

New Literature on Old Age

EDITOR

Gillian CrosbyVOLUME
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ABUSE

- 199/1 Professional decision making on elder abuse: systematic narrative review; by Campbell Killick, Brian J Taylor.
Journal of Elder Abuse & Neglect, vol 21, no 3, 2009, pp 211-238.
Social work and health care professionals internationally are recognizing the need to understand and respond to the abuse of older people. Policy and guidance have identified processes but definitions of key concepts remain problematic, and the literature suggests that practitioners and agencies have little insight or guidance for decision making. Nine bibliographic databases (including CPA's AgeInfo) were searched for studies on professional decision making regarding abuse of older people. (An appendix details the search queries used for each database.) Relevant studies retrieved were appraised for quality using explicit criteria. The findings of the 19 articles meeting the inclusion criteria were synthesised using a structured narrative approach. Common themes identified were abuse factors, situational factors, and broader contextual factors. Abuse factors relating to risk levels and client vulnerability were central; age, gender, and health status were considered as key indicators of vulnerability. The opinion of adult protection workers about the potential effectiveness of their intervention was a factor in deciding about responding to alleged or suspected abuse. Professionals struggled with complex ethical dilemmas created by elder abuse, particularly when the victim did not want an investigation. Making objective judgements was difficult when faced with complex family and contextual factors. A structured approach to narrative synthesis of a diverse range of studies retrieved through an explicit search and inclusion process provided a useful summary of key issues for practice and identified gaps in the research literature. (KJ/RH)
ISSN: 08946566
From : Taylor & Francis Group, LLC, 325 Chestnut Street, Philadelphia, PA 19106, USA. www.taylorandfrancis.com
- 199/2 Protection of vulnerable adults monitoring report 2007-2008; by Care and Social Services Inspectorate Wales - CSSIW. [Cardiff]: Care and Social Services Inspectorate Wales, January 2009, 22 pp.
This report sets out significant data collated by the Care and Social Services Inspectorate Wales (CSSIW) in relation to allegations of abuse against adults for the year ended 31 March 2008. It identifies a continuing increase in the number of adult protection referrals, reflecting in part the greater awareness of adult protection issues by service users, their families, staff working with vulnerable adults and the wider community. A key finding of the report is that the majority of referrals concern those aged 65 and over, and that a significant proportion of these referrals were from care homes. (RH)
<http://wales.gov.uk/cssiwsite/newcssiw/news/adult0708/?version=2&lang=en>
- 199/3 Safeguarding adults: perspectives from primary care trusts in Kent and Medway; by Tina Draper, Susan Roots, Hilary Carter.
The Journal of Adult Protection, vol 11, no 3, August 2009, pp 6-11.
Adult protection has been a relatively recent concept for staff working within the health economy. Priorities have focused on raising awareness, developing an understanding of safeguarding responsibilities, challenging established practices and attitudes and embedding the concept within the culture of NHS organizations and the daily work of staff at all levels. Although social services have the lead for safeguarding activities ('No secrets'; Department of Health, 2000), statutory health bodies have now begun to integrate their adult protection activities more effectively and positively with social services and the police. This paper reviews the journey undertaken by the three primary care trusts (PCTs) in Kent and Medway in developing adult protection expertise and sharing multi-agency adult

protection practice with both social services and the police. The three safeguarding vulnerable adults leads from the PCTs have joined together to look at how far we have come and what we still need to achieve. (KJ/RH).

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From : Website: <http://pierprofessional.metapress.com/content/121398/>

199/4

Safeguarding policy and practice in Medway; by Sallyann Larking, Andre Fox. The Journal of Adult Protection, vol 11, no 3, August 2009, pp 12-17.

This paper examines the road to current safeguarding management and practice in Medway. This has been influenced by organisational change with Medway Council, a separate unitary authority formed from the previous Medway and Swale districts of Kent County Council in the government's first wave of unitary authorities. Medway was a shadow authority in 1997 and became a full unitary council in 1998. Locally, this brought together Rochester upon Medway City Council with Gillingham Borough Council under one local government regime with singular political and management leadership. These changes brought particular challenges for adult protection. This paper maps out these demands and discusses the management and practice solutions adopted. (KJ/RH)

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From : Website: <http://pierprofessional.metapress.com/content/121398/>

199/5

A systematic review of interventions for elder abuse; by Jenny Ploeg, Jana Fear, Brian Hutchison (et al).

Journal of Elder Abuse & Neglect, vol 21, no 3, 2009, pp 187-210.

The purpose of this study was to use rigorous systematic review methods to summarize the effectiveness of interventions for elder abuse. Only eight studies met the inclusion criteria. Evidence regarding the recurrence of abuse following intervention was limited, but the interventions for which this outcome was reported failed to reduce, and may have even increased, the likelihood of recurrence. Elder abuse interventions had no significant effect on case resolution and at-risk caregiver outcomes, and had mixed results regarding professional knowledge and behaviour related to elder abuse. The included studies had important methodological limitations that limit the researchers' ability to draw conclusions about the effectiveness of these interventions. (KJ/RH)

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ACTIVE AGEING

(See Also 199/155)

199/6

'Active ageing': a qualitative study in six Caribbean countries; by Patrick Cloos, Caroline F Allen, Beatriz E Alvarado (et al).

Ageing and Society, vol 30, part 1, January 2010, pp 79-102.

The aim of this study was to document the perceptions of elders in six Caribbean countries about 'active ageing' and on the basis of their reports to make recommendations to improve their situation. Data were collected principally through 31 focus group discussions conducted in both urban and rural areas. Comparative analysis was carried out of the qualitative information, focusing on three components of 'active ageing': health and social services access and use, social support, and economic circumstances. Most of the participants were women, aged 60-79 years, of lower socio-economic status and from urban areas. Large disparities in the responses of Caribbean societies to population ageing were indicated, as well as unequal opportunities to obtain health care and social services, public transport, income and food by both socio-economic status and

location. Home-care services are either insufficient or non-existent. Some elders receive social and financial support from relatives, while others fear isolation and face deprivation. Social participation varies by place, physical condition, financial situation, association membership, and transport opportunities. Social protection benefits do not provide adequate income, and some older people face food insecurity. It was concluded that a comprehensive and multi-sectoral approach using the 'active ageing' framework should be implemented to ensure a healthy ageing process. (KJ/RH)

ISSN: 0144686X

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

doi:10.1017/S0144686X09990286

199/7

Perceptions of active ageing in Britain: divergences between minority ethnic and whole population samples; by Ann Bowling.

Age and Ageing, vol 38, no 6, November 2009, pp 703-710.

Perceptions of, and associations with, active ageing among ethnically diverse and homogeneous samples of older people in Britain were identified, using cross-sectional and longitudinal surveys of older people living at home in Britain. Measures used were active ageing, health, psychosocial, socio-economic circumstances, and indicators of quality of life. Respondents defined active ageing as having health, fitness, and exercise; psychological factors; social roles and activities; independence, neighbourhood and enablers. The ethnically diverse sample respondents were less likely to define active ageing as having physical health and fitness, and were less likely to rate themselves as ageing actively, than more homogeneous sample respondents. The lay-based measure of quality of life used was independently and consistently associated with self-rated active ageing in each sample. Policy models of active ageing were reflected in lay views, although the latter had a more multidimensional focus. Lay definitions of active ageing were also more dynamic, compared with definitions of quality of life and successful ageing. Differences in self-rated active ageing and perceptions of this concept by ethnic group need further exploration. (KJ/RH)

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

ADVOCACY

(See 199/71, 199/87)

AGE DISCRIMINATION

199/8

Ageism and age discrimination in mental health care in the United Kingdom: a review from the literature; commissioned by the Department of Health; by Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, December 2009, 60 pp (+ 40 pp appendices).

The Department of Health (DH) commissioned the Centre for Policy on Ageing (CPA) to undertake four separate reviews from the literature to provide evidence of ageism and age discrimination in the UK in social care, secondary health care, mental health services, and primary health care. This semi-systematic literature based review looks at possible evidence of age discrimination in mental health service provision for older people in the UK in the context of policy since 1999. The report considers stigma stereotypes and ageist attitudes; evidence of under-provision, variation in provision, and under-use of mental health services by older people. It presents study data on age discrimination in the treatment of particular conditions including depression and dementia; on prevention and public health interventions; and on education and training. It suggests that there appears to be no ethical problems in use of quality adjusted life years (QALYs) by the

National Institute for Health and Clinical Excellence (NICE) to compare relative cost-effectiveness of treatments applicable to all ages. However, age discrimination in using QALYs may arise when comparing cost of effective treatment for conditions such as Alzheimer's disease (AD). The review concludes that there is evidence of continued explicit institutional "direct" age discrimination in some localities, but that mental health service provision should reflect local variations in need. Appendix 1 (7 pp), on methodology, notes search strategies and processes, and the search results for the databases searched. Appendix 2 (33 pp), a bibliography, lists all items found; key items cited are also listed at the end of the main report. This review has been conducted in the context of the European Commission Draft Directive COM (2008) 425 (July 2008) and the introduction of the Equality Bill to Parliament (April 2009). It has also informed 'Achieving age equality in health and social care' (2009), the review led from the South West region by Sir Ian Carruthers and Jan Ormondroyd. (RH)
From: Centre for Policy on Ageing, 25-31 Ironmonger Row, London EC1V 3QP. Available at: <http://www.cpa.org.uk/information/reviews/reviews.html>

199/9

Ageism and age discrimination in primary and community health care in the United Kingdom: a review from the literature; commissioned by the Department of Health; by Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, December 2009, 90 pp (+ 54 pp appendices).

The Department of Health (DH) commissioned the Centre for Policy on Ageing (CPA) to undertake four separate reviews from the literature to provide evidence of ageism and age discrimination in the UK in social care, secondary health care, mental health services, and primary health care. The remit for this review of primary care services was to signpost areas where negative discrimination may be occurring. The focus is primarily on the experiences of older people in their access to general practitioner (GP) services, treatment, quality of care, referrals, preventative strategies and prescribing, as well as access to rehabilitation services, palliative care, dental care, eye care, foot care and hearing services. Discussion on use of quality adjusted life years (QALYs) by the National Institute for Health and Clinical excellence (NICE) notes that expert opinion is divided. The review concludes that discrimination in health care may occur in policies and practices, systems and structures, resources and staffing, and health promotion and ageing well. Appendix 1 (6 pp), on methodology, notes search strategies and processes, and the search results for the databases searched. Appendix 2 (48 pp), a bibliography, lists all items found; key items cited are also listed at the end of the main report. Evidence from this review will support DH activities to root out age discrimination in the context of the European Commission Draft Directive COM (2008) 425 (July 2008) and the introduction of the Equality Bill to Parliament (April 2009). This review has informed 'Achieving age equality in health and social care', the review from the South West region by Sir Ian Carruthers and Jan Ormondroyd. (RH)

From: Centre for Policy on Ageing, 25-31 Ironmonger Row, London EC1V 3QP. Available at: <http://www.cpa.org.uk/information/reviews/reviews.html>

199/10

Ageism and age discrimination in secondary health care in the United Kingdom: a review from the literature; commissioned by the Department of Health; by Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, December 2009, 73 pp (+ 56 pp appendices).

The Department of Health (DH) commissioned the Centre for Policy on Ageing (CPA) to undertake four separate reviews from the literature to provide evidence of ageism and age discrimination in the UK in social care, secondary health care, mental health services, and primary health care. This review of secondary health care is a rapid semi-systematic literature based review, which considers ageist attitudes in healthcare and older patients' experiences of hospital care. It reviews

areas of discrimination in the treatment of particular conditions, and comments that it is common for older people to be excluded from clinical trials. Discussion on use of quality adjusted life years (QALYs) by the National Institute for Health and Clinical Excellence (NICE) concludes that expert opinion is divided. However, there is general consensus that appropriate education and training would root out ageism in the NHS. The review concludes that there is evidence of under-investigation and under-treatment, and indications of indirect discrimination against older people through inadequate provision of necessary hospital services. However, cases of explicit, direct discrimination in secondary health care policy have been rare since publication of the National Service Framework for Older People (NSF) in 2001. Appendix 1 (6 pp), on methodology, notes search strategies and processes, and the search results for the databases searched. Appendix 2 (50 pp), a bibliography, lists all items found; key items cited are also listed at the end of the main report. This review has been conducted in the context of the European Commission Draft Directive COM (2008) 425 (July 2008) and the introduction of the Equality Bill to Parliament (April 2009); and it has also informed 'Achieving age equality in health and social care' (2009), the review led from the South West region by Sir Ian Carruthers and Jan Ormondroyd. (RH)

From : Centre for Policy on Ageing, 25-31 Ironmonger Row, London EC1V 3QP. Available at: <http://www.cpa.org.uk/information/reviews/reviews.html>

199/11

Ageism and age discrimination in social care in the United Kingdom: a review from the literature; commissioned by the Department of Health; by Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, December 2009, 61 pp (+ 30 pp appendices).

The Department of Health (DH) commissioned the Centre for Policy on Ageing (CPA) to undertake four separate reviews from the literature to provide evidence of ageism and age discrimination in the UK in social care, secondary health care, mental health services, and primary health care. This review of adult social care services aimed to determine whether older people (aged 65+) in the UK are treated less favourably than younger users in the way resources are allocated, needs are assessed, care is planned and services are delivered. The study looks at all aspects of the potential for ageism and age discrimination in adult social care, including institutional and individual ageism and age discrimination; quality and level of services; direct and indirect discrimination; differential levels of funding, allocation of resources, and policies on charging for services; attitudes of professional staff; and evidence reflected in service users' attitudes and views. Also considered are residential care, extra-care housing, end of life care, older people with learning disabilities, and older prisoners. Concluding comments consider the extent of age discrimination in relation to systems and structures, policy and practice, and resources and funding. The evidence from this review will support DH activities to root out age discrimination in the context of the European Commission Draft Directive COM (2008) 425 (July 2008) and the introduction of the Equality Bill to Parliament (April 2009). The review has also informed 'Achieving age equality in health and social care' (2009), the review led from the South West region by Sir Ian Carruthers and Jan Ormondroyd. Appendix 1 (7 pp), on methodology, notes search strategies and processes, and the search results for the databases searched. Appendix 2 (23 pp), a bibliography, lists all items found; key items cited are also listed at the end of the main report. (RH)

From : Centre for Policy on Ageing, 25-31 Ironmonger Row, London EC1V 3QP. Available at: <http://www.cpa.org.uk/information/reviews/reviews.html>

199/12

Ageism set to be outlawed: [the Age Discrimination Review]; by John Dixon. Community Care, issue 1799, 10 December 2009, p 26.

The immediate Past President of the Association of Directors of Adult Social

Services (ADASS) sets out what social care services must do to end age discrimination by 2012, in line with the Equality Bill (2009/10 Parliamentary session). He writes from his perspective as chair of the advisory group working in the South West with Ian Carruthers and Jan Ormondroyd on the Age Discrimination Review, which recommends implementing the ban on age discrimination by 2012. People working in both sectors (health and social care) are keen to see an end to age discrimination in their work on personalising services. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

199/13

Equivalence or difference? Revisiting the concept of age equality: report of an Age Concern seminar [held in January 2009]; by Age Concern and Help the Aged. London: Age Concern and Help the Aged, June 2009, 18 pp.

In June 2008, the Government had announced its intention to introduce legislation to outlaw age discrimination in goods, facilities and services (GFS) as part of the equality Bill. In January 2009, Age Concern held a seminar chaired by Andrew Harrop to explore the concept of age equality, with particular reference to older people. This report outlines speakers' presentations and the discussions that followed. Among concepts discussed were "agelessness" and issues around dignity. The seminar posed a series of linked questions, for example, should the focus be on old-age prejudice; to what extent should we promote age-based interventions that favour older people; and would human rights - or "equal human dignity" - provide a better framework for tackling old-age prejudice? (RH)

From: <http://www.ageconcern.org.uk/AgeConcern/Documents/Equivalenceor difference.pdf>

199/14

Just ageing? Fairness, equality and the life course: final report; by Michele Lee, Equality and Human Rights Commission - EHRC; Age Concern and Help the Aged. London: Equality and Human Rights Commission - EHRC; Age Concern and Help the Aged, December 2009, 32 pp (Just Ageing?: fairness, equality and the life course).

In 2009, the Equality and Human Rights Commission (EHRC), and the newly merged charity Age Concern and Help the Aged (Age UK from Spring 2010) jointly established a programme of research and policy seminars called 'Just Ageing?: Fairness, equality and the life course'. The aim was to create a deeper understanding of equality over the life course, and to build momentum for action on the disadvantage that accumulates at different stages of the life and results in inequality in old age. This report builds on the Equality Bill published in 2009. It presents key findings, drawing on new research commissioned by the programme and five seminars held in 2009. It provides background on why questions about ageing, equality and the life course are important and outlines different ways of thinking about these issues. It presents new findings relating to early, mid and late life course factors that affect equality in later life. It offers eight key insights from the research and the seminars, for example the need to increase the voices of older and younger people, and to pay more attention to unpaid carers. The weblink www.equalityhumanrights.com/justageing provides further information. (RH)

From : Age Concern and Help the Aged, 207-221 Pentonville Road, London N1 9UZ. Equality and Human Rights Commission, Arndale House, The Arndale Centre, Manchester M4 3AQ.

Weblink: www.equalityhumanrights.com/justageing

199/15

Making older people equal: reforming the law on access to services in Northern Ireland: report for the Changing Ageing Partnership (Cap); by Lisa Glennon, Brice Dickson, Institute of Governance, School of Law, Queen's University

Belfast. Belfast: Changing Ageing Partnership, February 2009, 93 pp.
The Changing Ageing Partnership (Cap) commissioned this research which was conducted between February 2008 and February 2009. The aim was to examine the laws in other countries to see how they protect people against discrimination on the grounds of age when accessing goods, facilities or services. The aim was to see if such laws could be implemented in Northern Ireland. The four jurisdictions examined - the Republic of Ireland, Canada, the United States, and Australia - have similar legal systems to that of Northern Ireland; and in each, the law was found to protect older people against this form of discrimination very effectively. The report notes widespread support throughout Northern Ireland for the need to do more to ensure older people's rights are protected and promoted and to reform the law accordingly. (RH)
Weblink:<http://www.changingageing.org/Research/ResearchLaunchReports/Filetoupload,139662,en.pdf>

199/16 Submission to the Department of Health: National review of age discrimination in health and social care; by Citizens Advice Bureau. London: Citizens Advice Bureau, 2009, 6 pp (Evidence).

In 2007/08, citizens' advice bureaux (CABs) dealt with 73,890 health and social care issues, of which a large proportion involved older people. This submission comments that most examples of discrimination seen by CABs are indirect: the design of a service means that some older people find it difficult to access a service because of their age. Three areas where service delivery is not sufficiently designed around the needs of older people are hospital transport, help with hospital travel costs, and discharge from hospital. This submission highlights some of the many cases seen by bureaux where it is the combination of a person's age and disability that creates additional needs or vulnerability that are not recognised or provided for. This amounts to multiple discrimination, and often also a failure to make reasonable adjustments relating to the disability. Citizens Advice calls for a provision to outlaw direct and indirect multiple discrimination to be included in the Equality Bill. Such a provision could lead to health and social care providers taking greater account of the combined impact of their users' age and disability. It would provide an additional lever for users, their families and advisers to challenge poor services. (KJ/RH)

From:http://www.citizensadvice.org.uk/index/cr_equalitydiversitydiscrimination/national_review_of_age_discrimination_in_health_and_social_care

199/17 What happens along the diagnostic pathway to CHD treatment? Qualitative results concerning cognitive processes: qualitative results concerning cognitive processes; by Karen E Lutfey, John B McKinlay.

Sociology of Health & Illness, vol 31, no 7, November 2009, pp 1077-1092.
Extensive research on health disparities documents persistent differential diagnosis and treatment of many conditions according to patient characteristics, physician attributes, and healthcare systems. Less is known about how physicians arrive at their decisions. The authors use qualitative data from a vignette-based factorial experiment to examine how physicians reason through and account for their clinical decisions, and how variations arise despite the presentation of identical symptoms of coronary heart disease (CHD). It was found that physicians show evidence of cognitive biases but also actively interpret social characteristics they deem relevant to medical treatment. In an uncertain clinical context, these diagnostic pathways expose key junctures wherein physicians are detoured to alternative diagnoses, their certainty of CHD lowered, and scientific logic makes it difficult to return to a CHD diagnosis - thereby providing a fuller picture of why some cases are counted as CHD while others are not. These results have important implications insofar as diagnostic decisions like these contribute to the compilation of epidemiological base rates, and are therefore used as part of

Bayesian decision making to determine the probability of CHD in subsequent patients. This work resonates with social constructivist concerns regarding the ways disease categories are established and maintained, and potential sources of bias in official rates detected. (KJ/RH)

ISSN: 01419889

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

ASSESSMENT

199/18 All Together Now: a collaborative and relationship-centred approach to improving assessment and care management with older people in Swansea; by Nick Andrews, Deborah Driffield, Vicky Poole.

Quality in Ageing, vol 10, issue 3, September 2009, pp 12-23.

The need for more holistic and inclusive approaches to assessment and care management for older people is widely promoted but difficult to achieve. This paper describes the All Together Now initiative in Swansea, South Wales, which seeks to promote better practice in assessment and care management by actively involving all stakeholders, older people and family carers, and practitioners and service providers from across the statutory and third sectors. The project is underpinned by a relationship-centred approach based on the belief that an enriched environment of care will only be created when the needs of all stakeholders are acknowledged and given attention. How such a model was used to establish the goals for the project is described, together with the proposed model of evaluation. (KJ/RH)

ISSN: 14717794

ASSISTIVE TECHNOLOGY

199/19 Evaluation and value for money analysis of a new telecare service from a user perspective; by G Ellen ap Dafydd, Janet Roberts, Kevin Doughty.

Journal of Assistive Technologies, vol 3, no 3, September 2009, pp 43-49.

Many telecare services will in the future rely on service users to subsidise their existence through a charging policy. This will reduce the level of uptake, and hence the economic efficiency, unless services are shown to offer value for money. As part of a wide audit and evaluation of telecare provision in Gwynedd, service users were asked both about the value of the service to them and to their families. The responses showed that the service was perceived to be valuable to the vast majority of services users, but even more so to their families. Most thought that telecare played a valuable role in helping them to maintain their independence. When asked about the financial value of the service, more than half felt that it was worth £4.50 per week or more without a dedicated response team. The majority would not wish to pay extra for a response team. (KJ/RH)

ISSN: 17549450

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

199/20 HERMES: a FP7 funded project towards the development of a computer-aided memory management system via intelligent computations; by Jianmin Jiang, Fouad Khelifi, Paul Trundle (et al).

Journal of Assistive Technologies, vol 3, no 3, September 2009, pp 27-35.

The authors introduce a new concept in HERMES, the FP7 funded project in Europe, in developing technology innovations towards computer aided memory management via intelligent computation, and helping older people to overcome their decline in cognitive capabilities. In this project, an integrated computer aided memory management system is being developed from a strong interdisciplinary perspective, which brings together knowledge from gerontology to software and hardware integration. State-of-the-art techniques and algorithms for image, video

and speech processing, pattern recognition, semantic summarisation are illustrated, and the objectives and strategy for HERMES are described. Also, more details on the software that has been implemented are provided with future development direction. (KJ/RH)

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199/21

Preliminary results of a medical telecare pilot in Wrexham; by Kath Cooper, Kevin Doughty.

Journal of Assistive Technologies, vol 3, no 3, September 2009, pp 36-42.

A pilot project was initiated in Wrexham in North Wales with two groups of patients suffering from Chronic Obstructive Pulmonary Disease (COPD). One group was provided with a commercial telehealth system (HomMed Genesis) while the other received a medical telecare service involving standalone vital signs peripherals and a phone call from a respiratory nurse who collected data and entered them into a spreadsheet. After four months of monitoring, the outcomes were analysed for both groups and were found to be largely similar both in terms of the interventions, and the perceived quality of life benefits for the patients. A cost benefit analysis showed that the savings to the NHS exceeded the project costs by about £9,000 thanks mainly to a reduction in the number of exacerbations exhibited by the patients. It is recommended that this form of telecare may greatly increase the independence of people with a chronic disease or long-term condition and that further studies need to be initiated to determine which measurement regime is most suitable. (KJ/RH)

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

199/22

Process requirements for building sustainable digital assistive technology for older people; by Wendy Olphert, Leela Damodaran, Panos Balatsoukas (et al).

Journal of Assistive Technologies, vol 3, no 3, September 2009, pp 4-13.

The term 'digital assistive technology' refers to the use of ICTs for the support of older people's everyday tasks. These tasks could range from online shopping to information seeking and searching the web in a variety of ways, e.g. by the use of desktop or ubiquitous computing. Currently, research under the New Dynamics of Ageing Programme, funded by the ESRC, EPSRC, BBSRC, MRC and AHRC, and research funded by other bodies (including SPARC, Strategic Promotion of Ageing Research Capacity), tries to improve older people's quality of life through the exploitation and exploration of new developments in computing and information technology. However, the acceptance rate of digital assistive technology by older people is still low, while the abandonment of already existing technologies increases. The purpose of this paper is to propose a framework for process requirements to inform the decision-making of designers and implementers of digital assistive technologies. These process requirements should facilitate the development of more adaptable user-centred systems that can dynamically accommodate the changing needs of older people and decrease the rate of abandonment of digital assistive technologies. (KJ/RH)

ISSN: 17549450

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

199/23

Tongue in cheek: a novel concept in assistive human machine interface; by Michael Mace, Ravi Vaidyanathan, Shouyan Wang (et al).

Journal of Assistive Technologies, vol 3, no 3, September 2009, pp 14-26.

The authors describe a novel human machine interface system aimed primarily at those who have experienced loss of extremity motor function. The system enables the control of a wide range of assistive technologies such as wheelchairs, prosthetics, computers and general electrical goods at the 'flick of a tongue'. This

system could benefit a huge sector of people including those who have suffered a spinal cord injury, stroke or quadriplegia. The technology focuses on a unique hands-free interface whereby users can issue commands simply by performing subtle tongue movements; these tongue motions are continually monitored by a small microphone positioned comfortably within the ear canal. Due to the physiological connections between these regions and the distinctive nature of the signals, these commands can be detected and distinguished, allowing a control signal to be issued. This inexpensive device offers significant advantages over existing technologies by providing unobtrusive, hygienic control through natural tongue motion. New software has been implemented, achieving over 97% correct classification across four different tongue movements for seven test subjects. Feasibility of the system as an interface for a variety of devices is demonstrated through simulation studies including controlling a prosthetic manipulator and power wheelchair. (KJ/RH)

ISSN: 17549450

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

ATTITUDES TO AGEING

(See Also 199/106, 199/139)

199/24

Older adults' perceptions of mentally ill older adults; by Alicia K Webb, Joy M Jacobs-Lawson, Erin L Waddell (et al).: Taylor & Francis.

Aging & Mental Health, vol 13, no 6, November 2009, pp 838-846.

Many mentally ill older adults are stigmatised, which reduces quality of life and discourages help-seeking. This study's goal was to identify factors associated with stigma. 101 community-dwelling older adults were asked to indicate their attitudes toward and reactions to three hypothetical older women with depression, anxiety, or schizophrenia. The results suggest that schizophrenic persons are viewed as most dangerous and dependent, while anxious persons are seen as most responsible for their illness. Age, gender, and educational level of participants were associated with desired social distance and differing perceptions of the hypothetical persons. These findings can be used to improve educational efforts that seek to reduce the stigma associated with mental illness in older adults.

(KJ/RH)

ISSN: 13607863

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

BLACK AND MINORITY ETHNIC GROUPS

(See 199/7)

CARE MANAGEMENT

(See 199/18)

CARERS AND CARING

199/25

Communication skills in caring for older people; by R A Powis, S Syed, J H Adams.

GM (Geriatric Medicine), vol 39, no 11, November 2009, pp 621-626.

Good communication skills are essential, particularly in the care of older people. Interactions between doctors and patients or patients' relatives will increase since the arrival of lasting power of attorney, implemented with the Mental Capacity Act in 2005. This article looks at the special nature of communication between the doctor, older patients and their relatives. Also presented is a model of good

practice in communicating with the relatives of older patients. (KJ/RH)
ISSN: 0268201X
From : <http://www.gerimed.co.uk>

- 199/26 Confidence boost for carers: [Caring with Confidence programme]; by Amy Taylor.
Community Care, issue 1800, 7 January 2010, pp 30-31.
Caring with Confidence was launched in April 2009 and aims to have reached 27,000 carers by the end of March 2011. The programme is backed by the Department of Health with funding of £4.6m per year for the next two years. It is part of the 2008-renewed National Carers' Strategy and the New Deal for Carers, which aims to improve support for carers. The programme is being delivered by a consortium of five organisations - Carers UK, The Princess Royal Trust for Carers, Crossroads Caring for Carers, Partners in Policymaking and the Expert Patients Projects Community Interest Company. There are currently 26 Caring with Confidence schemes across England. They are run by a range of providers including voluntary sector organisations, local authorities and primary care trusts. (KJ/RH)
ISSN: 03075508
From : www.communitycare.co.uk

CONTINENCE

- 199/27 Do self-reported 'integrated' continence services provide high-quality continence care?; by Adrian Wagg, Derek Lowe, Penny Peel (et al).
Age and Ageing, vol 38, no 6, November 2009, pp 730-733.
Systematic collection of clinical outcome data remains the most difficult task in the measurement of clinical effectiveness. However, the examination of the relationship between organisational and clinical process of care may provide a surrogate measure of quality in care. Data from the 2006 National Audit of Continence Care for Older People were used to examine whether there was an association between organisational structure and standard of continence care for older people. 'Quality' scores were produced and the relationship between scores was examined. Results showed that there were statistically significant correlations between organisational and process scores for continence care. Primary care scored higher than hospitals or care homes in regard to service organisation. Differences were less with clinical process scores for urinary incontinence and for faecal incontinence. Those with an integrated service provide higher quality care to older people. The provision of high-quality care for continence appears to be dependent upon well-organised services with personnel who have the appropriate training and skills to deliver the care. (KJ/RH)
ISSN: 00020729
From : <http://www.ageing.oxfordjournals.org>

CRIME

- 199/28 Your doorstep, your decision: protecting the people you care about from rogue doorstep selling; by Office of Fair Trading - OFT. London: Office of Fair Trading - OFT, November 2009, 11 pp.
A clear, succinct guide on to how to handle doorstep selling, which is when someone sells goods or services in your home or on your doorstep. Older homeowners are likely to be more susceptible to high pressure selling techniques, and should be aware of their right to cancel. (KJ/RH)
From : To order telephone: 0800 389 3158

- 199/29 Your security: personal safety at home and in the street; by Help the Aged. London: Help the Aged, January 2009, 19 pp (Advice leaflet ID8042). This leaflet includes advice on topics aimed to help increase the security, and the perception of security of older people in their own home. The topics include: bogus callers, deterring casual thieves, and joining Neighbourhood Watch. However, it should be emphasised that older people are no more at risk of burglary than other people but the impact of a burglary, or just the fear that it might happen to them, can have a more significant impact. This pamphlet has been endorsed by Safe Partnership, the national charity that secures the homes of victims of crimes that have compromised the security of their homes. (KJ/RH)
From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ.

DEMENTIA

(See Also 199/110, 199/134)

- 199/30 Caring for people with dementia: noise and light; by Jan Dewing. Nursing Older People, vol 21, no 5, June 2009, pp 34-38. Sensory stimulation can have a significant effect on the well-being of people with dementia. The author explains how, with some simple modifications, nurses can make the care environment more therapeutic. Specifically, she explores how two fundamental aspects of sensory stimulation, noise and light, affect the person with dementia. (RH)
ISSN: 14720795
From : <http://www.nursingolderpeople.co.uk>
- 199/31 Caring for people with dementia in non-specialist settings; by Donna Doherty, Elizabeth Collier. Nursing Older People, vol 21, no 6, July 2009, pp 28-31. Reviewing the literature, the authors highlight how many nurses feel ill-prepared to care for people with dementia. The article provides a selective review and discussion of the literature, focusing on educational issues for adult health nurses caring for people with dementia in general hospital settings. The term "adult health nurses" refers to registered nurses (adult) and registered general nurses (RGNs). (RH)
ISSN: 14720795
From : <http://www.nursingolderpeople.co.uk>
- 199/32 Expert opinion on the management of behavioural and psychological symptoms of dementia (BPSD) and investigation into prescribing practices in the UK; by Delia Bishara, David Taylor, Robert J Howard (et al). International Journal of Geriatric Psychiatry, vol 24, no 9, September 2009, pp 944-954. The management of Behavioural and Psychological Symptoms of Dementia (BPSD) has been the subject of considerable debate over the last few years, in view of the poor evidence base for pharmacological agents and concerns about their safety. This study sought to obtain expert opinion on the management of BPSD and to investigate current prescribing practices in the UK. A total of 166 expert opinion surveys were emailed to UK consultants in Old Age Psychiatry asking them to rate the appropriateness of psychotropics in different aspects of BPSD. A service evaluation was also carried out in 8 UK centres to investigate prescribing patterns. Overall, 59 consultants returned completed questionnaires, a response rate of 35%. Results revealed that experts rated quetiapine as the most appropriate agent for all BPSD, followed by acetylcholinesterase inhibitors for psychotic symptoms, benzodiazepines for agitation or aggression and trazodone for behavioural symptoms such as disinhibition. The service evaluations showed

that benzodiazepines were most frequently prescribed for BPSD. Although quetiapine was judged by experts to be the most appropriate agent for BPSD, it appears that in clinical practice benzodiazepines are most often used to manage these symptoms. Evidence from both studies show wide inconsistencies in prescribing trends. (KJ/RH)

ISSN: 08856230

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

199/33 Improve care through a pathway to early diagnosis: [National Dementia Strategy]; by Stuart Shepherd.

Health Service Journal, no 6150, 2 April 2009, pp 18-19.

The National Dementia Strategy sets out to improve millions of lives through early intervention. 'Living well with dementia' (Department of Health, February 2009) identifies 17 main objectives for improving the quality of services to people, whether or not they have been diagnosed with dementia. This article highlights two aspects that have been given prominence: a memory clinic "in every town"; and community outreach services. (RH)

ISSN: 09522271

From : www.hsj.co.uk

199/34 Integrated dementia care in The Netherlands: a multiple case study of case management programmes; by Mirella M N Minkman, Suzanne A Ligthart, Robbert Huijsman.

Health and Social Care in the Community, vol 17, no 5, September 2009, pp 485-494.

The number of dementia patients is growing, and they require a variety of services, making integrated care essential for the ability to continue living in the community. Many healthcare systems in developed countries are exploring new approaches for delivering health and social care. The purpose of this study was to describe and analyse a new approach in extensive case management programmes concerned with long-term dementia care in The Netherlands. The focus is on the characteristics, and success and failure factors of these programmes. A multiple case study was conducted in eight regional dementia care provider networks in The Netherlands. Based on a literature study, a questionnaire was developed for the responsible managers and case managers of the eight case management programmes. During 16 semi-structured face-to-face interviews with both respondent groups, a deeper insight into the dementia care programmes was provided. Project documentation for all the cases was studied. The eight programmes were developed independently to improve the quality and continuity of long-term dementia care. The programmes show overlap in terms of their vision, tasks of case managers, case management process and the participating partners in the local dementia care networks. Differences concern the targeted dementia patient groups as well as the background of the case managers and their position in the local dementia care provider network. Factors for success concern the expert knowledge of case managers, investment in a strong provider network and coherent conditions for effective inter-organizational cooperation to deliver integrated care. When explored, caregiver and patient satisfaction was high. Further research into the effects on client outcomes, service use and costs is recommended in order to further analyse the impact of this approach in long-term care. To facilitate implementation, with a focus on joint responsibilities of the involved care providers, policy recommendations are to develop incentives for collaborative financial contracts between insurers and providers. (KJ/RH)

ISSN: 09660410

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

- 199/35 Living well with dementia in a care home: a guide to implementing the National Dementia Strategy; by Hazel Heath, Deborah Sturdy, Caring Times; Journal of Dementia Care; Nursing Older People (et al). London: RCN Publishing, November 2009, 16 pp (Essential guide).
 'Living well with dementia: a national dementia strategy' (Department of Health, 2009) provides a strategic framework within which local services can deliver quality improvements to dementia services and address health inequalities relating to dementia. This essential guide highlights key issues of the national dementia strategy for care homes and implications for providers and managers of care home services. Information is drawn from the strategy document and page numbers are referenced. The implementation plan for the strategy can be found at (www.dh.gov.uk/dementia). The strategy is accompanied by an economic impact assessment, modelled over five years and is available on the Department of Health's dementia website. (KJ/RH)
From : RCN Publishing Company Ltd., The Heights, 59-65 Lowlands Road, Harrow, Middlesex HA1 3AW. www.rcnpublishing.co.uk
- 199/36 People with dementia and sight loss: a scoping study of models of care; by Ruth Bartlett, Declan McKeefry, Thomas Pocklington Trust; Division of Dementia Studies, University of Bradford; Division of Optometry, University of Bradford. London: Thomas Pocklington Trust, 2009, 7 pp (Research findings, no 25).
 The main aim of this scoping study was to assess the extent to which existing models of best practice in dementia care were sensitive to sight loss issues. The study reviewed the literature; reviewed the scientific research on sight loss and people with dementia; examined how sensitive models of dementia care practice are to sight loss issues; and explored how sensitive dementia care providers are to sight loss issues. Data were collected by database searches of the academic literature, interviewing seven practitioners, and auditing working practices on four care homes for older people. Among recommendations are developing and piloting a more integrated sensory model of practice, integrating the elements of the enriched and Nightingale-based models; and seeking to influence implementation of the National Dementia Strategy (NDS) for England. A report in the form of an Occasional Paper (same title) is also available from the Trust. (RH)
From : Thomas Pocklington Trust, 5 Castle Row, Horticultural Place, London W4 4JQ. www.pocklington-trust.org.uk
- 199/37 Primary care and dementia: 1. diagnosis, screening and disclosure; by Steve Iliffe, Louise Robinson, Carol Brayne (et al), Primary Care Clinical Studies Group, Dementia and Neurodegenerative Diseases Research Network (DeNDRoN). International Journal of Geriatric Psychiatry, vol 24, no 9, September 2009, pp 895-901.
 The aim of this study was to write a narrative review of the roles of primary care practitioners in caring for people with dementia in the community. The systematic review carried out for the NICE/SCIE Guidelines was updated from January 2006. Cochrane Reviews were identified, and other publications found by consultation with experts. The insidious and very variable development of dementia syndromes makes recognition of the syndrome problematic in primary care. Dementia is probably under-diagnosed and under-treated, with an estimated 50% of primary care patients over 65 not diagnosed by their primary care physicians. This problem of under-diagnosis is probably not due to lack of diagnostic skills, but rather to the interaction of case-complexity, pressure on time and the negative effects of reimbursement systems. Primary care physicians often over-estimate the prevalence of dementia syndromes, but in some countries may also overestimate the prevalence of vascular dementia (VaD) compared with Alzheimer's disease (AD). Diagnosis is a step-wise process which can be aided by

use of a cognitive function test, of which there are a number suitable for primary care use. Evidence-based practice protocols can enhance detection rates in primary care, and there is growing evidence that communication skills in talking to people with dementia about dementia can be improved. Nevertheless there are multiple obstacles to bringing recognition forward in time, both in public awareness and professional understanding of the early changes in dementia. There is insufficient evidence of benefit to justify population screening in primary care, but earlier recognition of people with dementia syndrome is possible within primary care. The diagnosis of dementia is a shared responsibility between generalist and specialist disciplines. Primary care physicians should explore patients' ideas and concerns around their symptoms prior to referral and tentatively discuss possible diagnoses. Once the diagnosis has been confirmed, the primary care physician should provide both practical and emotional support to allow the patient and their family to come to terms with living with dementia, and refer them for additional psychosocial support if required. (KJ/RH)

ISSN: 08856230

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

199/38

Recognising and supporting self in dementia: a new way to facilitate a person-centred approach to dementia care; by Fiona Kelly.

Ageing and Society, vol 30, part 1, January 2010, pp 103-124.

This paper reports findings from a three-year study which integrated Kitwood's (1997) person-centred and Sabat's (2001) selfhood approaches in the design, fieldwork and analysis of a multi-method observational study that explored the social worlds of 14 people with dementia in continuing care. The types of interactions that participants experienced in everyday ward life and during creative sessions were identified by observing, video-recording and engaging with them, and by Dementia Care Mapping (DCM). The participants' responses to such interactions in terms of their well- or ill-being and expressions of self were identified and documented. The findings indicate that in the wards, staff interactions were often limited and sometimes abusive and that participants experienced ill-being, whereas during creative sessions, interactions were generally facilitatory and celebratory with the participants experiencing well-being. By developing the selfhood approach and integrating it with the person-centred approach, the author argues that recognising and supporting selfhood (or not) during interactions can lead to qualitatively different staff behaviours, with consequences for the well- or ill-being of people with dementia. There is scope for incorporating this developed selfhood framework into staff training, for it has the potential to transform practice and the experiences of people with dementia in receipt of care. (KJ/RH)

ISSN: 0144686X

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

doi:10.1017/S0144686X09008708

199/39

Visual hallucinations in sight loss and dementia; by Joanna Murray, Dominic ffytche, Kate Briggs, Thomas Pocklington Trust; Institute of Psychiatry, King's College London. London: Thomas Pocklington Trust, 2009, 7 pp (Research findings, no 27).

The Thomas Pocklington Trust report on the experiences of people with sight loss and dementia and their carers highlighted the incidence of visual hallucinations - the vivid experience of seeing something that is not actually there. These hallucinations led to confusion and distress for the individual, and carers felt uncertain about how best to respond to them. This finding led to the present review of medical and social science literature, which found limited knowledge about people with both sight loss and dementia who are affected by hallucinations. 215 articles were found, and this publication summarises the

review's findings on: prevalence, risk factors, course and outcome; the experience of hallucinations; clinical and other interventions; and the experience and expertise of health and social care professionals. Recommendations for future research are made. An Occasional Paper (same title) and the full report, 'Visual hallucinations in sight loss and dementia: a review of the literature', are also available on request from the Trust. (RH)

From : Thomas Pocklington Trust, 5 Castle Row, Horticultural Place, London W4 4JQ. www.pocklington-trust.org.uk

DEPRESSION

(See Also 199/154)

- 199/40 Age and depression in patients with metastatic cancer: the protective effects of attachment security and spiritual wellbeing; by Christopher Lo, Judy Lin, Lucia Gagliese (et al).
Ageing and Society, vol 30, part 2, February 2010, pp 325-336.
Psychological distress in cancer patients is inversely related to age, although the reasons are unclear. The adult development literature suggests that ageing may be associated with the development of adaptive capacities, specifically greater attachment security (the sense that others will be available and supportive when needed) and spirituality (the capacity to view one's life as having meaning, purpose and value), that enable older people to cope better with disease. The authors examined whether age-related patterns in attachment security and spiritual well-being account for the protective effect of age against distress. Measures of depression, attachment security, spiritual well-being and disease burden were collected from 342 Canadian patients aged from 21 to 88 years with advanced, metastatic cancer. Attachment security and spiritual well-being were tested as mediators of the effect of age on depression, controlling for disease burden. It was found that age was associated inversely with depression and positively with spiritual well-being and attachment security. Depression was inversely related to attachment security and spiritual well-being, and the effect of age on depression was fully mediated by attachment security and spiritual well-being. The relative protection from psychological distress among older cancer patients may be the result of age-related developmental accomplishments and/or differences in the response to adverse life-events. (KJ/RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>
doi:10.1017/S0144686X09990201
- 199/41 Lifestyle and depression; by John Wattis, Stephen Curran.
GM (Geriatric Medicine), vol 39, no 10, October 2009, pp 570-573.
The reciprocal link between depression and poor physical health has long been recognised. Exercise is a useful intervention, and its direct benefits may be enhanced by the increased social engagement elicited. A healthy diet is probably helpful, but no specific nutritional deficiencies have been conclusively linked with depression. Religious and spiritual activities seem beneficial, in part due to social functioning. Loneliness and isolation are associated with both development of and maintenance of depression. (KJ/RH)
ISSN: 0268201X
From : <http://www.gerimed.co.uk>
- 199/42 Unmet needs and depressive symptoms among low-income older adults; by Namkee G Choi, Graham McDougall.: The Haworth Press, Inc..
Journal of Gerontological Social Work, vol 52, issue 6, 2009, pp 567-583.
Previous studies have found that declining health, decreased social interaction,

and inadequate financial resources were significant risk factors for late-life depression, and social support from families and friends and religiosity were significant protective factors. In this study, the researchers examined if low-income older adults' perceived unmet need for home- and community-based services for many ageing-associated problems would be independently associated with their depressive symptoms, controlling for these known risk and protective factors. A total of 213 community-residing older adults were interviewed to assess their depressive symptoms, using the Geriatric Depression Scale (GDS), and unmet needs in the areas of personal assistance, instrumental and environmental support, emotional support, and other facilitative/enabling services. It was found that the number of unmet needs was significantly positively associated with these older adults' depressive symptoms, although it explained only a small proportion of the variance of the GDS scores. Future research and practice implications are discussed. (KJ)

ISSN: 01634372

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

DISABILITY

(See Also 199/36, 199/39)

199/43

Emotional support to people with sight loss; by Margot A Gosney, Christina R Victor, Thomas Pocklington Trust; Institute of Health Sciences, University of Reading. London: Thomas Pocklington Trust, 2009, 6 pp (Research findings, no 26).

Adjustment to acquired sight loss can be challenging. To identify the evidence, Thomas Pocklington Trust commissioned and funded a project at the Institute of Health Sciences, University of Reading, to research the needs of people with sight loss for emotional support and the responses to those needs. The aim was to update the existing evidence base by building on a previous literature review and highlighting areas for future research. This publication summarises the research findings regarding the need for emotional support and on interventions to meet emotional support needs. An Occasional Paper (same title) is also available from the Trust. (RH)

From : Thomas Pocklington Trust, 5 Castle Row, Horticultural Place, London W4 4JQ. www.pocklington-trust.org.uk

ECONOMIC ISSUES

(See 199/68)

EDUCATION

(See 199/81)

EMPLOYMENT

(See Also 199/72, 199/104)

199/44

Effects of human capital on the likelihood of working in later life; by Yoon G Lee, Susan M Brown.

Hallym International Journal of Aging, vol 11, no 2, 2009, pp 155-172.

Using data from the 2004 Health and Retirement Study (HRS), this study attempted to profile individuals in the work force in later life and examined the effects of human capital and other socioeconomic factors on the likelihood of

working in later life among individuals aged 65 or older. The results of the logistic regression analysis indicated that individuals with more education, more work experience, in better health, younger age, who were male, and who were unmarried were more likely to work in the labour force past the age of 65. This study concluded that human capital factors, such as formal education, work experience, and health had significant impacts on the likelihood of individuals working in later life. Implications and conclusions were drawn based on the findings of the study. (KJ)

ISSN: 15356523

From : <http://baywood.com>

199/45

Older workers: employment preferences, barriers and solutions; by Deborah Smeaton, Sandra Vegeris, Melahat Sahin-Dikmen, Policy Studies Institute - PSI; Equality and Human Rights Commission - EHRC. Manchester: Equality and Human Rights Commission, 2009, 200 pp (Equality and Human Rights Commission Research report, 43).

The Policy Studies Institute (PSI) and IFF Research were commissioned by the Equality and Human Rights Commission (EHRC) as part of its Working Better programme to explore the needs and preferences of older people in relation to work, obstacles to the achievement of those preferences and the means by which those obstacles may be overcome. The study is based on a survey of 1,491 older individuals aged 50-75, a review of employer good practice, and interviews with stakeholders and employers. This report explores quality of working life for those in employment; reasons for unemployment and inactivity for those under State Pension Age (SPA); and the preferences of those who are inactive above SPA. The report also looks at: retirement planning; awareness of legislation and use of rights; and other themes emerging from the study such as caring responsibilities and health. It presents a review of organisational good practice, which includes findings from 10 interviews with age positive employers. Overall, the report shows that most older workers wish to continue working up to and beyond SPA, either for financial reasons or enjoyment. However, large minorities are dissatisfied with hours and lack of flexibility of their jobs. Moreover, older men are better prepared financially to exercise choice than older women. Appendices includes the questionnaire used in the study. (RH)

From : Equality and Human Rights Commission, Arndale House, The Arndale Centre, Manchester M4 3AQ.

<http://www.equalityhumanrights.com>

199/46

Working better: a manager's guide to ... flexible working; by Alison Maitland, Working Better Team, Equality and Human Rights Commission - EHRC. Manchester: Equality and Human Rights Commission, October 2009, 44 pp (Guidance).

This guide is designed to help business managers discover and implement innovative working methods which improve productivity and customer service, save money, and enable employees to balance their work and personal lives. It uses case studies to illustrate: the benefits of adaptable business model (West Bromwich Tool and Engineering Company and BT); key principles (Sainsbury's); creating a flexible workplace (National Grid); key management skills (Clock, a digital agency); flexibility for everyone in all types of jobs (IBM); and problem solving (Addleshaw Goddard, a law firm). Four employees also recount their experiences of flexible working. Weblinks to further information sources are suggested. (RH)

From : Equality and Human Rights Commission, Arndale House, The Arndale Centre, Manchester M4 3AQ.

<http://www.equalityhumanrights.com/workingbetter>

<http://www.equalityhumanrights.com/hereforbusiness>

- 199/47 Working better: meeting the changing needs of families, workers and employers in the 21st century; by Equality and Human Rights Commission - EHRC. Manchester: Equality and Human Rights Commission, March 2009, 84 pp.
The Working Better project is aimed at setting a new agenda to meet the changing needs of families, workers and employers in the 21st century. Its purpose is to find solutions that will increase choice, fairness and equality, and improve the outlook for the economy over the long term. This report focuses on reforms to parental leave and the extension of flexible working, and contains two major pieces of research on these topics. While most of the findings relate to children and families, the overall aim is to campaign for cultural and legislative change. Among next steps is to develop a programme that will find ways of opening up better working choices for older workers, disabled workers and carers. (RH)
From : Equality and Human Rights Commission, Arndale House, The Arndale Centre, Manchester M4 3AQ.
<http://www.equalityhumanrights.com/workingbetter>
- 199/48 Working better: the over 50s, the new work generation; by Alison Maitland, Working Better Team, Equality and Human Rights Commission - EHRC. Manchester: Equality and Human Rights Commission, January 2010, 18 pp.
The ageing of the population has led policy-makers to put a high priority on extending working life. However, little attention has been paid to creating the conditions to enable people to work beyond retirement age; and traditional views about older workers still shape the attitudes of many employers. This report presents the findings of a telephone survey of 1,500 people aged 50-75 about their work aspirations and the barriers facing them. It reveals that many assumptions about this age group are wrong, and that the majority of workers age 50+ (62% of women and 59% of men) want to continue working beyond state pension age. Also included are three case studies of employers and individuals benefiting from age positive practices at Domestic & General, Centrica, and West Bromwich Tool and Engineering Company. (RH)
From : Equality and Human Rights Commission, Arndale House, The Arndale Centre, Manchester M4 3AQ.
<http://www.equalityhumanrights.com/workingbetter>

END-OF-LIFE CARE

(See Also 199/107, 199/108)

- 199/49 Beginning of the end: [end of life care]; by Daloni Carlisle. Health Service Journal, no 6161, 18 June 2009, pp 22-24.
Most people say they would prefer to die at home, but many do not as end of life care has traditionally been neglected. This article looks at three examples of end of life care: the Liverpool Care Pathway; the Marie Curie End of Life Care Programme; and work by Norfolk PCT in partnership with Norfolk County Council using the Marie Curie Delivering Choice toolkit. Each in its own way aims to help those close to death. (RH)
ISSN: 09522271
From : www.hsj.co.uk
- 199/50 How to improve end of life care in acute hospitals; by Merryn Gott, Jane Seymour, Michael Bennett (et al). Nursing Older People, vol 21, no 7, September 2009, pp 26-29.
A greater emphasis on palliative care can help counter failures that lead to the poor care of older people who end their lives in hospital. This article highlights the need to improve care for older people dying in acute hospitals. It discusses the

role that nurses have to play in promoting better care and in making the necessary changes easier. A 3-year project funded by the National Institute for Health Research under the Service Delivery and Organisation (SDO) programme aims to contribute to the evidence base for generalist palliative care management in acute hospitals in England. The reader is directed to a website (www.transitionstopalliativecare.co.uk) for more information about the project. (RH)

ISSN: 14720795

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

EPIDEMIOLOGY

(See 199/58)

ETHICAL ISSUES

(See 199/88)

FALLS

- 199/51 Post-traumatic stress disorder in older people after a fall; by Man Cheung Chung, Kevin J McKee, Chris Austin (et al).
International Journal of Geriatric Psychiatry, vol 24, no 9, September 2009, pp 955-964.

Post-traumatic Stress Disorder (PTSD) is a debilitating psychological condition, never studied in relation to falls in older people. This study determined the prevalence and correlates of PTSD in a convenience sample of 196 people aged 65+ post-fall. Baseline data were collected by interview in hospital post-fall and by postal self-completion at 12 and 24 weeks post-baseline.

Information collected at baseline included falls-related data, activity problems, fear of falling, PTSD symptoms, anxiety and depression, and at follow-up PTSD symptoms, anxiety and depression, the receipt of rehabilitation and further falls. In hospital, of 40 participants whose fall had occurred more than 1 month previously, 35% had full acute PTSD and 17.5% had partial acute PTSD. At follow-up, full or partial chronic PTSD was found in 26.1% of participants at first follow-up, and in 27.4% of participants at second follow-up. Older age, pre-fall activity problems, fear of falling, and anxiety assessed at baseline were associated with follow-up PTSD diagnosis, as were anxiety and depression assessed concurrently. PTSD occurs in a substantial minority of older people post-fall. No pattern emerged of factors predictive of PTSD, although the association between fear of falling and PTSD suggests some patients thought to have fear of falling may be manifesting PTSD and require identification to enable therapeutic intervention. (KJ/RH)

ISSN: 08856230

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

FAMILY AND INFORMAL CARE

(See Also 199/80)

- 199/52 Effects of marital closeness on the transition from caregiving to widowhood; by Rachel A Pruchno, Francine P Cartwright, Maureen Wilson-Genderson.: Taylor & Francis.

Aging & Mental Health, vol 13, no 6, November 2009, pp 808-817.

The aim of this study is to examine the effects of marital closeness on indicators of well-being (depressive symptoms, grief, and relief) as spouses transition from

the role of caregiver to that of widowed person. 118 spouses of persons with end stage renal disease were interviewed prior to and after the death of the patient. Spouses reported on marital closeness, multiple indicators of pre-death strain as reflected by subjective health, depressive symptoms, caregiving burden, and caregiving satisfaction, as well as post-loss feelings of grief, depression, and relief. Hierarchical regressions indicated that post-loss grief was predicted by gender ($b = 0.32, p = 0.001$), self-reported health ($b = -0.28, p = 0.01$), marital closeness ($b = 0.22, p = 0.05$), and pre-loss depressive symptoms ($b = 0.19, p = 0.10$). Caregiver burden ($b = 0.28, p = 0.05$) and marital closeness ($b = -0.41, p = 0.001$) before the death, predicted relief from the caregiver role post-loss. Subjective health ($b = -0.21, p = 0.05$) and pre-loss depressive symptoms ($b = 0.47, p = 0.001$) predicted change in depressive symptoms over time. These data highlight differences in the experiences of grief, relief, and depressive symptoms and suggest that marital closeness plays a central role. Results are interpreted in terms of theory regarding marital quality. Implications for interventions to improve the lives of caregivers and newly widowed spouses are discussed. (KJ/RH)

ISSN: 13607863

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

199/53

Examining the social context in the caregiving experience: correlates of global self-esteem among adult daughter caregivers to an older parent with cancer; by Yaacov G Bachner, Dan Karus, Victoria H Raveis.

Journal of Aging and Health, vol 21, no 7, October 2009, pp 1016-1039.

This study's aim was to examine the associations between various patient, disease, situation, and caregiver characteristics (organised by five conceptual domains) and global self-esteem among caregiver daughters to parents with cancer. Dyads comprising 237 cancer outpatients and their adult caregiving daughter completed structured telephone interviews. Two of the five domains of potential correlates significantly predicted caregiving daughters' global self-esteem: daughters' sociodemographics, and constraints on or facilitators of caregiving. Daughters' overall sense of self-worth was directly correlated with their household income and inversely correlated with greater depressive affect and the number of patient needs for which someone else provided assistance. It was also correlated with the daughters' other role obligations. A higher sense of self-worth was associated with either being employed or having to care for a child or grandchild. A lower sense of self-worth was associated with having a spouse/partner. The present analysis documents the complexity of social connectedness, demonstrating that various role obligations contribute to caregiving daughters' global self-esteem in different ways. In the context of assuming cancer care provision, daughters' existing repertoire of social roles may possibly mediate the stress associated with their care involvement or serve as a buffer against the strain of the caregiving experience. (KJ)

ISSN: 08982643

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

199/54

Patterns of informal help and caregiving in Sweden: a thirteen-year perspective; by Magnus Jegermalm, Eva Jeppsson Grassman.

Social Policy & Administration, vol 43, no 7, December 2009, pp 681-701.

This article analyses informal help and caregiving in Sweden with a focus on the scope and trends of change over time. The discussion is based on the results of three national surveys and of one survey conducted in the county of Stockholm. The results indicated that informal help and caregiving was common throughout the period under study. In the 1990s, the figures were fairly stable, while from the late 1990s to 2005 there seems to have been a dramatic increase in the prevalence of such support. Two interpretative perspectives are used to discuss this pattern. One locates its point of departure in recent welfare state changes and in the

substitution argument, according to which cuts in welfare services put more pressure on people to provide informal help and care. The second perspective relates to the present debate on civil society and to its possible role in contemporary society. According to the civil society perspective, an increase in the prevalence of informal help and caregiving might be interpreted as an expression of growing civic involvement 'in its own right', without a straightforward and simple relationship to changes in the welfare state. It is argued in the article that the two frames of interpretation should not be viewed as mutually exclusive, but rather that they represent two partly complementary approaches to the understanding of the complex dynamics of unpaid work in contemporary Swedish society. (KJ/RH)

ISSN: 01445596

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

GERONTOLOGY (GENERAL)

199/55

Peter Townsend (1928-2009); by Alan Walker.

Ageing and Society, vol 29, part 7, October 2009, pp 1007-1013.

An appreciation of the work of Professor Peter Townsend as sociologist, foundation social gerontologist, social policy analyst and campaigner. David Walker comments that Peter Townsend's interest in the sociology of ageing and later life began at Cambridge in the late 1940s, and that then with Brian Abel-Smith, there were PEP (1954) and Fabian Society (1955) pamphlets on pensions. Walker concentrates on Peter Townsend's four main books on old age: 'The family life of old people' (1957); 'The last refuge' (1962); 'Old people in three industrial societies' (with Shana et al, 1968); and 'The aged in the welfare state' (with Dorothy Wedderburn, 1965). Because much of this work was published more than 40 years ago, it is cited less often than it should be. Peter Townsend's role as a campaigner for a national superannuation scheme and in tackling poverty is acknowledged, but he will be remembered as much for being one of the main founders of social gerontology as a discipline. (RH)

ISSN: 0144686X

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

GOVERNMENT AND POLICY

199/56

Building a society for all ages - consultation response: presented to Parliament by the Secretary of State for Work and Pensions; by Department for Work and Pensions - DWP; Department of Health - DH; Department for Communities and Local Government - DCLG. London: TSO, February 2010, 25 pp (Cm 7800) (Building Britain's future).

This document outlines the main findings to the consultation on 'Building a society for all ages', on which there were 345 written responses, and summarises how the strategy replacing 'Opportunity Age' will be developed. Each of the four chapters notes points from the responses and outlines developments in 2009 since publication of the strategy. First, in 'Creating a society for all ages', respondents desire to see more older role models and positive images of later life, and particularly for the public sector to tackle age discrimination in all its services. Since the consultation, there has been a review into ending age discrimination and promoting age equality in health and social care (October); creation of the UK Advisory Forum on Ageing (July); and the 2010 Inclusive Design Challenge. Opinions in 'Living well in later life' include greater choice about whether or not to work longer, with some supporting the removal of the default retirement age (DRA); and good local service delivery for people of all ages. Next, in 'Preparing well for later life', respondents wanted more information about ageing throughout life, particularly in the run up to and in retirement. Third, flexible retirement,

staying active and keeping connected were the main themes on 'Living well in later life'. Lastly, in 'The right support for those who need it', having sufficient financial support and early intervention were both recognised as vital in helping people live independently for longer in later life. Developments include the Partnerships for Older People Projects (POPPs) programme, and the introduction in Parliament of the Personal Care at Home Bill (November). An Annex, 'A good place to grow older - a national commitment', sets out a commitment from central government and national organisations to encourage and support Local Strategic Partnerships to develop their areas as good places to grow older, and where older people's independence, well-being and participation is supported and developed. (RH)

Price: £7.95

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

Weblink:http://www.hmg.gov.uk/buildingasocietyforallages/consultation_response.aspx More information from: Age Stakeholder Team, Department for Work and Pensions, Level 5, Caxton House, Tothill Street, London SW1H 9NA. Email: allages@hmg.gov.uk

HEALTH CARE

(See Also 199/17)

199/57

Reducing the health risks of severe winter weather among older people in the United Kingdom: an evidence-based intervention; by Claire Gascoigne, Kevin Morgan, Harriet Gross (et al).

Ageing and Society, vol 30, part 2, February 2010, pp 275-298.

Excess winter morbidity and mortality among older people remain significant public health issues in those European countries which experience relatively mild winter temperatures, particularly the United Kingdom (UK), Ireland, Portugal and Spain. In the UK, episodes of severe winter weather, when ambient temperatures fall below 5°C, are associated with peaks in general practitioner consultations, hospital admissions, and cardiovascular deaths among those aged over 65. While research indicates that such health risks could be substantially reduced by the adoption of appropriate behavioural strategies, accessible and credible advice on how older people can reduce risk during 'cold snaps' is lacking. This paper describes a programme of research that aimed: (a) to translate the relevant scientific literature into practical advice for older people in order to reduce health risk during episodes of severe winter weather; and (b) to integrate this advice with a severe winter weather 'Early Warning System' developed by the UK Met Office. An advice booklet was generated through a sequential process of systematic review, consensus development, and focus group discussions with older people. In a subsequent field trial, a combination of the Met Office 'Early Warning System' and the advice booklet produced behavioural change among older people consistent with risk reduction. The results also show that long-held convictions about 'healthy environments' and anxieties about fuel costs are barriers to risk reduction. (KJ/RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso>
doi:10.1017/S0144686X09990298

199/58

Slow walking speed and cardiovascular death in well functioning older adults: prospective cohort study; by Julien Dumurgier, Alexis Elbaz, Pierre Ducimetière (et al).

British Medical Journal, vol 339, no 7731, 21 November 2009, p 1187.

What is the relation between slow walking speed over a short distance and mortality, overall and according to main causes of death in older people living in

the community? For older people, a slow walking speed over a short distance is associated with an increased risk of death, in particular of cardiovascular mortality. This is a summary of a paper that was published on bmj.com as BMJ 2009; 339:b4460. The study concerns 3,208 participants aged 65-85 living in the community recruited from 1999 to 2001 from the Dijon centre of the Three City (3C) Study in France. During follow-up, 209 deaths occurred. Mortality (per 1000 person years) was 19.2 for those with a walking speed in the lowest third (1.5 metre per second or less in men, 1.35 m/s in women) and 89.5 in those who walked faster. Participants in the lowest third of walking speed had an increased risk of all cause and cardiovascular mortality, while there was no association with mortality from cancer or other causes of death. (RH)

ISSN: 09598138

From : www.bmj.com

199/59

Socio-economic inequalities in physical functioning: a comparative study of English and Greek elderly men; by Faiza Tabassum, Georgia Verropoulou, Cleon Tsimbos (et al).

Ageing and Society, vol 29, part 7, October 2009, pp 1123-1140.

The associations between socio-economic position (SEP) and physical functioning have frequently been investigated, but little is known about which measures of SEP are the best to use for older people. This study used data derived from Wave 1 of the English Longitudinal Study of Ageing (ELSA) and the Survey of Health, Ageing and Retirement in Europe (SHARE) study to examine how different SEP indicators relate to the physical functioning of men aged 50+ in England and Greece. Self-reported physical functioning limitations and mobility difficulties were combined and categorised into "no disability", "mild disability" and "severe disability". The SEP indicators studied were wealth, educational level and occupational class. The findings indicate that respondents with less wealth, fewer educational qualifications and lower occupational class were more likely to experience mild or severe physical disability than those of high SEP. When all three measures of SEP were adjusted for each other, in both samples wealth maintained a strong association with mild and severe disability, while education was associated with severe disability, but only among English men. Occupational class was not strongly associated with physical disability in either case. Hence, among English and Greek older men, wealth was a more important predictor of physical functioning difficulties than either occupational class or education. (RH)

ISSN: 0144686X

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

HEALTH SERVICES

(See Also 199/9, 199/10, 199/33, 199/116, 199/125, 199/142)

199/60

Elder care is right up your street: [role of community geriatricians]; by Stuart Shepherd.

Health Service Journal, no 6162, 25 June 2009, pp 20-21.

Community geriatricians can make an enormous difference to older people's lives and post-hospital recovery. However, there are only 1,129 geriatric consultants in the UK, and this article considers this dearth. Community geriatricians should have an important coordinating role working with care homes and nursing homes, as well as in acute and community settings. (RH)

ISSN: 09522271

From : www.hsj.co.uk

- 199/61 Heatwave planning gets PCTs hot under the collar; by Alison Moore. Health Service Journal, no 6161, 18 June 2009, pp 12-13. While public attention has been diverted by swine flu, the predicted heatwave this summer also poses a danger to life. This article refers back to the 2003 European heatwave, and looks at how primary care and hospital trusts have prepared this year. It also lists lessons learned in France from the 2003 heatwave, when around 15,000 people died as a result. (RH)
ISSN: 09522271
From : www.hsj.co.uk
- 199/62 The national evaluation of Partnerships for Older People Projects [POPP]: executive summary; by Karen Windle, Richard Wagland, Julien Forder (et al), Personal Social Services Research Unit - PSSRU; Partnerships for Older People Projects (POPP), Department of Health - DH.: PSSRU, January 2010, 12 pp. The Partnership for Older People Projects (POPPs) were funded by the Department of Health to develop services for older people, aimed at promoting their health, well-being and independence and preventing or delaying their need for higher intensity or institutional care. The evaluation found that a wide range of projects resulted in improved quality of life for participants and considerable savings, as well as better local working relationships. This executive summary outlines general findings for the 29 POPP pilot sites, their outcomes regarding impacts on older people and on joint working, and implications for policy and practice. (KJ/RH)
From : Older People and Dementia Branch, Room BE13, Department of Health, Quarry House, Quarry Hill, Leeds LS2 7UE.
Download from: <http://www.PSSRU.ac.uk> or
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111240
- 199/63 Waiting for change: how the NHS is responding to the needs of older people; by Age Concern and Help the Aged; Ipsos MORI. London: Age Concern and Help the Aged - Electronic format only, 2009, 13 pp. Quality continues to be an organising principle for healthcare. All political parties are committed to the view that the National Health Service (NHS) should be "world-class". But what does this mean in practice? Age Concern and Help the Aged commissioned Ipsos MORI to explore the concept of quality with those those people who use healthcare services the most - older people. The research team was asked to focus in particular on those whose voices are often heard least - people approaching the last years of their life, who often have multiple and complex conditions requiring intense support. Following 20 face-to-face interviews, Ipsos MORI outline a series of high-level preferences expressed by this sub-group of highly vulnerable older people and what healthcare providers, government and Care Quality Commission (CQC) must do. In respect of healthcare in the community, it was important to have face-to-face, personalised, flexible appointments; retain control in their own homes and respect for preferences and belongings; have company and the opportunity to be listened to; and receive proactive healthcare and support. For care in hospital, choice and control over daily routines, a "connected" relationship between staff and patients, and maintenance of privacy were paramount. Older people's health and care needs should be assessed holistically, so there must be joined-up care across all settings. (RH)
From : Website: <http://www.ageconcern.org.uk>

HISTORY OF AGEING

- 199/64 Old age in the Dark Ages: the status of old age during the early Middle Ages; by Chris Gilleard.
Ageing and Society, vol 29, part 7, October 2009, pp 1065-1084.
The position of old age in the societies of pre-Roman Europe from the 5th to the 10th centuries is reviewed. The author draws on both primary and secondary literary and material sources of the period to suggest that living beyond the age of 60 was an uncommon experience throughout the early Middle Ages. Not only was achieving old age a minority experience, it seems to have been particularly concentrated among the senior clergy. This, together with the growing importance of the Christian Church as the institution that stabilised post-Roman society, the decline of urban living, and its attendant culture of leisure and literacy, and the transformation of kinship into a symbolic 'family under God' contributed to a more favourable status for old age, or at least one that was particularly favourable for older men. This was based not so much upon the accumulation with age of wealth and privilege, but upon the moral worth of old age as a stage of life. The early Middle Ages, the so-called 'Dark Ages', was in this respect a relatively distinctive period in the history of old age. With all around instability and the future uncertain and often threatening, survival in old age was a rare but frequently revered attainment. (RH)
ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>

HOSPITAL DISCHARGE SERVICES

(See Also 199/16, 199/150)

- 199/65 Relational practice as they key to ensuring quality care for frail older people: discharge planning as a case example; by Sion Williams, Mike Nolan, John Keady.
Quality in Ageing, vol 10, issue 3, September 2009, pp 44-55.
Discharging frail older people from acute hospital settings has been an issue of concern for over 40 years and recent studies suggest that enduring problems remain. This paper explores the experiences of discharge from three different units: an acute surgical ward, an acute medical ward and a specialist ward for older people. Based on extensive data from interviews with older people, their family carers and ward-based staff, a grounded theory of the discharge experience is presented. This suggests that the quality of discharge hinges largely on whether the focus of efforts is on 'pace' (the desire to discharge older people as rapidly as possible) or 'complexity' (where due account is taken of the complex interaction of medical and wider social issues). When pace is the focus, 'pushing' and 'fixing' are the main processes driving discharge. However, when attention is given to complexity, far more subtle processes of 'informing' and 'brokering' are in evidence. These latter processes are conceived of as forms of 'relational practice' and it is argued that such practices lie at the heart of high quality care for older people. (KJ/RH) ISSN: 14717794

HOUSING

(See Also 199/69, 199/70)

- 199/66 Land registry: Help protect your property - keep your contact details up to date; by Land Registry. London: Land Registry, January 2010, 6 pp (A5 booklet).
This booklet is part of a campaign launched on January 11 to help protect homeowners who are most at risk from property fraud. Fraud is often targeted at properties where there is no mortgage or where the owner lives elsewhere. The

groups most at risk from property fraud are those who do not live in a property they own, e.g. elderly people living in residential care, homeowners living abroad and buy-to-let landlords. One way to stop such fraudulent acts, is for homeowners to ensure that their contact details with Land Registry are up-to-date and information on how this can be done is contained in the booklet. (KJ)

From : Website: <http://www1.landregistry.gov.uk/propertyfraud>

Land Registry, Head Office, Lincoln's Inn Fields, London WC2A 3PH.

HUMAN RIGHTS

199/67

Older people and human rights: research and mapping report; by Age Concern England - ACE; British Institute of Human Rights - BIHR. London: Age Concern England; British Institute of Human Rights, 2009, 39 pp.

The Human Rights Act 1998 is applicable to all, but is absent from much of Government policy-making with regard to older people. The forthcoming Equality Bill has the potential to redress this imbalance and to tackle inequality. This report is the product of research into existing evidence of the human rights issues affecting older people in the UK and their engagement with human rights. It is intended to inform the Older People and Human Rights Project (OPHRP), a 3-year partnership between Age Concern England (ACE) and the British Institute of Human Rights (BIHR), funded by Comic Relief. The project's overall aim is to empower disadvantaged older people to use human rights to influence decisions affecting their lives and wider public policy. The report is in four main chapters: the context; an outline of UK, European and international human rights laws; human rights issues affecting older people in the UK; and engaging older people in human rights issues. The research and mapping reviewed analysed existing research and policy reports, publications and initiatives with regard to human rights and older people. (RH)

From:http://www.ageconcern.org.uk/AgeConcern/Documents/Older_People_and_Human_Rights_report-Printed_copy.pdf

INCOME AND PERSONAL FINANCE

199/68

Ageing, income and living standards: evidence from the British Household Panel Survey; by Richard Berthoud, Morten Blekesaune, Ruth Hancock.

Ageing and Society, vol 29, part 7, October 2009, pp 1104-1122.

In Britain, older people have lower average incomes and a higher risk of income poverty than the general population. Older pensioners are more likely to be in poverty than younger ones. Yet certain indicators of their living standards suggest that older people experience less hardship than expected, given their incomes. A possible explanation is that older people convert income into basic living standards at a higher rate than younger people, implying that as people age, they need less income to achieve a given standard of living. Much existing evidence has been based on cross-sectional data and therefore may not be a good guide to the consequences of ageing. The authors use longitudinal data on people aged at least 50 years from the British Household Panel Survey (BHPS) to investigate the effects of ageing on the relationship between standard of living, as measured by various deprivation indices, and income. They find that for most indices, ageing increases deprivation and controlling for income and other factors. The exception is a subjective index of "financial strain", which appears to fall as people age. Evidence of cohort effects are also found. At any given age and income, more-recently-born older people in general experience more deprivation than those born longer ago. To some extent, these ageing and cohort effects balance out, which suggests that pensions do not need to change with age. (RH)

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

- 199/69 Can equity release help older home-owners improve their quality of life?; by Rachel Terry, Richard Gibson, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF.
Solutions: lessons for policy and practice, 2429, January 2010, 16 pp.
Around a million older home-owners have at least £100,000 of housing equity, yet their incomes are so small that they qualify for means-tested benefits. If these people could draw on their housing equity easily and safely, they could afford practical help which would improve their quality of life and make it possible for them to continue to live in their own home. The Joseph Rowntree Foundation (JRF) has been working with interested local authorities, the equity release industry and their representative body SHIP (Safe Home Income Plans) to find an equity release product designed especially for home-owners on Pension Credit. Three local authorities (Islington, Kensington & Chelsea, and Maidstone) are now piloting equity release schemes to be independently assessed by JRF. Part 1 of this Solutions looks at how the equity release product (the Home Cash Plan) was developed, how the pilot authorities devised their schemes, and how the assessment will be carried out. Part 2 provides a toolkit for local authorities interested in pursuing equity release schemes in their own areas. (RH)
ISSN: 09583084
- 199/70 Released from worry: [equity release schemes]; by Jeremy Dunning.
Community Care, issue 1803, 28 January 2010, pp 24-25.
Older homeowners on benefits have long shunned equity release schemes, but a project is helping them to tap their housing wealth to boost their independence. This article outlines the findings of a report from the Joseph Rowntree Foundation (JRF), 'Can equity release help older home-owners improve their quality of life?', by Rachel Terry and Richard Gibson (JRF, 2010). It describes how the Home Cash Plan, an equity release product designed especially for home-owners on Pension Credit, is being piloted in Islington, Kensington & Chelsea, and Maidstone. The suitability of this financial product will be assessed by JRF. (RH)
ISSN: 03075508 From : www.communitycare.co.uk

INFORMATION

- 199/71 Creating a stronger information, advice and advocacy system for older people; by Claire Horton, Quality of Life Partnership, Newcastle upon Tyne; Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation - JRF.
Solutions: lessons for policy and practice, 2409, October 2009, 8 pp.
Choice and control for older people is at the heart of current change to the adult social care system. Yet the information, advice and advocacy services older people need to remain independent are often limited, come without adequate support, and fail to take their experiences and ideas into account. In response to a fragmented system for older people, the Joseph Rowntree Foundation (JRF) supported work by the Quality of Life Partnership in Newcastle to develop a more strategic approach to information, advice and advocacy. Older people have been instrumental in determining what is needed and how it can be achieved locally. Instead of creating projects and new services, the focus has been on ways of working and how existing systems can be made more older person friendly, efficient, and effective for all concerned. This emphasis on system change is especially pertinent in the current pressurised economic situation.
Evidence from the Newcastle programme has enabled JRF to identify key ways of working towards a better system of information, advice and advocacy for older people. Other local authority areas can learn from and replicate these ideas. (KJ/RH)
ISSN: 09583084 Weblink: <http://www.jrf.org.uk/sites/files/jrf/information-systems-for-older-people-summary.pdf>

INFORMATION AND COMMUNICATION TECHNOLOGY

- 199/72 Management and organisational barriers in the acquisition of computer usage skills by mature age workers; by Mark Keogh.: Blackwell Publishing. Australasian Journal on Ageing, vol 28, no 3, September 2009, pp 122-126. The aim of this study was to investigate workplace cultures in the acquisition of computer usage skills by mature age workers. Data were gathered through focus groups conducted at job network centres in the Greater Brisbane metropolitan region. Participants who took part were a mixture of workers and job-seekers. The results suggest that mature age workers can be exposed to inappropriate computer training practices and age-insensitive attitudes towards those with low base computer skills. There is a need for managers to be observant of ageist attitudes in the work place and to develop age-sensitive strategies to help mature age workers learn computer usage skills. Mature age workers also need to develop skills in ways which are practical and meaningful to their work. (KJ/RH)
ISSN: 14406381
From : <http://www.cota.org.au> / <http://www.blackwellpublishingasia.com>
- 199/73 Report on good practices in e-inclusion, ethical guidance and designing a dialogue roadmap: the SENIOR Project: Social Ethical and Privacy Needs in ICT for Older People: a Dialogue Roadmap; by David Wright, SENIOR Project, European Community. London: Trilateral Research & Consulting LLP, November 2009, 87 pp (Senior Deliverable D4.1).
The 2006 Riga Declaration on ICT for an inclusive Information Society committed EU Member States to targets for internet usage and availability, digital literacy, and accessibility of ICT by 2010. In 2007, the EU launched its i2010 e-Inclusion Initiative to raise awareness of e-inclusion, for example by identification and promotion of good practices, which this book considers. Among 10 examples of good practices described are: SignVideo (a video interpreting service for deaf people); creating a digitally and socially inclusive city in Milton Keynes; and ethical guidance on the use of wandering technologies in Scotland. A range of sources has been used to compile a checklist of ethical principles, which should be regarded as indicative rather than comprehensive. Five over-arching themes are identified: respect for autonomy (right to liberty), nonmaleficence (avoiding harm), beneficence, justice, and privacy and data protection. Lastly, three stages are suggested for designing an e-inclusion (dialogue) roadmap: setting objectives and analysing the existing situation; identifying needs and gaps and lessons learned; and formulating a strategic research agenda. However, this should be considered only as an outline for a roadmap. (RH)
From : Contact for report: david.wright@trilateralresearch.com
Website: <http://www.seniorproject.eu>

INTEGRATED CARE

- 199/74 Outcomes of coordinated and integrated interventions targeting frail elderly people: a systematic review of randomised controlled trials; by Kajsa Eklund, Katarina Wilhelmson.
Health and Social Care in the Community, vol 17, no 5, September 2009, pp 447-458.
The aim of this study was to review randomised controlled trials on integrated and coordinated interventions targeting frail elderly people living in the community, their outcome measurements and their effects on the client, the caregiver and healthcare utilisation. A literature search of PubMed, AgeLine, Cinahl and AMED was carried out with the following inclusion criteria: original article; integrated

intervention including case management or equivalent coordinated organisation; frail elderly people living in the community; randomised controlled trials; in the English language, and published in refereed journals between 1997 and July 2007. The final review included nine articles, each describing one original integrated intervention study. Of these, one was from Italy, three from the USA and five from Canada. Seven studies reported at least one outcome measurement significantly in favour of the intervention, one reported no difference, and one was in favour of the control. Five of the studies reported at least one outcome on client level in favour of the intervention. Only two studies reported caregiver outcomes, both in favour of the intervention for caregiver satisfaction, but with no effect on caregiver burden. Outcomes focusing on healthcare utilisation were significantly in favour of the intervention in five of the studies. Five of the studies used outcome measurements with unclear psychometric properties and four used disease-specific measurements. This review provides some evidence that integrated and coordinated care is beneficial for the population of frail elderly people and reduces health care utilisation. There is a lack of knowledge about how integrated and coordinated care affects the caregiver. This review pinpoints the importance of using valid outcome measurements and describing both the content and implementation of the intervention. (KJ/RH)

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

INTERGENERATIONAL ISSUES

(See Also 199/53, 199/99)

199/75

Promoting intergenerational programmes: where is the evidence to inform policy and practice?; by Elaine Statham.

Evidence & Policy, vol 5, no 4, November 2009, pp 471-488.

UK government and non-governmental organisations are promoting the use of intergenerational programmes in England and Wales to improve community cohesion. However, much thought needs to be given to designing programmes, and intergenerational projects stand an increased chance of succeeding if they draw on previous successes and failures. This will only be possible if the dearth of readily accessible and practical information needed by practitioners is rectified. In this article, recommendations are made on what needs to be done to progress intergenerational programmes and relations, achieve successful outcomes, and avoid unintended consequences such as reinforcing negative, ageist stereotypes and exacerbating already fragile intergenerational relationships. (KJ/RH)

ISSN: 17442648

From : <http://www.policypress.org.uk>

INTERMEDIATE CARE

(See Also 199/148)

199/76

Effectiveness of a rapid response service for frail older people; by Kyeung Mi Oh, Anthony M Warnes, Peter Bath.

Nursing Older People, vol 21, no 5, June 2009, pp 25-31.

Many innovative community-based intermediate care services have been initiated to address the care needs of older people with chronic health conditions, but there is little evidence about their outcomes or how they are best configured and delivered. This study aimed to evaluate one practice innovation, a nurse-led rapid response service (RRS) in Barnsley. The study focused on the RRS's clinical and therapeutic achievements and patients' satisfaction with its care. A mixed design of quantitative and qualitative methods was used. Patients were satisfied with staff

attitudes, being treated at home or in a home-like environment, and receiving a quick response to their needs and access to services or help. Aspects of care that they were dissatisfied with were inconvenient facilities and insufficient equipment or material supplies; arrangements for their care and recovery; lack of communication, inappropriate medical care; and insufficient or limited duration of care. The RRS provided holistic assessments for a previously under-served group of older people with chronic health problems and disabilities, and identified and responded to several unmet needs, partly through its own treatment, and partly by referring patients to other health and social services. (RH)
ISSN: 14720795 From : <http://www.nursingolderpeople.co.uk>

199/77 The national standard for intermediate care; by Lynne Greenwood.
Health Service Journal, no 6185, 3 December 2009, pp 24-25.
A comprehensive national audit of intermediate care services aimed at measuring and improving standards could follow a pilot survey by the British Geriatrics Society (BGS). This article notes multi-agency, multidisciplinary requirements for intermediate care. It outlines findings from the survey of 116 intermediate care services provided by 34 primary care trusts (PCTs), that for some services, there is no connection with either primary or secondary care. The BGS is seeking funding from the Royal College of Physicians (RCP) to design and implement a national audit. (RH)
ISSN: 09522271
From : www.hsj.co.uk

199/78 The role of mental health staff in intermediate care; by Gilly Husk, Martin Colley, Cathy Elliott.
Nursing Older People, vol 21, no 9, November 2009, pp 24-28.
Intermediate care enables older people to have access to a range of intermediate care services at home or in designated settings. This article outlines developments in health and social policy since the inception of intermediate care. It presents three case studies that explore the positive contribution that mental health staff have made to the intermediate care team in South Gloucestershire. A multiprofessional team approach enables staff to respond to the changing situations and needs of clients and carers. (RH)
ISSN: 14720795
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INTERNATIONAL AND COMPARATIVE

(See Also 199/6, 199/34, 199/54, 199/59, 199/89, 199/96, 199/99, 199/100, 199/134, 199/139, 199/149)

199/79 The concept of 'ageing well' in ten Latin American and European countries; by R Fernández-Ballesteros, L F Garcia, D Abarca (et al).
Ageing and Society, vol 30, part 1, January 2010, pp 41-56.
A review of several studies examining the lay concept of successful ageing and related concepts leads to the conclusion that elders from different cultures appear to agree on most of the components identified in the literature. From the research emerges a multidimensional conceptualisation of 'successful ageing' that is described on the basis of physical, emotional, cognitive and social domains, and which coincides with most theoretical and empirical definitions. The main goal of the present research is to study similarities and differences between concepts of 'successful ageing' in several Latin American and European countries and in two different age groups, and also to examine whether a similar structure of the lay concept can be found across both continents. The results show minor differences at item levels among countries, continents and age groups, and a

similar internal structure across them. (KJ/RH)
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199/80

State care provision, societal opinion and children's care of older parents in 11 European countries; by Klaus Haberkern, Marc Szydlik.
Ageing and Society, vol 30, part 2, February 2010, pp 299-324.
Dependent older people are predominantly cared for by family members, mostly partners and children, but not every parent in need is cared for by a child, and intergenerational care varies widely across Europe. Previous studies have used care regimes to explain these differences, but because of the lack of large comparative surveys, the prevalence of intergenerational care has rarely been related directly to the institutional and cultural context, including state care provision, legal obligations between family members, and societal opinion about the role of the state in elderly care. This paper reports an analysis of variations in intergenerational care among European countries and the reasons for these differences using data from the Survey of Health, Ageing and Retirement in Europe for Austria, Belgium, Denmark, France, Germany, Greece, Italy, The Netherlands, Spain, Sweden and Switzerland. Results from logistic multilevel models show that care by children is influenced by the individual characteristics of both parents and children, and by family structures, welfare-state institutions and cultural norms. Intergenerational care is more prevalent in southern and central European countries, where children are legally obligated to support parents in need, and care is perceived as a responsibility of the family, whereas in northern Europe, the wider availability of formal care services enable adult children, particularly daughters, have more choice about their activities and use of time. (KJ/RH)
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doi:10.1017/S0144686X09990316

LEARNING DIFFICULTIES

(See 199/120)

LIFE-LONG LEARNING

199/81

Enhancing learning in care settings: the Profile of Learning Achievements in Care Environments (PLACE) project; by Jayne Brown, Yvonne Robb, Kathleen Duffy (et al).
Quality in Ageing, vol 10, issue 3, September 2009, pp 24-33.
This paper argues that all parties in care settings - that is, older people and their carers, qualified and unqualified staff and students - have learning needs, and that an appreciation of these needs is essential if high-quality care and a positive work environment are to be achieved. It describes the rationale for, and the development of, the Profile of Learning Achievements in Care Environments (PLACE) approach. Building on the notions of relationship-centred care and underpinned by the 'Senses Framework', PLACE seeks to provide a toolkit for identifying learning needs, establishing what seems to be working well and agreeing areas in need of improvement. The theory underpinning PLACE and the methodology for its development are described and potential areas for application are considered. PLACE is a 3-year project being carried out by the authors at Glasgow Caledonian University and funded by NHS Education Scotland and NHS Quality Improvement Scotland. (KJ/RH)
ISSN: 14717794

LONG TERM CONDITIONS

- 199/82 Case management for long-term conditions: implementation and processes; by Siobhan Reilly, Jane Hughes, David Challis.
Ageing and Society, vol 30, part 1, January 2010, pp 125-156.
This paper presents a structured literature review that focused on comprehensive case management by nurses for adults with long-term conditions living in the community. The emphases of the review are the implementation of case-management approaches, including its roles, core tasks and components, and the coverage and quality of the reported implementation data. Twenty-nine studies were included: the majority were concerned with case management for frail older people, and others focused on people with multiple chronic diseases, high-cost patients, or those at high risk of hospital admissions. All the studies reported that case managers undertook the core tasks of assessment, care planning and the implementation of the care plan, but there was more variation in who carried out case finding, monitoring, review and case closure. Few studies provided adequate implementation information. On the basis of the reviewed evidence, three issues were identified as key to the coherent and sustainable implementation of case management for people with long-term conditions: fidelity to the core elements of case management; size of caseload; and case-management practice, incorporating matters relating to the continuity of care, the intensity and breadth of involvement, and control over resources. It is recommended that future evaluations of case-management interventions include a comprehensive process component or, at the very least, that interventions should be more fully described. (KJ/RH)
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doi:10.1017/S0144686X09990183

MEDICAL ISSUES

(See Also 199/153)

- 199/83 Diagnosis and pharmacological management of Parkinson's disease: summary of SIGN guidelines; by D G Grosset, G J A Macphee, M Nairn, Guidelines Development Group, Scottish Intercollegiate Guidelines Network (SIGN).
BMJ, vol 340, no 7739, 23 January 2010, pp 206-209.
Parkinson's disease (PD) is a common neurodegenerative disease diagnosed in 1% of people aged over 65. It has a considerable impact on patients and their families as well as healthcare and social care systems. With an ageing population, the number of cases in Scotland may increase by 30% in the next 25 years. Accurate diagnosis can be difficult, particularly at first presentation. As the disease progresses, treatment with complex combinations of drugs often becomes the norm. This article summarises the recommendations from the Scottish Intercollegiate Guidelines Network (SIGN) of the diagnosis and drug management of Parkinson's disease. (RH)
ISSN: 09598138
From : www.bmj.com
doi: 10.1136/bmj.b5614
- 199/84 Economic evaluation of arthritis self-management in primary care; by Anita Patel, Marta Buszewicz, Jennifer Beecham (et al).
British Medical Journal, vol 339, no 7724, 3 October 2009, p 794.
Is an arthritis self-management programme in addition to an education booklet and usual care cost effective compared with an education booklet and usual care

alone? In a study funded by the Medical Research Council (MRC) using cost effectiveness and cost utility analysis alongside a randomised controlled trial, there were 812 participants aged 50+ with osteoarthritis of the knee or hips, or both, and pain or disability, or both, recruited from 74 UK general practices. The programme was not found to be cost effective on the basis of current cost perspectives and quality adjusted life year (QALY) thresholds for the National Institute for Health and Clinical Excellence (NICE). The probability of cost effectiveness was greater when broader costs and other quality of life outcomes were considered. Evaluations of arthritis self-management programmes in the US have suggested that they can provide patient centred benefits and reductions in healthcare use, but the applicability of this evidence to the UK was unclear. The present study does not suggest cost effectiveness on the basis of current policy perspectives, but it does suggest a greater chance of cost effectiveness if broader cost and outcome perspectives are taken. This is a summary of a paper that was published on bmj.com as BMJ 2009; 339:b3532. (RH)
ISSN: 09598138
From : www.bmj.com

- 199/85 Rheumatoid arthritis : from policy to action; by Jennifer Taylor (ed).
HSJ Supplement, 10 December 2009, 2009, 10 pp.
Time is of the essence in treating rheumatoid arthritis. If not detected and treated early, it can lead to avoidable disability and death. 2009 has been a significant year for rheumatoid arthritis awareness. Numerous reports have exposed the quality of services and treatments for patients with the disease. Future years will see a continued effort towards improving services and treatments, especially the development of biologic drugs, but these are expensive and current NICE guidelines are not encouraging their use. The four articles in this supplement call for greater support to treat and manage rheumatoid arthritis. The development and distribution of this supplement was sponsored, and checked for factual accuracy, by Roche Products Ltd and Chugai Pharma UK Ltd. These companies also made payment to the authors of these articles via HSJ. (KJ/RH)
ISSN: 09522271
From : <http://www.hsj.co.uk>

MENTAL CAPACITY

- 199/86 Mental capacity to consent to treatment and admission decisions in older adult psychiatric inpatients; by Kate Maxmin, Claudia Cooper, Laurence Potter (et al).
International Journal of Geriatric Psychiatry, vol 24, no 12, December 2009, pp 1367-1375.
There is little information about older adult psychiatric inpatients' capacity to consent to clinical decisions. In younger adults, lack of capacity is associated with poor insight and psychosis rather than cognitive impairment. We assessed the prevalence and predictors of mental capacity to make treatment and admission decisions in older psychiatric inpatients, and asked their views about who should make these decisions. The authors interviewed 99 participants using the MacArthur Competence Assessment Tool for Treatment (MacCAT-T) in three geographical locations. 52 (52.5%) of the participants had capacity for admission and 38 (38.4%) for treatment decisions. Capacity was associated with not having dementia, and higher levels of insight and cognition. Those with depression were more likely to have capacity than those with psychosis. 75% of patients without capacity for admission were not detained legally. Patients can have capacity to make decisions in one area but not in others. Many people are admitted and treated in a way that is contrary to the human rights legislation. The new Deprivation of Liberty Safeguards in England and Wales are likely to apply to a significant proportion of older inpatients. Most people wanted doctors to make

treatment and admission decisions, and very few wanted their family to make decisions on their behalf. (KJ/RH)

ISSN: 08856230

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

199/87 Working with mental capacity advocates; by Social Care Institute for Excellence - SCIE.

Community Care, issue 1802, 21 January 2010, pp 30-31.

Independent mental capacity advocates (IMCAs) were introduced in England and Wales under the Mental Capacity Act 2005 in October 2007. In this article, the Social Care Institute for Excellence (SCIE) highlights best practice in the use of IMCAs and the extent of their legal powers in safeguarding adults. The role of the IMCA is to support and represent the person through the decision-making process and ensure that the person's views and wishes are heard. An IMCA has powers to meet the person in private and to view their health and social care records. The article includes a case study on hospital practice and notes recent research: The second annual report of the Independent Mental Capacity Advocacy Service (Department of Health, 2008); 'Access to independent advocacy: an evidence review' (Office for Disability Issues, 2009); and 'Here for good? A snapshot of the advocacy workforce' (Action for Advocacy, 2008). Further information sources can be found on SCIE's website

(at <http://www.scie.org.uk/publications/imca/index.asp>). (RH)

ISSN: 03075508

From : www.communitycare.co.uk

199/88 World Psychiatric Association Section of Old Age Psychiatry Consensus Statement on Ethics and Capacity in older people with mental disorders; by C Katona, E Chiu, S Adelman (et al), World Psychiatric Association (WPA).

International Journal of Geriatric Psychiatry, vol 24, no 12, December 2009, pp 1319-1324.

The World Psychiatric Association (WPA) Section of Old Age Psychiatry, since 1997, has developed Consensus Statements relevant to the practice of Old Age Psychiatry. Since 2006, the Section has worked to develop a Consensus Statement on Ethics and Capacity in older people with mental disorders, which was completed in Prague, September 2008, prior to the World Congress in Psychiatry. This Consensus meets one of the goals of the WPA Action Plan 2008-2011, to promote the highest ethical standards in psychiatric practice and advocate the rights of persons with mental disorders in all regions of the world. This Consensus Statement offers to mental health clinicians caring for older people with mental disorders, caregivers, other health professionals and the general public the setting out of and discourse in ethical principles which can often be complex and challenging, supported by practical guidance in meeting such ethical needs and standards, and to encourage good clinical practice. (KJ/RH)

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

MENTAL HEALTH

(See Also 199/24, 199/51, 199/88, 199/97)

199/89 The association between different cognitive domains and age in a multi-centre study of middle-aged and older European men; by David M Lee, Abdelouahid Tajar, Aslan Ulubaev (et al), EMAS Study Group.

International Journal of Geriatric Psychiatry, vol 24, no 11, November 2009, pp 1257-1266.

The authors determined levels of cognitive functioning in community dwelling

men aged 40-79 (n = 3265) from eight European centres (the European Male Ageing Study, EMAS) and investigated to what extent cognitive performance varied between centres, the association between different cognitive domains and age, educational level, co-morbidity and lifestyle factors and the respective contributions of centre and individual factors to cognitive performance. Cognitive domains assessed were visuo-constructional ability and visual memory (Rey-Osterrieth Complex Figure test, ROCF), topographical memory (Camden Topographical Recognition Memory test, CTRM) and processing speed (Digit-Symbol Substitution test, DSST). There were significant between-centre differences in all four cognitive test scores. Using multilevel linear regression analysis (MLRA), age, education, depression, physical performance and smoking were independent predictors of cognitive function and these variables explained 10-13% of the variation in cognitive scores between centres and 17-36% of the variation in scores between individuals within centres. The resultant data suggest that although a proportion of the variance in cognitive function among European men is explained by individual level differences, a significant proportion is due to contextual phenomenon. Such contextual factors need to be considered when analysing multi-centre data, and European men should not be treated as homogeneous when assessing cognitive performance using existing instruments. (KJ/RH)

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

199/90

Coping with traumatic memories: Second World War veterans' experiences of social support in relation to the narrative coherence of war memories; by Karen J Burnell, Peter G Coleman, Nigel Hunt.

Ageing and Society, vol 30, part 1, January 2010, pp 57-78.

This paper reports a qualitative study that used narrative analysis to explore how social support helps many armed-services veterans cope with traumatic memories. The analysis was carried out on two levels, that of narrative form (level of narrative coherence), argued to be indicative of reconciliation, and narrative content (themes of social support), which allowed exploration of the types of social support experienced by veterans with coherent, reconciled and incoherent narratives. Ten British male Second World War veterans were interviewed regarding their war experiences, presence of traumatic memories, and experiences of social support from comrades, family and society. Different patterns of support were qualitatively related to coherent, reconciled and incoherent narratives. Veterans with coherent narratives were no less likely to have experienced traumatic events than those with reconciled or incoherent narratives, but they reported more positive perceptions of their war experience and of the war's outcomes, more positive experiences of communication with family in later life, and more positive perceptions of societal opinion. The results are discussed in relation to how veterans can be supported by family and friends to reconcile their traumatic memories, thus to lessen the burden in later life when vital support resources may be unavailable. (KJ/RH)

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199/91

Gender moderates the associations between attachment and discrete emotions in late middle age and later life; by Nathan S Consedine, Katherine L Fiori.: Taylor & Francis.

Ageing & Mental Health, vol 13, no 6, November 2009, pp 847-862.

Although patterns of attachment have been linked to patterns of emotional experience, studies in developmentally diverse samples are few and have not yet examined possible gender differences in attachment or their implications for

emotional well-being. This article describes patterns of attachment in a diverse sample of 616 men and women from middle age and later life, examines the relations between attachment and nine discrete emotions, and tests the thesis that gender moderates these associations. Convenience sampling was used to derive an ethnically diverse sample of men and women from seven ethnic groups. Multiple regressions controlling for demographics found no gender differences in attachment categorisations, although men reported greater dimensional fearful avoidance. Security predicted greater joy and interest, whereas dismissingness was associated with lower shame and fear and with greater interest. Both preoccupation and fearful avoidance predicted most negative emotions but were not associated with positive emotions. Finally, gender moderated these associations such that (a) attachment security was more closely related to interest and, marginally, joy, among men; (b) fearful avoidance was more closely related to fear and contempt among men; and (c) preoccupation was associated with greater interest among men, whereas fear and contempt were associated with preoccupation among women only. Interpreted in the context of theories of emotions, the social origins of emotional experience, and the different roles that social relationships have for ageing men and women, the data imply that attachment styles may differentially predict male emotions because of their less diverse networks. (KJ/RH)

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199/92

Persistence in goal striving and positive reappraisal as psychosocial resources for ageing well: a dyadic analysis; by Tim D Windsor.: Taylor & Francis.

Aging & Mental Health, vol 13, no 6, November 2009, pp 874-884.

Associations of both individuals' and their spouses' tendencies toward persistence in goal striving (an index of primary control) and positive reappraisal (an index of accommodation) with individuals' characteristics of successful ageing (physical and mental health, life satisfaction and social networks/engagement) were examined in midlife and older spousal dyads. 120 spousal dyads (240 individuals) from the Australian Ageing Well Together Study completed a postal questionnaire concerned with psychosocial correlates of mental health and well-being in older adulthood. Results indicated that 40%-60% of the variance in successful ageing outcomes occurred between dyads. Individuals' tendencies toward positive reappraisal were positively related to physical and mental health and life satisfaction. Positive reappraisal was also related to more extensive social networks with friends and greater social engagement, but only among younger participants. Individuals' persistence in goal striving was associated with better mental health but was not related to the other indices of ageing well, while spouses' goal persistence and reappraisal tendencies were not related to individuals' ageing well outcomes. The findings indicate a substantial degree of interdependence among spouses in the extent to which they are ageing well, and highlight the adaptive value of positive reappraisal as a coping strategy used in response to loss of primary control in later life. (KJ/RH)

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199/93

Prevalence and longitudinal stability of negative symptoms in healthy participants; by Lindsay C Emmerson, Dror Ben-Zeev, Eric Granholm (et al).

International Journal of Geriatric Psychiatry, vol 24, no 12, December 2009, pp 1438-1444.

Although negative symptoms are prominent in older patients with schizophrenia, it is unknown whether this pattern is prevalent in healthy participants. The objective of this study was to evaluate whether negative symptoms are present in healthy populations and to determine whether they are linked to illness-related

processes or normal ageing. A systemic review of 26 studies that have administered negative symptom assessments to healthy participants was conducted. In addition, 213 (age > 40 years old) healthy participants completed PANSS and SANS ratings at both baseline and 1-year follow-up. One-hundred participants also completed ratings after 3 years. Across all reviewed studies, negative symptoms were absent in the majority of participants. Comparable results were found in the current study's large longitudinal evaluation with middle-aged to older adults. Taken together, the data suggest that healthy volunteers do not suffer from prominent negative symptoms. This finding is consistent with the hypothesis that the greater prevalence and severity of negative symptoms in older patients is not related to normal ageing but to illness-related processes. (KJ/RH)

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

199/94

Screening for mild cognitive impairment: a systematic review; by Jane A Lonie, Kevin M. Tierney, Klaus P Ebmeier (et al).

International Journal of Geriatric Psychiatry, vol 24, no 9, September 2009, pp 902-215.

Patients with mild cognitive impairment account for a significant number of referrals to old age psychiatry services and specialist memory clinics. The cognitive evaluation of such patients is commonly restricted to brief dementia screens, with no consideration to their suitability for assessing MCI. Here, the authors review the utility of such cognitive screens for MCI and provide an overview of validated instruments. They identified papers published after R C Petersen and colleagues' 1999 MCI criteria. They examined face-to-face cognitive screening for MCI from publication databases using combinations of the search terms mild cognitive impairment and cognitive screening. Also combined were the former search with the names of 39 screening tests recently identified in a relevant review (Cullen et al, 2007). Fifteen cognitive screening instruments were identified; 11 cover a restricted range of cognitive domains. High sensitivity and specificity for MCI relative to healthy controls were reported for two comprehensive and two non-comprehensive screening instruments, adequate test-retest and inter-rater reliability for only one of these. With the exception of three studies, sample sizes were universally small (i.e. n 100 or less), and prognostic values were reported for only two of the identified 15 screening measures. Sensitivities of the full domain measures were universally high, but information about their specificity against psychiatric and non-progressive neurological conditions and predictive validity is lacking. Several cognitive screening instruments afford the clinician the ability to detect MCI, early AD, and in some cases non-AD dementia, but they cannot currently be used to make reliable inferences about the course and eventual outcome of MCI. (KJ/RH)

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

199/95

Specificity of age differences in emotion regulation; by Vasiliki Orgeta.: Taylor & Francis.

Aging & Mental Health, vol 13, no 6, November 2009, pp 818-826.

The present study attempts to extend previous research examining differences between young and older adults in emotion regulation, by investigating age differences across a great range of facets of emotion regulation. Young (n = 40) and older adults (n = 40) completed the Difficulties in Emotion Regulation Scale (DERS) and self-report measures of anxiety and depression. Whereas young and older adults did not differ in terms of acceptance and awareness of emotional responses, younger adults scored higher compared to older overall, indicating greater emotion regulation difficulties. Older adults reported greater ability in

engaging in goal-directed behaviour, and refraining from impulsive emotional responses. Increasing age was associated with greater access to emotion regulation strategies and greater clarity of emotions. Overall, the present cross-sectional results suggest a general stability in late adulthood in several aspects of emotion regulation, suggesting specific adaptations with increasing age. Findings provide support for the construct validity of the DERS and indicate that the relationship between age and emotion regulation is influenced by verbal ability. Current results extend the focus of age-related differences in emotion regulatory control to several theoretically defined forms of emotion regulation. (KJ/RH)

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

199/96

Work and mental health: the case of older men living in underprivileged communities in Lebanon; by Monique Chaaya, Abla Mehio Sibai, Nabil Tabbal (et al).

Ageing and Society, vol 30, part 1, January 2010, pp 25-40.

This paper examines the association between being in paid work and depression among older adults in three poor urban communities in Beirut, Lebanon. In view of the rapid ageing of Lebanon's population and the growing number of older persons, the deteriorating economic conditions and the lack of pension systems, paid work is an important source of income for older people and deserves special attention. The sample was 328 men aged 65 or more years. Depression was assessed using the 15-item Geriatric Depression Scale (GDS-15). The exposure variable was working for pay at the time of the survey, and the covariates included socio-demographic measures, health characteristics, financial resources and social capital. Around one-third of the men were working, and approximately the same fraction were depressed. Adjusted data showed a protective effect of work on depression (odds ratio 0.50, 95 per cent confidence interval 0.25-0.96). This study is an eye opener on the circumstances of disadvantaged older people in a relatively low-income Eastern Mediterranean Region country, a topic rarely addressed in this area of the world. Old age is viewed as a decline in abilities, while in reality many older adults are still able and ready to work. Social policies for older people should promote opportunities to work, not only pension schemes. (KJ/RH)

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MENTAL HEALTH SERVICES

(See Also 199/8, 199/78, 199/135)

199/97

New horizons: a shared vision for mental health; by HM Government; Mental Health Division, Department of Health. London: Mental Health Division, Department of Health, December 2009, 99 pp.

New Horizons is a cross-government programme of action to improve the mental health and well-being of the population, and the quality and accessibility of services for people with poor mental health, with a view to reducing risk factors and enabling strategic health authorities (SHAs) to deliver their regional visions for mental health. This document summarises the main issues identified in the consultation (a full response will be published in January 2010). It builds on the previous 10 years of the National Service Framework for Mental Health (which it replaces) and other key initiatives. It enumerates cross-government action on key themes such as prevention, early intervention for older people, personalised care and tackling depression. On actions across the life course, it notes: the importance of carers (and their mental health needs); improving access to mental

health services for social excluded and high-risk groups (e.g. gays); and better mental health and well-being and non-discriminatory services for older people. Actions (nos 107-120) describe how a skilled workforce will be achieved. Annex A lists characteristics or descriptors of non-discriminatory services for older people, viz: prevention and public health interventions; primary care; mental health services; physical health problems, primary care and general hospital care; organisations; and research, audit and evaluation. (RH)

From: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109705

MENTAL ILLNESS

(See Also 199/93)

199/98

'Not of this world': the subjective experience of late-onset psychosis; by Rebecca Claire Quin, Linda Clare, Patrick Ryan (et al.): Taylor & Francis.

Ageing & Mental Health, vol 13, no 6, November 2009, pp 779-787.

Psychosis with first onset after the age of 60 arising in the absence of dementia or primary affective disorder is thought to affect 2-4% of older people. Up to half will not respond fully to medication. The subjective experience of living with late-onset psychosis (LOP) has not yet been considered, and this study represents a preliminary attempt to explore the subjective experience and psychological features of older people living with LOP. The study was conducted in Ireland. Seven participants between the ages of 67 and 87 years who met diagnostic criteria for very late-onset schizophrenia-like psychosis were interviewed using a semi-structured interview schedule. Participants spoke about previous life experiences as well as the experience of developing and living with LOP. Interpretative phenomenological analysis was used to identify common themes within their accounts. Four themes emerged which reflected participants' subjective experiences of earlier life stages as well as their current experiences of LOP. Three interrelated themes described participants' experiences of social isolation, a solitary coping style and the experience of the self as 'different'. A final theme reflected participants' attempts to explain and find meaning in their psychotic experiences. Results support the view that the experience of LOP emerges in the context of psychosocial vulnerabilities combined with adversities associated with the experience of ageing. (KJ/RH)

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

MIGRATION

199/99

The impact of out-migration on the inter-generational support and psychological wellbeing of older adults in rural China; by Man Guo, Maria P Aranda, Merril Silverstein.

Ageing and Society, vol 29, part 7, October 2009, pp 1085-1104.

The impact of out-migration of adult children on older parents' inter-generational support and psychological well-being of older adults in rural China is examined. The sample comprised 1237 people aged 60+ from 'The wellbeing of older people in Anhui Province' study who completed baseline and follow-up questionnaires in 2001 and 2003 respectively. The differences between older parents with and without migrant children in 2001 in their support and psychological well-being in 2003 were examined using independent t-tests, as were changes over the two years in support and well-being. Multiple regression models were used to examine the impact of baseline out-migration on the psychological well-being of older parents at follow-up. The results showed that, compared to parents without migrant children in 2001, the parents of migrants had significantly more monetary

support, less instrumental support, and a lower level of depression in 2003. Such differences may be attributed to different support resources and health status, but the regression revealed that when the positive effect of intergenerational support was taken into account, older parents with more migrant children tended to have significantly more depression and lower life satisfaction. The findings point to the importance of continued intergenerational support after out-migration in maintaining parental well-being. (RH)

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

NEIGHBOURHOODS AND COMMUNITIES

199/100

Constructing area-level indicators of successful ageing in Taiwan; by Hui-Chuan Hsu, Chiung-Yi Tsai, Ming-Cheng Chang (et al).

Health and Social Care in the Community, vol 18, no 1, January 2010, pp 70-81.

The authors constructed area-level indicators of successful ageing in Taiwan. Area-level successful ageing was defined as follows: the living environment in a community/city is beneficial for physical, psychological and social health, and the people living in the area are well informed about the issues that pertain to maintaining health and behave in ways that promote their health. A modified Delphi method and analytical hierarchy process were used, with eight experts completing three successive rounds of questionnaires to determine the appropriate dimensions and indicators. In total, 65 indicators of area-level successful ageing were suggested. The weights of the six dimensions of the area indicators were determined as follows: health status (0.273), health lifestyle (0.182), social participation (0.166), health-care resources and utilisation (0.164), social environment (0.113) and natural environment (0.102). Nationwide survey data and government statistics were used to describe the profiles of 23 cities and counties in Taiwan with respect to successful ageing. Degree of ageing and geographic location were not related significantly to the total successful ageing scores of the cities/counties. However, urbanisation was correlated negatively to the total score, the dimensions health status, health lifestyle, and natural environment, and degree of ageing was related moderately and negatively to health lifestyle. There were significant differences in health lifestyle and natural environment according to geographic location. These area indicators will be helpful to local governments for monitoring and improving successful ageing within their communities. (KJ)

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NUTRITION

199/101

Current patterns of diet in community-dwelling older men and women: results from the Hertfordshire Cohort Study; by Siân Robinson, Holly Syddall, Karen Jameson (et al).

Age and Ageing, vol 38, no 5, September 2009, pp 594-599.

Dietary patterns analysis takes account of the combined effects of foods and may be a more meaningful way of assessing dietary exposure than considering individual nutrients. Little is known about the dietary patterns of older adults in the UK. The dietary patterns of a population of community-dwelling older men and women are described, and factors associated with compliance with these patterns are examined. Participants were 3,217 men and women aged 59-73 years who were participants in the Hertfordshire Cohort Study. Diet was assessed using an administered food frequency questionnaire; dietary patterns were identified using principal component analysis. Two dietary patterns were identified. The

first was characterised by high consumption of fruit, vegetables, oily fish and wholemeal cereals ('prudent' pattern); the second was characterised by high consumption of vegetables, processed and red meat, fish and puddings ('traditional' pattern). High prudent diet scores were more common in women, in men and women in non-manual classes and in non-smokers, whilst high traditional diet scores were more common in men, in men and women who had partners and were associated with higher alcohol consumption. The researchers have described large variations in food consumption and nutrient intake amongst older adults that are likely to have implications for future health. The specific socio-demographic correlates of the dietary patterns provide insights into the contexts within which good and poor diets exist, and may help in the identification of opportunities for dietary intervention. (KJ/RH)

ISSN: 00020729

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

199/102

Eat, drink and be healthy: malnutrition on the wards; by Jennifer Taylor.

Health Service Journal, no 6159, 4 June 2009, pp 22-23.

The health of many older patients is being jeopardised through lack of attention at mealtimes. With 40% of older people malnourished on admission to hospital, Age Concern and Help the Aged's Hungry to be Heard campaign is calling for patients to have their weight and height taken on admission and at regular intervals. This article looks at malnutrition in the older population, and offers tips and sources for further information on how we can ensure that older people eat properly. A scheme using volunteers to help patients at Darlington Memorial Hospital is offered as a case study. (RH)

ISSN: 09522271

From : www.hsj.co.uk

OLDER MEN

(See 199/89, 199/96, 199/139)

OLDER OFFENDERS

199/103

Bromley briefings: prison factfile: November 2009; by Prison Reform Trust. London: Prison Reform Trust, 2009, 58 pp.

This 'Bromley briefings: prison factfile' is one in a series with this title produced twice a year since November 2006 (see <http://www.prisonreformtrust.org.uk/subsection.asp?id=685>) in memory of Keith Bromley, a friend of PRT. It presents recent facts and figures from government and other official sources on prisons and prisoners in England, Wales, Scotland and Northern Ireland. It includes information on older prisoners (aged 50+), which concludes that despite the dramatic rise in numbers, the Prison Service does not yet have a Prison Service Order or national strategy for older prisoners, although "this is being considered". On 31 March 2009, there were 7,358 prisoners aged over 50 in England and Wales; 518 were aged over 70. Other concerns relating to older prisoners include physical and mental health problems, and the lack of palliative care for the terminally ill. (RH)

From : Prison Reform Trust, 15 Northburgh Street, London EC1V 0JR. e-mail: prt@prisonreformtrust.org.uk Website: www.prisonreformtrust.org.uk

OLDER WOMEN

(See Also 199/52, 199/123, 199/139)

- 199/104 The employment transitions of mid-life women: health and care effects; by Siobhan Austen, Rachel Ong.
Ageing and Society, vol 30, part 2, February 2010, pp 207-228.
This article provides information on the movements into and out of paid work by mid-life women. This is a group whose representation in the paid workforce is growing as population ageing proceeds and as educational qualifications expand. It is also a group that will be critical to any labour supply response to the economic challenges posed by population ageing. However, current understandings of the needs and circumstances of mid-life women in paid work are limited. To help address this knowledge gap, the researchers use data from the first five waves of the Household, Income and Labour Dynamics in Australia survey (2001-2005) to identify the causal influences of health, care and other factors on the ability of mid-life women to remain in and re-enter paid work. The results show that poor health and/or substantial care roles have a negative impact on the employment chances of this group. However, importantly, there is asymmetry in these health and care effects, in that improvements in health and/or reductions in care roles do not increase the chances of returning to paid work. This finding indicates that many mid-life women who experience poor health and/or undertake large care roles face substantial long-term negative consequences for their employment chances and, thus, their retirement and pre-retirement incomes. (KJ/RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>
doi:10.1017/S0144686X09990511
- 199/105 Exploring older women's citizenship: understanding the impact of migration in later life; by Joanne Cook.
Ageing and Society, vol 30, part 2, February 2010, pp 253-274.
Research on the ways in which having been an international migrant in later life shapes the welfare needs, preferences and expectations of non-native older people in rich countries is in its infancy, for both the ageing and migration fields have been slow to examine the experiences of older migrants. This paper focuses upon the welfare citizenship experiences of older women who migrated in later life to England, either as refugees or as post-retirement migrants. It reports findings from interviews and focus groups conducted with black Caribbean, Irish, Chinese and Somali older women migrants in Sheffield, Yorkshire, UK, as part of the Older Women's Lives and Voices Study (OWLVS). The paper explores their experiences of accessing welfare citizenship and the barriers they encountered in accessing mainstream services. In particular, it examines the unequal platform from which older migrants who do not speak English access welfare citizenship rights and services, and assesses the important constraints of discrimination and language differences. Despite the obstacles, the older women participants were actively pursuing their inclusion in welfare rights and services. The paper argues for more recognition of the important enabling role that informal systems of support provided by participation in community or cultural organisations plays in the welfare citizenship and agency of minority ethnic older women. (KJ/RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>
doi:10.1017/S0144686X09990195

- 199/106 From 'the thing to do' to 'defying the ravages of age': older women reflect on the use of lipstick; by Laura Hurd Clarke, Andrea Bundon.
Journal of Women & Aging, vol 21, no 3, 2009, pp 198-212.
Using data from in-depth interviews with 36 women, aged 71 to 93, this paper examines older women's use of lipstick. The most ubiquitously used cosmetic by the women interviewed, lipstick was a taken-for-granted practice in the women's performance of gender. In the women's youth, the performance of gender through lipstick usage was related to rebellion and peer acceptance. In contrast, the use of lipstick in later life was related to the maintenance of an attractive and respectable appearance. The researchers discuss their findings in light of interpretative feminist theorising concerning beauty work, doing gender, and the presentation of self. (KJ/RH)
ISSN: 08952841
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA. email: haworthpress@taylorandfrancis.com
(www.taylorandfrancis.com)

PALLIATIVE CARE

- 199/107 Benchmarking analysis: needs resourcing, outputs and outcomes of palliative and end of life care; by Peter Tebbit, National Council for Palliative Care - NCPC. London: National Council for Palliative Care, November 2009, 26 pp.
The 'End of life care strategy' published by the Department of Health (DH) in 2008 sets out the information that should be readily available on end of life care, on which the National Council for Palliative Care (NCPC) contributes this document. The starting point for benchmarking is the Index of Differential Population Need for Strategic Health Authority (SHA) and PCT populations published in 'Population-based needs assessment for palliative and end of life care: a compendium of data for strategic health authorities and primary care trusts' (2008). 'Benchmarking analysis' aims to fill gaps in the 'End of life care strategy' by presenting headline data on institutional care and the financial resources available at SHA level. Source data is presented on: indices of comparative palliative and end of care need; specialist palliative care bed provision and its use; care home capacity; numbers of deaths and place of occurrence; and expenditure on specialist palliative care services by NHS and voluntary services. Each table is accompanied by explanatory notes, comments on interpretation of each index, and commentary on the variation in need between areas. (RH)
Price: £10.00 (free to NCPC subscribers)
From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: enquiries@ncpc.org.uk Website: www.ncpc.org.uk
- 199/108 Dying old in the 21st century: a neglected issue for social work; by Margaret Holloway.
International Social Work, November 2009, pp 713-725.
Dying in old age has become the majority dying of the developed world, yet older people are routinely denied palliative care, their dying characterized by failure to facilitate choice and recognize their needs. Social workers in all settings should embrace their contribution to quality end-of-life care for older people. (KJ/RH)
ISSN: 00208728
From : <http://isw.sagepub.com>
- 199/109 Palliative care training; by Catriona Curry, Heather Middleton, Bob Brown.
Nursing Older People, vol 21, no 9, November 2009, pp 18-23.
Practice development has proved effective in changing culture and practice in end-of-life care in two Northern Ireland nursing homes. The authors discuss a

project that explored and resolved the palliative care education needs of staff. The practice development framework has enhanced the provision of palliative care to residents in both homes, and provided ongoing training and awareness sessions for staff. (RH)

ISSN: 14720795

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

199/110

The power of partnership: palliative care in dementia; by Lynn Gibson, Julian Hughes, Alice Jordan (et al), National Council for Palliative Care - NCPC; for dementia; Alzheimer's Society. London: National Council for Palliative Care - NCPC, December 2009, 35 pp.

This discussion document strongly endorses a partnership between dementia care and palliative care services as a means of improving the care of people with dementia at the end of life. It considers: the progressive nature of dementia and its impact on cognition; the challenges of advanced dementia such as advance care planning and identifying the time of transition towards more palliation; and helping people with dementia and their families. It describes four examples of partnerships between palliative care and dementia.

The aim is to stimulate further discussion amongst all health and social care staff involved with the person with dementia and carers, and to highlight gaps in knowledge and the need for education in both palliative and dementia care services, such that as many questions are asked as are answered. (RH)

Price: £15 (free to subscribers)

From : NCPC, The Fitzpatrick Building, 188-194 York Way, London N7 9AS.
<http://www.ncpc.org.uk>

PARTICIPATION

(See Also 199/105, 199/155)

199/111

Citizenship and structured dependency: the implications of policy design for senior political power; by Gemma M Carney.

Ageing and Society, vol 30, part 2, February 2010, pp 229-252.

This paper argues that the structured dependency thesis must be extended to incorporate political power. It outlines a political framework of analysis with which to identify who gains and who loses from social policy. The author argues that public policy for older people is a product not only of social structures but also of political decision-making. The Schneider and Ingram (1993) 'target populations' model is used to investigate how the social construction of groups as dependent equates with lower levels of influence on policy making. In United Kingdom and European research, older people are identified as politically quiescent, but conversely in the United States seniors are viewed as one of the most influential and cohesive interest groups in the political culture. Why are American seniors perceived as politically powerful, while older people in Europe are viewed as dependent and politically weak? This paper applies the 'target populations' model to senior policy in the Republic of Ireland to investigate how theoretical work in the United States may be used to identify the significance of senior power in policy development. It is concluded that research must recognise the connections between power, politics and social constructions to investigate how state policies can influence the likelihood that seniors will resist structured dependency using political means. (KJ/RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso>
doi:10.1017/S0144686X09990110

PENSIONS AND BENEFITS

- 199/112 New Labour and pensions reform: security in retirement?; by Barbara Waive. Social Policy & Administration, vol 43, no 7, December 2009, pp 754-771. New Labour has defined the problem of security in retirement as one of under-saving and has sought to resolve it both by measures which encourage saving and by improving financial literacy. The article discusses both of these approaches, arguing that each is flawed and that, in addition, New Labour's pension policy exhibits several tensions which threaten to undermine the objective of providing a secure income in retirement. (KJ/RH)
ISSN: 01445596
From : <http://www.interscience.wiley.com/journals>
- 199/113 Pension trends: Chapter 13: Inequalities and poverty in retirement; [and] Chapter 14: Pensions and the National Accounts; by Office for National Statistics - ONS.: Office for National Statistics - electronic only, 27 January 2010. 'Pension trends' draws together statistics from ONS, a number of government departments and other organisations to highlight the complex issues that shape trends in pension provision in the UK. Since its first appearance in hardcopy in 2005, updated chapters have been published on the website (<http://www.statistics.gov.uk/pensiontrends/>). In March 2009, chapter numbering changed to accommodate areas of interest not previously covered, as is the case here. Chapter 13 uses data predominantly from 'Redistribution of income' (ONS) and 'Households below average income' (DWP) to look at inequalities. This chapter (14 pp) compares average incomes and inequalities of retired and non-retired households over the last three decades. It looks at the effect that different sources of income have on a pensioner household's position within the income distribution. Other characteristics such as age, ethnicity and housing tenure are considered, as are alternative measures of poverty. Chapter 14 considers the ways in which transactions relating to pension provision are incorporated in the National Accounts and contribute to aggregate measures such as Gross Domestic Product (GDP) and the household saving ratio. It notes that in 2008, the savings ratio fell to 1.7%, its lowest level since the late 1950s. Also in 2008, the value of household assets held in life assurance and pension funds fell to £1.8 trillion (128% of GDP) from £2.2 trillion (155% of GDP) in 2007, reflecting falling stock markets at the onset of the recession. This chapter (11 pp) presents statistical tables and graphs based on data from United Kingdom National Accounts: the Blue Book 2009 (ONS) relating to pensions and savings. (RH)
From : Weblink: <http://www.statistics.gov.uk/pensiontrends/>

PERSONALISATION

- 199/114 The costs of change: a case study of the process of implementing individual budgets across pilot local authorities in England; by Karen Jones, Ann Netten. Health and Social Care in the Community, vol 18, no 1, January 2010, pp 51-58. Individual budgets form a key element in the objective of the English Government to promote independence among people with needs for social care support. The initiative was designed to provide greater user control but the wider consequences, in terms of the implications for local authorities and their other responsibilities, remain to be addressed. An evaluation of the implementation of individual budgets in 13 local authorities was funded by the Department of Health, using a mixed methods approach to explore the impact of individual budgets both in terms of service user experiences and the implications for the local authority social services. One aspect of the evaluation concentrated on the cost implications of implementing individual budgets for the local authorities. All

pilot local authorities were invited to take part in an interview designed to obtain the resources required to implement individual budget. Twelve of the 13 local authorities were part of the study reported in this article. All quantitative analysis was carried out using SPSS 13. Excluding all expenses that might be at least in part associated with the pilot process, in the first year, the estimated mean average cost was £290 000 (median £270 000). This article will describe the initial approach adopted in estimating set-up costs, followed by a description of the findings for the first year of implementation and likely subsequent set-up costs. We also identify the range of factors that might affect reported costs. (KJ)

ISSN: 09660410

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

doi: 10.1111/j.1365-2524.2009.00873.x

199/115

A guide to co-production with older people: Personalisation - don't just do it - co-produce it and live it!; by National Development Team for Inclusion - NDTi; Helen Sanderson Associates.: National Development Team for Inclusion - NDTi; Helen Sanderson Associates, 2009, 32 pp.

A small co-production design team involving older people and strategic leads from three local authorities worked with NDTi and Helen Sanderson Associates to produce a further related publication on understanding co-production and how to make it happen with older people. The guide describes how local authorities, older people and older people's organisations can work together to design and deliver opportunities, support and services that improve wellbeing and quality of life. (KJ)

From: <http://helensandersonassociates.co.uk/news/files/2009/12/A4webbooklet.pdf>

National Development Team for Inclusion, Magnolia House, 21A Stour Road, Christchurch, Dorset BH23 1PL.

199/116

Personal health budgets: first steps; by NHS, Department of Health - DH. London: Department of Health - DH, 28 January 2009, 58 pp (Gateway ref: 11225)(+ circular letter) (High quality care for all).

The aim of a personal health budget is "to help people get the services they need to achieve their health outcomes, by letting them take as much control over how money is spent on their care as is appropriate for them". The idea builds on work with self-directed support, individual budgets (IBs) and personal budgets for social care. This document sets out the principles of personal health budgets, reports on early lessons, and invites expressions of interest in the pilot programmes for personal health budgets (by 27 March 2009). It outlines the evidence from self-directed support in the UK and international evidence on self-directed care. It presents six key principles for personal health budgets and personalisation in health - for example tackling inequalities - combined with discussion on who, how much, what type, and what support an individual will need. It gives examples of practice and evidence that support this policy, which is subject to legislation in the Health Bill recently introduced by Lord Darzi of Denham. (RH)

From : Download from website:

http://www.dh.gov.uk/en/Healthcare/OurNHSourfuture/DH_090018

199/117

Personalisation and individual budgets: challenge or opportunity?; by Helena Taylor Knox, HQN (Housing Quality Network). York: HQN - Electronic format only, November 2009, 20 pp.

Personalisation implies that services should no longer be commissioned en masse for user groups, rather that services, information and support will vary greatly between individuals. This paper explores some of the implications for housing providers and commissioners of supported housing. It looks at individual budgets (IBs), how they differ from personal budgets (PBs), and whether they will work,

referring to findings of the Individual Budgets Evaluation Network (IBSEN). It notes the different stages in the development of social care since the Green Paper in 2005, leading to the 'Putting People first' ministerial concordat in 2007, as well as the introduction of Supporting People in 2003. Using the "milestones" developed by ADASS for transforming adult social care services, it seeks to answer questions on how housing commissioners and providers should approach IBs and personalisation. (RH)

From : HQN, Rockingham House, St Maurice's Road, York YO31 7JA.
www.hqnetwork.co.uk

199/118 Putting People First: Personal budgets for older people - making it happen; by Putting People First Programme, Department of Health - DH. London: Department of Health, January 2010, 68 pp (Gateway ref: 13259).

This guide has been produced for councils and their partners to assist in developments for increasing older people's choice and control over their support. It particularly focuses on those elements of personalisation associated with making personal budgets work well for older people and their families. Although the main focus is on the flexible use of social care funding, there is huge potential for person-centred approaches to be adopted by services and organisations supporting older people who are not eligible for council funded support. The thinking and approaches to the guide were informed by a series of co-production events held in spring and early summer 2009. The aim was to learn from a diverse range of people what personalisation means to them, and how they are making developments associated with personalisation work well with and for older people. People leading local initiatives and new approaches, including older people's groups and networks as well as statutory, voluntary and private sector organisations, worked together to identify features of practice that will help others. (KJ/RH)

From : Putting People First Delivery Programme, Department of Health, 310 Wellington House, 133-155 Waterloo Road, London SE1 8UG. Website: www.personalisation.org.uk

199/119 Safeguarding and system change: early perceptions of the implications for adult protection services of the English individual budgets pilots: a qualitative study; by Jill Manthorpe, Martin Stevens, Joan Rapaport (et al).

British Journal of Social Work, vol 39, no 8, December 2009, pp 1465-1480.

Cash for care or consumer-directed services are increasing in scope and size in Europe and North America. The English Department of Health (DH) initiated a pilot form of personalised support for adults (Individual Budgets) in 13 local authorities that aimed to extend opportunities for users of social care services to determine their own priorities and preferences in the expectation that this will enhance their well-being. This article reports on and discusses interviews undertaken with adult protection leads in the 13 Individual Budgets sites about the linkages to their work, their perceptions of the launch of the pilots, and the policy's fit with safeguarding and risk agendas. The interviews were undertaken as part of the national evaluation of the pilots, which aims to evaluate outcomes and identify the contexts and mechanisms of those outcomes. Findings of this part of the study were that the adult protection leads were not central to the early implementation of Individual Budgets (IBs), and that some of their concerns about the risk of financial abuse were grounded in the extent of this problem among current service users. The implications of their perceptions for the roll out of Individual Budgets are debated in this article with a focus on risk and the policy congruence between potentially competing agendas of choice and control and of protection and harm reduction. (KJ/RH)

ISSN: 00453102

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

- 199/120 Self-advocacy for people with high support needs; by Social Care Institute for Excellence - SCIE.
Community Care, issue 1790, 8 October 2009, pp 32-33.
The Social Care Institute for Excellence (SCIE) recommends self-advocacy as a way of ensuring that people with learning difficulties and complex needs are not left behind in personalisation reforms. Self-advocacy involves shifting the balance so that the views of people with high support needs are heard and their opinions are reflected in the services they receive. This review of the evidence base notes five models of self-advocacy: rights-based, person-centred, watching brief, witness-observer, and best interest. SCIE has concluded that person-centred approaches are central to effective advocacy. Three examples of recent research are cited, and a SCIE report ('Personalisation and learning disabilities'; SCIE Adult services report 22) is suggested. (RH)
ISSN: 03075508
From : www.communitycare.co.uk
- 199/121 Training for change: early days of individual budgets and the implications for social work and care management practice: a qualitative study of the views of trainers; by Jill Manthorpe, Sally Jacobs, Joan Rapaport (et al).
British Journal of Social Work, vol 39, no 7, October 2009, pp 1291-1305.
Individual Budgets (IBs) are central to the implementation of English government policy goals in social care. Like other consumer-directed or self-directed support programmes operating in parts of the developed world, they are envisaged as a way of increasing individuals' choice and control over social care resources provided by the public sector. While the opportunities they provide for people using services have been identified prospectively in the English context and reflect positive outcomes internationally, little attention in England has been paid to the potential impact on the redesign of social workers' and others' current roles and practice and the training that might be necessary. This article draws on the Department of Health-commissioned evaluation of the thirteen pilot Individual Budget schemes, which aims to evaluate outcomes and identify the contexts and mechanisms of those outcomes. The article focuses on a sub-set of the study that comprised an exploration of early training activities for social workers or care managers and wider stakeholders around the introduction of Individual Budgets. It is based on interviews with representatives from all thirteen pilot local authorities. What happens to social work in adult social services departments in England may be determined in part by these pilots; however, the article also highlights the role of those responsible for training in managing the demands upon social workers/care managers, in responding to their concerns and aspirations, and their possible responsibilities for training people using services in their new consumer roles. (KJ/RH)
ISSN: 00453102
From : <http://www.bjsw.oxfordjournals.org>

POLITICS AND CAMPAIGNING

(See Also 199/111)

- 199/122 The power of silver: age and identity politics in the 21st century; by Chris Gilleard, Paul Higgs.: Routledge.
Journal of Aging & Social Policy, vol 21, no 3, July 2009, pp 277-.
Pensioner political movements emerged in the interwar years in America and Europe. Documentary and empirical analyses confirm the influential role such movements played in helping shape the postwar social security systems of Western societies. Pensioner movements, qua pensioner movements, have failed

to retain their influence, despite the fact that 'old age' and its demographic significance have become more salient. The authors propose three explanations for this: the first concerns the failure of old age to connect with the generational ethos of identity politics; the second reflects the nature of the actors now involved in the governance of old age; and the third concerns the individualization of retirement as a phase of life. (KJ/RH)

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<http://www.tandf.co.uk/journals>

199/123 The Raging Grannies: defying stereotypes and embracing aging through activism; by Dana Sawchuk.

Journal of Women & Aging, vol 21, no 3, 2009, pp 171-185.

The Raging Grannies (North America) are a group of older women who dress as "grannies" and alter the words of traditional songs to communicate political messages. Based on a review of song lyrics, participant observation, and interviews with 15 Grannies, this study explores Raging Granny activism and the strategic adoption of the grandmother identity. The Grannies challenge stereotypes of older women through the fact and forms of their activism, and they see their aged status as empowering and as something to be embraced. Grannies report that the grandmother identity serves a protective function and enhances movement efficacy. This case study adds to the sparse literature on older women's political activism and demonstrates that identity exploration is not restricted to youth-centred movements. (KJ/RH)

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

(www.taylorandfrancis.com)

199/124 Speaking up for our age: the first ten years; by Help the Aged. London: Help the Aged, 2009, 24 pp.

Speaking Up For Our Age was launched by Help the Aged in 1998. This publication celebrates the programme's tenth anniversary and gives a brief history of its origins and development. More importantly, it details examples of the programme's work on health, transport, and facilities and services; and it lists the achievements of forums and other campaigns that the programme has supported across the UK. (RH)

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

PREVENTION

199/125 Improving care and saving money: learning the lessons on prevention and early intervention for older people; by Older People and Dementia Branch, Social Care Policy and Innovation, Department of Health - DH. Leeds: Department of Health, 18 January 2010, 22 pp (Gateway ref: 12362).

'The national evaluation of Partnerships for Older People Projects' conducted by the Personal Social Services Research Unit (PSSRU) provides a positive picture of the gains that can be achieved, based on local evaluations of the 29 POPPs pilot sites. This document provides the key learning from the national POPPs programme. It brings together a number of key policy strands, and demonstrates the importance of a preventative approach to most areas of the health and social care agenda. Among other key messages are that: involving older people is important; quality of life can be improved through preventative approaches; and meeting people's needs with a preventative approach can create efficiencies.

Examples demonstrate the effectiveness of specific local projects. Published at the same time is a DVD, 'Prevention and early intervention', which explores detail on the benefits of particular interventions. (RH)

From : Helen Wiggins, Social Care Policy and Innovation - OP & Dementia, BE25 Quarry House, Leeds LS2 7UE.

Weblink: www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare

199/126

Prevention and early intervention: learning from the Partnerships for Older People Projects and other schemes [DVD]; by Older People and Dementia Branch, Social Care Policy and Innovation, Department of Health - DH. Leeds: Department of Health, 18 January 2010, DVD + leaflet.

There is growing evidence from the Partnerships for Older People Projects (POPPs) pilots and elsewhere that people with complex health and social care needs benefit greatly from joint health and social care assessment, case management, and flexible support interventions. This DVD has been produced to provide learning from the POPPs and other schemes. Short films explore the practical detail of how and why particular interventions have been set up to cater for needs ranging from none to complex, and what benefits they have subsequently demonstrated. Schemes featured for complex needs are: complex care teams (Devon); community matron support (Kent); and intermediate care (Poole). Substantial needs are represented by: mental health enablement (Bradford and Leeds); reablement (Leicestershire); dementia home support (South West); and falls prevention (Cambridge, Stockport and Ipswich). Moderate needs examples are: care co-ordination (Brent); dementia peer support (Bradford); and memory service (East Sussex). Low to no needs examples are: navigator service (East Sussex); village agents (Gloucestershire); and access to information (Nottinghamshire, Tameside and Isle of Wight). Geared towards commissioners and senior decision makers, this resource emphasises the importance of working together to deliver the Prevention and Early Intervention component of the Putting People First agenda. The PSSRU evaluation, 'The national evaluation of Partnerships for Older People Projects' and a DH report 'Improving care and saving money: learning the lessons on prevention and early intervention for older people' were published at the same time as this DVD. These documents and the DVD are also available on the DH website (at www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/index.htm). (RH)

From : Older People and Dementia Branch, Room BE13, Department of Health, Quarry House, Quarry Hill, Leeds LS2 7UE.

www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/index.htm

RELATIONSHIPS (PERSONAL)

199/127

Developing personal relationships in care homes: realising the contributions of staff, residents and family members; by Christine Brown Wilson, Sue Davies, Mike Nolan.

Ageing and Society, vol 29, part 7, October 2009, pp 1041-1064.

Personal relationships are an integral part of living' working and visiting in care homes, but little research has made relationships the main focus of inquiry, and there have been few studies from the perspectives of residents, staff and family members. The study reported here sought to redress this neglect. Using a constructivist approach, the nature and types of relationships between residents, staff and family members were explored in three care homes in England using combined methods including participant observation, interviews and focus groups. The data collection and analysis occurred iteratively over 21 months, and three types of relationships were identified: 'pragmatic relationships' that primarily focus on the instrumental aspects of care; 'personal and responsive relationships' that engage more fully with the particular needs of individual

residents; and 'reciprocal relationships' that recognise the roles of residents, staff and family members in creating a sense of community within the home. This paper explores the contribution made by staff, residents and family members in the development of these relationships. The findings enhance our understanding of the role of interpersonal relationships in care home settings. The implications for developing improved practice in care homes is also considered. (RH)
ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>

RELIGION AND SPIRITUALITY

- 199/128 The relationship between religiosity and health behaviors in female caregivers of older adults with dementia; by Yaron G Rabinowitz, Brent T Mausbach, Philip J Atkinson (et al.): Taylor & Francis.
Aging & Mental Health, vol 13, no 6, November 2009, pp 788-798.
The current study explored the relationship between three dimensions of religiosity in a sample of Latina and Caucasian female caregivers of older adult relatives with dementia: organisational religiosity (e.g. attendance at religious events), non-organisational religiosity (e.g. prayer), and subjective religiosity (e.g. importance of religion) and caregiver health behaviour patterns. It was hypothesised that religiosity would have a significant association with reduced cumulative health risk as determined by an index of health behaviours. It was also hypothesised that, when examining the individual health behaviours subsumed in the overarching index, religiosity would be positively associated with adaptive health behaviours like exercise and negatively associated with health risk behaviours like smoking. Amongst Caucasians, increased subjective religiosity was related to increased cumulative health risk. Conversely, in Latinas, non-organisational religiosity was positively correlated with improved dietary practices (reduced dietary restriction). Increased levels of subjective religiosity were significantly associated with decreased maintenance of a routine exercise regimen across ethnic groups. Recommendations for clinicians and religious leaders, and avenues of future research are discussed. (KJ/RH)
ISSN: 13607863 From : <http://www.informaworld.com/CAMH>
- 199/129 Strong beliefs and coping in old age: a case-based comparison of atheism and religious faith; by Peter J Wilkinson, Peter G Coleman.
Ageing and Society, vol 30, part 2, February 2010, pp 337-362.
Although a variety of research projects have been conducted on the benefits of religious coping in older adults, no direct comparison between atheism and religious faith has been published. The study reported in this paper tackled this issue by interviewing two matched groups of people aged over 60 years living in southern England, one of 11 informants with strong atheistic beliefs, and the other of eight informants with strong religious beliefs. Five paired comparisons were undertaken to examine the role of the content of the belief system itself in coping with different negative stresses and losses commonly associated with ageing and old age. The pairs were matched for the nature of the loss or stress that the two people had experienced, but the two individuals had opposed atheistic and religious beliefs. The analyses showed that all the study participants - regardless of their beliefs - were coping well, and suggested that a strong atheistic belief system can fulfil the same role as a strong religious belief system in providing support, explanation, consolation and inspiration. It is postulated that the strength of people's beliefs and how those beliefs are used might have more influence on the efficacy of coping than the specific nature of the beliefs. Further research into the strength of belief systems, including atheism, is required to test and elaborate this hypothesis. (KJ/RH)
ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>
doi:10.1017/S0144686X09990353

RESEARCH

- 199/130 Reflections of a researcher interviewing older people; by Nan Greenwood. *Nursing Older People*, vol 21, no 7, September 2009, pp 30-31. The author discusses three issues of research - recruitment, terminology, and the end of the research relationship - and why researchers should be sensitive to how participants may be affected by the process. The aim of this article is to remind those involved in research, either as researchers or reading it, of the possible effect of conducting research with participants. At a minimum, thought should be given as to why participants - especially older people - agree to take part in research studies and how they might feel when the research comes to an end. The involvement of older people in the planning and design of research concerning their age group might help to avoid some of the potential issues highlighted in the article. (RH)
ISSN: 14720795
From : <http://www.nursingolderpeople.co.uk>

RESIDENTIAL AND NURSING HOME CARE

(See Also 199/35, 199/81, 199/127)

- 199/131 A census-based longitudinal study of variations in survival amongst residents of nursing and residential homes in Northern Ireland; by Mark McCann, Dermot O'Reilly, Chris Cardwell. *Age and Ageing*, vol 38, no 6, November 2009, pp 711-717. Despite the intensive services provided to residents of care homes, information on death rates is not routinely available for this population in the UK. This study aimed to quantify mortality rates across the care home population of Northern Ireland, and to assess variation by type of care home and resident characteristics in a prospective, Census-based cohort study with 5-year follow-up. Participants were 9,072 residents of care homes for people aged 65+ at the time of the 2001 Census, with a special emphasis on the 2,112 residents admitted during the year preceding census day. Measurements included age, sex, self-reported health, marital status, residence (not in care home, residential home, dual registered home, nursing home), elderly mentally infirm care provision. Results showed that the median survival among nursing home residents was 2.33 years (95% CI 2.25-2.59), for dual registered homes 2.75 (95% CI 2.42-3.17) and for residential homes 4.51 (95% CI 3.92-4.92) years. Age, sex and self-reported health showed weaker associations in the sicker populations in nursing homes compared to those in residential care or among the non-institutionalised. The high mortality in care homes indicates that places in care homes are reserved for the most severely ill and dependent. Death rates may not be an appropriate care quality measure for this population, but may serve as a useful adjunct for clinical staff and the planning of care home provision. (KJ/RH)
ISSN: 00020729
From : <http://www.ageing.oxfordjournals.org>

- 199/132 Ensuring high quality health and social care for our older population: residential care in Ireland as a case example; by Irene O'Connor. *Quality in Ageing*, vol 10, issue 3, September 2009, pp 34-43. Southern Ireland faces similar challenges to the rest of Europe in that it has a rapidly increasing older population, seemingly infinite demand for health and social care, and growing financial pressures. Against such a background, there are concerns about the quality of care provided for frail older people, especially in long-term care settings. This paper considers some recent policy development in

Ireland, with a particular focus on long-term care. It describes the response to a series of inquiries about the quality of care in such environments and the subsequent formation of the Health Information and Quality Authority (HIQA). HIQA has just introduced a series of new inspections standards, and these are presented in the article. However, whilst these standards are to be welcomed, it is argued that standards alone will not result in improved quality unless there is also a recognition of the role and value of long-term care as a positive care environment for older people. (KJ/RH)
ISSN: 14717794

199/133 Pillars of care home wisdom: [My Home Life project]; by Vern Pitt. Community Care, issue 1795, 12 November 2009, pp 30-31.
The My Home Life (MHL) project has established eight pillars of good practice that it is promoting among care homes: managing transitions into a care home; managing identity; creating community; sharing decision-making; improving health; supporting good end-of-life care; keeping the workforce fit for purpose; and creating a positive culture. This article looks examples of implementing these "pillars" in practice at four care homes. Tom Owen, Director of MHL, describes the project's bid to support improvements are care homes throughout the UK. (RH)
ISSN: 03075508
From : www.communitycare.co.uk

199/134 Prognosis is important in decision-making in Dutch nursing home patients with dementia and pneumonia; by Jenny T van der Steen, Margaret R Helton, Miel W Ribbe.
International Journal of Geriatric Psychiatry, vol 24, no 9, September 2009, pp 933-936.
A survey study explored how physicians treating nursing home residents with dementia and pneumonia in the Netherlands consider prognosis in their treatment decision. Data were collected between July 2006 and March 2008 from 69 physicians from 54 nursing homes in the Netherlands, who completed a questionnaire on symptoms, treatment, and prognosis for their next dementia patient newly diagnosed with pneumonia. They were also asked a general question regarding withholding antibiotic treatment and prognosis. Outcome was assessed at least two months afterwards. Two-week mortality risk if treated with antibiotics was calculated with a validated prognostic score. The patients not treated with antibiotics had high (92%) actual 2-week mortality, while only 12% of patients treated with antibiotics died. Physicians believed that mortality risk was high in the untreated group and would have been only slightly lower if treated with antibiotics (mean estimated risk 73%), which was higher than predicted from the risk score (42%). In general, three-quarters of physicians considered withholding antibiotics appropriate for mortality risks between 75% and 90%. Prognosis is an important consideration when Dutch nursing home physicians make antibiotic treatment decisions for patients with dementia and pneumonia. This suggests they prefer not to treat with antibiotics when to do so is probably futile. Physicians in other countries may hold different views on futility, which should be addressed in larger, cross-national comparative studies (KJ/RH)
ISSN: 08856230 From : <http://www.interscience.wiley.com/journal/gps>

199/135 Use of physical restraints and antipsychotic medications in nursing homes: a cross-national study; by Zhanlian Feng, John P Hirdes, Trevor F Smith (et al). International Journal of Geriatric Psychiatry, vol 24, no 10, October 2009, pp 1110-1119.
This study compares inter- and intra-country differences in the prevalence of physical restraints and antipsychotic medications in nursing homes, and examines

aggregated resident conditions and organizational characteristics correlated with these treatments. Population-based, cross-sectional data were collected using a standardized Resident Assessment Instrument (RAI) from 14,504 long-term care facilities providing nursing home level services in five countries participating in the interRAI consortium, including Canada, Finland, Hong Kong (Special Administrative Region, China), Switzerland, and the United States. Facility-level prevalence rates of physical restraints and antipsychotic use were examined both between and within the study countries. The prevalence of physical restraint use varied more than five-fold across the study countries, from an average 6% in Switzerland, 9% in the US, 20% in Hong Kong, 28% in Finland, and over 31% in Canada. The prevalence of antipsychotic use ranged from 11% in Hong Kong, between 26-27% in Canada and the US, 34% in Switzerland, and nearly 38% in Finland. Within each country, substantial variations existed across facilities in both physical restraint and antipsychotic use rates. In all countries, neither facility case mix nor organizational characteristics were particularly predictive of the prevalence of either treatment. There exists large, unexplained variability in the prevalence of physical restraint and antipsychotic use in nursing home facilities both between and within countries. Since restraints and antipsychotics are associated with adverse outcomes, it is important to understand the idiosyncratic factors specific to each country that contribute to variation in use rates. (KJ/RH)
ISSN: 08856230

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

199/136

The use of restraint in care homes; by Social Care Institute for Excellence - SCIE. Community Care, issue 1798, 3 December 2009, pp 30-32.

The Social Care Institute for Excellence (SCIE) explains how a thorough knowledge of residents' needs, multi-agency partnerships, and good record-keeping can reduce the need for restraint of residents in care homes. This review of practice lists the main forms of restraint - chemical (medication), environmental, technological and passive - use of which is governed principally by the Mental Capacity Act 2005. It considers what is acceptable, unacceptable and unintentional restraint, also decisions about use of restraint. Recent examples from the literature are highlighted, along with a link to a SCIE At a glance guide, 'Managing risk, minimising restraint: challenges, dilemmas and positive approaches for working with older people in care homes' (<http://www.scie.org.uk/publications/ataglance/ataglance16.asp>). (RH)

ISSN: 03075508

From : www.communitycare.co.uk

199/137

Your guide to: meeting new standards: [new care home standards]; by Frank Ursell, Colin Angel, Sharon Blackburn. Community Care, issue 1803, 28 January 2010, pp 26-27.

The national minimum standards ('Care homes for older people: national minimum standards [under the Care Standards Act 2000]', first published, 2001) have been criticised as being too process-based. They will be replaced as regulations under the Health and Social Care Act 2008 come into force, which will make assessments more outcome-focused. The new document (279 pages) from the Care Quality Commission (CQC) covers 28 separate outcomes in six key areas: user involvement and information; personalised care; safeguarding; staff suitability; quality and management; and management suitability. Vern Pitt gives background information, and three experts attempt to decode what the document means for residential, domiciliary and nursing care providers. (RH)

ISSN: 03075508

ISSN: 03075508

From : www.communitycare.co.uk

RESPIRE CARE

- 199/138 Re-visioning respite: a culture change initiative in a long-term care setting in Eire; by Marguerite Kelly, Eileen McSweeney.
Quality in Ageing, vol 10, issue 3, September 2009, pp 4-11.
Respite care is one of the services most frequently requested by family carers, but places are often not taken up because of carers' concerns about the quality of the respite experience. This paper describes the formation of a new respite unit at St Ita's Hospital in Western Ireland and staff's efforts to create a respite experience that more closely reflects the older person's home environment. The initial focus was on providing more choice in terms of the food served and the times of meals. The challenges of introducing even small changes to the delivery of care are considered, and the need for a more widespread and sustained approach to culture change is promoted. (KJ/RH)
ISSN: 14717794

SEXUALITY

- 199/139 Reflections of men and women in advanced old age on being the other sex; by Lena Aléx, Berit Lundman, Anne Hammarström.
Ageing and Society, vol 30, part 2, February 2010, pp 193-206.
The study reported in this paper is part of the Umeå 85+ project in Sweden. The aim was to investigate gender perspectives among 'the oldest old', by asking men and women in advanced old age living in a sparsely populated area of northern Sweden to reflect on how life might have been if they had been born the other sex. Thematic narratives from nine men and seven women were analysed using qualitative content analysis. The content of these narratives was resolved into eight categories in two domains, respectively men's and women's reflections about being born the opposite sex. The narratives of both the men and women indicated that they were satisfied with their actual birth sex. The men were aware that if they had been born female, they would probably have experienced more hard work and had a more restricted life, and they were conscious of both women's relative powerlessness and their greater ability to manage and organise work within the home. The women's narratives described a femininity characterised by longing for a state of being unconcerned when young, and their narratives also displayed awareness of women's physical strength and that men's lives had also been hard. (KJ/RH)
ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>
doi:10.1017/S0144686X09990377
- 199/140 Unique challenges of transgender aging: implications from the literature; by Diane I Persson.
Journal of Gerontological Social Work, vol 52, issue 6, 2009, pp 633-646.
Transgender elders are both underserved and understudied. Neither the aetiology nor prevalence of transgender is well understood; because sex, gender, and sexuality are at the very core of individual identity, it is difficult to dislodge one's ideas and feelings about them. Unlike biological sex and sexual orientation, gender has several aspects: gender identity, gender expression, and gender classification. A discussion of the terminology of transgender is presented, and the issues facing ageing transgender individuals are identified. Although the challenges of adequate healthcare, social support, and legal obstacles are faced by many elderly individuals, the way they are presented and managed are unique to this often invisible group. (KJ)
ISSN: 01634372
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA. www.taylorandfrancis.com

SOCIAL CARE

(See Also 199/11, 199/80, 199/146, 199/147)

- 199/141 People who fund their own care and support: a review of the literature; and Research into the existing provision of information and advice [cover title]: [title pages]: A parallel universe? People who fund their own care and support: a review of the literature; [and] Navigating the parallel universe: information and advice for people who self-fund; by Bob Hudson, Melanie Henwood, Improvement and Development Agency - I&DeA; Association of Directors of Adult Social Services - ADASS; Local Government Association - LGA.: Social Care Institute for Excellence, October 2009, various paginations (Putting people first: transforming adult social care).
These two reports were commissioned from independent consultants Bob Hudson and Melanie Henwood by the Association of Directors of Adult Social Services (ADASS), the Social Care Institute for Excellence (SCIE) and the Joseph Rowntree Foundation (JRF). The first report, 'A parallel universe?' reviews a range of literature across policy, research and development, focusing on or relevant to people who fund their own care. These "self-funders" often appear to exist in a parallel universe to that of people who meet eligibility criteria for council funded social care. The shortcomings in the information, advice and support available to this group in seeking help is confirmed by the limited evidence base on self-funders. The second, 'Navigating the parallel universe', explores the approach of a number of key national organisations in providing information, advice and advocacy (IAA) to self-funders needing care and support. This also confirms that "the pathway to information and advice is rarely smooth", and that the sorts of advice self-funders require should be sought from independent financial advisers (IFAs). The value of the little-known Information Standard Quality Mark being introduced by the Department of Health will depend on sufficient organisations seeking accreditation. The report identifies ten key messages from the two reports; and building on the findings and conclusion from both, the authors make recommendations for further in-depth investigation with of a representative sample of self-funders using IAA services, also representative provider organisations and councils. (RH)
- 199/142 Shaping the future of care together: The Big Debate : Green Paper response - summary; by Carers UK. London: Carers UK, November 2009, 11 pp.
Carers UK agrees with the demographic case for change and the six principles set out in the Green Paper, 'Shaping the future of care together'. However, what is missing is the understanding of care as an infrastructure issue that underpins the economy; and there is also disappointment with the funding models suggested, though the partnership model was the one that most carers were most in favour. For Carers UKJ, reviewing carers' benefits and improving their incomes must be considered as part of the new funding for social care. (RH)
From : Carers UK, 20 Great Dover Street, London SE1 4LX.
<http://www.carersuk.org>
- 199/143 Sinking and swimming : understanding Britain's unmet needs; by Young Foundation. London: The Young Foundation, 2009, 289 pp.
The welfare state that was built up after the great economic crisis of the 1930s was designed to meet Britain's material needs - for jobs, homes, health care and pensions. Sixty years later, psychological needs have become as pressing as material ones. 'Sinking and swimming' is based on new analysis of statistical data, case studies, surveys and hundreds of conversations with people across the country. It shows where the most acute needs are and how they interrelate. It looks at why some people can cope with shocks and setbacks and others cannot,

and draws out the implications for policy, philanthropy and public action. The report provides evidence that older people are more at risk of having their essential needs for food and warmth going unmet, are more likely to have unmet transport needs, and are psychologically at greater risk of feeling both less competent and lacking control over their lives. The case studies particularly highlight how many older people are isolated or afraid of crime; and in the case of London, the city is not age-friendly. People living alone, the sick and disabled, older people and minority ethnic groups are among the seven (sometimes overlapping) groups that the report defines as more at risk with regard to multiple indicators of unmet need. However, these unmet needs are not sufficiently captured in survey data or official statistics. The appendices indicate the methods used in exploring perceptions of need and testing them accordingly. (RH)

Price: £12.99 (download FOC)

From : Download: <http://www.youngfoundation.org/publications/reports>
The Young Foundation, 18 Victoria Park Square, Bethnal Green, London E2 9PF.

199/144

Social care statistics : 2007/08 Actuals; by CIPFA - Chartered Institute of Public Finance and Accountancy. 58th ed London: CIPFA - Chartered Institute of Public Finance and Accountancy, 2009, 158 pp.

This is the first edition of this survey under its new title but the 58th survey in a series of annual statistical returns on social care. It reflects the review of CIPFA's Service Expenditure Analysis (SEA) for social care which forms part of the Best Value Accounting Code of Practice. The data details actual expenditure and income for the year in question, together with non-financial data which in total provides a substantive analysis of the different activities for local authorities in England, Wales and Scotland. In the year under review, local authorities in Great Britain spent a total of £22.5 billion on the provision of social care. Of particular relevance to older people are analyses of: nursing and residential care homes; day care and generic services (includes home care, meals and equipment/adaptations). (KJ)

Price: £130.00 From : CIPFA, 3 Robert Street, London WC2N 6RL.
<http://www.cipfastats.net>

SOCIAL EXCLUSION

199/145

Killing the golden goose?: third sector organizations and back-to-work programmes in Germany and the UK; by Mike Aiken, Ingo Bode.

Social Policy & Administration, vol 43, no 3, June 2009, pp 209-225.

Third sector, or not-for-profit, organizations have been viewed in many parts of Europe as agencies that can be harnessed by public policy programmes to support the socially excluded. Within the emerging mixed economy of welfare, third sector agencies offering training, support and employment for groups disadvantaged in the labour market provide an important example. This illustrates, from one specific field, the dynamics occurring at the interface between public and third sectors in the delivery of public policy goals. This article examines both the history of 'partnership regimes' in this field and the evolving local organizational arrangement. The developments in the contrasting welfare regimes of Britain and Germany, which exemplify different institutional traditions, are analysed. The potential impact of regulatory changes on the capacity of third sector work integration agencies to deliver policy goals is assessed in both countries using evidence from recent case study research. The analysis suggests that the emerging managerialist partnership structures are tending to convert third sector organizations into 'just in time' deliverers of poor programme outcomes in both welfare regimes while also eroding their distinctive potential to provide more than mere labour market integration. (KJ/RH)

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SOCIAL SERVICES

(See Also 199/141)

- 199/146 Banned from working in social care: a secondary analysis of staff characteristics and reasons for their referrals to the POVA list in England and Wales; by Shereen Hussein, Martin Stevens, Jill Manthorpe (et al).
Health and Social Care in the Community, vol 17, no 5, September 2009, pp 423-433.
Since July 2004, employers of social care staff working with vulnerable adults in England and Wales have been legally required to refer workers or volunteers dismissed for misconduct because they have harmed vulnerable adults or placed them at risk of harm to the Protection of Vulnerable Adults (POVA) list. The POVA list is unique to England and Wales, and is a powerful tool of quality assurance for the care sector and for the safeguarding of vulnerable adults. This article reports on part of a multi-method study including quantitative and qualitative elements to produce a rounded picture of the factors involved in decisions to place staff members on the POVA list. Based on secondary data analysis of all records of POVA referrals from August 2004 to November 2006 (5294 records) as well as a detailed sample of 298 referrals, this article focuses on the prevalence of different types of alleged harm and their association with various staff, employer and service-users' characteristics. The most common form of alleged abuse was physical abuse (33%), while the least was sexual abuse (6%). Some of the other key findings are the over-representation of men referred (31% compared to an average of 15% in the workforce) and significantly different types of abuse in care home and domiciliary settings, where financial abuse was less likely in care homes [odds ratio (OR) 0.17; P 0.001], while physical abuse more likely in the same setting (OR 3.60; P 0.001). (KJ/RH)
ISSN: 09660410
From : <http://www.blackwellpublishing.com/hsc>
- 199/147 Social workers in community care practice: ideologies and interactions with older people; by Mary Pat Sullivan.
British Journal of Social Work, vol 39, no 7, October 2009, pp 1306-1325.
Since the inception of the NHS and Community Care Act 1990, there has been a proliferation of studies examining its implementation at the front line. Considerable attention has been aimed at understanding how it is that social work practitioners, charged with the responsibility to implement community care recommendations for older people, are doing so in a challenging care environment. How a practitioner's ideological frame of reference may impact on his/her practice interactions remains relatively unanswered. However, the course by which professional ideology matures and then directs practice would appear to both complex and multifaceted. The outcome is one that may render the professional both powerful and political, and one that may leave the older care recipient both vulnerable and stigmatised. This paper explores community care practice with older people, emphasizing the ideological underpinnings in practice and their influence on practice interactions. Social work practitioners working on older people's teams in two contrasting communities in England were interviewed to discuss their assessment and care management interactions with older people. Using grounded theory and Goffman's theoretical constructs within frame analysis, a conceptual model for practice emerged, reinforcing that practitioners' understandings of social events, anchored in government and professional discourse and individual perceptions about older people, enabled them to organize and influence the interaction to lead to a professionally determined outcome. The routine work of assessment and care management became very powerful in

absence of strategic intention by the practitioner. A move to more strategic behaviour occurred when practice dilemmas required practitioners to intervene, informed by their professionally based values juxtaposed against those supported within official discourse. The findings provide an insight into how social work practitioners manage to deliver community care in a complex environment. The outcomes also reinforce the need for practitioners to develop an understanding of how they construct their social realities, as this may impact on the experience of community care for older people. (KJ/RH)

ISSN: 00453102

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

- 199/148 Understanding service context: development of a service pro forma to describe and measure elderly peoples' community and intermediate care services; by Susan A Nancarrow, Anna M Moran, Stuart G Parker.
Health and Social Care in the Community, vol 17, no 5, September 2009, pp 434-446.

The purpose of this paper was to develop a pro forma which classifies the components of service delivery and organization which may impact on the outcomes of elderly peoples' community and intermediate care services. The resulting analytic template provides a basis for comparison between services and may help guide service commissioning and development. A qualitative approach was used in which key evaluations and reports were selected on the basis that they described older peoples' community and intermediate care services. These were analysed systematically using a qualitative (template) approach to draw out the key themes used to describe services. Themes were then structured hierarchically into an analytic template. Seventeen key documents were analysed. The initial coding framework classified 334 themes describing intermediate care services. These items were then clustered into 78 categories, which were reduced to 17 subcategories, then six overall groupings to describe the services, namely: (1) context; (2) reason for the service; (3) service-users; (4) access to the service; (5) service structure; and (6) the organization of care. The resulting analytic template has been developed into a 'service pro forma' which can be used as a basis to describe and compare a range of services. The authors propose that all service evaluations should describe, in detail, their context in a comparable way, so that other services can learn from and/or apply the findings from these studies.

(KJ/RH)

ISSN: 09660410

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

STROKE

- 199/149 Different approaches to stroke care in Finland and in the UK; by Caroline Lawson.
Nursing Older People, vol 21, no 6, July 2009, pp 24-26.

The winner of the Nuffield Trust joint international travel award 2008 travelled to Finland to observe stroke services. She describes how she plans to implement the good practice witnessed on the trip. The article also aims to encourage nurses to undertake educational visits and exchanges, overseas or in their own countries.

(RH)

ISSN: 14720795

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

- 199/150 Early supported discharge after stroke; by Jonathan Birns, Santhosh Seetharaman. GM (Geriatric Medicine), vol 39, no 10, October 2009, pp 562-565.
Specialist stroke rehabilitation aims to promote independence and reintegration into the community. Early supported discharge of stroke patients with

mild-to-moderate disability by a coordinated multidisciplinary team not only improves physical functioning, but also reduces the economic burden of post-stroke care. (KJ/RH)
ISSN: 0268201X
From : <http://www.gerimed.co.uk>

199/151 The fast and the seamless: [stroke care]; by Jennifer Taylor.
Health Service Journal, no 6162, 25 June 2009, pp 22-23.
Good stroke care is not just about the acute stage: services must be designed from the paramedic's involvement through to social care post-discharge from hospital. This article considers whether stroke patients are receiving the treatment they need; and suggests priorities for improving stroke services, along with sources for further information. It highlights results of the Royal College of Physicians' national sentinel stroke audit, particularly the importance of hospitals having a stroke unit with beds reserved for stroke patients, since the first few hours are critical for making a diagnosis and decreasing the risk of disability and death. (RH)
ISSN: 09522271
From : www.hsj.co.uk

199/152 Structured re-assessment system at 6 months after a disabling stroke: a randomised controlled trial with resource use and cost study; by Anne Forster, John Young, John Green (et al).
Age and Ageing, vol 38, no 5, September 2009, pp 576-583.
UK national policy (the National Service Framework for Older People - NSF) recommends routine re-assessment of disabled patients and their carers at 6 months after stroke onset. The clinical and resource outcomes of this policy were investigated in a randomised controlled trial in two centres of 265 patients with disabling stroke and their carers. Independence at 12 months post-stroke was similar in both groups, as measured by the Frenchay activities index. Emotional distress in carers was similar in both groups, as measured by the General Health Questionnaire (GHQ-28). Results for secondary outcome measures - activities of daily living (ADLs), mood state, satisfaction with services, carer strain index, health and social service resource use and costs - were similar for both groups. The intervention group patients used 301 fewer hospital bed days and 1,631 fewer care home bed days. The structured re-assessment system for patients and their carers was not associated with any clinically significant evidence of benefit at 12 months. Health and social care resource use and mean cost per patient were broadly similar in both groups. This study is in the International Standard Randomised Controlled Trial Register; number ISRCTN55412871. (RH)
ISSN: 00020729
From : <http://www.ageing.oxfordjournals.org>

SUICIDE

199/153 Parkinson's disease and suicide: a profile of suicide victims with Parkinson's disease in a population-based study during the years 1988-2002 in Northern Finland; by Arja Mainio, Kaisa Karvonen, Helinä Hakko (et al).
International Journal of Geriatric Psychiatry, vol 24, no 9, September 2009, pp 916-920.
The authors studied the prevalence of hospital-treated Parkinson's disease (PD) among suicide victims and the profile of these persons, taking into account suicide attempts, timing of depression and comorbid somatic diseases.
The database of this study consisted of suicide victims aged 50 years of age or older (n = 555) during a fourteen-year period in the province of Oulu in Northern Finland. Hospital-treated Parkinson's disease occurred in 1.6% of the subjects,

indicating a rather low prevalence of suicide in this group of patients. Those with PD had attempted suicide earlier in 44% of the cases, while the corresponding percentage for other victims in older age was 9.9% ($p = 0.009$ Fischer exact test). Based on the case characteristics of this study, the profile of the PD person who completed suicide was as follows: male subject with recently diagnosed disease, living in rural area, having multiple physical illnesses, and having attempted suicide earlier. Psychiatric consultation is thus highly recommended for the PD patients with this disease profile. (KJ/RH)

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

199/154

When the solution is part of the problem: problem solving in elderly suicide attempters; by Lawrence M Gibbs, Alexandre Y Dombrovski, Jennifer Morse (et al).

International Journal of Geriatric Psychiatry, vol 24, no 12, December 2009, pp 1396-1404.

Depression, loss, and physical illness are associated with suicide in older people. However, the nature of individual vulnerability remains poorly understood. Poor problem solving has been suggested as a risk factor for suicide in younger adults. Unresolved problems may create an accumulation of stressors. Thus, those with perceived deficits in problem-solving ability may be predisposed to suicidal behaviour. To test this hypothesis, the authors investigated whether older suicide attempters perceived their problem solving as deficient. 64 individuals aged 60 and older participated in the study, including depressed suicide attempters, depressed non-attempters, and non-depressed controls. The social problem solving inventory - revised short-version was used to measure participants' perceived social problem solving, assessing both adaptive problem-solving dimensions (positive problem orientation and rational problem solving) and dysfunctional dimensions (negative problem orientation, impulsivity or carelessness, and avoidance). Depressed older adults who had attempted suicide perceived their overall problem solving as deficient, compared to non-suicidal depressed and non-depressed older people. Suicide attempters perceived their problems more negatively and approached them in a more impulsive manner. On rational problem solving and avoidant style sub-scales, suicide attempters did not differ from non-suicidal depressed. However, both depressed groups reported lower rational problem solving and higher avoidance compared to non-depressed controls. A perception of life problems as threatening and unsolvable and an impulsive approach to problem solving appear to predispose vulnerable older people to suicide. (KJ/RH)

ISSN: 08856230

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

VOLUNTEERING

199/155

Citizenship, volunteering and active ageing; by Mabel Lie, Susan Baines, Jane Wheelock.

Social Policy & Administration, vol 43, no 7, December 2009, pp 702-718.

Many voluntary organizations depend greatly on the unpaid services of older volunteers, a significant number of whom are women. At the same time, shifts in welfare policy have been towards emphasizing individual economic autonomy and self-provision, often to the detriment of older, more vulnerable members of society. Using data from an organization working for and with older people in the North-East of England and through in-depth qualitative interviews, this study found that volunteering is an expression of citizenship for older people. In their analysis, the authors identify two strands in the meanings of citizenship for older people: volunteering as leisure and work; and volunteering as care and civic

consciousness. These correspond with liberal conceptualizations of citizenship and republican models of citizenship. Data from in-depth interviews demonstrate a strong commitment to society and fellow citizens among older people that counterbalances individualistic and instrumental reasons for volunteering promoted by the state and market. Findings suggest that government views of volunteering as a route to paid work, as a panacea for society and therefore needing to be more 'work-like', are discordant with the perspectives of older volunteers. Rather than the neo-liberal views of the 'citizen-worker' or 'citizen-consumer', citizenship that is based on the 'common good' and feminist perspectives of 'caring citizenship' are arguably more beneficial to society. Finally, the authors describe the pressures and constraints facing older people that could discourage formal volunteering in the future. (KJ/RH)

ISSN: 01445596

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

WELL-BEING

199/156

Altruistic behaviour and social capital as predictors of well-being among older Canadians; by Kristine Theurer, Andrew Wister.

Ageing and Society, vol 30, part 1, January 2010, pp 157-181.

Self-reported altruistic activity and social capital were examined as predictors of perceived happiness and life satisfaction among a sample of 4,486 Canadians aged 65 or more years from the 2003 Canadian General Social Services Survey, Cycle 17. Altruistic behaviour was measured by number of volunteer hours per month and helping others (not including family and friends). Social capital was measured using dimensions of belonging to one's community, community and neighbour trust, and group activities. Drawing on generativity and role-identity theories, it was hypothesised that altruistic behaviour and social capital are positively associated with well-being (using perceived happiness and life satisfaction), and that social capital mediates the relationship. For both perceived happiness and life satisfaction, after controlling for demographic, health status, and social support variables, measures of altruistic behaviour demonstrated statistically significant associations. Once measures of social capital were entered into the analysis in the final block, however, the altruistic behaviour variables were no longer statistically significant. Robust associations were found for social capital and the two measures of well-being, particularly between sense of belonging, trust in neighbours, and perceived happiness and life satisfaction. The findings suggest that altruistic behaviour is mediated by social capital. The implications of these findings are discussed with respect to understanding the well-being of older Canadians. (KJ/RH)

ISSN: 0144686X

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

doi:10.1017/S0144686X09008848

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.

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 March 2010

LOPSG Spring Participants' Meeting : Ensuring the Health Care We Need

Organised by: London Older People's Strategies Group (LOPSG)

Venue: YMCA Indian Students' Hostel, Fitzroy Square

Location : central London, England

Details : Graeme Matthews, Secretary

Tel : +44 (0)1895 631905

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

8 March 2010

Who's hurting and what's helping? Tackling unemployment after the recession

The plight of younger workers in the current
recession is of great importance to the public. The
Government has responded to this with a range of
policy interventions. However, with public attention

focused on young people, the time is right to
expand the debate and talk about what can be done
to mitigate the impact of unemployment on other
age-groups. The purpose of this half-day
conference is to raise the profile of rising
unemployment among older workers and those
over 25 more generally. It will explore what policy
can do to help older workers in the wake of the
recession. 09.00am-1.30pm, including lunch.

Speakers: Rt Hon Yvette Cooper MP, Secretary of
State for Work and Pensions; Lord Freud,
Conservative Shadow Minister for Welfare
Reform; Professor Steve Webb MP, Liberal
Democrat Shadow Secretary of State for Work and
Pensions and others.

Organised by: Third Age Employment Network -
TAEN; Social Market Foundation - SMF

Venue: Canterbury Court, Kennington Park
Business Centre

Location : London, England

Details : TAEN, 207-221 Pentonville Road,
London, N1 9UZ

Tel : +44 (0)20 7843 1590

11 March 2010

2010 Annual Long Term Care Conference

Organised by: Laing & Buisson sponsored by
Castleoak; Barclays Commercial

Venue: The Portman Hotel, 22 Portman Square

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

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,
Lorimore 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

**Social Enterprise Health and Social Care
Conference 2010 : The Future for Health and
Social Care Markets**

Organised by: Hosted by Social Enterprise
Coalition, in partnership with Department of
Health; sponsored by The Social Investment
Business
Venue: The Cavendish Conference Centre
Location : London, England

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: Victoria Park Plaza Hotel
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 March 2010

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.

31 March 2010

The Missing Piece : Meeting People's Spiritual Needs at the End of Life

Organised by: National Council for Palliative Care - NCPC

Venue: Holiday Inn, Bloomsbury

Location : London, England

Details : Theresa Tsui, Events Coordinator, Fitzpatrick Building, 188-194 York Way, London, N7 9AS

Tel : +44 (0)20 7697 1520, *Fax :* +44 (0)20 7697 1530

10 April 2010

Defending the Welfare State and Public Services

Assemble 12 noon for 1pm at Temple Place, Embankment. Rally 2pm at Trafalgar Square. Speakers, music and entertainment.

Organised by: Supported by numerous organisations

Venue: Rally and March in central London

Location : central London, England

14-16 April 2010

The Centre for Longitudinal Studies International Conference 2010 :

The focus of this conference is the use of longitudinal data from studies such as the British Birth Cohorts and the English Longitudinal Study of Ageing to understand life-course determinants of healthy ageing, including the effect of early-life circumstances on outcomes in later life.

Speakers: Jim Heckman (University of Chicago); David Barker (University of Southampton); Jack Guralnik (National Institute of Ageing).

Organised by: CLS - Centre for Longitudinal Studies; NRDC - National Research and Development Centre for Adult Literacy and Numeracy

Venue: St Catherine s College, University of Oxford

Location : Oxford, England

Details : Richard Bull, Events and Marketing Manager, CLS , Post 14 Centre, Institute of Education, University of London, 20 Bedford Way, London WC1H 0AL

Tel : +44 (0)20 7612 6804, Research using such data is essential to inform sound policy that can address the needs of an ageing society. Themes addressed in the conference include: Frailty, disability and physical functioning at older ages; Ageing and cognition; Employment at older ages and transitions to retirement; Economic and financial circumstances over the life-course; Ageing, social participation and wellbeing in later life; Government policies and the ageing population.

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.

28 April 2010

**Confidentiality and Information Governance :
Implementing the GMC and Care Quality
Commission Recommendations in Health and
Social Care**

Speakers: Chair: Dr Emyr Wyn Jones (Chairman, UK Council of Caldicott Guardians; Medical Director, Consultant Physician and Caldicott Guardian, Doncaster and Bassletlaw NHS Foundation Trust and Chairman, BAMB). Jane O'Brien (GMC); Dr Andrew Harris (Chair of Ethics and Confidentiality Committee, National Information Governance Board for Health and Social Care).

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

28 April 2010

**Dignity and choice in end of life care: the role of
social workers**

Speakers: Chair: Allan Bowman (Chair, SCIE). Peter Beresford (Professor of Social Policy, Brunel University and Chair, Shaping Our Lives); Barbara Monroe (CE, St Christopher's) and others.

Organised by: OLM-Pavilion supported by SCIE; BASW; Shaping Our Lives

Venue: ORT House Conference Centre

Location : London, England

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

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

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

13 May 2010

**Safeguarding Vulnerable Adults in Hospital :
Increasing NHS engagement with safeguarding
(Implementing 'No Secrets')**

Speakers: Chair: Prof Susan Benbow Centre for Ageing and Mental Health, Staffs University. Ann Close (CQC); Dominic Corry (NPSA) and others.

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

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

5 - 7 July 2010

**UK Social Policy Association 2010 Conference :
Social Policy in Times of Change**

Organised by: Social Policy Association (SPA)
Venue: University of Lincoln
Location : Lincoln, Lincolnshire, England

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

9-10 July 2010

Capital Age Festival 2010

Coin Street site on 10th July.
Organised by: London Older People's Strategies Group (LOPSG) together with the Mayor of London
Venue: South Bank, London
Location : central London, England

Details : The Chamber, Greater London Authority, City Hall, The Queen's Walk, London, SE1 2AA
Tel : +44 (0)20 7401 2255

8-11 September 2010

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

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

Organised by: Personal Social Services Research Unit (PSSRU)
Venue: London School of Economics and Political Science (LSE)
Location : London, England

26-29 September 2010

2010 International Meeting

Organised by: International Psychogeriatric Association - IPA
Location : Santiago de Compostela, Spain

29 September - 1 October 2010

**6th Congress of the European Union Geriatric
Medicine Society**

Organised by: European Union Geriatric Medicine Society - EUGMS
Venue: Convention Centre Dublin
Location : Dublin, Ireland

19-21 October 2010

Coming of Age : Dementia in the 21st Century

Join DSDC to celebrate their 21st birthday at their 4th International Conference in London.

Speakers: Professor Stephen G Post, USA; Professor Henry Brodaty, AU; Professor Sandrine Andrieu, FR Professor Emma Reynish, UK amongst other international speakers.

Organised by: Dementia Service Development Centre (DSDC)
Venue: London (tba)
Location : London, England

Details : Jemma Galbraith, Dementia Services
Development Centre, University of Stirling,
Stirling, FK9 4LA, Scotland
Tel : +44 (0)1786 467740, *Fax* : +44 (0)1786
466846

25 November 2010

Carers UK : National Carers Summit

Organised by: Carers UK

Venue: King's Fund

Location : London, England

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

Tel : +44 (0)20 7378 4940