UK only). They conclude with a brief discussion of the "women-friendliness" of different pension regimes in the light of their analysis. (RH)

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

197/147 Women's family histories and incomes in later life in the UK, US and West Germany; by Maria Evandrou, Jane Falkingham, Tom Sefton, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, June 2009, 31 pp (CASEpaper 138).

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older women's family histories and their personal incomes in later life in the UK, US and West Germany. By comparing three countries with very different welfare regimes, the authors sought to gain a better understanding of the interaction between the life course, pension system and women's incomes in later life. They conclude with a brief discussion of the "women-friendliness" of different pension regimes in the light of their analysis. (RH)

Price: FOC

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

PALLIATIVE CARE

(See 197/29)

PARTICIPATION

197/148

Inter-vivos giving by older people in the United States: who received financial gifts from the childless?; by Michael Hurd.

Ageing and Society, vol 29, part 8, November 2009, pp 1207-1226.

Inter-vivos [between living persons] financial transfers from older parents to their adult children are widespread in the United States. Childless people may simply make fewer transfers. On the other hand, because their giving is away from children, their decisions are more complex in that there are multiple potential targets of approximately equal attractiveness. Using data for 1996 to 2004 from the United States Health and Retirement Study (HRS), this article examines the differences between parents and childless older people in financial transfers to people other than their children. The results show that, overall, parents tend to give less than the childless to other people. However, some variation is found depending on the nature and target of the gift. Having children does not affect giving to charities but does reduce the prevalence of giving to parents, but not nearly as much as the reduction in giving to family and friends. It can therefore be concluded, first that there is little substitution between personal and impersonal transfers; secondly, that the sense of obligation to parents is not reduced by giving to charities or to children; and thirdly, that having children reduces the need to satisfy the desire for family and social ties by means of links to family and friends. (KJ/RH)

ISSN: 0144686X

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

197/149

What encourages charitable giving and philanthropy?; by Frank Adloff.

Ageing and Society, vol 29, part 8, November 2009, pp 1185-1205.

In recent years, increasing public attention has been paid to voluntary action, civic engagement and philanthropy. It is in this framework that the growing numbers of childless older people are regarded as a valuable source of charitable giving. In fact, by giving to philanthropic foundations - instead of consuming their wealth or leaving inheritances - childless donors may develop into pioneers in the field of post-familial civic engagement. The article explores the circumstances under which childless older people adopt this behaviour in both Germany and the United States of America. It is found that making large donations or setting up philanthropic foundations is still an elite phenomenon, but on the other hand that establishing a foundation is attractive for childless people, both as a means of ensuring that one's name lives on, and as a way of organising bequests. Educational level, ill-health, social capital and religiosity all positively reinforce the inclination of childless people to transfer resources to charities. It is also shown that the institutional framework or organised fundraising has a large role in fostering charitable giving among the childless. The framework of charity organisations and fundraising in the country of residence plays an important role in determining the expansion and democratisation of charitable giving. (KJ/RH)

ISSN: 0144686X

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

PENSIONS AND BENEFITS

(See Also 197/146)

- 197/150 The end of privatized pensions in Latin America; by Manuel Riesco. Global Social Policy, vol 9, no 2, August 2009, pp 273-280. The government of President Cristina Fernández has once again surprised the world, nationalizing the pension system that Menem had privatised 14 years earlier in Argentina. In one bold stroke, she wiped out the private administrators, which were known in that country by their Spanish acronym, AFJP. The State has regained control over the pension savings accumulated by Argentinians, and in return has offered them the guarantee of a decent lifelong pension. 'Expropriation' claimed the owners of the AFJP. However, the government has only forwarded exactly the same fate that awaited all affiliates, supposedly the owners of the accumulated funds. At retirement, in order to secure a lifelong pensions they would have been forced to transfer the property of the fund to private insurance companies. In addition, the Argentinian affiliates have gained important benefits with the nationalisation. Probably soon, and certainly later on, many other countries in Latin America will follow their lead. (KJ/RH) ISSN: 14680181
From : <http://www.sagepublications.com>
- 197/151 How could changes to life expectancy affect spending on pensions?; by Chris Curry, Pensions Policy Institute - PPI. London: Pensions Policy Institute - PPI (Electronic format only), September 2009, 4 pp (PPI briefing note, no 52). As part of the Modelling Ageing Population to 2030 (MAP 2030) project, the PPI is exploring the impact that uncertainty in future longevity may have on expenditure on pensions. This briefing note builds on analysis presented at a seminar hosted by the International Longevity Centre on 16th June 2009. The analysis considers the potential impact ageing may have on expenditure in state pensions, income from private pensions, spending on means-tested benefits, and considers how increases in State Pension Age could be used to offset increases in pension expenditure. (KJ)
From : Download from: <http://www.pensionspolicyinstitute.org.uk>
Pensions Policy Institute, King's College, 3rd Floor, 26 Drury Lane, London WC2B 5RL.

PERSONALISATION

(See Also 197/5)

- 197/152 'My big mistake: being too friendly with my PA': [personalisation case study]; by Anna C Young. Community Care, issue 1784, 27 August 2009, pp 28-30. The need for users of Independent Living Fund payments to keep relationships with their personal assistants (PAs) on a professional footing is highlighted in this article. The author, a wheelchair user and disability activist, was friends with her PA until she started demanding higher pay. This article explains what went wrong when the case went to an employment tribunal. Susan Craig, Legal Officer at Unison Scotland outlines findings of a survey commissioned with the Scottish Personal Assistant Employers Network (Spaen) which demonstrates the importance of seeking independent advice. (RH) ISSN: 03075508
From : www.communitycare.co.uk
- 197/153 A budget too far?: [direct payments for healthcare]; by Mark Hunter. Community Care, issue 1786, 10 September 2009, pp 26-27. Is the public ready for the next level of the personalisation agenda, direct payments for healthcare? The Health Bill going through the current Parliamentary session (2008/08) will bring direct payments in healthcare into force, paving the way for 70 pilot projects to test the scheme. Professional bodies such as the British Medical Association (BMA) view the scheme as a commodification of the health service, whereas those in the mental health field such as In

Control have embraced it with some enthusiasm. This article cites examples of local authorities working with service users and carers, where the transition to direct payments for healthcare are viewed positively. (RH)
ISSN: 03075508
From : www.communitycare.co.uk

- 197/154 Explaining about ... individual budgets and self-directed support; by Louise Close.
Working with Older People, vol 13, issue 2, June 2009, pp 9-12.
As life expectancy continues to rise and people's expectations of the services they receive also increase, it has become apparent that the current social care system is in need of an overhaul. In 2003, In Control recognised this need for fundamental changes to the system and launched its first pilot of individual budgets (IBs) and the concept of self-directed support. The author explains how these early ideas have developed into a clear and common purpose for the future of social care. (RH)
ISSN: 13663666
From : <http://www.pavpub.com>
- 197/155 Individual budgets: lessons from early users' experiences; by Parvaneh Rabiee, Nicola Moran, Caroline Glendinning.
British Journal of Social Work, vol 39, no 5, August 2009, pp 918-935.
Within the context of modernisation, there has been a trend towards 'cash-for-care' schemes designed to bring choice and control closer to the service user. In England, Individual Budgets (IBs) are being piloted, with the aim of promoting personalised support for disabled people and other uses of social care services. This paper reports on the experiences and outcomes of early IB users two to three months after first being offered an IB. The users included adults with physical or sensory impairments, learning difficulties, mental health problems and older people. Semi-structured interviews were carried out with nine service users and five proxies. The findings suggest that IBs have the potential to be innovative and life-enhancing. However, achieving this potential in practice depends on a range of other factors, including changes in the routine practices and organisational culture of adult social care services and ensuring users have access to appropriate documentation and support. Any conclusions drawn from the experiences of these early IB users must be treated with caution. The findings nevertheless indicate some of the issues that will need to be addressed as IBs are implemented more widely to replace conventional forms of adult social care provision. (KJ/RH)
ISSN: 00453102 From : <http://www.bjsw.oxfordjournals.org>
- 197/156 Personalisation briefing: implications for carers; by Social Care Institute for Excellence - SCIE; Carers UK. London: Social Care Institute for Excellence, July 2009, 6 pp (At a glance, 10).
Personalisation for carers means tailoring support to people's individual needs and being part of the discussion about support for the carer and support for the person being looked after. Personalisation also means ensuring that people have wider choice in how their needs are met and re able to access universal services such as transport, leisure and education, housing, health and opportunities for employment regardless of disability. This At a glance briefing includes examples illustrating the views of individual carers on aspects of personalisation. (RH)
From : SCIE, Goldings House, 2 Hay's Lane, London SE1 2HB.
<http://www.scie.org.uk/publications/atag glance/atag glance10.asp>
- 197/157 Personalisation within a housing context; by Jon Head.
Working with Older People, vol 13, issue 2, June 2009, pp 25-27.
What of the role of social housing in the personalisation agenda? The author explains Hanover Housing Group's approach to personalisation, and presents the challenges that the organisation faces in its implementation. He describes Hanover's involvement in a pilot project with Housing Associations' Charitable Trust (hact) that offers an exciting and innovative approach to this important agenda for housing providers and residents. (RH)
ISSN: 13663666 From : <http://www.pavpub.com>

197/158

Using Supporting People funding in individual budgets; by Kate McAllister.
Housing, Care and Support, vol 12, no 1, April 2009, pp 25-29.

Following the Department for Communities and Local Government (DCLG) pilot exercise, all sites remain committed to the concept of individual budgets (IBs). There are many positive stories of how IBs have made a real difference to people's lives, enabling the person-centred support and informed choices about integrated packages of care and support. There are also impressive examples of creative joint working where pilot sites have adopted pragmatic solutions and worked around obstacles wherever possible. Based on experiences to date, all the pilot sites feel that IBs have a key role to play, but they should not be considered as the only option to personalising housing-related support services and increasing choice. Commissioned Supporting People (SP) services can be responsive and person-centred, as well as providing consistent coverage over large geographical areas, and some authorities considered that commissioned SP services can work alongside IBs and promoted this model as a viable alternative. More work is needed to understand better how IBs can work together with commissioned services to deliver a seamless service. (RH)

ISSN: 14608790

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

QUALITY OF LIFE

(See 197/13)

RESIDENTIAL AND NURSING HOME CARE

(See Also 197/60)

197/159

Living and dying with dignity: a qualitative study of the views of older people in nursing homes; by Sue Hall, Susan Longhurst, Irene Higginson.

Age and Ageing, vol 38, no 4, July 2009, pp 411-416.

Most older people living in nursing homes die there. An empirically based model of dignity has been developed, which forms the basis of a brief psychotherapy to help promote dignity and reduce distress at the end of life. The objective of this study was to explore the generalisability of the dignity model to older people in nursing homes. Qualitative interviews were used to explore views on maintaining dignity of 18 residents of nursing homes. A qualitative descriptive approach was used. The analysis was both deductive (arising from the dignity model) and inductive (arising from participants' views). The main categories of the dignity model were broadly supported: illness-related concerns, social aspects of the illness experience and dignity conserving repertoire. However, sub-themes relating to death were not supported and two new themes emerged. Some residents saw their symptoms and loss of function as due to old age rather than illness. Although residents did not appear to experience distress due to thoughts of impending death, they were distressed by the multiple losses they had experienced. These findings add to our understanding of the concerns of older people in care homes on maintaining dignity and suggest that dignity therapy may bolster their sense of dignity. (KJ/RH)

ISSN: 00020729

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

197/160

Variation in care home admission across areas of Northern Ireland; by Sheelah Connolly, Dermot O'Reilly.

Age and Ageing, vol 38, no 4, July 2009, pp 461-465.

Much has been written about the demographic and health characteristics which act as risk factors for care home admission in the UK. However, few studies have examined variation in care home admission rates across areas, whilst controlling for the demographic and health characteristics of the individuals living within these areas. This is surprising given that decisions which affect admission are often taken at the local level. The aim of the study was to determine whether there were variations in care home admission rates across trusts in Northern Ireland, once adjustment had been made for the demographic and health characteristics of the individuals

residing within these areas. A retrospective cohort study was undertaken, using data from the Data Retrieval in General Practice (DRGP) project in Northern Ireland, to identify a cohort of individuals aged 65 and over and living in the community at the outset of the study. A total of 28,064 individuals were followed up for 5 years to identify those who subsequently entered a nursing or residential care home. Controlling for the demographic, household composition and health characteristics of individuals, Poisson regression was used to estimate the incidence rate ratios of care home admission for 10 trusts. 24,691 of the initial cohort had complete information for all variables and were included in the final analysis; 1,313 (5.3%) had entered a care home at the end of the 5 years of follow-up. Admission increased significantly with age, and diagnoses of dementia and stroke. Controlling for the age, sex and health composition of individuals, some variations in admission rates were found across trusts. The study has highlighted the importance of age and clinical conditions as risk factors for care home admission. In addition, it appears that the area of residence might be important in determining a person's risk of care home admission. Such differences may be attributable to particular characteristics of the trust, such as the level of deprivation or degree of rurality, or to differing policies in relation to services for older people. More work is required to identify the causes of the differences to allow policies to be implemented to ensure equitable access to care homes across Northern Ireland. (KJ/RH)

ISSN: 00020729

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

RETIREMENT

197/161

What is retirement?: A review and assessment of alternative concepts and measures; by Frank T Denton, Byron G Spencer.

Canadian Journal on Aging, vol 28, no 1, March 2009, pp 63-76.

Because the concept of retirement is prominent in both popular thinking and academic studies, it would be helpful if the notion were analytically sound, could be measured with precision, and would make possible comparisons of patterns of retirement over time and among different populations. This paper reviews and assesses the many concepts and measures that have been proposed, summarizing them in groupings that reflect non-participation or reduced participation in the labour force, receipt of pension income, end-of-career employment, self-assessed retirement, or combinations of those characteristics. It concludes that there is no agreed measure and that no one measure dominates. Instead, new proposed measures continue to take account of additional refinements as new data sets become available, thereby further restricting possible comparisons. The confusing array of definitions reflects the practical problem that underlies the concept of retirement: it is an essentially negative notion, a notion of what people are not doing - namely, that they are not working. A more positive approach would be to focus, instead, on what people are doing, including especially their involvement in non-market activities that are socially productive, even if those activities do not contribute to national income as conventionally measured. (KJ/RH)

ISSN: 07149808

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

RURAL ISSUES

(See Also 197/168)

197/162

Research on rural caregiving: a literature review; by R Turner Goins, S Melinda Spencer, Joshua C Byrd.

Journal of Applied Gerontology, vol 28, no 2, April 2009, pp 139-170.

The goals of this article are to present a systematic review of rural caregiving research and provide suggestions for future research efforts. The review, conducted through a search of databases, was limited to original research articles published between 1990 and 2007. The articles focused on informal caregiving of dependent older adults in rural settings. Thirty-one articles met the inclusion criteria, with 11 being rural/urban comparative studies and 20 being rural only studies. The majority of the studies were quantitative and cross-sectional. Areas for

improvement in future research include incorporating theory, defining key terms, using probability sampling, examining data longitudinally, including objective measures, recruiting more racially or ethnically diverse samples, and using a mixed-method approach. Currently, it is difficult to know the extent to which the rural environment influences informal caregiving. Additional research is needed to develop a more thorough understanding of caregiving in the rural context. (KJ/RH)

ISSN: 07334648

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

SEXUALITY

197/163 Developing inclusive health and social care policies for older LGBT citizens; by Liam Concannon.

British Journal of Social Work, vol 39, no 3, April 2009, pp 403-417.

Creating anti-oppressive practices in service provision that successfully remove barriers to the social inclusion of older lesbians, gay men, bisexuals and transgendered (LGBT) citizens has proven tremendously difficult thus far. The Department of Health publication, 'Better care, higher standards: a charter for long term care' (DH, 1999) refers (on p3) to the development of non-discriminatory services that treat users with dignity and respect, taking account of sexual orientation. Such government social policy holds out the hope that services will be designed to help LGBT people. This paper examines the unique oppression and marginalisation faced by older lesbians, gay men, bisexuals and transgendered citizens in homophobic and ageist societies, which often fail to acknowledge their existence. The research findings highlight strategies being created through social policy that aim to successfully achieve the inclusion of this group in the planning and delivery of their services. (RH)

ISSN: 00453102 From : <http://www.bjsw.oxfordjournals.org>

SOCIAL CARE

197/164 The future of social care in England; by Christina R Victor.

British Medical Journal, vol 339, no 7723, 26 September 2009, p 708.

The purpose of the Green Paper 'Shaping the future of care together' (Cm 7673; 2009) is to debate options for the future funding of social care and support for older people and younger people with disabilities. This article reviews methods of funding welfare provision in the US and the UK. Social care is means-tested in England, such that anyone with assets worth more than £23,000 receives no help from the state. The Green Paper proposes a "national care service" to tackle the variability in service provision and charging, and the author outlines the options. (RH)

ISSN: 09598138 From : www.bmj.com

197/165 How social enterprises can make a difference in caring for older people; by Ceri Jones.

Working with Older People, vol 13, issue 2, June 2009, pp 13-16.

In the first of two articles in this issue of Working with Older People, the author sets out the case for social enterprises, which are businesses run for social and/or environmental purposes and which re-invest their profits to further their social mission. She explains why they should be the "business model of choice", because of their focus on personalised and cost-effective services, and not profit. (RH)

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

197/166 Seldom heard: developing inclusive participation in social care; by Social Care Institute for Excellence - SCIE. London: Social Care Institute for Excellence, September 2008, 9 pp (Position paper 10: summary).

Compared to "hard-to-reach", "seldom heard" is a relatively new term, stressing the responsibility of agencies to reach out to excluded people, ensuring that they have access to services and that their voices can be heard. This position paper focuses on four groups: homeless people with addiction problems; people black and minority ethnic groups; people with communication impairments; and people with dementia. It does not describe in detail specific

access requirements for each group; rather, it outlines an inclusive approach to participation. It includes a model outlining how to enable the participation of seldom-heard groups. The full position paper is available on the SCIE website. (RH)

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

197/167

A social enterprise that achieves quality through investing in its staff; by Ceri Jones.

Working with Older People, vol 13, issue 2, June 2009, pp 17-19.

In the second of two articles in this issue of Working with Older People, the author outlines the history of a social care enterprise in the West Midlands. The chief executive of Sandwell Community Caring Trust (SCCT) has worked to turn around the organisation's fortunes by investing in its staff - not by cost-cutting - which has resulted in higher morale and better care. The story demonstrates that caring is about people, and if you do not train and support those who give, those who receive will only suffer. (RH)

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

197/168

Tensions in the delivery of social work services in rural and remote Scotland; by Colin Turbett. British Journal of Social Work, vol 39, no 3, April 2009, pp 506-521.

This paper is based on a premise that social work practitioners in rural locations, especially those in remote areas, will often find themselves the subject of policy and resource decision-making processes that are not sympathetic to their situation. This is based on a lack of awareness of rural practice issues both from the inside as well as the outside of such contexts. In fact, social workers in rural areas are well placed to engage in imaginative and proactive rather than purely reactive types of practice. They can promote effective community capacity building as well as help individuals in need. If they are to achieve these potentials, they have to take responsibility for exploring such themes themselves, within frameworks and understandings created through professional training alongside proper recognition by employers. (KJ/RH)

ISSN: 00453102 From : <http://www.bjsw.oxfordjournals.org>

SOCIAL EXCLUSION

197/169

Tackling social exclusion through neighbourhood networks; by Deborah Klée.

Working with Older People, vol 13, issue 2, June 2009, pp 35-38.

It is three years since the Social Exclusion Unit's 'A sure start to later life' was published. The author of this article looks at how that publication has inspired the development of some innovative projects to improve the health and well-being of older people and to reduce their social isolation. She refers to schemes in Gloucestershire, Nottinghamshire and Leeds under LinkAge Plus, and in Calderdale, Somerset and North Lincolnshire under the Partnerships for Older People Projects (POPPs). (RH)

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

SOCIAL NETWORKS

(See 197/119, 197/134, 197/169)

SOCIAL POLICY AND THEORY

(See 197/93)

SUICIDE

197/170

Attempted suicide in the elderly in England: age-associated rates, time trends and methods; by Ajit Shah.

International Psychogeriatrics, vol 21, no 5, October 2009, pp 889-895.

The rates of attempted suicides in the 60-74 age band increased over the 9-year study period (1998-2006). Rates of intentional self-poisoning by and exposure to non-opioid analgesics, antipyretics and antirheumatics, intentional self-poisoning by and exposure to narcotics and

psychotropics, and intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system increased over the study period in both the 50-74 and 75+ age bands. The rates and the frequency of intentional self-poisoning by and exposure to non-opioid analgesics, antipyretics and antirheumatics and intentional self-harm by sharp objects were higher in the 75+ age band compared to the 50-74 age band. The rates and frequency of intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system, intentional self-poisoning by and exposure to alcohol and intentional self-harm by smoke, fire and flames were higher in the 60-74 age band compared to the 75+ age band. There is a need to develop strategies to reduce access to target the methods of attempted suicide used by older people that are most prevalent and increasing over time. (RH)
ISSN: 10416102 From : <http://www.journals.cambridge.org/ipg>

197/171

Does improvement in the treatment of those who attempt suicide contribute to a reduction in elderly suicide rates in England?; by Ajit Shah.
International Psychogeriatrics, vol 21, no 4, August 2009, pp 768-773.
The reported decline in suicide rates of older people in England may have been, in part, due to prompt and successful resuscitation of those who attempt suicide. This study examines the impact of prompt and successful resuscitation of those who attempt suicide, on suicide rates in England. Possible changes in rates of attempted suicides in older age-bands over a nine-year period and the correlation between rates of attempted suicide and suicide in older age-bands in England were examined using nationally collected data. There was a significant increase in the rates of attempted suicide over the study period in the age-band 60-74 years, but not in the age-band 75+ years. There was a positive correlation between rates of attempted suicide and suicide in the age-band 75+ years, but not in the age-band 60-74 years. This study was unable to confirm conclusively that prompt and successful medical resuscitation of those who attempt suicide makes a contribution to the decline in elderly suicide rates and requires further study. Public health initiatives should be designed to reduce not only suicide rates but also rates of attempted suicide; otherwise they are failing in the prevention of mental illness and suicidal behaviour, early identification and treatment of those with mental illness and those at risk of suicide, and systematic follow-up of those recovering and recovered from mental illness. (KJ/RH)
ISSN: 10416102 From : <http://www.journals.cambridge.org/ipg>

197/172

The relationship between population growth and elderly suicide rates: a cross-national study; by Ajit Shah.
International Psychogeriatrics, vol 21, no 2, April 2009, pp 379-383.
Suicide rates of older people are associated with this population group's size, the proportion of them in the general population and the elderly dependency ratio. A cross-national study examining the 'a priori' hypothesis that the relationship between suicide rates of older people and average annual population growth rates would be curvilinear (U-shaped curve) fitting the quadratic equation $y = a + bx + cx^2$ (where y is the suicide rate of older people, x is the population growth rate and a, b and c are constants) was conducted using data from the World Health Organization (WHO) and the United Nations (UN). Results showed that there was a significant curvilinear (U-shaped curve) relationship between suicide rates of older people and average annual population growth rates fitting the above quadratic equation. A theoretical model with three sequential stages incorporating population growth, the older population size, the proportion of older adults in the general population, life expectancy and birth rates was proposed to explain the findings. Caution should be exercised in the application of this model because of the cross-sectional and ecological study design whereby the findings are subject to ecological fallacy and require rigorous testing in within-country longitudinal studies over time. (KJ/RH)
ISSN: 10416102
From : <http://www.journals.cambridge.org/ipg>

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.

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

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

3-6 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

3 November 2009

A Practical Guide to Reducing Clostridium Difficile

Organised by: Healthcare Events

Venue: Church House

Location : London, England

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

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

4 November 2009

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

Speakers: Chairpersons: Ken Anderson (MD, UBS); Sir Cyril Chantler (Chairman, KF); Penny Dash (Partner, McKinsey & Co.); Charles Auld (Chairman, Enara Group).

Organised by: LCS International and Public Policy Projects in association with The Sunday Times

Venue: One Birdcage Walk

Location : London, England

Details : LCS International Consulting Ltd, 1

Harley Street, London, W1G 9QD
Tel : +44 (0)20 7291 4427

4 November 2009

A Practical Guide to Safeguarding Vulnerable Adults

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

4 November 2009

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

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

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

4-6 November 2009

Design and Dementia (three-day school)

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

Organised by: Dementia Service Development Centre (DSDC)
Venue: University of Stirling
Location : Stirling, Scotland
Details : Dementia Services Development Centre,

University of Stirling, Stirling, FK9 4LA, Scotland
Tel : +44 (0)1786 467740, Fax : +44 (0)1786 466846

4 - 6 November 2009

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

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

Organised by: Numerous organisations
Venue: Quality Inn - Tripoli
Location : Tripoli, Lebanon
Details : A. Abyad, MD, MPH, MBA, AGSF, AFCHSE, Abyad Medical Center , Azmi Street, Abdo Center,, PO Box 618, Tripoli, Lebanon
Tel : 961-6-443684, *Fax :* 961-6-443684

5 November 2009

End of Life Care: Multi-Faith and Humanist Approaches

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

5 November 2009

Safeguarding Vulnerable Adults

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

Organised by: Community Care Conferences in association with research in practice for adults
Venue: central London
Location : London, England
Details : LexisNexis GateHouse, Halsbury House, 35 Chancery Lane, London, WC2A 1EL
Tel : +44 (0)20 7347 3574, *Fax :* +44 (0)20 7347 3578

5 November 2009

Transforming Public Services Conference

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

6 November 2009

Personalisation seminars

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

9-10 November 2009

London Health 09

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

10 November 2009

2009 Annual Homecare Conference

Keynote presentation: Phil Hope MP (invited).
Speakers: Chair: Stephen O'Brien MP (Shadow Minister for Health, social care)
Organised by: Laing & Buisson hosted by UKHCA
Venue: central London
Location : London, England

Details : Laing & Buisson (Conferences) Ltd, 29 Angel Gate, City Road, London, EC1V 2PT
Tel : +44 (0)20 7923 5348, *Fax :* +44 (0)20 7841 0048

10 November 2009

A Practical Guide to Delivering Effective Nursing in Stroke Care

Moving forward following the National Stroke Strategy and NICE Guidance
Organised by: Healthcare Events
Venue: 20 Cavendish Square
Location : London, England
Details : Healthcare Events, 2 Acre Road, Kingston, Surrey, KT2 6EF
Tel : +44 (0)20 8541 1399, *Fax :* +44 (0)20 8547 2300

10 November 2009

The Greater London Forum for Older People Annual Question Time

Come and join in on the debate about healthcare - should it be based on age or need? Afternoon session 1.30 pm to 4.00 pm. Places to be reserved.
Organised by: Greater London Forum for Older People
Venue: House of Commons
Location : London, England
Details : Zara or Janine
Tel : Zara on 020 7820 or Janine on 020 7091 2593

11 November 2009

Challenges of Dementia Advocacy - from instructed to non-instructed

Organised by: Dementia Advocacy Network (DAN)
Location : London, England
Details : Jan Kendall, Dementia Advocacy Network (DAN), 55 Dean Street, London W1D 6AF
Tel : +44 (0)20 7297 9384, *Fax :* +44 (0)20 7297 9385

11 November 2009

New Frontiers in Personalisation: Next steps in the transformation agenda

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

Venue: central London
Location : London, England
Details : LexisNexis GateHouse, Halsbury House,
35 Chancery Lane, London, WC2A 1EL
Tel : +44 (0)20 7347 3574, *Fax :* +44 (0)20 7347
3578

11 November 2009

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

Keynote: Developments in the Government's Strategy on Ageing, Angela Eagle MP.
Speakers: Chair: Stephen Burke (CE, Counsel & Care). Dr Finbarr Martin (National Clinical Director for Older People, DH); Jane Carrier (National Policy Lead - Older People & Adult Services, Audit Commission) and others.
Organised by: Counsel & Care supported by DWP
Venue: Cavendish Conference Centre
Location : London, England
Details : Neil Stewart Associates Ltd, PO Box 39976, 2nd Floor, 1 Benjamin St., London, EC1M 5YT
Fax : +44 (0)20 7490 8830

12 November 2009

Advocacy Wales: Conference & AGM

This is a conference for anyone working in the advocacy sector, or with an interest in understanding the work of a variety of advocacy services. It is a networking and discussion opportunity and to show support for advocacy services across Wales. The conference theme is: "Energising the advocacy movement in Wales".
Organised by: Advocacy Wales
Venue: The Media Resource Centre, Llandrindod Wells
Location : Llandrindod Wells, Wales
Details : Linda Simms, South Wales Mental Health Advocacy, P.O.Box 5176, Cardiff, CF5 9DN

12 November 2009

Carers UK : AGM and National Carers Summit 2009

Organised by: Carers UK
Venue: Clifford Chance, The Auditorium
Location : London, England
Details : 24 Great Dover Street, London , SE1 4LX
Tel : +44 (0)20 7378 4940

2009

Big Care Debate

Nationwide consultation until 13/11/09. Visit the website link for more information and to submit your comments and views about how to shape in the future our care and support system in England.
Organised by: Care Support Independence, HM Government
Venue: nationwide
Location : England
Details : Green Paper Team, Room 149, Richmond House, 79 Whitehall, London SW1A 2NS

18 November 2009

Communication Skills for advocates working with people with dementia

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

18-20 November 2009

Leading Dementia Training (three-day school)

This three-day workshop will prepare participants to deliver a core one-day training programme on dementia in their workplace. The workshop acknowledges the importance of understanding the mind-set and life experience of the person receiving training along with the culture of the workplace. Participants will receive a resource pack with ideas and suggestions for leading training sessions. Price includes resource pack.
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

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, Freepost RLUZ-ATEU-RYUZ, Pavilion, Richmond House, Richmond Road, Brighton, BN2 3RL
Tel : 0844 880 5061, *Fax :* 0844 880 5062

8 December 2009

Safeguarding Vulnerable Adults : Implementing 'No Secrets'

Speakers: Chair: Bridget Penhale (Univ. of Sheffield). Keynote speakers: Lucy Bonnerjea (Policy Lead, No Secrets Review, DH); Allan Bowman (Chair, SCIE).
Organised by: Healthcare Events
Venue: Manchester Conference Centre
Location : Manchester, England
Details : Healthcare Events, 2 Acre Road, Kingston, Surrey, KT2 6EF
Tel : +44 (0)20 8541 1399, *Fax :* +44 (0)20 8547 2300

9 December 2009

Disability Equality: Valuing People Now

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

everyday needs. Half day conference.

Organised by: Inside Government
Venue: central London
Location : London, England
Details : Errol Palmer, Golden Cross House, 8 Duncannon Street, London, WC2N 4JF
Tel : +44 (0)207 484 5224, *Fax :* +44 (0)207 484 4950

9 December 2009

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

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

9 December 2009

SocietyGuardian Older People and Ageing Britain Conference

The Big Care Debate : What do leading figures think?
Speakers: Stephen Burke (CE, Counsel & Care); Professor Graham Mulley (President, BGS); Tom Wright (CE, Age UK).
Organised by: SocietyGuardian
Venue: Dexter House
Location : London, England

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).

1-3 February 2010

Centre for HIV & Sexual Health Training for Trainers in Sexual Health

This training is designed to enable participants to gain the practical skills, knowledge, awareness and confidence to develop and deliver sexual health training to a wide range of organisations and groups. This training is a 10 day training course of three modules; first module in February. The Centre provides training on all aspects of sex, sexuality and relationships including for older people. Publication of leaflet: Older and Passionate.

Organised by: Centre for HIV & Sexual Health

Venue: Centre in Sheffield

Location : Sheffield, England

Details : Ashley Beaumont-Thomas, Training Administrator, Sheffield Primary Care NHS Trust, 22 Collegiate Crescent, Sheffield, S10 2BA

Tel : +44 (0)114 226 1902

3 February 2010

A Practical Guide to Clinical Quality Indicators and Metrics

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

11 February 2010

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

Keynote speakers: Dr Finbarr Martin (DH Falls and Fractures Working Group); Dr Elizabeth Aitken (University Hospital Lewisham).

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

11 February 2010

Imagining Futures

Seminar 13 in the Representation of Older People in Ageing Research Series. The seminars are directed at those interested in issues of current methodological innovation. Day seminar (10 am to 4.30 pm) - £30 including sandwich lunch (£25 for registered students). The seminar will look at methodological issues in asking people to imagine the future and their own ageing. Speakers will address issues such as: What research methods can be used to help people think about the future? How has the future been conceptualised and articulated in research targeted at older people? Is it possible to move people beyond stereotyped and negative expectations of their own ageing and of later life? Do particular types of research methods affect how people tend to envisage the future and their own older age? What are the ethical issues in asking people to think about their own ageing? The aim of the day is to explore both practical and theoretical issues in asking people to think about their own ageing, in order to improve practice in both research and practice/policy contexts. Seminar participants will be invited to share their views and experiences. The seminar will be of relevance to practitioners, policy makers, academics and students.

Speakers: Chair: Dr Rebecca Jones (CABS, OU).

Professor Joanna Bornat and Dr Bill Bytheway (The Open University); Professor Barbara Adam (Cardiff University); Dr Cassandra Phoenix (Exeter University).

Organised by: Centre for Policy on Ageing - CPA; Centre for Ageing and Biographical Studies (CABS), Open University (OU)

Venue: CPA (lower ground floor office accessible by stairs or lift) at 19-23 Ironmonger Row

Location : London, England

Details : Angela Clark, 25-31 Ironmonger Row , London, EC1V 3QP

Tel : +44 (0)20 7553 6500, *Fax :* +44 (0)20 7553 6501

11 February 2010

Living Well with Dementia: the strategy one year on

Organised by: Community Care Conferences

Venue: central London

Location : London, England

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

Tel : +44 (0)20 7347 3574,

Fax : +44 (0)20 7347 3578

15 February 2010

Images of Older People : Do they matter?

Annual lecture given by Professor Anthea Tinker, CBE, Institute of Gerontology, King's College, London. Free entry, light refreshments from 5 pm. Lecture begins at 5.30 pm.

Organised by: PSALM (Project for Seniors and Lifelong Ministry)

Venue: St Pancras Parish Church, Euston Road, NW1

Location : London, England

Details : The Gallery, St Pancras Church, Euston Road, London NW1 2BA

17 February 2010

Universities and Active Ageing : Engaging Older Learners

The conference will hear the results of research investigating the position of older learners in universities. The study, Active Ageing and Universities: engaging older learners was undertaken by Chris Phillipson and Jim Ogg.

Organised by: Universities UK and NIACE

Venue: Woburn House Conference Centre

Location : London, England

23 February 2010

Achieving Equality in NHS Service Delivery

Organised by: HSJ Conferences

Venue: central London

Location : London , England

Details : HSJ Achieving Equality Conference Registration, Greater London House, Hampstead Road, London, NW1 7EJ

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

23 February 2010

Implementing the Dementia Strategy : Developing and embedding services in a tight financial market

Speakers: Chair: Neil Hunt (CE, The Alzheimers Society); David Behan (Director General for Social Care, DH); Professor June Andrews (Director, DSDC Stirling) and others.

Organised by: HSJ Conferences

Venue: central London

Location : London , England

Details : HSJ Implementing the Dementia Strategy Conference Registration, Greater London House, Hampstead Road, London, NW1 7EJ

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

23 February 2010

NCVO Annual Conference 2010 - The Good Society - a time for action

Organised by: NCVO

Venue: The Brewery, Chiswell Street

Location : central London, England

Details : NCVO, Regent's Wharf, 8 All Saints Street, London, N1 9RL

Tel : +44 (0)20 7520 3160, *Fax :* +44 (0)20 7713 6300

24 February 2010

2010 Annual Extra-Care Housing Conference

Organised by: Laing & Buisson supported by ADASS

Venue: America Square 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

24 February 2010

A Practical guide to Improving Dignity in Care on the Wards

Conference that looks at delivering high quality nursing care with dignity and compassion to improve the patient experience.

Speakers: Claire Rayner, Katherine Murphy (Patients Association); Charlotte Potter (Age Concern/Help the Aged); professor Eileen Sills CBE (Guy's and St Thomas' NHS Foundation Trust)

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

25 February 2010

Ageing Population 2010

The Ageing Population Conference 2010 will explore these new government initiatives and discuss best practice and key policies to be

undertaken by public, private and third sectors which are designed to ensure that older people live longer, healthier and more active lives.

Speakers: Chair: Oliver James (Broadcaster, Author of 'Contented Dementia'); Alexandra Norrish (Head of Social Care Strategy, Department of Health); Barbara Young (Chair of the Care Quality Commission); Councillor Felicity Hindson (Executive Member of Adult Services, Hampshire County Council); Angela Eagle MP (Minister of State for Pensions and the Ageing Society (Invited)); Stephen O'Brien MP (Shadow Minister of Health (Invited)); Claire Rayner (Broadcaster (Invited)); and others.

Organised by: GovNet Events

Venue: QEII Conference Centre, London

Location : London, England

Details : Amy Green

Tel : +44 (0)161 211 3028, It is essential that we act now to address the challenges presented by this shift in society and build a culture where people are not defined by their age, and prejudice does not prevent us from fully harnessing the skills and experience of our older population. The government has also recently published a Green Paper, Shaping the Future of Care Together, which spells out the options for reform, how a new system could be organised and most importantly, how it will be funded. More and more people have care and support needs, which highlight the need for a fair and affordable system.

25 February 2010

Dignity Action Day

This is a day of action. It will focus on celebrating good work around dignity in care and encouraging the public to play their part in making a difference. Health and social care staff and the public will be able to pledge their time; post details of an event or activity they will be taking part in; and seek local volunteers to take part in activities planned for the day at www.dignityincare.org.uk. Resource packs with ideas and information will be available from the website.

Location : nationwide, Launched in January is a 50,000 Bright Ideas Grant (BIG) for innovative projects that encourage dignity in care. BIG is about finding bright ideas about care and helping people put their ideas into practice to prove they work. Public and frontline staff can apply for the funding or ask for a helping hand to make their dignity projects a reality on the new BIG website.

25 February 2010

Skills for Care Annual Conference 2010 - Getting and Keeping the Future Workforce : To recruitment and beyond

Organised by: Skills for Care

Venue: Hilton Birmingham Metropole Hotel

Location : Birmingham, England

Details : OLM-Pavilion, FREEPOST

RLUZ-ATEU-RYUZ, Pavilion, Richmond House, Richmond Road, Brighton, BN2 3RL

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

March 2010

CSAN DVD 'It's still me, Lord ...'

DVD about dementia and spirituality released in October 2009 is a tool to raise awareness about issues on dementia care and spirituality. As part of the project, CSAN is planning to arrange a series of training sessions beginning in February, on this subject across the country in various locations including Birmingham, Bristol, Cambridge, London, Newcastle and Salford. Contact for further details.

Organised by: Caritas Social Action Network (CSAN)

Venue: various locations

Location : England

Details : Clara Horhan or Chris Driscoll

Tel : +44 (0)20 7901 4875 or 4877

1-2 March 2010

Social Care Association Annual Seminar - Social Care in Transition - Transforming People's Lives"

Speakers: Jenny Owen (ADASS President); Martin Narey (CE, Barnardo's).

Organised by: Social Care Association - SCA

Venue: Radisson Blu Hotel

Location : Durham, England

Details : 350 West Barnes Lane, Motspur Park, New Malden, Surrey, KT3 6NB

Tel : +44 (0)20 8949 5837, *Fax :* +44 (0)20 8949 4384

2-3 March 2010

Managing New Realities 2010 - Integrated places - health, housing and social care for the community

Keynote speakers: Lord Warner (former health minister); Sir Bob Kerslake (CE, Homes and Communities Agency).

Speakers: Chair: David Brindle (The Guardian,

Public Sector editor).

Organised by: Organised by: The Guardian and OLM-Pavilion in partnership with Skills for Care; SCIE; Department of Health; Unison
Venue: Inmarsat Conference Centre, City Road
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

3 March 2010

Care Pathways in Mental Health

Part of the Care Pathways 2010 Conference Series.
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

5 March 2010

Interface Geriatrics

Organised by: BGS - British Geriatrics Society endorsed by the British Journal of Hospital Medicine, the College of Emergency Medicine and the Royal College of General Practitioners
Location : London, England

15-16 March 2010

Advocacy Conference : Shaping the Vision ... a manifesto for advocacy services 2010-2015

Action-focused event aimed at producing a vision for advocacy in the next decade.
Organised by: OPAALUK; a4a; GAIN; Advonet; Dementia Advocacy Network; Age UK
Venue: Paragon Hotel
Location : Birmingham, England
Details : Action for Advocacy, PO Box 31856, Lorrimore Square, London, SE17 3XR
Tel : +44 (0)20 7820 7868

16 March 2010

National Memory Services Congress

Through a series of presentations this one day conference has been developed to provide delegates with first-hand knowledge of memory services.
Speakers: Chairman: Professor Martin Orrell. Professor Frans Verhey; Professor Esme Moniz-Cook PhD

Organised by: Healthcare Events with North East London NHS Foundation Trust and Royal college of Psychiatrists
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

16 March 2010

The International Big Event 2010

International personalisation conference with speakers, workshops, questiontime session, exhibition hall and entertainment area; launch of In Control's next major report.
Speakers: Dame Jo Williams; Matthew Taylor; Philip Collins; Professor Chris Hatton and others.
Organised by: In Control
Venue: BT Convention Centre
Location : Liverpool, England
Details : In Control Support Centre, Carillon House, Wythall, West Midlands, B47 6JX
Tel : +44 (0)1564 821650, *Fax :* +44 (0)1564 824260

17 March 2010

Safeguarding Vulnerable Adults : Empowerment through the implementation of 'No Secrets'

Speakers: Chair: Lucy Bonnerjea (Policy Lead, No Secrets Review, DH); Leo Quigley (Advisor, No Secrets Review, DH); Lynne Phair (Project Officer, DH).
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

18 March 2010

Agenda for Later Life 2010 : Public policy on ageing for the next decade

As well as the keynote speaker, Matthew Taylor from the RSA, the programme features front-bench spokespeople from the three main political parties and other high-profile commentators and policy thinkers. It also includes a wide range of discussion seminars to enable you to debate key policy issues with other delegates. The conference will also launch Age UK's first Agenda for Later

Life report, which will reflect on the direction public policy must follow to ensure that older people flourish in the decade ahead. Free copies will be available to delegates.

Organised by: Age UK

Venue: tba

Location : London, England

Details : Events Department, Public Affairs, Age Concern and Help the Aged, Astral House, 1268 London Road, London SW16 4ER

Tel : +44 (0)20 8765 7602, *Fax :* +44 (0)20 8765 7293

22-23 March 2010

Annual conference

Organised by: Action on Elder Abuse - AEA

Venue: University of Warwick

Location : Warwick, England

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

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

23 March 2010

Developing the Adult Social Care Workforce

A half-day workshop follows on Practical Workforce Planning on 24/3/10.

Organised by: Capita Conferences supported by the National Skills Academy and Salford City Council

Venue: Manchester

Location : Manchester, England

Details : Capita Conferences Administration, Ground Floor, 17-19 Rochester Row, London , SW1P 1LA

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

23 March 2010

Working Effectively with Carers : Provision, information and support as part of the National Dementia Strategy and Putting People First

Organised by: Community Care Conferences

Venue: central London

Location : London, England

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

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

25 March 2010

QIPP - Quality, Innovation, Productivity and Prevention 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

30 March 2010

Tackling the Social Exclusion of Older People Building a Society for All Ages

Keynote addresses: Building a Society for All Ages : Implementing the strategy. Representative from the Department for Work and Pensions.

Speakers: Numerous speakers.

Organised by: Capita Conferences supported by DWP; Brighton & Hove Council; Age UK

Venue: central London

Location : central London, England

Details : Capita Conferences Administration, Ground Floor, 17-19 Rochester Row, London , SW1P 1LA

Tel : +44 (0)870 400 1020, *Fax :* +44 (0)870 165 8989, The Role and Work of the UK Advisory Forum on Ageing by James Rose, Member of Committee, South East Regional Forum on Ageing and South East Regional Representative, UK Advisory Forum on Ageing.

15 April 2010

Caring to the End : Implementing the recommendations of the National Confidential Enquiry into Patient Outcomes and Death

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

21 April 2010

Safeguarding and Protection of Vulnerable Adults

One day seminar at The Old Hall, Temple Balsall. We hope that the conference will address a range of issues related to safeguarding. We have approached a number of speakers/workshop facilitators who have expertise in these areas to

take part in the conference.

Organised by: Leveson Centre for the Study of Ageing, Spirituality and Social Policy

Venue: Leveson Centre, Temple Balsall

Location : Knowle, Solihull, England

Details : Jen Jones, Administrator, Temple House, Fen End Road, Temple Balsall, Knowle, Solihull, B93 0AN

Tel : +44 (0)1564 778022, *Fax :* +44 (0)1564 778432

22-24 April 2010

British Geriatrics Society Spring Meeting

Speakers: Numerous speakers.

Organised by: British Geriatrics Society (BGS)

Venue: Edinburgh International Conference Centre

Location : Edinburgh, 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

4-6 May 2010

Australian and New Zealand Society of Geriatric Medicine 2010 Annual Scientific Meeting

Organised by: ANZSGM

Location : Queensland, Australia

Details : ANZSGM 2010 ASM Conference Secretariat

Tel : +61 2 9431 8641

4-5 June 2010

EQUALSOC Final Conference

EQUALSOC is a Network of Excellence funded by the European Union's Sixth Framework Programme. The network was initiated on 1 September 2005 and will continue until 31 August 2010. The final EQUALSOC Conference will take place in Amsterdam, on 4-5 June 2010. The focus of EQUALSOC research has been on social cohesion and its dependence on social differentiation, the relationships between the growing importance of knowledge in the economy, the different chances that individuals and groups experience with respect to the quality of life, and social cohesion. Papers for the final conference are invited.

Organised by: EQUALSOC - (Economic Change, Quality of Life & Social Cohesion)

Location : Amsterdam, Holland

8-10 June 2010

NPC Pensioners' Parliament 2010

Organised by: National Pensioners Convention (NPC)

Venue: Winter Gardens, Blackpool

Location : Blackpool, Lancashire, England

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

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

6-8th July 2010

39th Annual Conference - Identities, Care and Everyday Life

Our interdisciplinary conference provides an opportunity for participants to engage with contemporary cutting-edge developments in research, policy and practice in ageing and ageing studies.

Organised by: British Society of Gerontology (BSG), in partnership with Brunel University

Venue: Brunel University

Location : London, England

Details : Marianne Keane, Brunel Institute for Ageing Studies, Brunel University, Mary Seacole Building, Uxbridge UB8 3PH

Tel : +44(189) 5266197

8-11 July 2010

5th International Carers Conference: New Frontiers in caring: 2010 and beyond

Organised by: Neil Stewart Associates hosted by Carers UK

Venue: Royal Armouries, Leeds

Location : Leeds, 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

8-11 September 2010

International Conference on Evidence-Based Policy in Long-term Care

The conference aims to provide a forum for exchanging the latest international evidence on key long-term care policy topics such as how to organise, deliver, fund and regulate services. The emphasis is therefore on evaluative research with clear impact on policy. Some of the topics covered by the conference will include: long-term care economics; service commissioning; regulation;

institutional dynamics and politics; workforce and informal carers; analysis methods.

Organised by: Personal Social Services Research Unit (PSSRU)

Venue: London School of Economics and Political Science (LSE)

Location : London, England

26-29 September 2010

2010 International Meeting

Organised by: International Psychogeriatric Association - IPA

Location : Santiago de Compostela, Spain

29 September - 1 October 2010

6th Congress of the European Union Geriatric Medicine Society

Organised by: European Union Geriatric Medicine Society - EUGMS

Venue: Convention Centre Dublin

Location : Dublin, Ireland