

New Literature on Old Age

EDITOR

Gillian CrosbyVOLUME
33NUMBER
198**2009**

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AGE DISCRIMINATION

- 198/1 Age based discrimination in health and social care services; by David Oliver. British Medical Journal, vol 339, no 7722, 19 September 2009, pp 643-644. Age based discrimination in health and social care services will be against the law if the 2009 Equality Bill is enacted. The Secretary of the British Geriatrics Society (BGS) presents a few facts and figures on service usage by people aged 65+. He reaches the conclusion that health services are not uniformly "age proof and fit for purpose"; for example, conditions affecting all ages are often comparatively less well managed in older people. Age based discrimination may sometimes be justified, and the Bill does allow for this. However, the attitudes, priorities, education and training of staff must reflect older people's need to be given "respect and dignity" in treatment. (RH)
ISSN: 09598138 From : www.bmj.com

AGEING (GENERAL)

(See Also 198/70)

- 198/2 Factors associated with optimal ageing: a review of some original research; by Michael J Lewis, Anthony C Edwards, Mary Burton.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society. PSIGE Newsletter, no 107, April 2009, pp 63-71. A research team of psychologists and occupational therapists at the University of Northampton (TUON) has already made a number of contributions to the literature on factors associated with 'optimal ageing', a term they use in preference to 'successful ageing'. This article reviews TUON research programme studies, including one using Erikson's (1963) Theory of Psychosocial Development; and another exploring the role of religion in mediating a potentially traumatic event. Investigations have also been carried out at TUON on productive and leisure pursuits, pre-retirement occupation, and older people's living arrangements, to assess the relationship between these and self-rated health. An about to be published study seeks support for some of the earlier findings with a survey on retired people who are still living independently. Thus, a number of variables that are significantly associated with optimal ageing have been identified. The research programme described in this article continues, and a possible theme is intimated. (RH)
ISSN: 13603671 From : <http://www.psige.org.uk>

ANXIETY

- 198/3 Management of generalised anxiety disorder; by Sonja Kruger, John Wattis, Stephen Curran. GM (Geriatric Medicine), vol 39, no 9, September 2009, pp 505-512. Generalised anxiety disorder is common and can present in older people, often in conjunction with depressive symptoms. Pharmacological treatments have included tricyclic antidepressants, benzodiazepines and antipsychotics, but a selection of new drugs are now specifically licensed for this disorder. Psychological therapies such as cognitive behaviour therapy (CBT), and changing lifestyle factors - such as substance misuse and exercise - are also important to achieve therapeutic success. (KJ/RH)
ISSN: 0268201X From : <http://www.gerimed.co.uk>

ASSISTIVE TECHNOLOGY

- 198/4 Innovation in envisioning dynamic biomechanical data to inform healthcare and design guidelines and strategy; by Alastair Macdonald, Catherine Docherty, David Loudon, New Dynamics of Ageing Programme - NDA; Glasgow School of Art; Journey. Sheffield: New Dynamics of Ageing - NDA, 2009, 7 pp (NDA Findings 1). The method of visualising dynamic biomechanical data enables those without specialist training - both professional and lay people - to access and interpret such data. This research evaluated

an innovative way of communicating and understanding the complexity of older people's mobility problems using visualisation of objective dynamic movement data. In previous research, a prototype software tool was created, which visualises, for non-biomechanical specialists and lay audiences, dynamic biomechanical data captured from older people undertaking activities of daily living (ADLs). From motion capture data and muscle strength measurements, a 3D animated human "stick figure" was generated, on which the biomechanical demands of the activities were represented visually at the joints (represented as a percentage of maximum capability, using a continuous colour gradient from green at 0%, amber at 50% through to red at 100%). The potential healthcare and design applications for the visualisations were evaluated through a series of interviews and focus groups with older people, and health care and design professionals, and through a specialist workshop for professionals. These findings outline the merits of this cross-disciplinary approach in providing a deeper understanding to healthcare and design planning that is to older people's benefit. Initial findings were presented at a national Strategic Promotion of Ageing Research Capacity (SPARC) seminar. (RH)

From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. www.newdynamics.group.shef.ac.uk

ATTITUDES TO AGEING

198/5

Attitudes to age in Britain 2004-2008: a report of research carried out by the Centre for the Study of Group Processes, Department of Psychology, University of Kent on behalf of the Department for Work and Pensions; by Dominic Abrams, Tiina Eilola, Hannah Swift, Department for Work and Pensions - DWP; Centre for the Study of Group Processes - CSGP, University of Kent. London: Department for Work and Pensions - DWP, October 2009, 164 pp (Department for Work and Pensions Research report 599).

In the context of Britain's ageing population an important challenge is how to respond to people's assumptions and expectations about age and ageing. Attitudes to age can affect people of all ages, and involve people's views both of themselves and of others. These attitudes have important implications for individual well-being, for age equality and for social cohesion. Understanding attitudes to age is essential if we are to develop appropriate strategies for an ageing population. The evidence for this research comes from five national surveys (with a total of over 6,000 respondents) sponsored by Age Concern England (ACE) in 2004, 2006 and 2008, and by the Women and Equality Unit in 2005. These involved using in-home (Computer Assisted Personal Interviewing, CAPI) interviews with representative samples of between 1,000 and 2,000 people aged 15 years and over (except 2008, which sampled 500 people). This report presents the evidence and findings on the issues examined: age self-categorisation; perceived age prejudice; experiences of discrimination; age stereotypes; ageing as a perceived threat; the expression of age prejudice; intergenerational closeness; and regional differences in describing age. The authors highlight the implications of their findings for successful implementation of policy strategies in respect of individuals, families, business, public services and communities. (RH)

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

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

198/6

Attitudes to age in Britain 2004-2008; by Dominic Abrams, Tiina Eilola, Hannah Swift, Department for Work and Pensions - DWP. London: Department for Work and Pensions - DWP, October 2009, 4 pp (DWP Research summary).

In the context of Britain's ageing population an important challenge is how to respond to people's assumptions and expectations about age and ageing. Attitudes to age can affect people of all ages, and involve people's views both of themselves and of others. These attitudes have important implications for individual well-being, for age equality and for social cohesion. Understanding attitudes to age is essential if we are to develop appropriate strategies for an ageing population. This research analysed evidence on attitudes to age in Britain between 2004 and 2008. The data are from over 6,000 respondents to a series of five nationally representative face-to-face interview surveys. Seven issues were examined: people's self-concept of how they

identified age; perceptions of age prejudice; personal experiences of age discrimination; age stereotypes; ageing as a perceived threat; the expression of age prejudice; intergenerational closeness; and regional differences in describing age. This research summary outlines the key findings. The 164 pp full report (Research Report 599) is available to download from the website link given. (KJ/RH)

From : Website: <http://research.dwp.gov.uk/asd/asd5/trs-index.asp>

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

198/7

Vocal point: what older people have told Help the Aged; by Rita Bharaj, Dan Emerson, Help the Aged. London: Help the Aged, 2009, 20 pp.

Help the Aged launched its Vocal Point initiative in August 2007, to enhance its knowledge of older people's issues and concerns, by finding out about the experiences of the "hard-to-reach" who have contacted the charity by letter, telephone, e-mail, or at its shops and clubs. This report presents a selection of personal testimonies on themes ranging across ageism, community and neighbourhood, housing, transport and mobility, consumer issues, education, finance, and health and social care. The evidence base is being used in campaigning work, which aims to combat poverty, reduce isolation, challenge neglect, defeat ageism, and prevent future deprivation. (RH)

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

BEREAVEMENT

198/8

Bereavement and cognitive function in late-life: a review; by Suzanne Iqbal, David Gracey.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society. PSIGE Newsletter, no 107, April 2009, pp 3-14.

A critical review was carried out to investigate the impact of bereavement on cognitive functioning in older adults. Drawing on electronic databases, reference lists, and relevant journals, articles published between 1974 and January 2008 which reported on bereavement and cognitive functioning in older adults were identified. Five studies (two longitudinal and three cross-sectional) fulfilled inclusion criteria. Although valid conclusions could not be drawn due to the small sample size and other methodological limitations (e.g. differences in cohorts, ages, measures, study design), the current review tentatively revealed that bereavement (and possibly complicated grief) may have a negative impact on cognitive functioning in older adults, to which men were particularly vulnerable. High stress levels may also be associated with cognitive decline, although it is still unknown whether these effects are reversible or not. Implications for clinical practice and research are discussed. (RH)

ISSN: 13603671 From : <http://www.psige.org.uk>

BIOLOGY OF AGEING

198/9

What could advances in the biology of ageing mean for the quality of later life?; by Richard G A Faragher.

Quality in Ageing, vol 10, issue 2, June 2009, pp 30-38.

The ageing process is often discussed as though it is unique to humans. However, it can be observed throughout the plant and animal kingdoms. In every species in which it occurs, the ageing process has common traits. It is a progressive, intrinsic, cumulative and deleterious process that eventually gives rise to physiological frailty, morbidity and death. Historically, biogerontology had a slow start, but the last 10 years have seen exceptional progress in understanding both why and how ageing changes occur. As a result of this new knowledge, interventions that could produce longer, healthier human lives are close to becoming clinical realities. Unfortunately, the speed and scale of these advances is not well understood outside the relatively small community of biological gerontologists. This article reviews some of these advances for a non-specialist audience, speculates on their potential impact, and identifies current barriers to future progress. (KJ/RH)

ISSN: 14717794

BLACK AND MINORITY ETHNIC GROUPS

(See 198/115)

CARERS AND CARING

- 198/10 Life after caring: the post-caring experience of former carers; by Mary Larkin. British Journal of Social Work, vol 39, no 6, September 2009, pp 1026-1042. This qualitative study was informed by grounded theory and data were gathered primarily through semi-structured in-depth interviews with thirty-seven theoretically sampled former carers. They were all white British, lived in the East Midlands, and were predominately over sixty (68 per cent) and female (70 per cent). With the exception of one, all had cared for a close relative, 65 per cent having cared for a partner or spouse. Most of their dependants were older adults, and each case the cessation of caring had coincided with the death of the dependant. The findings showed that post-caring life for the interviewees had an identifiable trajectory with three phases: the 'post-caring void'; 'closing down "the caring time"'; and 'constructing life post-caring'. Each of these phases involved a distinct set of experiences. In addition, the study established that 70 per cent of those in the sample had cared more than once. Thus, two new concepts - 'the post-caring trajectory' and the 'serial carer' - were developed to reflect these findings. Suggestions are made about ways in which policy, practice and further research can be developed in order to ensure there is effective provision for those who have ceased caring. (KJ/RH)
ISSN: 00453102
From : <http://www.bjsw.oxfordjournals.org>

CONTINENCE

- 198/11 Privacy and dignity in continence care project: Phase 2 report, November 2009: [Attributes of dignified bladder and bowel care in nursing homes and hospital]; by Jenny Billings, Helen Alaszewski, Adrian Wagg (et al), Centre for Health Service Studies - CHSS, University of Kent; Royal College of Physicians - RCP; British Geriatrics Society - BGS. Canterbury: Royal College of Physicians - RCP, 2009, 41 pp. Although the National Service Framework for Older People (NSF) emphasises the importance of maintaining and improving care, there continues to be a problem in health and social care relating to preserving older people's dignity. The overall objectives of this 2-year project were to: identify and validate person-centred attributes of dignity in relation to continence; develop reflective guidelines for the provision of dignified care in health care settings; and produce recommendations for best practice. This report presents the findings from the second of three phases on the project. Phase 2 was in two stages, and sought to develop and refine person-centred attributes of dignity in continence care through observation and validation processes in nursing home and hospital settings. Stage 1 developed and piloted a detailed structural observation schedule for measuring the quality of care, using the attributes identified in Phase 1. Stage 2 validated the observed attributes using a semi-structured interview approach with participants. Copies of the documentation associated with interviewing are included as appendices. (RH)
From: <http://www.rcplondon.ac.uk/clinical-standards/ceeu/Current-work/Documents/Privacy-and-Dignity-in-Continence-Care-Phase-2-Report-Nov-2009.pdf>
- 198/12 Privacy and dignity in continence care project: Phase 1 report, November 2009: Attributes of dignified bladder and bowel care in hospital and care homes; by Jenny Billings, Helen Alaszewski, Adrian Wagg, Centre for Health Service Studies - CHSS, University of Kent; Royal College of Physicians - RCP; British Geriatrics Society - BGS. Canterbury: Royal College of Physicians - RCP, 2009, 41 pp. Although the National Service Framework for Older People (NSF) emphasises the importance of maintaining and improving care, there continues to be a problem in health and social care

relating to preserving older people's dignity. The overall objectives of this 2-year project were to: identify and validate person-centred attributes of dignity in relation to continence; develop reflective guidelines for the provision of dignified care in health care settings; and produce recommendations for best practice. This report presents the findings from the first of three phases on the project. Using contemporary literature, it focuses on three main areas: dignity and older people; dignity and continence; and dignity and care. The project was conducted in Camden, Islington and Kent, and residents from two nursing homes and older patients in an acute hospital per area were interviewed. Participants found defining dignity difficult, but felt that loss of dignity reduced their self-worth, particularly when subjecting oneself to embarrassing procedures. (RH)

From : <http://www.rcplondon.ac.uk/clinical-standards/ceeu/Current-work/Documents/Privacy-and-Dignity-in-Continence-Care-Phase-1-Report-Nov-2009.pdf>

DEATH AND DYING

(See 198/44)

DEMENTIA

(See Also 198/46, 198/100)

- 198/13 The concept of 'home' for people with dementia; by John Killick. Signpost, vol 13, no 3, February 2009, pp 33-35. The author has been working with people with dementia in care homes for a number of years, and in attempting to gain a rapport with them, their ideas of "home" are explored through excerpts from poems and conversations. The importance of making their experiences of life more positive than they might otherwise be. (RH)
ISSN: 13684345
From : <http://www.signpostjournal.co.uk>
- 198/14 Counting the cost: caring for people with dementia on hospital wards; by Louise Lakey, Alzheimer's Society. London: Alzheimer's Society, 2009, 54 pp. People with dementia over the age of 65 are currently using up to a quarter of hospital beds at any one time; and they also stay far longer in hospital than other people who go in for the same procedures. As well as the cost to the person with dementia, increased length of stay also places financial pressures on the National Health Service (NHS). This report provides evidence from more than 2,000 carers and nurses on the quality of dementia care provided on general wards in hospital across England, Wales and Northern Ireland. It considers the outcomes of being in hospital, and the evidence on things that go wrong in how nursing staff recognise, understand and manage unpredictable behaviour, on which nursing staff want more training. Among recommendations for improving dementia care, shortening length of stay and reducing costs are: the need for hospitals to identify a senior clinician to take the lead for quality improvement for defining the care pathway; commissioning specialist liaison older people's mental health teams; an informed and effective acute care workforce; reducing the use of antipsychotic drugs to treat people with dementia on general wards; involving people with dementia, carers, family and friends to improve person-centred care; ensuring people with dementia have enough to eat and drink; and begin to change the approach to care for people with dementia to one of dignity and respect. (RH)
From : Alzheimer's Society, Devon House, 58 St Katharine's Way, London E1W 1JX.
Website: www.alzheimers.org.uk
- 198/15 Dementia services guide; by Healthcare for London, Commissioning Support for London. London: Healthcare for London, 2009, 90 pp. This 'Dementia services guide' is underpinned by the concept of personalisation, which means that people with dementia and their carers (formal or informal) will be empowered to shape their own lives and the services they receive. An introductory section briefly explains the different

forms of dementia, its prevalence in the UK and London, projections of future need, and spending on dementia and its impact on primary care. Section 2, the integrated care pathway, is based on recommendations made in the National Dementia Strategy, 'Living well with dementia' (2009). It provides guidance about effective services, in respect of patient experience, workforce competencies and outcomes. Section 3, general hospital care pathway, relates to Objective 8 of the Strategy, improved quality of care for people with dementia in general hospitals, and identifying leadership for dementia in general hospitals, defining the care pathway for dementia there, and the commissioning of specialist liaison older people's mental health teams to work in general hospitals. Section 4, memory services, provides guidance for commissioners; and Westminster Primary Care Trust's draft commissioning specification for memory services is used as an example. (RH)

From : Healthcare for London, Portland House, Stag Place, London SW1E 5RS.
www.healthcareforlondon.nhs.uk

198/16

Dementia with Lewy bodies: a guide for general practice; by Peter McCann.
GM (Geriatric Medicine), vol 39, no 9, September 2009, pp 499-504.

Dementia with Lewy bodies (DLB) is a common form of dementia, and is named after Dr Friedrich H Lewy (1906-1959), a neurologist who worked at the laboratories of Dr Alois Alzheimer in Frankfurt, Germany, and discovered in the brains of patients microscopic spherical deposits now known as Lewy bodies. DLB remains under-diagnosed and poorly understood by most health care professionals. The general practitioner (GP) will often be the first doctor that patients or their concerned relatives see. A few fairly simple signs and symptoms (for example, fluctuating cognition and recurrent visual hallucinations) should also raise suspicions of the diagnosis. GPs can offer invaluable support and information to patients and their families, including advanced care planning. Drug treatment for the disease is limited, although useful in selected cases. A large amount of research is being conducted into this form of dementia that will hopefully lead to improved treatments. This article provides information on diagnosis, treatment, prognosis, further care of patients with DLB, and patients' societies. (RH)

ISSN: 0268201X

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

198/17

Fighting dementia; by Raconteur Media; Bupa. London: Raconteur Media.
Supplement, The Times, 17 November 2009, 16 pp.

This supplement published in association with Bupa draws together succinct articles on current knowledge, facts and figures about dementia both nationally and globally. Also discussed are the costs of care and finding a care home. (KJ/RH)

198/18

Government response to Professor Sube Banerjee's report on the prescribing of anti-psychotic drugs to people with dementia: 12 November 2009; by Department of Health - DH.: Department of Health - DH [unattributed], November 2009, 2 pp.

This response notes that for the first time, all the clinical evidence available has been brought together in a comprehensive way. There is acceptance that anti-psychotics are over-prescribed and there is evidence of people with dementia dying as a result. However, the Government accepts Professor Banerjee's conclusion that there should not be a ban on the prescribing of anti-psychotic medication to people with dementia: there will be "occasions when the use of drugs will be necessary and in the best interest of the person involved". This response also announces that the post of a new National Clinical Director for Dementia has just been advertised, and that the person appointed will report at 6-monthly intervals on progress with the recommendations and will lead a national audit (in England) on the proscripting of anti-psychotic drugs to people with dementia. (RH)

From : http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108303

198/19

Housing for people with dementia; by Melanie Henwood.
Community Care, issue 1789, 1 October 2009, pp 30-31.

How viable is it for people with dementia to live semi-independently in extra care housing? The

author reports on a literature review by Rachael Dutton for Housing 21, funded by the Joseph Rowntree Foundation (JRF). The report "'Extra Care" housing and people with dementia: a scoping review of the literature 1998-2008' highlights evidence that people with dementia living in ECH can have a good quality of life. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

198/20

Reviewing diagnostic procedures in a younger people with dementia team; by Paul Green.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society. PSIGE Newsletter, no 107, April 2009, pp 23-29.

The South West Yorkshire Mental Health NHS Trust's Younger People with Dementia Team provides specialist support to clients of the Memory Monitoring Service who are aged under 65. This paper describes the rationale for a new diagnostic pathway which was developed following the discovery that two of these clients had been inaccurately diagnosed with dementia. The factors which can lead to misdiagnosis - especially in younger adults - are explored, and a case study is included to illustrate how this issue was resolved for one particular client. Practitioners need to consider the possibility that cognitive impairment may arise from psychopathology, traumas or depression, and a multidisciplinary approach to the issue of diagnosis is required if such difficulties are to be correctly identified. A robust protocol for thorough assessment and effective collaboration between the disciplines of psychiatry, neurology, neuropsychiatry and nursing is therefore essential. (RH)

ISSN: 13603671 From : <http://www.psig.org.uk>

198/21

Sociodemographic and lifestyle risk factors for incident dementia and cognitive decline in the HYVET; by Ruth Peters, Nigel Beckett, Mariela Geneva (et al).

Age and Ageing, vol 38, no 5, September 2009, pp 521-526.

Previous studies have suggested that smoking, living alone and having a high body mass index (BMI) may increase risk of developing dementia, whereas a normal body mass index, having received education and moderate alcohol consumption may decrease risk. Dementia risk also increases with age and is thought to be higher in hypertensives. The researchers used data collected in the Hypertension in the Very Elderly Trial (HYVET), and cognitive function was assessed using the Mini-Mental State Examination (MMSE) at baseline and annually. Participants with a fall in MMSE to 24 or with a fall of 3 points in any 1 year were investigated further. The association of baseline sociodemographic, medical and lifestyle factors with incident dementia or decline in MMSE scores was assessed by regression models. Results found that incident dementia occurred in 263 of 3,336 participants over a mean follow-up of 2 years. In multivariate analyses, being underweight, BMI or obese, BMI, increased risk of incident dementia as did piracetam use. Receiving formal education was associated with a reduced risk. There was no association with smoking, alcohol and gender. Similar results were found when examining mean annual change in the MMSE score. These results for BMI and education agree with those from other studies. The increased risk associated with piracetam may reflect awareness of memory problems before any diagnosis of dementia has been made. Trial participants may be healthier than the general population and further studies in the general population are required. (KJ/RH)

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

198/22

Supporting people to live well with dementia; by Social Care Institute for Excellence - SCIE. Community Care, issue 1794, 5 November 2009, pp 30-31.

The Social Care Institute for Excellence (SCIE) explores person-centred approaches to supporting people with dementia. The article draws attention to the SCIE Dementia Gateway (www.scie.org.uk/dementia) and to four representative items for which research abstracts are provided, one of which is 'Living well with dementia: a national dementia strategy: implementation plan' (Department of Health, 2009), while another relates to the Enriched Opportunities Programme being developed by Bradford Dementia Group and ExtraCare Charitable Trust. (RH)

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

198/23 The use of antipsychotic medication for people with dementia: Time for action: a report for the Minister of State for Care Services by Professor Sube Banerjee; by Sube Banerjee, Institute of Psychiatry, King's College London; Department of Health - DH.: Electronic PDF format - Department of Health - DH, November 2009, 63 pp.
An independent report commissioned and funded by the Department of Health. In recognition of widespread concern about the over-prescription of anti-psychotic drugs, and as part of the priority being given to improving care for people with dementia, Professor Sube Banerjee was asked to undertake an independent clinical review of the use of anti-psychotic drugs. Professor Banerjee has completed his review and the Government has issued its response to his findings, available to download from the weblink given. (KJ)
From : http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108303

198/24 World Alzheimer report 2009: executive summary; by Martin Prince, Jim Jackson (eds), Alzheimer's Disease International - ADI. London: Alzheimer's Disease International - ADI, 2009, 24 pp.
On 21 September 2009, World Alzheimer's Day, Alzheimer's Disease International (ADI) released the World Alzheimer Report 2009, which presents the latest global figures indicating the scale of dementia. The report is the most comprehensive global prevalence study of dementia to date and looks at levels of mortality, disability, strain on carers and dependency. The report also offers examples of good national dementia plans and information on health service responses. Importantly, the report also includes eight recommendations that will provide a global framework for action on dementia. Additional materials that accompany the report are available to download from the ADI website (www.alz.co.uk). (KJ/RH)
From: <http://www.alz.co.uk/research/files/World%20Alzheimer%20Report%20Executive%20Summary.pdf>

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 198/61, 198/62, 198/76, 198/78)

198/25 Annual mortality of elderly residents in Malta's largest home; by P Zammit, A Fiorini, P Ferry.: International Institute on Ageing (United Nations - Malta).
BOLD, vol 19, no 3, May 2009, pp 19-22.
Mortality data for the year 2004 were analysed for the residents of the largest long-term care institution in Malta. Results compared well with other institutions worldwide where up to 50% die within 2 years of admission. Residents at St Vincent De Paule Residence (SVPR) mainly die of infections causes whilst worldwide, residents tend to die of cardiac related causes. The unreliability of death certificates has been shown in many studies and this plays a significant bias in the data collected. (RH)
ISSN: 10165177
From : <http://www.inia.org.mt>

198/26 Attitudes towards redistributive spending in an era of demographic ageing: the rival pressures from age and income in 14 OECD countries; by Marius R Busemeyer, Achim Goerres, Simon Weschle.
Journal of European Social Policy, vol 19, no 3, July 2009, pp 195-212.
This article is about the relative impact of age and income on individual attitudes towards welfare state policies in advanced industrial democracies, that is, the extent to which the intergenerational conflict supercedes or complements intragenerational conflicts. On the basis of a multivariate statistical analysis of the 1996 International Social Survey Programme (ISSP) Role of Government Data Set for 14 OECD countries, the authors find considerable age-related differences in welfare state preferences. In particular, for the case of education spending, but also other policy areas, they see that one's position in the life cycle is a more important predictor of preferences than income. Second, some countries, such as the United States, show a higher

salience of the age cleavage across all policy fields - that is, age is a more important line of political preference information in these countries than in others. Third, country characteristics matter. Although the relative salience of age varies across policy areas, the authors see a large variance across countries within one policy area. (RH)

ISSN: 09589287

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

198/27

Cancer incidence and mortality in the United Kingdom and constituent countries, 2004-06; by Susan Westlake.

Health Statistics Quarterly, no 43, Autumn 2009, pp 56-62.

On average, around 147,000 males and 146,000 females were newly diagnosed with cancer each year in the UK during 2004-2006, corresponding to an incidence rate of 414 and 356 per 100,000 respectively. Around 80,000 males and 74,000 females have died from cancer each year in the UK, corresponding to a mortality rate of 218 and 155 per 100,000 respectively. This report presents the numbers of newly diagnosed cases of cancer (incidence) and deaths from cancer (mortality) in the UK during 2004-06, together with an age-standardised incidence and mortality rates. The report covers all cancers combined (excluding the incidence of non-melanoma skin cancer) and 21 common cancers. Results are given for the UK as a whole and for England, Wales, Scotland and Northern Ireland. Numbers and age-standardised rates have been calculated as averages over the three year period 2004-2006. (RH)

ISSN: 14651645

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

198/28

Comparisons between geographies of mortality and deprivation from the 1900s and 2001: spatial analysis of census and mortality statistics; by Ian N Gregory.

British Medical Journal, vol 339, no 7722, 19 September 2009, pp 676-679.

The geographical relation between mortality and deprivation in England and Wales at the start of the 20th and 21 centuries is examined. The evidence for a strengthening or weakening of this relation over the century, and the relation between the mortality and deprivation patterns of a century ago and modern mortality and causes of death are also explored. Census and mortality data for 634 districts from the 1900s were directly compared with interpolated ward level data from 2001. There was no evidence of a significant change in the strength of the relation between mortality and deprivation between the start and end of the 20th century. Modern patterns of mortality and deprivation remain closely related to the patterns of a century ago. Even after adjustment for modern deprivation, standardised mortality ratios for the 1900s show a significant correlation with modern mortality and most causes of death. Conversely, however, there was no significant relation between deprivation in the 1900s and modern mortality for most causes of death after adjustment for modern deprivation. Despite all the medical, public health, social, economic and political changes over the 20th century, patterns of poverty and mortality and the relations between these remain firmly entrenched. There is a strong relation between the mortality levels of a century ago and those of today. This goes beyond what would have been expected from the continuing relation between deprivation and mortality, and holds true for most major modern causes of death. (RH)

ISSN: 09598138 From : www.bmj.com

198/29

Coronary heart disease mortality among young adults in Scotland in relation to social inequalities: time trend study; by Martin O'Flaherty, Jennifer Bishop, Adam Redpath (et al).

British Medical Journal, vol 339, no 7714, 25 July 2009, p 219.

Does the overall decline in coronary heart disease (CHD) mortality rates in Scotland between 1986 and 2006 differ by age and socioeconomic status? Overall (age-adjusted) coronary heart disease mortality rates have continued to decline in Scotland. However, this conceals a flattening in younger age groups, particularly the most deprived people. This is a summary of a paper that was published on bmj.com as BMJ 2009: 339:b2613, which used population data from Scotland for 1986-2006, and used the Scottish Index of Multiple Deprivation (SIMD) for 1986-2006 to categorise area level socioeconomic status. (RH)

ISSN: 09598138 From : www.bmj.com

- 198/30 Death registrations in England and Wales, 2008, causes; by Christopher Hill.
Health Statistics Quarterly, no 43, Autumn 2009, pp 68-76.
This report presents provisional numbers of deaths registered in England and Wales in 2008 by age, sex, and selected underlying cause of death. It also compares mortality rates in 2008 with those for previous years. In addition, case of death have been ranked to provide a summary of the ten leading causes of death for both males and females. Most deaths occur in the older age groups. However, this report notes that between 1998 and 2008, the largest percentage decrease in age-specific rates was in the 70-74 age group - 34% and 29% for males and females, respectively. (RH)
ISSN: 14651645
From : <http://www.statistics.gov.uk>
- 198/31 Demographic and health progress in Libya and its implications on population ageing; by Asharaf Abdul Salam, Asma Mohammed Bushaala.: International Institute on Ageing (United Nations - Malta).
BOLD, vol 19, no 3, May 2009, pp 13-18.
This review presents demographic information based on data from the United Nations and from Libya's 1995 national census. Three aspects of the country's development are examined: performance of the national health system and allied sectors; trends in fertility, mortality and life expectancy indicating acceleration in population ageing; and raising the national profile. (RH)
ISSN: 10165177
From : <http://www.inia.org.mt>
- 198/32 The lifelong mortality risks of World War II experiences; by Glen H Elder Jr., Elizabeth C Clipp, J Scott Brown (et al).
Research on Aging, vol 31, no 4, July 2009, pp 391-412.
In this longitudinal study of American veterans, the authors investigated the mortality risks of five World War II military experiences (e.g., combat exposure) and their variation among veterans in the postwar years. The male subjects (n = 854) were members of the Stanford-Terman study, and 38% served in World War II. Cox models (proportional-hazards regressions) were used to compare the relative mortality risk associated with each military experience. Overseas duty, service in the Pacific theatre, and exposure to combat significantly increased the mortality risks of veterans in the study. Individual differences in education, mental health in 1950, and age at entry into the military, as well as personality factors, made no difference in these results. In conclusion, a gradient was observed such that active duty on the home front, followed by overseas duty, service in the Pacific, and combat exposure, markedly increased the risk for relatively early mortality. Potential linking mechanisms include heavy drinking. (KJ)
ISSN: 01640275
From : <http://www.sagepub.com>
- 198/33 Predictors of mortality among a national sample of elderly widowed people: analysis of 28-year mortality rates; by Ann Bowling.
Age and Ageing, vol 38, no 5, September 2009, pp 527-530.
The original home interview survey of a random sample of (then recently) bereaved widowed people was conducted in 1985. This paper identifies predictors of mortality for this English national sample 28 years post-baseline interview. Measurements included physical, psychological, social, and socio-economic status and circumstances. Results showed that excess risk of mortality, which had been noted up to six months post bereavement among males aged 75+, had disappeared. In contrast to the author's findings up to 13 years post-bereavement in 1994, neither psycho-social factors, social circumstances nor social class independently predicted differentials in mortality when analysed up to 28 years post-bereavement. The most significant, independent predictors, up to the 28-year term, were, as would be expected, male sex, older age, poorer physical functioning, and expressed 'relief at the death of the spouse'. When the sample was split by duration of widow(er)hood, male sex and older age retained significance. The

increasing frailty of the sample overall, and reduced statistical power in split-sample analyses, may explain the loss of significance of physical functioning and 'expressed relief at the death' in the split-sample results. The psycho-social risk factors for mortality after bereavement reduce over time, although further examination of expressed relief would be worthwhile. (KJ/RH)

ISSN: 00020729

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

DEPRESSION

198/34 Dietary pattern and depressive symptoms in middle age; by Tasnime N Akbaraly, Eric J Brunner, Jane E Ferrie (et al).

British Journal of Psychiatry, vol 195, no 5, November 2009, pp 408-413.

Previous studies of diet and depression have focused primarily on individual nutrients. Using an overall diet approach, the association between dietary patterns and depression was examined. Analyses were carried out on data from 3486 participants (26.2% women, mean age 55.6) from the Whitehall II prospective cohort, in which two dietary patterns were identified: whole food (heavily loaded by vegetables, fruits and fish) and "processed" food (heavily loaded with sweetened desserts, fried food, processed meat, refined grains and high-fat dairy products). Self-reported depression was assessed 5 years later using the Center for Epidemiologic Studies - Depression (CES-D) scale. After adjusting for potential confounders, participants in the highest tertile of the whole food pattern had lower odds of CES-D depression than those in the lowest tertile. In contrast, high consumption of processed food was associated with an increased odd of CES-D depression. In middle-age participants, a processed food dietary pattern is a risk factor for CES-D depression 5 years later, whereas a whole food pattern is protective. (RH)

ISSN: 00071250

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

198/35 Interpersonal psychotherapy as a treatment for late-life depression; by Gregory A Hinrichsen. Signpost, vol 13, no 3, February 2009, pp 26-28.

This article discusses how interpersonally relevant life events may create vulnerability to depression in both older and younger adults. It reviews the structure of interpersonal psychotherapy (IPT) which has been specifically designed to reduce depressive symptoms and help improve interpersonal issues that appear to be associated with the onset of depression. It focuses on the use of IPT for treatment of common interpersonal problems among older IPT clients, and draws attention to IPT clinical research studies available through the International Society for Interpersonal Psychotherapy. (RH)

ISSN: 13684345

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

DIGNITY

(See 198/11, 198/12)

ECONOMIC ISSUES

(See 198/38)

EMPLOYMENT

(See Also 198/99, 198/107)

198/36 An ageing workforce: the employer's perspective; by Helen Barnes, Deborah Smeaton, Rebecca Taylor, Institute for Employment Studies - IES. Brighton: Institute for Employment Studies - IES, 2009, 124 pp (Report 468).

Against a widely recognised background of workforce ageing, skills shortages, an early retirement culture and the prospect of a pensions crisis, prolonging the labour market

participation of older workers has become a key policy objective in the UK. Work-life balance policies and flexible employment can provide the means of prolonging labour market engagement. Changes in retirement behaviour will therefore originate primarily from the demand side, i.e. employers' policies. This study assesses the range of schemes introduced to prevent early exit (whether voluntary or involuntary) and to facilitate the employment of staff to pension age and beyond. To what extent is a preventative framework deployed, and under what circumstances do employers struggle to be progressive? The project was designed to explore how effectively and comprehensively different types of employer (e.g. by size and sector) are responding to workforce ageing. In addition, the study set out to identify progress and ascertain where scope for improvement remains, highlighting whether, where and why employers encounter difficulties, in order to suggest policy solutions. The report focuses on recruiting older workers (including consideration of equal opportunities policies and age discrimination), and managing health and an ageing workforce. (KJ/RH)

Price: foc download only

From : Download from website: <http://www.employment-studies.co.uk/news/report.php?id=468>
IES, Sovereign House, Church Street, Brighton BN1 1UJ.

198/37

Ageing, work-related stress and health: reviewing the evidence: a report for Age Concern and Help the Aged and TAEN - The Age and Employment Network; by Amanda Griffiths, Alec Knight, Diana Nor Mohd Mahudin, Institute of Work, Health & Organisations, University of Nottingham; TAEN - The Age and Employment Network. London: TAEN - The Age and Employment Network, 2009, 34 pp.

Work-related stress is thought to be responsible for more lost working days in the UK today than any other single cause. It is becoming clear that it is also one factor affecting older workers' willingness to remain in the labour force, as well as early ill-health retirement. With an ageing population, declining dependency ratios (the number of working people per retired person), and an increasing imperative to extend working lives, it is useful to know about older people's experience of stress at work. Work-related stress is best understood as a negative emotional state which, if persistent, can lead to the development of both mental and physical illness. Anxiety, depression, cardiovascular disease and musculoskeletal disorders have been associated with the report of stress and associated poor working conditions. This review considers the age-work-stress link; the effects of work-related stress on older workers' physical health; gender differences in older workers' experience of stress; psychosocial work characteristics and stress in older workers; and stress and retirement. It discusses the gaps and shortcomings in the published research, and offers tentative suggestions for employers on how to promote the successful management of an older workforce. (RH)

From : Download from website: <http://taen.org.uk/resources/view/85>

198/38

Employment population age-share differences : an international comparison of the economic impact of population aging; by Erick Brucker.

Journal of Aging & Social Policy, vol 21, no 1, 2009, pp 17-30.

International comparisons of the economic impact of population ageing across nations can give valuable insights regarding which policies are most effective in addressing aging-related economic issues. Traditional old-age dependency ratios, by not accounting for differences in labour force participation rates, can be misleading. A new measure, the difference between an age group's share of total employment and its share of the total adult population, is developed and shown to be empirically sensitive to different policy actions. The analysis is built upon readily available and comparable International Labour Organization age-group data on population and labour force participation rates. (KJ)

ISSN: 08959420

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

198/39

Older workers in the UK: variations in economic activity status by socio-economic characteristics, household and caring commitments; by Ercilia Dini.

Population Trends, no 137, Autumn 2009, pp 11-24.

The most significant demographic trend affecting the size and composition of the labour force over the next 25 years will be the decrease in the number of people in the age group 16 to 49 and an increase in the number of people aged between 50 and 64. Increasing the participation of adults of older ages in the paid labour market is a central policy issue. There has been an increase in employment rates of women and men aged 50 to State Pension Age (SPA) in the UK since the early 1990s. However, there are differences in the economic activity status of adults of older ages across UK countries and by demographic and socio-economic characteristics, household circumstances and caring commitments. (KJ/RH)

ISSN: 03074463

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

198/40

The role of institutions and health in European patterns of work and retirement; by Axel Börsch-Supan, Agar Brugiavini, Enrica Croda.

Journal of European Social Policy, vol 19, no 4, October 2009, pp 341-358.

This article uses the Survey of Health, Ageing and Retirement in Europe (SHARE) to investigate the role of pension and social security institutions in shaping the European patterns of work and retirement. The key novelty of the article is a careful account of the health status of the respondents. The authors provide new evidence on the extent of health-adjusted 'unused capacity' in the labour force, on the institutional determinants of the pathways to retirement, and on the relationship between actual health status and receipt of disability-benefit. The authors found that institutional differences between countries explain much of the cross-national differences in work and retirement, while differences in health and demographics play only a minor role. (KJ/RH)

ISSN: 09589287

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

198/41

What does 'career' mean to people in their 60th year?: reflections, projections and interpretations by people born in the late 1940s; by Margaret Christopoulos, Valerie Bromage, International Centre for Guidance Studies - iCeGS, University of Derby; TAEN - The Age and Employment Network. London: TAEN - The Age and Employment Network, 2009, 91 pp.

This is a qualitative study based on interviews with 22 people born in 1948 and 1949. The interviewees had had employment experiences in 37 occupations; and some were employed full-time, some part-time, and others were retired at the time of interview. The aim of the research was to explore what "career" means to those approaching 60, but also to identify distinctive factors of the careers of this age group, if any. Participants considered their own careers, the careers of people older and younger than themselves, and career issues of members of the opposite gender. They discussed their individual career theories about how people make career choices and they also talked through the best and worst parts of their careers. This report describes the research aims, methodology and interviewees. As well as points already noted, the findings also cover perceptions of change and career (e.g. introduction of new technology); health and personal issues; and plans for the next few years (only two interviewees intended to continue working full time for the next few years). Employing organisations, policy makers and interested people of all ages need to consider these findings, and larger scale studies would establish their validity. (RH)

From : Download from website: <http://taen.org.uk/resources/view/103>

END-OF-LIFE CARE

198/42

Common core competences and principles for health and social care workers working with adults at the end of life to support the National End of Life Care Strategy; by National End of Life Care Programme, NHS, Department of Health - DH; Skills for Health; Skills for Care.: Electronic format, June 2009, 31 pp.

Skills for Health and Skills for Care have been working with the End of Life Care Programme (EoLCP) and the Department of Health (DH) to develop workforce competences and core principles as they relate to end of life care. This document aims to support workforce development, training and education, and in identifying learning and development needs of staff

in palliative and terminal care. The main competences are: communication skills; assessment and care planning; symptom management, maintaining comfort and well-being; advance care planning; and overarching values and knowledge. Seven principles underpin all workforce and service development, activity and delivery, irrespective of level and organisation, and concern: choices and priorities of the individual; effective, straightforward, sensitive and open communication; delivery through close multidisciplinary or interagency working; individuals, families and friends being well-informed; care being delivered in a sensitive, person-centred way; care and support to anyone affected by a person's end of life and death; and workers supported to develop knowledge, skills and attitudes. Appendices include case examples linking competences and principles to workforce development in health and social care, and a list of useful resources and internet links from specialist organisations. (RH)

From : http://www.endoflifecare.nhs.uk/eolc/files/NHS-EoLC_Core_competences-Guide-Jul2009.pdf

198/43 Developments in end-of-life and palliative care social work: international issues; by Malcolm Payne.

International Social Work, July 2009, pp 513-524.

Palliative care social work has developed primarily as a specialist health-related form of clinical social work. However, the resource-intensive modernist medicalized practice of Western countries has been culturally inappropriate elsewhere. Broader end-of-life care and community education outside healthcare settings offers opportunities to develop palliative care social work in the direction of social development practice. (KJ/RH)

ISSN: 00208728

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

198/44 Exploring preferences for place of death with terminally ill patients: qualitative study of experiences of general practitioners and community nurses in England; by Daniel Munday, Mila Petrova, Jeremy Dale.

British Medical Journal, vol 339, no 7714, 25 July 2009, pp 214-218.

Participants were 17 general practitioners (GPs) and 19 nurses (16 district nurses and 3 clinical nurse specialists) from 15 general practices in three areas of central England with differing socio-geography and participating in the the Gold Standards Framework for palliative care. Practices were selected on the basis of size and level of adoption of the framework. All interviewees bar one had experience of discussing preferred place of death with terminally ill patients. They reported that preferences for place of death frequently changed over time and were often ill defined or poorly formed in patients' minds. Preferences were often described as being co-created in discussion with the patient or, conversely, inferred to the health professional without direct questioning or receiving a definitive answer from the patient. The inherent uncertainty challenged the practicability, usefulness, and value of recording a definitive preference. The extent to which the assessment of enabling such preferences can be used as a proxy for the effectiveness of palliative care delivery is also limited by this uncertainty. Generally, interviewees did not find discussing preferred place of death an easy area of practice, unless the patient broached the subject or fed the discussions. Further research is needed to enable development of appropriate training and support for primary care professionals. Better understanding of the importance of place of death to patients and their carers is also needed. (RH)

ISSN: 09598138

From : www.bmj.com

EXERCISE

(See Also 198/130)

198/45 Effects of a physiotherapy and occupational therapy intervention on mobility and activity in care home residents: a cluster randomised controlled trial; by Catherine M Sackley, Maayken E van den Berg, Karen Lett (et al).

British Medical Journal, vol 339, no 7722, 19 September 2009, pp 670-673.

A 3-month physiotherapy and occupational therapy programme with care home residents of care homes within the NHS South Birmingham PCT and the the NHS Birmingham East and North PCT had no significant effect on their mobility and independence. Participants allocated to the intervention were 128 residents (mean age 86) at 12 nursing and residential homes; 121 residents (mean age 84) at 12 other homes were allocated to the control arm. All had mobility limitations, limitations in activities of daily living (ADLs) as screened by the Barthel index, and were not receiving end of life care. Notwithstanding the main finding, the variation in residents' functional ability, the prevalence of cognitive impairment, and the prevalence of depression were considerably higher in this sample than might be expected on the basis of previous work. Further research to clarify the efficacy of occupational therapy and physiotherapy is required if access to therapy services is to be recommended in this population. (RH)

ISSN: 09598138 From : www.bmj.com

EXTRA-CARE HOUSING

198/46

'Extra Care' housing and people with dementia: what do we know about what works regarding the built and social environment, and the provision of care and support?: summary of findings from a scoping review of the literature 1998-2008 on behalf of the Housing and Dementia Research Consortium; by Rachael Dutton, Housing 21 - Dementia Voice; Housing and Dementia Research Consortium (HDRC).: Care Services Improvement Partnership (electronic), May 2009, 30 pp.

Most of the research evidence relating to people with dementia in extra care settings originates in the US (commonly known there as apartment-style assisted living); and findings have highlighted the importance of person-centred care, developing staff knowledge and expertise, and partnership or joint working. The present scoping review of the literature was commissioned by the Housing and Dementia Research Consortium (HDRC) with funding from the Joseph Rowntree Foundation (JRF). The aim was to identify published and grey literature from 1999 to March 2009 relating to these elements: design and use of the built environment; facilities, furnishings and equipment; care, support and therapeutic services; organisation and management; and outcomes in relating to health, well-being, policy and cost. This summary presents key findings regarding the prevalence of dementia in extra care settings and the suitability of extra care for people with dementia. It notes messages from current evidence and identifies evidence gaps for these, also themes including: activities; assistive technology; comparisons with other types of settings and care; cost-effectiveness; end of life in extra care; Home for Life and length of tenancy; integration versus dementia specialist models; impact of care, services and facilities; and prevalence of management of psychosocial and behavioural symptoms. A full report (116 pp) is also available (see <http://www.housing21.co.uk/corporate-information/housing-21-dementia-voice/research/>). ((RH) From : <http://www.housing21.co.uk/corporate-information/housing-21-dementia-voice/research/>

198/47

Developing social well-being in new extra care housing; by Lisa Callaghan, Ann Netten, Robin Darton, Personal Social Services Research Unit - PSSRU, University of Kent; Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation - JRF.

Findings, November 2009, 4 pp (Ref: 2419).

Extra care schemes provide care and support so that older people can live independently. They also aim to prevent residents feeling isolated by providing opportunities for social interaction. These findings summarise research which examined how social well-being developed in 15 new-build housing schemes supported by the Department of Health (DH) Extra Care Housing Funding Initiative. While the study by researchers at the Personal Social Services Research Unit (PSSRU) suggests that extra care housing can provide an environment that supports social well-being, the findings indicate that the relationship between different aspects of such schemes is more complicated. The full report, 'The development of social well-being in new extra care housing schemes' is also published by the Joseph Rowntree Foundation (JRF) and is available as a free download (at www.jrf.org.uk). (RH)

ISSN: 09583084 From : <http://www.jrf.org.uk/sites/files/jrf/care-and-well-being-summary.pdf>

FAMILY AND INFORMAL CARE

198/48 The myth of welfarism crowding out family in old age: the Danish experience; by George W Leeson.

Hallym International Journal of Aging, vol 11, no 1, 2009, pp 33-48.

This article discusses the extent and content of social and familial networks in conjunction with formal public service support systems for older people in Denmark. A substitution hypothesis would imply that the comprehensive levels of welfare state service and support provision in old age crowd out other social and family help and support. A supportive hypothesis, however, would imply that these comprehensive levels of welfare provision release family resources, which would otherwise be denied under the burden of care, resulting in family resources complementing those of the welfare state. The article presents some findings from the Danish Longitudinal Future Study's third phase carried out in 2002, which comprises interviews with 1615 persons in the four generations aged 45-49, 55-59, 65-69, and 75-79 years. While the public services remain the cornerstone of expectations in Denmark, the analyses reveal that the family is an important supportive institution across the generations. There is support from the results for a supportive hypothesis suggesting that social and familial networks and welfare state service providers support rather than suppress each other. However, there is also evidence that welfare orientation decreases in younger generations. (KJ/RH)

ISSN: 15356523

From : <http://baywood.com>

198/49 Risk factors and family support for limitations in ADL among older people in urban China; by Yi Liu, Keming Yang.

Hallym International Journal of Aging, vol 11, no 1, 2009, pp 13-32.

Caring for older people has become a particularly demanding task for China, not merely because of the increasing percentage of them but also because of the migration of the younger generations for employment, changing living arrangements, and lagging provision of supportive services. As much of the burden remains on the shoulders of family members, the aim was to discover who the primary caregiver is in the family for a particular activity of daily living (ADL). To set up the background, the authors examined the prevalence of ADL needs among older people living in urban areas and analysed the effects of some risk factors on the probability of requiring help. The data come from the urban sample of Survey for the Support System for the Elderly in China (SSSE), supplemented by those from the Survey of the Aged Population in China (SAP). Results from cross-tabulation and logistic regression analyses show that instrumental ADL needs are much more prevalent than basic ADL needs, that age and health conditions are highly significant risk factors, and that a spouse is the primary caregiver across all activities. Future research therefore needs to focus on instrumental ADL needs, and the support by spouse must be taken into account before that by adult children is considered. (KJ/RH)

ISSN: 15356523 From : <http://baywood.com>

GOVERNMENT AND POLICY

198/50 Voice of Older People annual report 2008/09; by Joan Bakewell, Government Equalities Office - GEO. London: Government Equalities Office - GEO, 16 November 2009, 32 pp.

The author was appointed in November 2008 as the Government's czar, the Voice of Older People. This is Dame Joan's first annual report based upon the responses she has experienced during the past year from letters, encounters, meetings and seminars attended. It details what has been done to raise the profile of these concerns and includes Government initiatives that support older people. The main issues that have emerged during the past year are covered in the report: domiciliary care; council tax; public lavatories; modern technology; NHS treatment and end of life care; retirement age; pensions (including those for expatriates); and sheltered housing and care homes. (KJ)

From : Download from website: <http://www.equalities.gov.uk/default.aspx?page=1428>

GRANDPARENTS

- 198/51 Rethinking family life: exploring the role of grandparents and the wider family; by Grandparents Plus. London: Grandparents Plus, March 2009, 47 pp.
Grandparents Plus believe that we need to recognise, value and support the role of grandparents and the wider family, on which this report brings together evidence. This report aims to demonstrate the significance of grandparents' contribution to family life, something which is often taken for granted and is little understood. It looks at the growth of grandparental childcare; and presents evidence that grandparents of working age should have access to flexible working. It considers examples of grandparents providing family support and kinship care, and as influencers. Their role in the wider intergenerational contract is considered in the current debate about social care reform. (RH)
From : Grandparents Plus, 18 Victoria Park Square, Bethnal Green, London E2 9PF.
http://www.grandparentsplus.org.uk/publications_files/RethinkingFamilyLife.pdf

HEALTH CARE

(See Also 198/55)

- 198/52 Heat waves and dehydration in the elderly; by Marcel G M Olde Rikkert, René J F Melis, Jurgen A H R Claassen.
British Medical Journal, vol 339, no 7713, 18 July 2009, pp 119-120.
Recognising the early warning signs can save lives, since the main causes of death in periods of unexpectedly warm weather are dehydration, heat-related morbidity (heat stress, heat exhaustion, hyperthermia, heat syncope, and heat-stroke), cardiovascular events, renal failure, delirium complications, and respiratory diseases. This short article reviews the evidence on dehydration, its effects on older people's ability to function, and preventive measures. (RH)
ISSN: 09598138 From : www.bmj.com
- 198/53 Overdiagnosis in publicly organised mammography screening programmes: systematic review of incidence trends; by Karsten Juhl Jorgensen, Peter C Gotzsche.
British Medical Journal, vol 339, no 7714, 25 July 2009, pp 206-209.
A systematic review of published trends in incidence of breast cancer before and after the introduction of mammography screening was conducted using PubMed (April 2007). One author extracted data on incidence of breast cancer (including carcinoma in situ), population size, screening uptake, time periods and age groups, which were checked independently by the other author. Linear regression was used to estimate trends of incidence both before and after the introduction of screening and in older, previously screened women. Meta-analysis was used to estimate the extent of overdiagnosis. Incidence data covering at least 7 years before screening and 7 years after screening had been fully implemented, and including both screened and non-screened age groups, were available from: the UK; Manitoba, Canada; New South Wales (NSW), Australia); Sweden; and parts of Norway. The implementation phase with its prevalence peak was excluded and adjustment made for changing background incidence and compensatory drops in incidence in older, previously screened women. Overdiagnosis was estimated at 52% (95% confidence interval 46% to 58%). Data from three countries showed a drop in incidence as the women exceeded the age limit for screening, but the reduction was small and the estimates of overdiagnosis was compensated for in this review. One in three breast cancers detected in a population offered organised screening is overdiagnosed. (RH)
ISSN: 09598138 From : www.bmj.com

HEALTH SERVICES

(See Also 198/126)

- 198/54 Equity, waiting times, and NHS reforms: retrospective study; by Zachary N Cooper, Alistair McGuire, S Jones (et al).

British Medical Journal, vol 339, no 7722, 19 September 2009, pp 673-675.

The numbers of days waited from referral to surgery from 1997 to 2007 in the National Health Service (NHS) in England were measured for 427,277 patients who had elective knee replacement surgery, 406,253 who had elective hip replacement, and 2,568,318 who had elective cataract repair. The distribution of changes in waiting times between socioeconomic groups (based on the Carstairs index of deprivation) were also analysed as an indicator of equity. Mean and median waiting times rose initially and then fell steadily over time. By 2007, variation in waiting times across the population tended to be lower. In 1997, waiting times and deprivation tended to be positively related. By 2007, the relation between deprivation and waiting times was less pronounced, and, in some cases, patients from the most deprived fifth were waiting less time than those from the most advantaged fifth. Many people had feared that the Government's NHS reforms would lead to inequity, but inequity with respect to waiting times did not increase; if anything, it decreased. Although proving that the later stages of these reforms - which included patient choice, provider competition and expanded capacity - were a catalyst for improvements in equity is impossible, the data show that these reforms, at a minimum, did not harm equity. (RH)

ISSN: 09598138

From : www.bmj.com

198/55

HIV infection in older people; by Kelly A Gebo.

British Medical Journal, vol 338, no 7709, 20 June 2009, pp 1455-1456.

Mortality is higher in older people living with HIV than in younger people. Increased longevity as a result of highly active antiretroviral therapy (HAART) raises new questions about the best treatment for HIV. This short article reviews evidence on the side effects of HAART and on comorbidity problem of older people with HIV. (RH)

ISSN: 09598138

From : www.bmj.com

198/56

Inequalities in reported use of breast and cervical screening in Great Britain: analysis of cross sectional survey data; by Kath Moser, Julietta Patnick, Valerie Beral.

British Medical Journal, vol 338, no 7709, 20 June 2009, pp 1480-1484.

The relation between women's reported use of breast and cervical screening and socio-demographic characteristics are investigated using data from 3185 women aged 40-74 interviewed in the National Statistics Omnibus Survey 2005-2007. 91% of the women aged 40-74 reported having had a cervical smear, and 93% aged 53-74 reported having had a mammogram; 3% had never had either breast or cervical screening. Women were significantly more likely to have had a mammogram if they lived in households with cars (compared with no car), and in owner occupied housing (compared with rented housing), but no significant differences by ethnicity, education, occupation, or region were found. For cervical screening, ethnicity was the most important predictor; white British women were significantly more likely to have had a cervical smear than were women of other ethnicity. Uptake of cervical screening was greater among more educated women but was not significantly associated with cars, housing tenure, or region. Some inequalities exist in the reported use of screening, which differs by screening type; indicators of wealth were important for breast screening and ethnicity of cervical screening. The routine collection within general practice of additional sociodemographic information would aid monitoring of inequalities in screening coverage and inform policies to correct them. (RH)

ISSN: 09598138

From : www.bmj.com

198/57

An integrated model for defining the scope of psychogeriatrics: the five Cs: guest editorial; by Joel Sadavoy.

International Psychogeriatrics, vol 21, no 5, October 2009, pp 805-812.

Psychogeriatrics is a specialty defined by its many contrasts and complexities. Over-reliance on biological models sometimes artificially narrows the breadth and content of psychogeriatric research, educational programmes, service delivery and management models to the detriment

of patient care. This guest editorial proposes a conceptual model that defines the scope of the field and provides a structure that overlays standard approaches to diagnosis and formulation. Five key defining elements of psychogeriatrics - the five 'Cs' - are explored: complexity, chronicity, comorbidity, continuity and context. (KJ/RH)

ISSN: 10416102

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

198/58

Review of the evidence for a colorectal cancer screening programme in elderly people; by Catherine Quarini, Margot Gosney.

Age and Ageing, vol 38, no 5, September 2009, pp 503-508.

Colorectal cancer is a major public health issue, contributing to 16,000 UK deaths per year, most of these in the older population. A new NHS screening programme for colorectal cancer in people over 60 is being introduced across the country throughout 2009. The aim of this research was to review the current literature on colorectal cancer screening and determine how much of the evidence for screening is applicable to older people. MEDLINE database was searched for articles published between 1990 and 2007, using search terms of colorectal neoplasms, mass-screening, faecal occult blood, colonoscopy and sigmoidoscopy. Articles for inclusion were limited to those in English and those including older adults. The results showed that evidence for colorectal cancer screening in general has been well researched. However, little was found specifically on screening for older people, or looking at the different benefits and limitations in older people compared to younger people. Very few health agencies suggested an upper age limit for screening. There is very little research on screening for colorectal cancer specifically in older people, although many health authorities advise such screening. The health needs of an older population are different to those of middle-aged people, and at present the screening programmes do not appear to reflect this. (KJ/RH)

ISSN: 00020729

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

HOME CARE

198/59

The future of homecare: responding to older people's needs; by Caroline Bernard, Counsel and Care; Ceretas (formerly British Association of Domiciliary Care Officers - BADCO). London: Counsel and Care, October 2009, 19 pp.

This paper follows on from discussion at a Ceretas and Counsel and Care roundtable meeting held on 8 July 2009, which was attended by 22 people from across the care sector. The roundtable established the need to look at homecare "in the round", placing it in the wider context of community care. The paper covers the current state, quality and future of homecare. It comments on how these recent social care policy papers relate to the subject: the "Putting People First" concordat; the Commission for Social Care Inspection's 'Cutting the cake fairly' (CSCI); the 2009 Green Paper 'Shaping the future of care together'; the national dementia strategy, 'Living well with dementia'; and 'Time to care?' (CSCI). Its recommendations for responding to older people's needs include: listening to what older people say; making a review of council homecare charging a priority; delivering the social care workforce strategy; and having a seamless link between homecare and residential care. In light of which, the Green Paper should include questions about the future of homecare. (RH)

Price: FOC download

From : Counsel and Care, Twyman House, 16 Bonny Street, London NW1 9PG. www.counselandcare.org.uk

HOSPICE CARE

198/60

Hop on the bus: [mobile hospice in Essex]; by Vern Pitt.

Community Care, issue 1796, 19 November 2009, pp 30-31.

Farleigh Hospice set up the Hospice Outreach Project (HOP) following loss of premises rented from the local primary care trust (PCT) in Braintree. This article describes how a mobile hospice is taking end-of-life care into the community in Essex, providing information, counselling,

support, a point of access, and most recently, bereavement support groups. HOP has made the Hospice more "visible", resulting in a 15% increase in general practitioner (GP) referrals. (RH)
ISSN: 03075508
From : www.communitycare.co.uk

HOSPITAL SERVICES

(See Also 198/14, 198/90)

- 198/61 Deaths involving Clostridium difficile: England and Wales, 2008; by Jane Carter.
Health Statistics Quarterly, no 43, Autumn 2009, pp 43-47.
The number of death certificates in England and Wales mentioning Clostridium difficile (C difficile) fell by 29% between 2007 and 2008 to 5,391, after increasing every year since records began in 1999. This report presents the latest figures from the Office for National Statistics (ONS) database of deaths where C difficile was mentioned as a contributory factor. It includes provisional figures for 2008 (based on provisional deaths registrations for 2008) and updates rates for 2007 (based on mid-year population estimates for 2007). This report notes that rates of death involving C difficile were highest in the 85 and over age group, with 2331 and 2331 deaths per million for males and females respectively, while for those aged under 45 it was 1 death per million. Figures for 2004 to 2007 are provided for comparison purposes. Provisional mortality rates for 2008 have been calculated using the population projections for 2008, as population estimates are not yet available. (RH)
ISSN: 14651645
From : <http://www.statistics.gov.uk>
- 198/62 Deaths involving MRSA: England and Wales, 2008; by Jane Carter.
Health Statistics Quarterly, no 43, Autumn 2009, pp 38-42.
The number of death certificates in England and Wales mentioning MRSA (methicillin resistant Staphylococcus aureus) infection fell by 23% between 2007 and 2008 to 1,230. This report presents the latest figures from the Office for National Statistics (ONS) database of deaths where MRSA was mentioned as a contributory factor. It includes provisional figures for 2008 (based on provisional deaths registrations for 2008) and updates rates for 2007 (based on mid-year population estimates for 2007). Figures for 2004 to 2007 are provided for comparison purposes. This report notes that rates of death involving MRSA during the period 2004-2008 were highest in the 85 and over age group, with 659 and 326 deaths per million for males and females, while for those aged under 45 it was 1 death per million. Provisional mortality rates for 2008 have been calculated using the population projections for 2008, as population estimates are not yet available. (RH)
ISSN: 14651645
From : <http://www.statistics.gov.uk>
- 198/63 The patient journey: where has all the care gone?; by Monica Dennis.
The Journal of Adult Protection, vol 11, no 2, May 2009, pp 32-39.
This paper presents a personal perspective from a carer about her mother's experience of care in hospital following a stroke. It identifies areas where care could be improved for patients families and carers: communication with and between clinicians, the assessment process, and dignity. (KJ/RH)
ISSN: 14668203
From : Website: <http://www.pavpub.com>
- 198/64 Working together to prevent and control infections: A study of the arrangements for infection prevention and control between hospitals and care homes; by Care Quality Commission CQC. London: Care Quality Commission - CQC, September 2009, 44 pp.
Infection prevention and control is not simply an issue for hospitals - many infectious diseases can spread within care homes, where large numbers of people, many of whom may be susceptible to infection, share living accommodation. Infection can be a major cause of illness among

residents of care homes, which can result in them being admitted to hospital. For people living in care homes in some developed countries, infection is a common cause of hospitalisation. People can enter care homes colonised with organisms acquired in hospital that are resistant to antibiotics. These homes can then become 'reservoirs' of infection. This, and the fact that many people living in care homes have frequent contact with healthcare services, has created a 'revolving door' situation, where people are readmitted to hospital for conditions that could be managed within a care home. Programmes for preventing and controlling infections are important in hospitals and care homes and they should address the complex care services provided. However, little is known about the impact of these programmes in care homes. From 1 April 2010, all NHS healthcare providers will be required to comply with the requirements of the Health and Social Care Act 2008 (Registration Requirements) Regulations 2009 and to follow the requirements contained in the Care Quality Commission's guidance about compliance and the Department of Health's Code of Practice related to infection prevention and control. By October 2010, all care homes and independent providers of healthcare will be registered against the same regulatory requirements. The research carried out for this study aimed to answer five key questions that were designed to provide information on how well service providers were prepared for the proposed changes in regulation. Key findings are given and recommendations are made. The CQC will develop an action plan to take forward the recommendations of this report with relevant stakeholders. (KJ)

Price: foc

From: http://www.cqc.org.uk/_db/_documents/Working_together_to_prevent_and_control_infections.pdf

HOUSING

(See Also 198/19, 198/120, 198/130)

- 198/65 HAPPI Newsletter: editions in stock: 1 (July), 2, 3, 4; by Housing our Ageing Population : Panel for Innovation - HAPPI, Homes and Community Agency - HCA.: Housing our Ageing Population : Panel for Innovation - HAPPI.
HAPPI Newsletter, 2009 no 1 - no 4, 2009.
HAPPI has been established in 2009 by the Homes and Community Agency, (HCA), on behalf of the Department of Health (DH) and the Department of Communities and Local Government (DCLG), in response to the Government's recent Lifetime Homes, Lifetime Neighbourhoods strategy, a policy which called for " ... a new positive vision ... somewhere that more people aspire to live in later life and which will match their lifestyles." The Panel is tasked with examining the question: 'What further reform is required to ensure that new housing meets the needs and aspirations of the older people of the future?' Lord Best OBE is Chair of HAPPI. Findings are to be reported to a Ministerial Advisory Group, and disseminated in published material. HAPPI is supported by a consultant team comprising Pollard Thomas Edwards Architects, Levitt Bernstein Associates, and Design for Homes. This newsletter is available online through contact, with HCA as Secretariat for HAPPI. The final newsletter is number 4. (KJ/RH)
From : Website: <http://www.homesandcommunities.co.uk>
Email: happi@ptea.co.uk
- 198/66 A housing manifesto: key messages from older people; by Care & Repair England. Nottingham: Care & Repair England, 2009, 4 pp.
Care & Repair England has asked older people across the country what is important about housing in older age. This leaflet summarises the key messages given. Practical housing help and homes designed for all ages are key to living independently and well in older age. (KJ/RH)
From : Download from website: www.careandrepair-england.org.uk
- 198/67 Time to adapt: home adaptations for older people: the increase in need and future of state provision; by Sue Adams, Mike Ellison, Care & Repair England. Nottingham: Care & Repair England, 2009, 49 pp.

This report sets out the key policy and practice issues that are arising as a consequence of an increasing older population, rising disability levels, the growth in owner occupation (particularly amongst lower income groups), and the availability of statutory help with home adaptations. It analyses key demographic, health, disability and housing trends, and estimates possible future need for adaptations and related financial help. Emerging practice and policy issues are discussed and the challenge ahead set out. (KJ/RH)

From : Care & Repair England, The Renewal Trust Business Centre, 3 Hawksworth Street, Nottingham NG3 2EG.

Download from website: www.careandrepair-england.org.uk

INCOME AND PERSONAL FINANCE

(See Also 198/120)

198/68 Income, wealth and financial fragility in Europe; by Dimitrios Christelis, Tullio Jappelli, Omar Paccagnella (et al).

Journal of European Social Policy, vol 19, no 4, October 2009, pp 359-376.

The article examines the distribution of income and wealth among the generation of Europeans aged 65 and over, using data drawn from the first wave of the Survey of Health, Ageing and Retirement in Europe (SHARE). It looks at how cross-country comparisons of income, wealth and debt are affected by differences in purchasing power, household size and taxation, and shows that some seemingly wide international differences appear less so when the proper adjustments are made. The article reveals wide differences in income, wealth and indebtedness of older households in Europe, and provides background information on social issues such as the adequacy of savings at retirement, and older people's financial fragility. (KJ/RH)

ISSN: 09589287

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

INEQUALITY

198/69 Educational level and changes in health across Europe: longitudinal results from SHARE; by Mauricio Avendano, Hendrik Jürges, Johan P Mackenbach.

Journal of European Social Policy, vol 19, no 4, October 2009, pp 301-316.

Cross-national, longitudinal data from SHARE (the Survey of Health, Ageing and Retirement in Europe) are used to explore the impact of educational level on changes in health outcomes among Europeans aged over 50. Analyses are performed separately for Northern, Western and Southern Europe, as these regions broadly represent different welfare state regimes. The authors found that low education is associated with higher incident events - over a two-year period - of poor health, chronic diseases and disability, but it is less consistently associated with new events of long-standing illness. Net of behavioural risk factors, educational effects are more consistent in Western and Southern Europe than in the Nordic welfare states. In Northern Europe, lower education is associated with less financial and employment disadvantage than in Southern or Western Europe. After controlling for educational differences in these factors, effects of educational level on health deterioration remain significant for most outcomes in Western and Southern Europe, whereas they are weaker and non-significant after adjustment in Northern Europe. (KJ/RH)

ISSN: 09589287

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

198/70 Population ageing: the implications for society: the living tapestry; by Paul Cann.

Quality in Ageing, vol 10, issue 2, June 2009, pp 39-46.

The dramatic ageing of societies will not be addressed successfully by generalised policies for all older people, but by concerted action to tackle major inequalities in income, health and well-being and social inclusion. Such approaches must form part of a life course strategy which deals with disadvantages owing to gender, ethnicity and socio-economic origins, and uses mid-life and retirement as windows of opportunity. Paradoxically, the current economic

difficulties cause the right conditions for a new drive to reduce unequal ageing. A concordat is needed across state, business, voluntary sector and media if it is to be a realistic possibility.

(KJ/RH)

ISSN: 14717794

INFORMATION

198/71

Library services for older people: good practice guide; by Margaret Sloan, John Vincent. Nadderwater, Exeter: The Network, 2009, 54 pp.

There is an opportunity for libraries to be at the forefront of work with the largest growing section of the population. This good practice guide has been funded by the Department of Health (DH). It provides policy background, identifying some key documents; and suggests the main elements in developing a strategy for library services to older people. It discusses "practicalities" pertinent to working with older people as valued customers. It provides case studies and examples of good practice on aspects of work by individual public library services and a checklist to help with progress in developing services for older people. (RH)

From : http://www.seapn.org.uk/content_files/files/library_services___good_practice_guide_1336795.pdf

INTERNATIONAL AND COMPARATIVE

(See 198/25, 198/31, 198/38, 198/40, 198/48, 198/49, 198/68, 198/75, 198/86, 198/99, 198/101, 198/103, 198/123, 198/124)

LEGAL ISSUES

(See 198/83)

LIFE-LONG LEARNING

198/72

Enhancing informal adult learning for older people in care settings: interim report and consultation document; by Fiona Aldridge, Department for Business Innovation and Skills - BIS; NIACE - National Institute of Adult Continuing Education. Leicester: NIACE, 2009, 31 pp (The learning revolution).

In early 2009, the Department for Innovation, Universities and Skills (DIUS) published its White Paper on informal adult learning, 'The learning revolution' (Cm 7555). This interim report and consultation document gives an account of progress to date on working with older people - particularly in care settings - to encourage informal and lifelong learning. The projects described variously use music, reading groups, learning to use computers, or generally to provide stimulating activities. (RH)

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

198/73

Learning through life: summary; by Tom Schuller, David Watson, Inquiry into the Future for Lifelong Learning - IFLL, NIACE - National Institute of Adult Continuing Education. Leicester: NIACE, 2009, 13 pp.

The Inquiry into the Future for Lifelong Learning was set up in 2007 as an independent Inquiry sponsored by NIACE, the National Institute of Adult Continuing Education. 'Learning through life' is the Inquiry's main report, and this summary outlines how the current system of lifelong learning has failed to respond to the major demographic challenge of an ageing society. The analysis is informed by studies of lifelong learning expenditure and participation. The summary details the Inquiry's ten recommendations, the first being base lifelong learning policy on a new model of the educational life course, with four key stages (up to 25, 25-25, 50-75, 75+), followed by rebalance resources fairly and sensibly across the different life stages. The other recommendations are: build a set of learning entitlements; engineer flexibility: a system of credit and encouraging part-timers; improve the quality of work; construct a curriculum framework for citizens' capabilities; broaden and strengthen the capacity of the lifelong learning workforce; (8

and 9) revive local responsibility ... within national frameworks; and make the system intelligent. The 30 supplementary papers that are available for download from the Inquiry website (www.lifelonglearninginquiry.org.uk) are listed. (RH)

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

Full report from: <http://shop.niace.org.uk>

LONG TERM CARE

198/74

Older people's vision for long-term care; by Helen Bowers, Angela Clark, Gilly Crosby (et al), Independent Living Committee, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, November 2009, 58 pp.

Older people with significant support needs constitute a large and growing sector of our population. Recent developments in independent living have been slow to respond to the needs and aspirations of older people, whose voices are rarely heard. There is a strong case for fundamental change in long-term care, based on older people's vision for a good life. This report presents important messages from a research project exploring older people's experiences of living with high support needs, commissioned by the Joseph Rowntree Foundation and undertaken by the Older People's Programme and the Centre for Policy on Ageing. The research involved a scoping study; a series of discussions with older people, their families and professionals; synthesis of key messages with a diverse advisory group; local feedback; and a national 'sounding board' event to identify the key messages to be shared.

The report recommends a multifaceted change programme to enable this vision to be achieved for individuals and their families; for local populations; and at a national policy and societal level. (KJ)

Price: foc (download)

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. <http://www.jrf.org.uk/sites/files/jrf/older-people-vision-for-care-full.pdf>

198/75

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, June 2009, 57 pp (Working paper, no DHP 2318).

During 2008 and 2009, the Department of Health (DH) conducted a major review into the funding of, and future strategy for, adult social care, in preparation for a Green Paper ('Shaping the future of care together', Cm 7673, July 2009). The review was also tasked with considering whether funding and service delivery arrangements should be the same for everyone with care and support needs or vary according to type of need. This paper reports on the experiences of five countries (Germany, the Netherlands, Denmark, Australia and Japan) in reforming their arrangements for funding and delivering long-term care. For each country, it presents background and context, and outlines current or recent debates and reforms. In the case of Germany, the design of the its long-term care insurance scheme's cost-containment measures and funding pressures are noted. None of the five countries has, or is considering developing for the future, private, long-term care insurance. Moreover, nor are individuals' assets or housing equity used for funding long-term care. Lessons for the reform of care and support in England are discussed. (RH)

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>

LONG TERM CONDITIONS

(See 198/100)

LONGEVITY

198/76

Effect of parental age at birth on the accumulation of deficits, frailty and survival in older adults; by Ruth E Hubbard, Melissa K Andrew, Kenneth Rockwood. Age and Ageing, vol 38, no 4, July 2009, pp 380-384.

Parental age after conception may affect life expectancy. Adult daughters of older fathers appear to live shorter lives and, in this study, being born to a mother aged 25 was an important predictor of exceptional longevity. The effect of parental age on fitness or frailty is unknown. The authors aimed to investigate the relationships between parental age and frailty and longevity in older adults. In the Canadian Study of Health and Aging (CSHA), data were collected on individuals aged 65+ using a Self Assessed Risk Factor Questionnaire and screening interview. In this secondary analysis, 5122 participants had complete data for parental age, frailty status and 10-year survival. Parental age was divided into three groups with cut-offs at 25 and 45 for fathers and 25 and 40 for mothers. Frailty was defined by an index of deficits. Survival was analysed using Kaplan Meter curves and Cox regression with analyses adjusted for subject's age, sex and age of the other parent. Mean maternal age at subject's birth was 29.2 years (standard deviation, SD 6.8) and mean paternal age 33.3 years (SD 7.8). There was no effect of maternal or paternal age on survival for either sons or daughters. Similarly, there was no association between parental age and subject frailty in old age. Thus, the authors did not identify an association between parental age and frailty or longevity in CSHA participants. (RH)

ISSN: 00020729

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

198/77

In the balance: silver tsunami or longevity dividend?; by Daniel P Perry.

Quality in Ageing, vol 10, issue 2, June 2009, pp 15-22.

While still early in the 21st century, nations are experiencing an unprecedented rise in people living into their 80s, 90s, and even longer. Many national leaders view with alarm a possible tidal wave of chronic age-related disease and disability. Competing scenarios predict insurmountable social and economic stress; or alternatively, a future in which older people continue to function and contribute during extended healthy years of life made possible by scientific and medical advances. The latter vision, termed the 'longevity dividend', is discussed in terms of strategies for achieving this goal. (KJ/RH)

ISSN: 14717794

198/78

The relationship between longevity and healthy life expectancy; by Jean-Marie Robine, Yasuhiko Saito, Carol Jagger.

Quality in Ageing, vol 10, issue 2, June 2009, pp 5-14.

What is the relationship between longevity and health? Health expectancies were developed more than 30 years ago specifically to answer this question. It may therefore be the time to try to answer this question, though it is worth noting that the question implies a unidirectional relationship. Almost no one questions the positive association between health and longevity. It is expected that healthy, robust people will live, on average, longer than frail people. This heterogeneity in terms of robustness or frailty may explain the shape of the mortality trajectory with age, i.e., the oldest old seem to follow a lower mortality schedule (Vaupel et al, 1979). On the other hand, many people wonder about the relationship between longevity and health. Are we living longer because we are in better health? Are we living longer in good health? Or are we merely surviving longer whatever our health status? In other words, can we live in good health as long as we can survive? And this is exactly the purpose of health expectancies: monitoring how long people live in various health statuses (Sanders, 1964; Sullivan, 1971; Robine et al, 2003a). (KJ/RH)

ISSN: 14717794

MEDICAL ISSUES

(See Also 198/58, 198/84, 198/94)

198/79

Lifestyle interventions for knee pain in overweight and obese adults aged 45 or over: economic evaluation of randomised controlled trial; by Garry R Barton, Tracey H Sach, Claire Jenkinson (et al).

British Medical Journal, vol 339, no 7721, 12 September 2009, pp 610-612.

The cost-effectiveness of four different lifestyle interventions for knee pain were estimated, using

cost utility analysis of randomised controlled trial. Participants were 389 adults aged 45+ with self-reported knee pain and body mass index (BMI) of 28 or more from 7 UK general practices. The four interventions used were: dietary intervention plus quadriceps strengthening exercises; dietary intervention; quadriceps strengthening exercises; and leaflet provision. Participants received home visits over a 2-year period. Advice leaflets were associated with a mean change in cost of -£31 and mean quality adjusted life year (QALY) gain of 0.085. Both strengthening exercises and dietary interventions were more effective (0.890 and 0.133 mean QALY gain, respectively) but were less cost effective. Dietary intervention plus strengthening exercises had a mean cost of £647 and a mean QALY gain of 0.147 and was estimated to have an incremental cost of £19,489 per QALY gain (relative to leaflet provision) and a 23.1% probability of being cost effective at a £20,000 QALY threshold. Dietary intervention plus strengthening exercises was estimated to be cost effective for individuals with knee pain, but with a large level of uncertainty. (RH)

ISSN: 09598138

From : www.bmj.com

198/80

The threshold for sensing airflow resistance during tidal breathing rises in old age: implications for elderly patients with obstructive airways diseases; by Stephen C Allen, Michael Vassallo, Ahmed Khattab.

Age and Ageing, vol 38, no 5, September 2009, pp 548-552.

The aim of this cross-sectional study was to determine whether the ability of older subjects to detect a rise in airflow resistance is attenuated in old age and to measure the magnitude and variability of such a change. The authors studied 124 healthy adults aged 20-86. Progressive external airflow resistance loading was used to measure the inspiratory and respiratory load detection thresholds (LDTs) during vital breathing at rest. The study found that the threshold for detecting external resistive loads during tidal breathing rises in old age. This appears to be a consequence of ageing processes rather than pathology, and might be a manifestation of a fall in proprioceptive acuity in older people. This finding has clinical implications for the self-management of asthma in old age. There is a need to conduct a similar study in patients with airways disease. (RH)

ISSN: 00020729

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

MEDICATION

(See 198/119)

MENTAL CAPACITY

198/81

The application of the Mental Capacity Act 2005 among geriatric psychiatry patients: a pilot study; by Ajit Shah, Natalie Banner, Chris Heginbotham (et al).

International Psychogeriatrics, vol 21, no 5, October 2009, pp 922-930.

The Mental Capacity Act 2005 (MCA) was fully implemented in October 2007 in England and Wales. The experience of clinicians working in Old Age Psychiatry, who are likely to have greater experience in the use of MCA, in the early implementation of the MCA was examined. Case-notes of 37 patients in seven different Old Age Psychiatry services in two mental health trusts in west London, who had received at least one assessment of decision-making capacity (DMC) for a specific issue, were examined. A qualitative thematic analysis pertaining to the criteria used for the assessment of DMC, determination of best interests, least restrictive option and unwise decision was used for data analysis. The main findings were: the criteria used for the assessment of DMC and the determination of best interests were those described in the MCA and the accompanying Code of Practice; and clinicians were developing the concepts of least restrictive option and unwise decision with face validity despite the absence of their definitions in the MCA. Caution should be exercised in extrapolating the findings of this study - which is confined to two Mental Health Trusts in one geographical area and the speciality of Old Age Psychiatry - to other localities and other specialities. Nevertheless, there was evidence that

clinicians were following the basic principles of the MCA correctly. (KJ/RH)

ISSN: 10416102

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

198/82

Making decisions under new mental health legislation; by Gillian Lee, Simon Manchip. GM (Geriatric Medicine), vol 39, no 9, September 2009, pp 513-517.

Practitioners working in dementia care are commonly involved with patients who reside, or will require placement, in a residential or nursing home. Recent legislation sets out rigorous safeguards to protect patients in this regard. Topics covered in this article include the use of guardianship (under the Mental Health Act 2007) and the safeguards against deprivation of liberty (from April 2009, enshrined in law as the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005). (RH)

ISSN: 0268201X

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

198/83

Realising the safeguarding potential of the Mental Capacity Act 2005: early reports from adult safeguarding staff; by Jill Manthorpe, Joan Rapaport, Jess Harris (et al).

The Journal of Adult Protection, vol 11, no 2, May 2009, pp 13-24.

The Mental Capacity Act 2005 was implemented in England and Wales in 2007. This article reports the findings of interviews with 15 adult safeguarding co-ordinators in the London area about the operation of the Act and its impact upon early reports from adult safeguarding work, particularly in relation to people with dementia. The interviews covered participants' own training and understanding of the Act, the confidence in practice and capacity to be local sources of expertise about the Act, and their perceptions of whether its existence is known among the public. The article concludes that the adult safeguarding co-ordinators are mostly well-informed but would welcome specific updating, especially around the new offences introduced by the Act. (RH)

ISSN: 14668203

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

MENTAL HEALTH

(See Also 198/8, 198/21, 198/128)

198/84

It's all in how you view it: pessimism, social relations and life satisfaction in older adults with osteoarthritis; by Tana Luger, Kelly A Cotter, Aurora M Sherman.: Taylor & Francis. Aging & Mental Health, vol 13, no 5, September 2009, pp 635-647.

Current treatments for osteoarthritis (OA) continue to leave those burdened by the condition with pain and disability, which affects physical and psychological well-being. The present US study examines other psychosocial factors, such as dispositional personality and social relationships, in order to investigate their influence on the well-being of 160 older adults with OA (80% women). Older adults were recruited for self-reported knee or hip OA. Participants completed self-report measures of optimism and pessimism, social support, social strain, and life satisfaction using the computer program MediaLab. Measures were taken twice 9-12 months apart. Results showed that, both cross-sectionally and longitudinally, pessimism was related to lower social support and higher social strain. In addition, pessimism was mediated by social support in its relationship to life satisfaction. The models support the combined roles of pessimism and social support influencing life satisfaction over time. Future interventions may want to concentrate on improving the social relationships of people with OA to enhance psychological well-being. (KJ/RH)

ISSN: 13607863

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

198/85

Lay appraisal of cognitive impairment symptoms and related prevention beliefs in a community-dwelling sample of midlife and older adults; by Dean D VonDras.

Journal of Applied Gerontology, vol 28, no 3, June 2009, pp 342-368.

This study explores how age and health-related quality of life (HRQoL) may be related to the identification and appraisal of cognitive impairment symptoms as well as associated prevention beliefs. Participants were 140 community-dwelling adults ranging in age from 49 to 90 years who completed a survey containing a vignette about an adult with cognitive impairment symptoms and questions about the illness symptoms, prevention beliefs, and HRQoL. Identification of symptoms as Alzheimer's disease or dementia was reported by 83% of respondents. Correlational analyses suggested age and education to be associated with perceived significance of symptoms as well as the recommendation to seek medical care. Multiple regression modelling indicated interactive effects that suggest advancing age and poor HRQoL may be associated with greater delay in seeking care for cognitive impairment symptoms and unrealistic optimism regarding prevention outcomes. Educational interventions to bolster the individuals' and caregivers' knowledge of Alzheimer's disease are discussed. (KJ/RH)

ISSN: 07334648

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

198/86

Mental health research priorities in low- and middle-income countries of Africa, Asia, Latin America and the Caribbean; by P Sharan, C Gallo, O Gureje (et al).

British Journal of Psychiatry, vol 195, no 4, October 2009, pp 354-363.

Studies suggest a lack or prioritisation in mental health research in low- and middle-income (LAM) countries. The authors used a two-stage design that included identification through literature searches and snowball techniques of researchers and stakeholders in 14 countries in Africa, Asia, Latin America and the Caribbean, and a postal survey on priorities in research. The study identified broad agreement between researchers and stakeholders and across regions regarding research priorities. Epidemiology (burden and risk factors), health systems and social science ranked highest for type of research. Depression or anxiety, substance use disorders and psychoses, and children and adolescents, women and people exposed to violence or trauma were priorities among the disorders and population groups respectively. Important criteria for prioritising research were burden of disease, social justice, and availability of funds. Stakeholder groups differed in the importance they gave to the personal interest of researchers as a criterion for prioritising research. Researchers' and stakeholders' priorities were consistent with burden of disease estimates. However suicide was underprioritised compared with its burden. Researchers' and stakeholders' priorities were also largely congruent with the researchers' projects. These results suggest that it should be possible to develop consensus as regional and international levels regarding the research agenda that is necessary to support health system objectives in LAM countries. (RH)

ISSN: 00071250

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

198/87

Psychiatric disorders and other health dimensions among Holocaust survivors 6 decades later; by Asaf Sharon, Izhak Levav, Jenny Brodsky (et al).

British Journal of Psychiatry, vol 195, no 4, October 2009, pp 331-335.

No previous community-based epidemiological study has explored psychiatric disorders in those who survived the Holocaust. Anxiety and depressive disorders, sleep disturbances, other health problems, also use of services were examined among individuals exposed or unexposed to the Holocaust. The relevant population samples were part of the Israel World Mental health Survey. The interview schedule included the Composite International Diagnostic Interview and other health-related items. The Holocaust survivor group had higher lifetime (16.1%) and 12-month (6.9%) prevalence rates of anxiety disorders, and more current sleep disturbance (62.4%) and emotional distress than their counterparts who did not have higher rates of depressive disorders or post-traumatic stress disorder (PTSD). Early severe adversity was associated with psychopathological disorder long after the end of the second World War, but not in all survivors. Age during the Holocaust did not modify the results. (RH)

ISSN: 00071250

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

198/88

Subjective forgetfulness is associated with lower quality of life in middle-aged and young-old individuals: a 9-year follow-up in older participants from the Maastricht Aging Study; by Martine E M Mol, Martin P J van Boxtel, Dick Willems (et al.): Taylor & Francis. *Aging & Mental Health*, vol 13, no 5, September 2009, pp 699-705.

Many people regard themselves as being forgetful. They may be hindered by or worried about this subjective forgetfulness in daily life. The first aim of the present study was to determine whether perceived forgetfulness in healthy older adults is related to a lower quality of life. The second objective was to assess whether the association between perceived forgetfulness and quality of life changes over a 9-year follow-up period. A group of 412 participants in the longitudinal Maastricht Aging Study, aged 54 years or older, were interviewed and tested at baseline, 3, 6, and 9 years. Four proxy measures of quality of life were studied: satisfaction with life, mental well-being, and symptoms of anxiety and depression. Results showed that subjective forgetfulness was associated with a lower quality of life. In addition, in individuals considering themselves forgetful, a significant increase was found in symptoms of anxiety, compared to those who had no perceived forgetfulness. The relation between perceived forgetfulness and decreased satisfaction with life was stronger in younger (54-69 years) than in older participants (70-91 years). The observation that perceived forgetfulness and reduced quality of life are related and that this relation persists over time demonstrates the relevance of subjective forgetfulness for daily life functioning, particularly in relatively young subjects. (KJ/RH)

ISSN: 13607863

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

198/89

Successful ageing in health adversity: results from the National Psychiatric Morbidity Survey; by Claudia Cooper, Paul Bebbington, Cornelius Katona (et al). *International Psychogeriatrics*, vol 21, no 5, October 2009, pp 861-868.

The authors aimed to investigate factors enabling older people with cognitive impairment to age successfully. They used the 12-item Short Form Health Survey (SF-12) to measure health-related quality of life (HRQoL) in 2,007 people aged 60+ in the 2000 British National Psychiatric Morbidity Survey. The hypothesis was tested that affective symptoms and social support mediated the relationship between cognitive functioning and poorer HRQoL. The mean age of the participants was 66.2 (66.0-66.4). The majority of people with suspected dementia reported high mental health-related quality of life, suggesting they may not be distressed by, or aware of, cognitive and mental impairment, and the majority are aging "successfully." The relationship between cognitive impairment and mental HRQoL was mediated by affective symptoms, but not by social support. After considering mediators and confounders, HRQoL was no longer associated with cognitive impairment. The lower quality of life previously reported by people with cognitive impairment is due to the greater physical and mental health problems in this population, rather than to cognitive impairment per se. Active management of mental and physical health may improve the HRQoL of those with cognitive impairment who are not ageing successfully. (KJ/RH)

ISSN: 10416102

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

198/90

Understanding barriers to delirium care: a multicentre survey of knowledge and attitudes amongst UK junior doctors; by Daniel Davis, Alasdair MacLullich.

Age and Ageing, vol 38, no 5, September 2009, pp 559-563.

Delirium in under-diagnosed and under-treated in comparison to other common and serious acute disorders. The reasons for this are unclear. The authors conducted a multicentre survey of knowledge and attitudes to delirium in trainee junior doctors in 34 acute hospitals in the UK. A questionnaire was developed designed to test knowledge of delirium prevalence, DSM-IV diagnostic criteria, use of specific screening tools, association with adverse outcomes, and pharmacological management. Questionnaires were completed and returned by hand to the researchers immediately after recruitment. Participants were a convenience sample comprising 784 trainee doctors in general and emergency medicine. Most participants expressed the view that delirium was a high prevalence and that it is associated with serious adverse outcomes. However, they had poor knowledge of its diagnosis and treatment, reporting the need for better

training. Experience working in geriatric medicine had only a modest effect on the ability to diagnose delirium. UK training doctors' lack of basic knowledge of the diagnosis and management of delirium, rather than a lack of awareness of its high prevalence and clinical significance, appears to be important in determining its under-recognition. (RH)

ISSN: 00020729

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

MENTAL HEALTH SERVICES

(See Also 198/20, 198/81, 198/82, 198/93)

- 198/91 Local implementation of the crisis model: the Buckinghamshire community acute service; by Danny Allen, Wendy Blaylock, Stefan Mieczkowski.
Psychiatric Bulletin, vol 33, no 7, July 2009, pp 252-253.
Buckinghamshire crisis and home treatment team was struggling to meet its commissioned care episodes and found itself detached from community mental health teams (CMHTs) and acute day hospitals. An operations management consultant, using 'lean' principles developed in industry, worked alongside staff to redesign the service. Improvements in staff capacity and ability contributed to more care episodes and reduced ward-stay times, compensating for the impact of a ward closure. Re-examination of individuals' needs through case-review led to the development of 'patient typing', facilitating clear care pathways according to need. Finally, two proven modalities of community-based service were fused together. Placing value to patients, carers and referrers ahead of old demarcations and practices has enabled a more flexible and responsive service to develop and grow. (KJ/RH)
ISSN: 09556036
From : <http://pb.rcpsych.org>

MENTAL ILLNESS

- 198/92 Age at onset and cognition in schizophrenia: meta-analysis; by T K Rajji, Z Ismail, B H Mulsant.
British Journal of Psychiatry, vol 195, no 4, October 2009, pp 286-292.
The relationship between cognition and age at onset of schizophrenia is largely unknown. The cognitive deficits of individuals with youth-onset and late-onset schizophrenia were compared with those of adults with first episode schizophrenia. 29 databases (including EMBASE, MEDLINE and PsychINFO) were searched from 1980 to 2008. Selected publications had to include healthy controls and analyse separately individuals diagnosed with schizophrenia or a related disorder and individuals with first-episode, youth-onset or late-onset schizophrenia. Descriptive and cognitive data were extracted and the latter aggregated into 22 cognitive measures. Cronh's effect size raw and weighted means of cognitive deficits were generated and compared in the three groups. Individuals with youth-onset and first-episode schizophrenia demonstrate large deficits (mean effect size equal to or greater than 0.8) on almost all cognitive measures. Individuals with youth-onset schizophrenia demonstrate larger deficits than those with first episode schizophrenia on arithmetic, executive function, IQ, psychomotor speed of processing and verbal memory. In contrast, those with late-onset schizophrenia demonstrate minimal deficits in arithmetic, digit symbol coding and vocabulary, but larger ones on attention, fluency, global cognition, IQ and visuospatial construction. Individuals with youth-onset schizophrenia have severe cognitive deficits, whereas those with late-onset schizophrenia have some relatively preserved cognitive functions. The findings support the view that severity of the disease process is associated with different ages at onset. In addition, the cognitive pattern of people with late-onset schizophrenia suggests that their deficits are specific rather than solely as a result of ageing and related factors. (RH)
ISSN: 00071250
From : <http://bjp.rcpsych.org>

- 198/93 Management of self-harm in older people; by Nikki D Toms, Craig W Ritchie. Psychiatric Bulletin, vol 33, no 11, November 2009, pp 423-425. The epidemiology of self-harm in older people is poorly understood and a low incidence rate hampers research efforts. Regional surveillance for this may assist with research and improve clinical services accordingly. This study involved undertaking a scoping exercise to explore current management of self-harm in older people in selected North London hospitals, by interviewing healthcare professionals directly involved in their treatment. The study showed varied methods of coding clinical information across trusts, with no consistent method of surveillance. Implications of this exercise involve generation of a summary document that will educate stage two of the project, which is the convention of a working party to implement a surveillance system across the region. (KJ/RH)
ISSN: 09556036
From : <http://pb.rcpsych.org>
- 198/94 The need for brain imaging in clinical psychiatry; by Mary Davoren, Anne Doherty, Eugene Breen (et al). Psychiatric Bulletin, vol 33, no 8, August 2009, pp 291-292. The aim of this study is to explore clinical indications for, and results of, brain imaging in general adult psychiatry. The authors reviewed the 100 most recent uses of brain imaging on in-patients at the Department of General Adult Psychiatry, Mater Misericordiae University Hospital, Dublin. Patients were of a mean age of 55.3 years. The most common indications for brain scans were cognitive impairment (33%) and other neurological concerns (e.g. seizures; 30%). Overall, 47% of scans were abnormal, with ischaemia (17%) and atrophy (10%) being the most common abnormalities. Patients with abnormal scans were older than those with normal scans (mean age 61.9 and 48.7 years respectively; P 0.001). A high proportion of brain scans demonstrate abnormalities in general adult psychiatry patients, especially among older patients. (KJ/RH)
ISSN: 09556036
From : <http://pb.rcpsych.org>
- 198/95 Self-harm in older people; by Mick Dennis. Signpost, vol 13, no 3, February 2009, pp 15-19. The importance of self-harm in older people is not restricted to the distress of the individual and those around, but includes the strong association with subsequent suicide and depression. This article considers the epidemiology and methods of self-harm, and the motives and reasons behind such behaviour. It looks at factors associated with self-harm: previous attempts and psychiatric history; social characteristics; high rates of physical illness; and genetic susceptibility. Important areas of prevention are discussed, particularly the better identification and management of depression in the community and general hospitals, and the need for a careful assessment of risk and need for a specialist after an episode of self-harm. (RH)
ISSN: 13684345
From : <http://www.signpostjournal.co.uk>

MIGRATION

- 198/96 Older international migrants: who migrates to England and Wales in later life; by Marcus Green, Maria Evandrou, Jane Falkingham. Population Trends, no 137, Autumn 2009, pp 33-40. Over the past half century, two major demographic phenomena have risen to prominence: population ageing and international migration (United Nations, 2005). It has recently been estimated that there are over 200 million international migrants in the world (International Organization for Migration, 2008). This comprises around 3% of the current world population (US Census Bureau, 2008). The increasingly mobile global population is also ageing. In 2006, the UN estimated that 11% of the world's population was aged 60 and over (United Nations, 2006); in the UK those aged 60+ accounted for 21% of the total population (Office for National Statistics, 2006). Previous UK research on migration in later life has primarily focused on

international migration from England and Wales to foreign destinations in retirement, but there has been little research on migration to the UK at older ages. This article contributes to the latter literature by beginning to create a profile of those individuals who migrate to England and Wales from outside the UK at retirement age. (KJ/RH)

ISSN: 03074463

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

NUTRITION

(See Also 198/34)

- 198/97 Eating well in care homes for older people; by Scottish Commission for the Regulation of Care (Care Commission). Edinburgh: Scottish Care Commission, 2009, 27 pp (Ref: IHD/007/0709). The Care Commission looked in detail at food and nutrition care during inspections in a sample of 303 care homes for older people in Scotland in 2006 and 2007. Most of the homes (95%) had a written food and nutrition policy; almost three-quarters (71%) screened people for risk of under-nutrition; and 66% screened for risk of dehydration when residents first arrived at the care home, with 85% of these having personal plans that identified care for all those at risk of dehydration. This report presents overall findings of inspections and what enforcement action was taken in the event of complaints. It notes a 6-month training programme taken by 50 people working in care homes to become "nutrition champions". The 2009 report, 'Promoting nutrition in care homes for older people' (2008) includes further information about this education programme, while the Care-Home Learning Network (at www.carecommission.com) gives details of projects undertaken by the nutrition champions in their care homes. (RH)
From : Care Commission, Compass House, 11 Riverside Drive, Dundee DD1 4NY.
www.carecommission.com

- 198/98 Nutritional advice in common clinical situations: Compendium Document 2.5 (revised August 2009); by British Geriatrics Society - BGS. London: British Geriatrics Society - BGS, August 2009, 8 pp.
The British Geriatrics Society (BGS) comments that the incidence of under nutrition in patients admitted to hospital in the UK is around 28%, and is 25% greater in older subjects. This compendium document covers: nutrition screening; management of under nutrition in hospital; ethical and legal considerations; nutrition and stroke; and nutrition in the community and care homes. The web version of this document alerts the user to other online references. (RH)
From : http://www.bgs.org.uk/Publications/Compendium/compend_2-5.htm

OCCUPATIONAL THERAPY

(See 198/45)

OLDER WOMEN

- 198/99 Drawing on experience: older women workers in Europe; by European Foundation for the Improvement of Living and Working Conditions. Dublin: European Foundation for the Improvement of Living and Working Conditions, 2009, 20 pp (Foundation findings).
Older women workers represent an increasing proportion of the workforce in the European Union (EU), especially in the 55-64 age group. However, data from recent Eurofound and Eurostat publications show that considerable gender differences remain in relation to work. These findings consider this evidence base in respect of demographics, equality between men and women, female employment rates (full-time, part-time, temporary and insecure). Other issues explored include occupational segregation; risk exposure and health problems; work-life balance and care responsibilities; and the future of retirement age in the next ten years. Some case examples where older women workers are a major focus of companies are outlined. (RH)
From : Download from website (21/5/09):
<http://www.eurofound.europa.eu/pubdocs/2008/85/en/2/EF0885EN.pdf>

PALLIATIVE CARE

(See Also 198/43)

- 198/100 Resilience and vulnerability to chronic pain: conceptual and methodological issues; by Anthony D Ong, M Carrington Reid, Elaine Wethington (et al).
Signpost, vol 13, no 3, February 2009, pp 24-25.
How do older people in general and those with dementia in particular qualitatively experience, accurately report, and adapt to chronic pain? Researchers into resilience aim to identify vulnerability and protective factors that might modify negative effects. This article presents a short review of the evidence. (RH)
ISSN: 13684345 From : <http://www.signpostjournal.co.uk>
- 198/101 Transforming research into action: a European Parliament report on palliative care; by Jose M Martin-Moreno, Meggan Harris, Lydia Gorgojo (et al).
Eurohealth, vol 15, no 2, 2009, pp 23-25.
The authors of a European Parliament report on palliative care summarise the process of the five-month investigation, as well as the real and potential results of the study. Engaging a large number of national and international stakeholders, including ministries of health, national palliative care associations and the European Association for Palliative Care (EAPC), the authors were able to draw on a well of previous research and diverse experiences before formulating operative policy options for the European Union (EU) and its Member States. While the report itself fomented some self-examination in the countries studied, its full exploitation by palliative care advocates is still pending. (KJ/RH)
ISSN: 13561030
From : <http://www2.lse.ac.uk/LSEHealthAndSocialCare/LSEHealth/Home.aspx>
eurohealth@lse.ac.uk

PARTICIPATION

- 198/102 Engaging communities in criminal justice: a criminal justice system Green Paper: [summary of] consultation response; by James Cave, Age Concern and Help the Aged. London: Age Concern and Help the Aged, October 2009, 2 pp (Consultation response, Ref: 5409(S)).
The Home office and Ministry of Justice jointly published a Green Paper, 'Engaging communities in criminal justice' in April 2009. Charities representing the six equalities strands (including ageing) were asked to provide further input to the consultation. This summary outlines the main points made by Age Concern and Help the Aged relating to inclusion of people from all social groups in being involved and informed about the criminal justice system, with information being disseminated through a wide range of media, and with links into crime reduction networks such as Neighbourhood Watch. Age limits and retirement ages should be abolished for voluntary and paid positions within the criminal justice system. (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
- 198/103 Older people's "voices" - on paper: obstacles to influence in welfare states - a case study of Sweden; by Tove Persson, Stig Berg.
Journal of Aging & Social Policy, vol 21, no 1, 2009, pp 94-111.
The official rhetoric of welfare states unconditionally pays tribute to older people's right to express dissatisfaction. In practice, users of older services in welfare states may be deprived of their "exit" options and face considerable constraints when it comes to raising their "voices." For example, when older people in nursing homes would like to lodge a complaint, they may well be referred to the very staff members they depend on in their everyday lives. This article analyses a national case study in which these contradictory tendencies are especially explicit: formal influence channels for older people in Sweden. Using data from structured interviews with 100

representatives of Swedish municipalities and drawing on Hirschman's (1970) theory on exit and voice, the article analyses obstacles to older service users' influence in Sweden and develops explanations for these obstacles in terms of social contexts. (KJ)

ISSN: 08959420

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

- 198/104 Participation in socially productive activities and quality of life in early old age: findings from SHARE; by Johannes Siegrist, Morten Wahrendorf.
Journal of European Social Policy, vol 19, no 4, October 2009, pp 317-326.
In order to understand variations of quality of life in early old age, associations between socio-economic status, socially productive activities and well-being are studied across 14 European countries. Information on three different types of productive activities (voluntary work, informal help and care for a person) and their exchange characteristics is included. The authors used the first two waves of the Survey of Health, Ageing and Retirement in Europe (SHARE) including some 15,000 retired men and women. Well-being is measured by a standardized quality of life measure (CASP-12). Findings of multilevel analyses show larger within-country than between-country variability in prospective quality of life. Strong individual predictors were the experience of reciprocity in social productive activities and high socio-economic position. Continued participation in socially productive activities, in particular those that offer opportunities of experiencing reciprocity in exchange, improves prospective quality of life in early old age. (KJ/RH)
ISSN: 09589287 From : <http://esp.sagepub.com>

PENSIONS AND BENEFITS

- 198/105 Alarm over allowance: [attendance allowance]; by Mark Hunter.
Community Care, issue 1787, 17 September 2009, pp 26-27.
Disability user groups are rallying round to defend the attendance allowance benefit from proposals that could see it absorbed into the social care system, first mooted in the Green Paper, 'Shaping the future of care together' (Cm 7673; 2009). The AA is a tax-free benefit for people aged 65 or over who need help with personal care because they are physically disabled or mental ill. At present about 1.58 million people currently claim it; two-thirds are aged over 80. AA is not means-tested and is usually awarded without a medical examination. It is believed by many in the welfare benefits field that this benefit is in fact the forerunner of direct payments and as such should be kept intact. A case study illustrates the use of AA in helping to provide independence to a partially sighted person. (KJ/RH)
ISSN: 03075508 From : www.communitycare.co.uk
- 198/106 Consultation on draft regulations and policy proposals for the Energy Costs Support Scheme: [summary of] consultation response; by Sally West, Age Concern and Help the Aged. London: Age Concern and Help the Aged, October 2009, 3 pp (Consultation response, Ref: 5209(S)).
The Pensions Act 2008 enables energy suppliers and the Department for Work and Pensions (DWP) to share data in order for suppliers to target social assistance schemes on those receiving Pension Credit. Age Concern and Help the Aged comment on the DWP's proposals for this Energy Costs Support Scheme: there needs to be full evaluation of such a scheme, and personal data must be protected. Energy rebate Scheme would be a more appropriate name. (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
- 198/107 Provider-led pathways: experiences and views of early implementation; by Katharine Nice, Jacqueline Davidson, Roy Sainsbury, Department for Work and Pensions - DWP;. London: Department for Work and Pensions - DWP, October 2009, 4 pp (DWP Research summary).
This report presents findings from qualitative research carried out in 2008 to explore experiences of the early implementation of the Provider-led Pathways programme. Provider-led Pathways

is the final phase for national introduction of the Pathways to Work initiative. It provides information, advice and practical help to claimants of incapacity benefits to help them (back) into work. Provider-led Pathways is delivered by private companies and not-for-profit third sector organisations. The study focused on the key areas of: Pathways clients' experiences of referral process from Jobcentre Plus to a provider organisation; clients' experiences of compulsory Work Focused Interviews (WFIs) and support provided by Pathways; provider organisation staff experiences of the handover of clients from Jobcentre Plus; liaison arrangements between Jobcentre Plus and provider organisations; and performance monitoring and contract management by Jobcentre Plus and the Department for Work and Pensions (DWP). The full report (Department for Work and Pensions Research report 595) is available to download from the website given. (KJ/RH)

From : Website: <http://research.dwp.gov.uk/asd/asd5/trs-index.asp>

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

PERSONALISATION

- 198/108 Being in control: personal budgets and the new landscape of care for people with learning disabilities; by Edward Hall.
Mental Health Review Journal, vol 14, no 2, June 2009, pp 44-53.
A central element in the shift to a personalised care system in the UK is the opportunity for disabled people to hold and manage budgets for the purchase of care and support, to replace local authority services. The delivery mechanisms of Direct Payments and Individual Budgets have allowed many disabled people to control their care and support better, and have promoted their social inclusion. However, the particular contexts and issues for people with learning disabilities in holding personal funding have been little considered. This paper sets out the broad themes of the introduction of personalised care, and examines the limited use by people with learning disabilities of Direct Payments and the subsequent development of Individual Budgets. The paper considers the challenges to the nature, spaces and relations of care commonly used by people with learning disabilities that personal budgets present, in particular for those with more severe disabilities. The paper concludes by suggesting ways in which people with learning disabilities can use personal budgets, whilst maintaining the collective relations and spaces of caring desired by many. (KJ)
ISSN: 13619322
From : Pavilion Publishing, Richmond House, Richmond Road, Brighton, East Sussex BN2 3RL.
<http://www.pavpub.com>
- 198/109 Keeping it personal: supporting people with complex and multiple needs; by Melanie Henwood, Bob Hudson.: Pavilion.
Journal of Integrated Care, vol 17, issue 3, 2009, pp 8-15.
As the social care system - and potentially the health care system and other public services - move increasingly towards a model of personalised support, questions arise about whether and how it can work for people with multiple and complex needs. The evidence is that it is possible to achieve this, and that the outcomes and quality of life can be dramatically improved. However, many councils and their partners have yet to move into demanding activity, and they face considerable obstacles in the form of conventional approaches to policy and practice if and when they do. This article draws on the findings of a special study undertaken for the Commission for Social Care Inspection (CSCI). Alongside some of the difficulties of personalising support for people with complex and multiple needs are inspirational stories of innovative developments which have transformed the lives of people and their carers. (RH)
ISSN: 14769018 From : <http://www.pavilionjournals.com>
- 198/110 Personalisation briefing: implications for residential care homes; by Social Care Institute for Excellence - SCIE; Carers UK. London: Social Care Institute for Excellence, November 2009, 6 pp (At a glance, 17).
Personalisation for residential care homes means that person-centred and relationship-centred

care and support should be at the heart of the service being offered. This At a glance briefing examines the implications of the personalisation agenda for managers of residential care homes, as expressed in the document 'Putting people first' (Department of Health, 2007). Personalisation means starting with the person, who should be at the centre of the process of identifying needs and making choices in about how when support is needed; consequently, care home staff and services should be be aware of these things. Case studies illustrate how particular care homes have implemented aspects of personalisation to good effect. (RH)

From : SCIE, Goldings House, 2 Hay's Lane, London SE1 2HB.
<http://www.scie.org.uk/publications/ataglance/ataglance17.asp>

- 198/111 Peterborough offers clients a choice: [independent living support service]; by Maria Ahmed. Community Care, issue 1796, 19 November 2009, pp 26-27.
Service users in Peterborough are now choosing their own care providers. This article looks at how the independent living support service (ILSS) works. Peterborough NHS, the local primary care trust (PCT) is responsible for commissioning adult health and social care in the city, and has been influenced by guidance from In Control as well as the government's Putting People First agenda. Access to ILSS is through schemes such as an advocacy pilot run by Age Concern Peterborough. (RH)
ISSN: 03075508
From : www.communitycare.co.uk
- 198/112 Trading places: [Essex council and personalisation of service]; by Craig Kenny. Community Care, issue 1789, 1 October 2009, pp 24-25.
Councils faced with cutting or changing services in the age of personalisation may be interested in following the example being followed by Essex, where a trading company has been established. However, trade unions remain to be convinced. (RH)
ISSN: 03075508 From : www.communitycare.co.uk
- 198/113 Whole system working in the promotion of independence and well-being for older people; by Joe Pidgeon.: Pavilion.
Journal of Integrated Care, vol 17, issue 3, 2009, pp 26-33.
Nottinghamshire has been one of the eight national pilot sites for LinkAge Plus, and this article explores the county's front-line experience of managing a whole systems approach in practice in implementing LinkAge Plus in respect of older people's independence and well-being. The importance of ensuring the systematic engagement of older people in the process is emphasised. The article describes six learning areas which helped the development of preventative and well-being services in the context of whole-system working and older people's engagement. (RH)
ISSN: 14769018 From : <http://www.pavilionjournals.com>

POLITICS

(See 198/103)

PSYCHOLOGY

(See 198/117)

QUALITY OF LIFE

(See Also 198/9, 198/84, 198/104)

- 198/114 Quality of life in older age: psychometric testing of the multidimensional Older People's Quality of Life (OPQOL) questionnaire and the causal model under-pinning it; by A Bowling, D Banister, P Stenner (et al), New Dynamics of Ageing Programme - NDA. Sheffield: New Dynamics of Ageing - NDA, 2009, 4 pp (NDA Findings 2).
Increasing numbers of older people, higher expectations for a "good life", and demands for

health and social care have led to international interest in the enhancement and measurement of quality of life (QoL) in old age. QoL is a subjective concept, yet most measures of QoL are based on "expert" opinions. This study aimed to test a new measure of older people's QoL (OPQOL), which is unique in being derived from the views of older people who responded to an earlier survey funded by the ESRC Growing Older Programme. These findings report the final testing of the OPQOL, and compare it with two existing measures of QoL in older age: the CASP-19 and WHOQOL-OLD. Perceptions of "active ageing" were also elicited from the more than 1000 survey respondents. The study was based on three national surveys of older people living at home in Britain: people aged 65+ responding to two waves of the Ethnibus Surveys (www.ethnibus.com) in 2008; people aged 65+ responding to two waves of the Office for National Statistics (ONS) Omnibus Surveys ; and a postal follow-up survey in 2007/08 of ONS Omnibus Survey respondents aged 65+ in 1999-2000. (RH)

From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. www.newdynamics.group.shef.ac.uk

RELIGION AND SPIRITUALITY

198/115 Religiousness, social support and reasons for living in African American and European American older adults: an exploratory study; by Andrea June, Daniel L Segal, Frederick L Coolidge (et al.): Taylor & Francis.

Aging & Mental Health, vol 13, no 5, September 2009, pp 753-760.

This study examined the relationship between religiousness, perceived social support, and reasons for living among 37 European American (mean age 67.7 years) and 35 African American (mean age 71.1 years) older adults, where ethnicity was predicted to behave as a moderator. Community-dwelling participants completed the Brief Multidimensional Measure of Religiousness/Spirituality, the Multidimensional Measure of Perceived Social Support, and the Reasons for Living Inventory. As expected, high religiousness was associated with more reasons for living. Ethnicity alone did not meaningfully account for variance differences in reasons for living, but significant interactions indicated that the relationship between religiousness and reasons for living was stronger for African Americans, whereas the relationship between social support and reasons for living was stronger for European Americans. The present findings may be valuable for understanding potentially modifiable pathways to suicide resilience in diverse populations of older adults. (KJ/RH)

ISSN: 13607863

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

198/116 Should I pray or should I go?: [religious beliefs and social work practice]; by Maria Ahmed. *Community Care*, issue 1789, 1 October 2009, pp 16-17.

Professionals who take their religious beliefs into social work can end up in a disciplinary hearing. The author notes recent examples where individuals working in health or social care have expressed overly-religious personal viewpoints to their dealings with service users. This article discusses whether spirituality should have a role in social work, and finds views ranging from the perception of "predatory evangelism", to situations where it might be judged appropriate to express one's belief. Although the General Social Care Council (GSCC) code of practice states that social workers are required to respect cultural diversity, there is a need for further discussion with frontline staff and strengthened guidance to be produced. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

198/117 Toward holistic care: integrating spirituality and cognitive behavioral therapy for older adults; by Jill Snodgrass.

Journal of Religion, Spirituality & Aging, vol 21, no 3, 2009, pp 219-236.

Based on the particular mental health needs of older adults, this article formulates a theoretical approach integrating spirituality and cognitive behavioural therapy (CBT) for counselling older adults. CBT is easily applicable and highly appropriate for use with the older adult cohort. Its efficacy is well documented, specifically for disorders commonly experienced by older adults.

However, as presenting problems of older adults frequently include spiritual and existential concerns, the incorporation of spirituality and meaning-making with CBT is ideal for serving this cohort. This article presents a theoretical approach to spiritually integrated CBT by formulating a modified style of assessment, formulation, beginning therapy, cognitive restructuring, behaviour modification, and termination. (KJ)

ISSN: 15528030

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

RESEARCH

(See Also 198/86)

- 198/118 Researchers: beware of us, your elders; by Ken Tout.: International Institute on Ageing (United Nations - Malta).
BOLD, vol 19, no 3, May 2009, pp 7-12.
How researchers pursue their investigations and frame questions to respondents can affect the study results and outcomes. The author is an octogenarian and has been involved in investigation of areas where ageing has been poorly researched or not studied at all. He cites examples of research where asking participants the wrong question or use of poor quality data has led to answers that do not reflect the true situation. (RH)
ISSN: 10165177
From : <http://www.inia.org.mt>

RESIDENTIAL AND NURSING HOME CARE

(See Also 198/18, 198/23, 198/25, 198/45, 198/64, 198/82, 198/97, 198/121)

- 198/119 Care homes' use of medicines study: prevalence, causes and potential harm of medication errors in care homes for older people; by N D Barber, D P Alldred, D K Raynor (et al).
Quality and Safety in Health Care, vol 18, issue 5, 2009, pp 341-346.
Care home residents are at particular risk from medication errors, and the authors' objective was to determine the prevalence and potential harm of prescribing, monitoring, dispensing and administration errors in UK care homes, and to identify their causes. This is a prospective study of a random sample of residents within a purposive sample of homes in three areas. Errors were identified by patient interview, note review, observation of practice and examination of dispensed items. Causes were understood by observation and from theoretically framed interviews with home staff, doctors and pharmacists. Potential harm from errors was assessed by expert judgement. The 256 residents recruited in 55 homes were taking a mean of 8.0 medicines. One hundred and seventy-eight (69.5%) of residents had one or more errors. The mean number per resident was 1.9 errors. The mean potential harm from prescribing, monitoring, administration and dispensing errors was 2.6, 3.7, 2.1 and 2.0 (0 = no harm, 10 = death), respectively. Contributing factors from the 89 interviews included doctors who were not accessible, did not know the residents, and lacked information in homes when prescribing; home staff's high workload, lack of medicines training and drug round interruptions; lack of team work among home, practice and pharmacy; inefficient ordering systems; inaccurate medicine records and prevalence of verbal communication; and difficult to fill (and check) medication administration systems. Two thirds of residents were exposed to one or more medication errors is of concern. The will to improve exists, but there is a lack of overall responsibility. Action is required from all concerned. (Authors' abstract) (KJ/RH)
Price: foc pdf
From : Download article (4/11/09): <http://qshc.bmj.com/content/18/5/341.full.pdf> (doi:10.1136/qshc.2009.034231)

RETIREMENT

(See Also 198/40)

- 198/120 Clergy and retirement : an exploratory study on housing and financial preparedness; by James L Knapp, Charles D Pruett, Jennifer L Hicks.
Journal of Religion, Spirituality & Aging, vol 21, no 3, 2009, pp 159-171.
The body of research on retirement has expanded in recent years but the experience of clergy members has rarely been examined. In response to the void, the present study explored the financial and housing options that will be available to members of the clergy of a nondenominational fellowship when they reach the age of retirement. The results indicate that financial preparedness varies greatly based on factors such as age, years in ministry, size of the church being served, and whether one intends to fully retire. Similarly, housing options vary greatly and are related to financial well-being. A primary implication of the findings is the need for pre-retirement education designed specifically for the unique circumstances of clergy members and those who hire them. (KJ)
ISSN: 15528030
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA. email: haworthpress@taylorandfrancis.com
(www.taylorandfrancis.com)

SEXUALITY

- 198/121 Identifying and addressing the sexual needs of older people in residential care; by Laura Meader (née Mulcock):. Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society.
PSIGE Newsletter, no 107, April 2009, pp 17-22.
The literature on sexual need in older people is explored; and this article also looks at barriers preventing expression of these needs in the residential care setting. Barriers include staff attitudes, residents' physical health, and the environment. Laura Meader (née Mulcock) includes clinical examples to illustrate this, and discusses approaches to supporting care home staff in addressing this often difficult issue. (RH)
ISSN: 13603671
From : <http://www.psige.org.uk>
- 198/122 Older and passionate: advice on sex, sexuality and relationships for older people; by Centre for HIV and Sexual Health. Sheffield: Centre for HIV and Sexual Health, Sheffield Primary Care NHS Trust, 2009, 11 PP.
Age is not a barrier to sex and sexual health; and sex can be an important part of relationships at all ages. This leaflet looks at and acknowledges the diversity of sexual relationships. It offers information, advice and support in helping with feeling confident about being older and sexually active. (RH)
Price: FOC
From : Centre for HIV and Sexual Health, Sheffield Primary Care NHS Trust, 22 Collegiate Crescent, Sheffield S10 2BA. Website: www.sexualhealthsheffield.nhs.uk

SOCIAL CARE

(See 198/83, 198/116)

SOCIAL NETWORKS

- 198/123 The social connectedness of older Europeans: patterns, dynamics and contexts; by Martin Kohli, Karsten Hank, Harald Künemund.
Journal of European Social Policy, vol 19, no 4, October 2009, pp 327-340.
Using longitudinal data from the Survey of Health, Ageing and Retirement in Europe (SHARE),

this article shows that the population aged 50 or older is socially connected in several ways. The various dimensions of social connectedness turn out to be complementary rather than substitutive, except for the relationship between informal social relations and family relations, which tends to be characterized by substitution. Longitudinal analysis of SHARE reveals that the dynamics of formal and informal social relations as well as family relations tend to be driven by individuals' resources and needs. While the associations between older people's social connectedness and individual characteristics are very similar across countries, significant regional variation regarding the levels and the dynamics of social connectedness was found. (KJ/RH)

ISSN: 09589287

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

SOCIAL POLICY AND THEORY

198/124

From 'trust society' to the 'risk society'?: the case of aging and welfare in Europe; by Jason L Powell.

Hallym International Journal of Aging, vol 11, no 1, 2009, pp 65-76.

This article explores the concepts of "trust" and "risk" that both are theoretical tools and arguably major facets of "late modernity." During the 1970s, the use of the notion "risk" was mainly confined to "natural sciences," when the concept was used to analyse and improve the "security" of technological systems. It was not until the 1980s and 1990s that social science based disciplines discovered the importance of the topic in relation to changes affecting modern society. Sociological conceptions of trust and risk are rapidly changing theoretical knowledge bases of social gerontology. A sociologically informed gerontological understanding of transition of a trust society to a risk society illustrates the interconnectedness of an ageing population and social welfare. Risk is more than a calculation of costs and benefits, it is a theoretical mechanism for weighing different sets of political and economic orientations which impinge on the positioning of older people and ageing populations. The article takes to task what we understand by trust and risk. Drawing from examples in Europe, the article assesses how the transition from a trust society to a risk society has implications for how older people are made welfare subjects in contemporary society. (KJ/RH)

ISSN: 15356523

From : <http://baywood.com>

SOCIAL SERVICES

198/125

Department of Health consultation on 'Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care': [summary of] consultation response; by Stephen Lowe, Age Concern and Help the Aged. London: Age Concern and Help the Aged, October 2009, 4 pp (Consultation response, Ref: 5109(S)).

Age Concern and Help the Aged comment on the proposed new guidance that will replace 'Fair access to care services' (FACS) guidance on eligibility for social care services. There is welcome that local authorities should not be determining or assessing a person's need or care plan in terms of that person's financial resources. However, there is concern that the presence of carer should not be treated as resulting in a lack of need. Age Concern and Help the Aged conclude that any change in the balance between local autonomy and a national system whilst the Department of Health has a Green Paper which is also consulting on this issue. (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

198/126

Implementing the Mental Capacity Act 2005: challenges for commissioners; by Jill Manthorpe, Kritika Samsi.: Pavilion.

Journal of Integrated Care, vol 17, issue 3, 2009, pp 39-47.

Local authorities and primary care trusts (PCTs) receive regular instructions to put new legislation into practice, and to ensure appropriate training. This article takes the

implementation of the Mental Capacity Act 2005 as a case study of how commissioners are involved in such changes. The Act is an example of the gains that can be made if commissioners think about implementation across agencies, and between public and private sectors. (RH)
ISSN: 14769018
From : <http://www.pavilionjournals.com>

198/127

Nick Stacey and Kent Social Services: a study in leadership; by Don Brand. Faversham: Brand Book, 2009, 66 pp.

Nick Stacey was a leading Director of Social Services for 14 years, 11 of them in Kent, one of the largest local authorities in the country. This period coincided with the formative years of social service departments (SSDs), created in 1971 to provide cradle-to-grave social care alongside health care from the NHS. The departments reflected the vision of the Seebohm Committee in 1968 for an integrated, family orientated, community-focused service, able to cater for the whole range of social problems they were likely to face. Stacey's background as an Anglican priest with no social work training and limited local government experience made a controversial appointment as chief officer in Kent County Council. However, using experience and evidence gained in his post, Stacey made Kent into one of the leading social service departments in the country with a national reputation for innovation and a strong influence on government policy. This booklet gives an account of how Stacey went about providing leadership, creating change and initiating development, and some of the lessons learnt in the process. (KJ/RH)

Price: £5.00

From : Brand Book, PO Box 254, Selling, Faversham, Kent ME13 3AG.

STROKE

(See Also 198/63)

198/128

The course of delirium in acute stroke; by John McManus, Rohan Pathansali, Hardi Hassan (et al).

Age and Ageing, vol 38, no 4, July 2009, pp 385-389.

Several studies have assessed delirium post-stroke, but conflicting results have been obtained. In this study, all consecutive stroke patients admitted to the Stroke Unit at King's College Hospital, London over a 7-month period were assessed for delirium on admission and for 4 consecutive weeks, using the Confusion Assessment Method (CAM). Risk factors for delirium were recorded. Of 100 eligible patients, 82 were recruited over 7 months. Delirium was detected in 23 patients; 21 of these were delirious on their first assessment. 69% of patients who had four weekly assessments were delirious at 4 weeks. Multivariate logistic regression was performed and two models were identified. With unsafe swallow in the analysis, delirium was associated with an unsafe swallow on admission and poor vision pre-stroke. With unsafe swallow removed from the analysis, delirium was associated with an admission C-reactive protein (CRP) >5mg/l and poor vision pre-stroke. Delirious patients had a higher mortality (30.4% vs 1.7%), longer length of stay (62.2 vs 28.9 days), and increased risk of institutionalisation (43.7% vs 5.2%). Delirium is common post-stroke. Most cases develop at stroke onset and remain delirious for an appreciable period. Delirium onset is associated with stroke severity (low admission Barthel), unsafe swallow on admission, poor vision pre-stroke, and raised admission CRP. Delirium is a marker of poor prognosis.

ISSN: 00020729

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

198/129

Getting the priorities right for stroke care; by Cathie Sudlow, Charles Warlow.

British Medical Journal, vol 338, no 7708, 13 June 2009, pp 1419-1422.

The authors question whether the current emphasis on hyperacute stroke care to improve access to thrombolysis may distract attention and resources from a truly comprehensive stroke service. They refer to the National Audit Office (NAO) report on stroke services which was the impetus for the government's national stroke strategy; and in the light of criticism of the proposed stroke

strategy for London, they look at current performance of stroke services. (RH)

ISSN: 09598138

From : www.bmj.com

198/130

The reality of homes fit for heroes: design challenges for rehabilitation technology at home; by Lesley Axelrod, Geraldine Fitzpatrick, Jane Burridge (et al).

Journal of Assistive Technologies, vol 3, no 2, June 2009, pp 35-43.

It is widely accepted that rigorous rehabilitation exercises after a stroke can help restore some functionality. However, for many patients, this means exercises at home with minimal, if any, clinician support. Technologies that help motivate and promote good exercises offer significant potential but need to be designed to realistically take account of real homes and real lives of the people who have had a stroke. As part of the Motivating Mobility project, the authors carried out a series of visits to homes of people living with stroke and photographed their homes. In contrast to many utopian smart home scenarios, the older people of today live in homes that were built as homes fit, for heroes but have been evolved and adapted over time and present significant challenges for the design of in-home rehabilitation technologies. These challenges include the uses and re-purposing of use of rooms, attitudes to and uses of existing technologies, space available in the home, feelings about different spaces within homes, and individual preferences and interests. The findings provide a set of sensitivities that will help shape and frame ongoing design work for the successful deployment of rehabilitation technologies in real homes. (KJ/RH)

ISSN: 17549450

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

198/131

Sociodemographic variations in the contribution of secondary drug prevention to stroke survival at middle and older ages: cohort study; by Rosalind Raine, Wun Wong, Gareth Ambler (et al). British Medical Journal, vol 338, no 7703, 9 May 2009, pp 1122-1131.

Recent research in the contribution of medical care to population health has focused on the reduction in mortality from coronary heart disease (CHD). However, the contribution of medical care for other major conditions, including stroke, has not been quantified. This cohort study used data from the health improvement network primary care database for 12830 patients aged 50+ from 113 general practices who had a stroke between 1995 and 2005, and who survived the first 30 days after stroke. Only 25.6% of men and 20.8% of women received secondary prevention. Receipt of secondary prevention did not vary by socioeconomic circumstances or by sex. However, older patients were substantially less likely to receive treatment. The adjusted odds ratio for 80-89 year olds compared to 50-59 year olds was 0.53 (95% confidence interval, 0.414 to 0.89). This was because older people were less likely to receive lipid lowering drugs. Secondary prevention was associated with a 50% reduction in mortality risk. On average, mortality within the first year was 5.7% for patients receiving treatment compared with 1.1% for patients not receiving treatment. There was little evidence that the effect of treatment differed between the social groups examined. Under-treatment in older people with stroke in routine primary care cannot be justified, given the lack of evidence on variations in effectiveness of treatment by age. (RH)

ISSN: 09598138

From : www.bmj.com

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.

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

0048

24 February 2010

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

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

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

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.

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

Organised by: GovNet Events
Venue: QEII Conference Centre, London
Location : London, England
Details : Amy Green

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

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

Cognitive Health and Wellbeing across the Life Span

This full day conference will showcase a roundup of evidence in Northern Ireland relevant to older people completed by the Joseph Rowntree Foundation & work by the Cogworks Research Network on the determinants of cognitive health, carers, the built environment and adaptive technology. Register for this free event.

Organised by: Cogworks and Joseph Rowntree Foundation

Venue: International Research Conference, The Great Hall, Queen's University Belfast

Location : Belfast, Northern Ireland

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 March 2010

Joint Health Research Conference: Committed to better research in the NHS

These joint events aim to promote the benefits of research, showcase local activity and engage further with local NHS staff and academics so that they can understand more fully the range of opportunities available through the NIHR to undertake and lead health and social care research to improve patient care and NHS services.

Organised by: National Institute for Health Research (NIHR) and London Strategic Health Authority

Venue: The Queen Elizabeth II Conference Centre, Westminster

Location : London , England, In addition to the plenary sessions there will be an interactive exhibition where delegates can talk to representatives from the different NIHR

programmes and coordinating centres, view on-line demonstrations and participate in up to two interactive seminars.

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

3 March 2010

ILC-UK and the Actuarial Profession Joint Debate: The economic value of healthy ageing and working longer

To accommodate an ageing population people will need to work for longer but to what extent is this happening in reality and to what extent do barriers to working longer include poor health? Free event 16.00 to 18.30 hours but need to register.

Organised by: ILC-UK and the Actuarial Profession supported by Prudential.

Venue: Staple Inn Hall, High Holborn

Location : London, England

Details : ILC-UK, 11 Tufton Street, Westminster, London, SW1P 3QB

Tel : +44 (0)207 340 0440

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

26 March 2010

Older People Learning: How does learning contribute to different areas of age policy?

The ageing population is one of the biggest policy challenges facing us. Most people can now expect 20 years in active retirement, and the number living beyond a hundred will quadruple by 2030. Learning can play an important part in improving

the quality of life of older adults and can reduce the costs of expensive medical and social care services. But our current services are not well prepared for this, and the numbers of old people learning have been actually falling in recent years. In 2009 NIACE presented an agenda for action in its policy paper Older People's Learning.

Organised by: NIACE : National Institute of Adult Continuing Education

Venue: Thistle Marble Arch Hotel, Bryanston Street

Location : London, England

Details : Gurjit Kaur, NIACE Events Team, Renaissance House, 20 Princess Road West, Leicester, LE1 6TP

Tel : +44 (0)116 204 2833, *Fax :* +44 (0)116 254 8368, This conference will explore the policy and practice issues in each of the following four areas through presentations from national experts, workshops looking at current project work in these areas, and a final plenary to bring together ideas and proposals for next steps, in policy and practice.

30/03/10

National Institute for Health Research School for Social Care Research Annual Conference

This first conference by the NIHR will focus on:

Organised by: NIHR School for Social Care

Venue: London School of Economics and Political Science

Location : London, England

Tel : +44 (0)20 7955 6238, background and future of the NIHR School for Social Care Research; key themes for adult social care practice in England; , current and future priorities for adult social care research in England; and, *Fax :* will provide an opportunity to discuss these issues.

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

22-23 April 2010

British Society of Gerontology's Emerging Researchers in Ageing Annual Conference 2010 : 'Challenging Exclusion; Promoting

Empowerment: New Research in Ageing'

The conference offers the opportunity for emerging researchers such as undergraduate, graduate and post-doctoral researchers (those graduated within three years) in the field of ageing to present papers based on their work to an informed audience of students, academics and trained professionals in a supportive and constructive environment.

Organised by: BSG

Venue: University of East Anglia

Location : Norwich, England

Details : Rachel Hazelwood, Administrator, BSG, PO Box 607, 8 Queenswood Grove, York, YO24 4PP, We are pleased to announce that Professor Tom Scharf, Keele University and Professor Peter Lloyd-Sherlock, University of East Anglia will be sharing with us their experiences and research in promoting the voice and status of older people in and through research.

29 April 2010

European Day of Solidarity between Generations

Second EU Day on solidarity between generations.

Organised by: AGE - European Older People's Platform

Location : Pan-European

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