

New Literature on Old Age

EDITOR

Gillian CrosbyVOLUME
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ABUSE

(See Also 200/12, 200/13)

- 200/1 Abuse and protection issues across the lifespan: reviewing the literature; by Fiona Johnson, James Hogg, Brigid Daniel.
Social Policy & Society, vol 9, pt 1, April 2010, pp 291-304.
The literature is reviewed: (a) comparing models of abuse and protection applied at each stage of the lifespan; and (b) exploring abuse and protection issues with respect to individuals over time. A paucity of comparative and lifespan work in the field of abuse and protection is reported. Within the available literature, different types of knowledge are drawn upon and contrasted definitions of 'abuse' and 'protection' employed. Accordingly, the most significant findings of the review are in the dissonances and the gaps surrounding the substantive findings. Examples are presented to demonstrate this, while new directions for discussion and research are proposed. (KJ/RH)
ISSN: 14747464
From : <http://www.journals.cambridge.org/sps>
doi:10.1017/S1474746409990418
- 200/2 Abusive interactions: research in locked wards for people with dementia; by Fiona Kelly.
Social Policy & Society, vol 9, pt 1, April 2010, pp 267-278.
This paper reports on a study in which unique access to three locked psycho-geriatric wards of a hospital allowed ethnographic exploration into everyday social worlds of fourteen people with dementia. Findings indicate abusive practice in the wards and show that participants in receipt of such practice responded with self-defence and resistance, but ultimately were defeated. In a development of Sabat's (2001) Selves 1-3 framework, the author identifies how abusive practice arose due to staffs' inability to recognise different aspects of patients' self. Recommendations for practice include integrating a developed Selves 1-3 framework into staff training and evaluating its impact on practice. (KJ/RH)
ISSN: 14747464
From : <http://www.journals.cambridge.org/sps>
doi:10.1017/S147474640999039X
- 200/3 Age, ethnicity and equalities: synthesising policy and practice messages from two recent studies of elder abuse in the UK; by Jill Manthorpe, Alison Bowes.
Social Policy & Society, vol 9, pt 1, April 2010, pp 255-266.
Two recent studies of elder abuse in the UK are located in current policy contexts of adult safeguarding. After describing the studies, the discussion draws out their central messages and identifies the challenges that the studies present to recent policy debates and innovations. These relate to the need to properly integrate both wider older people's issues and issues of racism and ethnicity within developments in adult safeguarding policy, as well as social care services as the personalisation agenda advances. (KJ/RH)
ISSN: 14747464
From : <http://www.journals.cambridge.org/sps>
doi:10.1017/S1474746409990388

ADVOCACY

(See 200/66)

AGE DISCRIMINATION

(See Also 200/48)

- 200/4 Age discrimination and education: a legal briefing paper; by Helen Mountfield, Inquiry into the Future for Lifelong Learning - IFLL, NIACE - National Institute of Adult Continuing Education; Matrix Chambers. Leicester: NIACE, 2010, 24 pp [IFLL context paper].
This briefing paper is intended to outline the historical, existing and potential future law on age discrimination. It is concerned with adult education, defined here as anyone over compulsory school age (aged 16+). It considers the limited effects of discrimination and equality law in the late 20th and early 21st century. The Human Rights Act 1998 (which came into effect on 2 October 2002) has given little protection for people discriminated against on grounds of age in relation to adult education. The Employment Equality (Age) Regulations 2006 (referred to as the 'Age Discrimination Regulations') cover all vocational training and all training in institutions of higher or further education. The author (a barrister at Matrix Chambers) comments that these Regulations appear not to have to any real shift in thinking about age equality in distribution of educational resources. The last part of this paper looks at the Equality Bill 2009 as it relates to intergenerational equity in relation to education opportunities: Part 6 of the Bill specifically outlaws discrimination on grounds of age in relation to further and higher education and by qualification bodies; and Part 11 proposes a "public sector equality duty". If enacted, this Bill offers the hope of a joined up legal framework for supporting development of educational opportunities across age groups. (RH)
From:<http://www.niace.org.uk/lifelonglearninginquiry/docs/age-discrimination-and-education.pdf>
- 200/5 Social variations in access to hospital care for patients with colorectal, breast and lung cancer between 1999 and 2006: retrospective analysis of hospital episode statistics; by Rosalind Raine, Wun Wong, Shaun Scholes (et al).
British Medical Journal, no 7741, 6 February 2010, p 302.
Does type of hospital admission (emergency compared with elective) and surgical procedure for colorectal, breast and lung cancer vary by socioeconomic circumstances, age, sex and year of admission? Despite the implementation of the NHS Cancer Plan, social factors still strongly influence access to and the provision of care in England. The Plan aimed to improve outcomes overall to reduce health inequalities. In this study, living in deprived areas and being male were associated with lower likelihood of receiving preferred surgical procedures for cancers with in the National Health Service (NHS). Older people were more likely to receive the preferred surgical procedure for rectal cancer, but less likely to receive breast conserving surgery and lung cancer resection. This a summary of a cross-sectional study of 564,821 patients aged 50+ admitted to hospitals in England between 1 April 1999 and 31 March 2009 with these cancers (and published on bmj.com). (RH)
ISSN: 09598138 From : www.bmj.com BMJ 2010;340:b5479

AGEING (GENERAL)

- 200/6 Agenda for later life 2010: our five-year ambition for public policy; by Andrew Harrop, Age UK; Age Concern and Help the Aged. London: Age UK, 2010, 85 pp.
This first edition of 'Agenda for later life' marks the unveiling of Age UK, the new force combining Age Concern and Help the Aged, and sets out the organisation's public policy priorities for the next five years. Six themes are presented as Age UK's General Election priorities and challenges for a new government: equal respect; support to be independent; enough money; feeling well; taking part locally; and thinking globally. Other themes included are lifetime neighbourhoods, homes for life, the grey pound, and global ageing. Each chapter begins with a series of key indicators, setting out the medium-term trend, and a summary of Age UK's agenda for the next five years. (RH)
From : Age UK, Astral House, 1268 London Road, London, SW16 4ERT. Age UK, York House, 207-221 Pentonville Road, London N1 9UZ. www.ageuk.org.uk

ASSISTED LIVING

(See 200/99)

ASSISTIVE TECHNOLOGY

- 200/7 Solving the care problem: how a reformed care and support system and the better use of telecare can achieve efficiencies and improve quality of care; by Tunstall. Whitley Bridge, Yorks: Tunstall, 2009, 19 pp.
Telecare has been defined as "the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living". This booklet uses ten illustrations of best practice from local authorities and health trusts to demonstrate the impact of telecare on users and carers. The website www.tunstallhealth.com/casestudies also includes further examples of case studies and best practice. (RH)
From : Tunstall Healthcare (UK) Ltd., Whitley Lodge, Whitley Bridge, Yorkshire DN14 0HR.
www.tunstallhealth.com

ATTITUDES TO AGEING

- 200/8 Students' attitudes toward older people: a cross-cultural comparison; by Xiaoping Lin, Christina Bryant.: Routledge.
Journal of Intergenerational Relationships, vol 7, no 4, 2009, pp 411-424.
There is a popular belief that attitudes toward older people are predominantly negative in Western cultures and positive in Eastern cultures. In the light of social and cultural change in these cultures, it is timely to investigate whether this belief still holds true. The study also explores an often-ignored feature of cultural differences in these attitudes, namely, that attitudes toward older people are mixed phenomena in both cultures. The study uses a cross-group research design. 65 undergraduates (31 Western and 35 Eastern) completed the Fraboni Scale of Ageism (FSA) administered on computers. It found that attitudes toward older people were generally positive in both cultures and did not support the first hypothesis that attitudes toward older people would be predominantly negative in Western cultures and positive in Eastern cultures. However, as predicted, attitudes toward older people were mixed in both cultures. This study highlights the similarity in attitudes toward older people across cultures, and argues that future studies need to be encouraged to pay more attention to positive attitudes. (KJ/RH)
ISSN: 15350770
From : <http://www.tandf.co.uk/journals>

BABY BOOMERS

(See 200/24)

BEREAVEMENT

- 200/9 How to achieve resilience as an older widower: turning points or gradual change?; by Kate M Bennett.
Ageing and Society, vol 30, part 3, April 2010, pp 369-382.
The paper draws together two conceptualisations of resilience in bereavement and widowhood that were developed by Bonanno (2004) and Moore and Stratton (2003), both using North American data. This paper has re-examined data from two United Kingdom studies of widowhood. Among an aggregate sample of 60 widowers, 38 per cent showed resilience in the face of the exacting challenges that late-life widowhood brings. Resilient men were seen as having a positively viewed biography, were participating in relationships and activities, and had returned to a life that had meaning and brought satisfaction. Four broad categories among the resilient widowers were identified. The first had been resilient consistently throughout their

widowhood. The second group achieved resilience gradually, and the third following a turning point. Finally, a small group of men demonstrated both gradual and turning point pathways towards resilience. Personal characteristics had been particularly influential for those in the first group, while for the last group, social support had made an important contribution to achieving resilience and had two forms: informal and formal. The paper concludes with a discussion of the implications of the differentiation of resilience for adaptation to bereavement amongst older men. (KJ/RH)

ISSN: 0144686X

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

doi:10.1017/S0144686X09990572

BLACK AND MINORITY ETHNIC GROUPS

(See Also 200/3, 200/48)

200/10

The sensitivity of United Kingdom health-care services to the diverse needs of Chinese; by Ruby C M Chau, Sam Wai-Kam Yu.

Ageing and Society, vol 30, part 3, April 2010, pp 383-401.

This paper is a contribution to the debate on how to make health-care services in the United Kingdom more responsive to the needs of older people who are members of recent immigrant groups. The focus is on the Chinese-origin elders, and the objective is to demonstrate their diverse migrant histories, cultural backgrounds and attitudes to both 'traditional' and Western health-care practices. The underlying argument is that if National Health Service staff had a better understanding of the diversity of Chinese older people, this would make an important contribution to making the service more sensitive to their needs. To develop this argument, this paper carries out three main analytical tasks. The first is to discuss the range of strategies adopted by Chinese people in general and Chinese older people in particular to improve their health. The second is to study Chinese people's heritage of exploring different methods to organise health in response to foreign culture. The third considers the ways in which the sensitivity of British health-care services to the needs of ethnic-minority groups can be improved, with a focus on the culturagram health screening instrument and procedure. Three contrasting examples are presented. (KJ/RH)

ISSN: 0144686X

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

doi:10.1017/S0144686X09990468

CARERS AND CARING

200/11

Tipping point for care: time for a new social contract; by Carers UK. London: Carers UK, 2010, 9 pp.

By 2017, we will reach the tipping point for care when the numbers of older people needing care will outstrip the numbers of working age family members currently available to meet their demand. How can the system meet the needs of sick, disabled or older people, and what role should individuals and families play? Carers UK is calling for a new social contract between individuals, families and the key players who can make a difference - communities, employers and the state. The Big Care Debate on the Green Paper has already taken place, but a robust, public consultation is needed to achieve whole systems reform that will give carers greater control over their lives, reduce the penalties of caring, and mitigate pressures on a failing care and support system. (RH)

From : Carers UK, 20 Great Dover Street, London SE1 4LX. <http://www.carersuk.org>

CRIME

200/12

Daylight robbery; by Stuart Lister.

Unite, issue 368, November 2009, pp 12-13.

Distraction burglars use a range of deceptions designed to trick occupants into inviting them into

their homes. In England and Wales, the police record between 12,000 and 16,000 such offences annually, but due to under-reporting the figure could be as high as 130,000. Older people appear to be targeted, because offenders regard them as "easy prey". Two crime case studies illustrate the importance of being on guard to prevent such occurrences. To avoid becoming a victim, the author advises a lock-stop-chain-check routine. Lock - always keep your front door shut and secured. Stop - always pause before opening the door to collect your thoughts. Chain - ensure the door chain is engaged before you open the door. Check - ask strangers for proof of identity. If you are still uncertain, make them wait on the doorstep while you telephone the company, utility or agency they claim to work for. (RH)

Price: membership

From : National Federation of Royal Mail & BT Pensioners, Unit 6, Imperial Court, Laporte Way, Luton LU4 8FE. E-mail: info@pensionersonline.com

Website: www.pensionersonline.com

200/13

Untold crimes; by Azrini Wahidin.

Unite, issue 368, November 2009, pp 6-7.

Up to 300,000 older people a year could be victims of abuse or neglect, or of bogus traders or street crime, according to the Crown Prosecution Service (CPS). It is thought that only 6% of such offences are ever reported. Most victims suffer in silence, too afraid or embarrassed to call the authorities. This article notes that older people are particularly likely to experience physical and psychological ill effects from crime. Three main categories of crimes against older people are identified. First, criminal abuse or neglect where there is a relationship and an expectation of trust. Next, theft, muggings, distraction burglary, robbery or rip-offs by rogue traders. Lastly, assault, harassment and anti-social behaviour caused by the perpetrators' hostility towards older people. To minimise risk, effective engagement with care and service providers is suggested. (RH)

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Website: www.pensionersonline.com

DEMENTIA

(See Also 200/2, 200/35, 200/73, 200/84)

200/14

Burnout among care staff for older adults with dementia: the role of reciprocity, self-efficacy and organizational factors; by Bridgid Duffy, Jan R Oyeboode, Joanne Allen.

Dementia: the international journal of social research and practice, vol 8, no 4, November 2009, pp 515-542.

People working in the helping professions have been found to be vulnerable to the development of burnout, and research has suggested a relationship between dementia care and burnout. Literature suggests that the development of burnout may be linked to a number of factors, including lack of reciprocity, low self-efficacy and organizational factors. The study explored burnout in staff for older people with dementia and examined the roles of reciprocity, self-efficacy and organizational factors, and aimed to identify which of these variables was the greatest predictor of burnout. Sixty-one members of staff in continuing care homes for people with dementia in the West Midlands completed self-report questionnaires. Self-efficacy was found to be the greatest predictor of burnout. Findings from the study also emphasized the connections of reciprocity, occupational commitment, demographic factors and self-efficacy with burnout. The clinical implications of the study, methodological considerations and recommendations for future research are discussed. (KJ/RH)

ISSN: 14713012

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

- 200/15 Commissioning dementia care: implementing the National Dementia Strategy; by Steve Iliffe, Jane Wilcock.: Pavilion.
Journal of Integrated Care, vol 17, issue 4, August 2009, pp 3-11.
The National Dementia Strategy is a challenge to commissioners of health and local government services to knit a thick pullover out of thin wool. The thick pullover is necessary because dementia is a progressive neurodegenerative disorder that erodes the capacity of those affected by it, and absorbs increasing resources as it progresses. The thin wool is the limited evidence that investment in new kinds of services will produce benefits for people with dementia and their carers, while being affordable. This paper reviews the scale of the problem of dementia and its likely impact on services in the near future. It discusses some of the key recommendations of the National Dementia Strategy and explores debates about dementia advisors, economic modelling of innovative dementia services and the need for widespread training in the recognition of and response to dementia. Finally, it offers an approach to changing professional practice that is based on adult learning principles and workplace-based reflective practice. (KJ/RH)
ISSN: 14769018
From : <http://www.pierprofessional.com>
- 200/16 The concept of dementia: retain, reframe, rename or replace?; by Alexander F Kurz, Nicola T Lautenschlager.
International Psychogeriatrics, vol 22, no 1, February 2010, pp 37-42.
From antiquity, the term "dementia" has denoted a state of severe acquired intellectual deterioration which significantly interferes with the fulfillment of personal, social or occupational roles, and makes the individual dependent on care and supervision by others. The medical concept of dementia refers to a pattern of cognitive and behavioural symptoms which typically arises from chronic and often progressive brain diseases. The quantitative expression of this pattern shows broad variability, and some patients fall within the boundaries of the concept whose intellectual and functional abilities are only mildly impaired. On the other hand, the concept currently has an unduly narrow qualitative bandwidth, because it is modelled after the subtype which occurs in Alzheimer's disease (AD) but does not represent a good fit for other important subtypes. In the authors' view, the concept of dementia should be retained despite its limitations, since it has an important role in directing the physician's attention to a certain group of underlying pathologies. This diagnostic role of the concept will remain important in primary care even if biological indicators for one or several etiologies will become part of the diagnostic routine in research units in the future. The medical construct has further value since it entitles patients to medical treatment, social assistance and legal protection. Although in the authors' opinion the concept of dementia does not need to be replaced, upcoming revisions of the psychiatric classification systems will have to reframe it by emphasizing the heterogeneity of the psychopathological symptom pattern. In view of the increasing importance of early diagnosis and treatment, however, the term "dementia", which literally means "absence of mind", is no longer an appropriate and timely designation for the broad range of cognitive and behavioural limitations covered by the concept. It should be renamed, using a terminology which accommodates scientific advance and meets the requirements of medical communication while preserving the benefits for patients and their families. (KJ/RH)
ISSN: 10416102
From : <http://www.journals.cambridge.org/ipg>
doi:10.1017/S1041610209991013
- 200/17 Education, occupation and retirement age effects on the age of onset of Alzheimer's disease; by Michelle K Lupton, Daniel Stahl, Nicola Archer (et al).
International Journal of Geriatric Psychiatry, vol 25, no 1, January 2010, pp 30-36.
The aim of this UK Medical Research Council (MRC) study was to determine the effects of early life education, mid life employment and later life retirement age on the age of onset (AOO) of Alzheimer's disease (AD). Multiple regression analyses were carried out using data for 1320 probable AD cases, of which 382 were males with employment and retirement age data, using informant based information on education and employment. No relation was found between years of education, best qualification obtained, or employment variables in males and the AOO

of AD. A significant effect of later retirement age in delaying the AOO of AD was seen in males. In this study no effect of education or employment was seen, although this may be due to limited variance in the study population. The significant effect of retirement age may have several explanations, the most interesting of which would be the suggestion that active employment later in life allows an individual to prolong their cognitive assets above the threshold for dementia. (KJ/RH)

ISSN: 08856230

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

doi: 10.1002/gps.2294

200/18 Having a father with young onset dementia: the impact on well-being of young people; by Jacqui Allen, Jan R Oyeboode, Joanne Allen.

Dementia: the international journal of social research and practice, vol 8, no 4, November 2009, pp 455-480.

In the UK, it is estimated that there are over 16,000 people under 65 years with dementia. These people often have children still living at home; and previous research indicates that 75% of parents report that their children have suffered psychological or emotional problems as a consequence of a parent having dementia. This study interviewed 12 participants aged 13 to 23 years, whose father had younger onset dementia. Grounded theory methodology identified five major themes: damage of dementia, reconfiguration of relationships, caring, strain, and coping. An overarching theme of one day at a time, reflecting a response to the perception of severe threats in the future, appeared to run throughout the young people's experiences. It is suggested that the emergent grounded theory has some similarity to stress-process models of caregiving, with distinctive features arising from the interaction of young onset dementia and the developmental stage of the young people. (KJ/RH)

ISSN: 14713012

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

200/19 Healthcare for people with dementia in care homes: family carer experiences; by Bridget Clarence-Smith.: Hawker Publications.

Journal of Dementia Care, vol 17, no 6, Nov/Dec 2009, pp 36-39 (Research focus).

Although initially relieved that a care home had taken responsibility for their relatives' health, the participants in Bridget Clarence-Smith's research subsequently experienced confusing and haphazard health services. The study aimed to consider the primary care services during the care home phase; but what emerged was that the health and social care received during the early stages of dementia affected a family carer's expectations once the relative was living in a care home. Five main themes are discussed: the burden of responsibility for relatives during the early stages of dementia; a sense of acceptance, relief and trust once care home staff had taken over responsibility; a sense of frustration and uncertainty with primary health care; inadequate and unacceptable standards of care delivered to people with dementia by GPs, hospital services, social services and in the care homes; and the positive effect when respondents and their relatives were treated with respect, sensitivity and kindness. Coincidentally, the Care Quality Commission (CQC) is conducting a review of health care in care homes. (RH)

ISSN: 13518372

200/20 The impact of motivations and meanings on the wellbeing of caregivers of people with dementia: a systematic review; by Catherine Quinn, Linda Clare, Robert T Woods.

International Psychogeriatrics, vol 22, no 1, February 2010, pp 43-55.

The majority of people in the early and middle stages of dementia are cared for at home by non-paid caregivers, the majority of whom will be family members. Two factors which could have an impact on the quality of care provided to the care-recipient are the caregiver's motivations for providing care and the meaning s/he finds in caregiving. The aim of this review is to explore the potential impact of both meaning and motivation on the well-being of caregivers of people with dementia. The review also explores individual differences in motivations to provide care. This was a systematic review of peer-reviewed empirical studies exploring motivations and meanings in informal caregivers of people with dementia. Four studies were

identified which examined the caregiver's motivations to provide care. Six studies were identified which examined the meaning that caregivers found in dementia caregiving. Caregivers' well-being could be influenced by the nature of their motivations to care. In addition, cultural norms and caregivers' kin-relationship to the care-recipient impacted on motivations to provide care. Finding meaning had a positive impact on caregiver well-being. The limited evidence currently available indicates that both the caregiver's motivations to provide care and the meaning s/he finds in caregiving can have implications for the caregiver's well-being. More research is needed to explore the role of motivations and meaning in dementia caregiving. (KJ/RH)

ISSN: 10416102

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

doi:10.1017/S1041610209990810

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 200/57)

- 200/21 Demographic, behavioural and socio-economic influences on the survival of retired people: evidence from a ten year follow-up study of the General Household Survey, 1994; by Brian Johnson, Ann Langford.
Health Statistics Quarterly, no 44, Winter 2009, pp 27-34.
This article reports on a longitudinal analysis of a sample of residents who were 65 or over when interviewed for the 1994 General Household Survey. It investigates the relationship between the lifestyle and socioeconomic status of respondents and their likelihood of survival over a ten year period. Smokers at the time of the interview had a risk of mortality 78 per cent greater than non-smokers. Non-drinkers appeared to have a higher mortality risk than those who drank up to the government's recommended maximum per week. However, further analysis suggested that this result may be a product of the health status of respondents at the time of interview. Type of housing tenure and region of residence were predictive of survival, but occupation-based social class was not. (KJ/RH)
ISSN: 14651645
From : <http://www.statistics.gov.uk>
- 200/22 An estimate of the veteran population in England: based on data from the 2007 Adult Psychiatric Morbidity Survey; by Jil Matheson.
Population Trends, no 138, Winter 2009, pp 50-54.
The health and well-being of military veterans has recently generated much media and political interest. Estimating the current and future size of the veteran population is important to the planning and allocation of veteran support services. Data from a 2007 nationally representative residential survey of England (the Adult Psychiatric Morbidity Survey) were extrapolated to the whole population, to estimate the number of veterans currently residing in private households in England. This population was projected forward in two ten-year blocks up to 2027 using a current life table. It was estimated that in 2007, 3,771,534 (95% CI: 2,986,315-4,910,205) veterans were living in residential households in England. By 2027, this figure was predicted to decline by 50.4%, mainly due to large reductions in the number of veterans in the older age groups (65-74 and 75+ years). Approximately three to five million veterans are currently estimated to be living in the community in England. As the proportion of National Service veterans reduces with time, the veteran population is expected to halve over the next 20 years. (KJ/RH)
ISSN: 03074463
From : <http://www.statistics.gov.uk>
- 200/23 National Statistician's annual article on the population: a demographic review; by Jil Matheson.
Population Trends, no 138, Winter 2009, pp 7-21.
This is the third in a series of annual demographic reports of the UK, providing an overview of the latest statistics on the population. This year's article also includes a short section on

economic recessions, and a summary of migration following the enlargement of the European Union (EU) in May 2004. In addition to providing a statistical summary of the impact of migration from the 'Accession' countries, mention is made of flows during the current recession. There is discussion of how this complex recent migration has challenged traditional definitions of migration, and how this impacts on the need for Office for National Statistics (ONS) and other government agencies to measure these flows accurately. (KJ/RH)

ISSN: 03074463

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

200/24

The pinch: How the baby boomers took their children's future - and why they should give it back; by David Willetts. London: Atlantic Books, 2010, 314 pp.

Most of the baby boomer generation - those born between 1945 and 1965 - are now aged over 50. The over 50s are now Britain's biggest and richest group, and own four-fifths of the nation's wealth. However, this position has been attained at the expense of the baby boomer generation's children.

The author has been MP for Havant (Conservative) since 1992, and in 'The pinch', he tracks the demographics of boom and bust, and what it means for the distribution of wealth and power. He argues that many of our social and economic problems can be seen as a failure to understand and value exchanges and contracts between the generations. Moreover, we do depend on future generations: just as we were provided for in childhood by the older generation, so in our old age we are provided for by the younger generation. Unfortunately, though, if our political, economic and cultural leaders do not begin to discharge our obligations to the future, people entering the workforce today will be taxed more, work longer hours for less money, have lower social mobility, and live in a degraded environment in order to pay for their parents' quality of life. The author uses examples ranging from population theorist Thomas Malthus to the TV series 'Absolutely Fabulous'. He also presents statistics such as housing and financial wealth, median ages, and changes in healthy life expectancy at age 65. Sources are cited in some detail in a Notes section. (RH)

Price: £18.99

From : Atlantic Books, Ormond House, 26-27 Boswell Street, London WC1N 3JZ. www.atlantic-books.co.uk

200/25

Projecting the impact of demographic change on the demand for and delivery of health care in Ireland; by Richard Layte, Michael Barry, Kathleen Bennett (et al), Economic and Social Research Institute (ESRI) - Ireland. Dublin: Economic and Social Research Institute (ESRI), 2009, 178 pp (ESRI Research Series 13).

A growing and ageing population will require significant changes in the use of health care resources. This is the final report in a series of three commissioned by the Health Research Board (HRB) to investigate the impact of demographic change on the demand for and delivery of health care in Ireland to 2021 and the implications that this has for the future planning of the health services in Ireland. Analyses by researchers at the Economic and Social Research Institute (ESRI) show that current health care practices will become increasingly unsustainable in the face of demographic change. Their findings suggest a number of developments that need to occur in order to successfully shift the emphasis of care from acute hospitals to primary, continuing and community care. They also make projections regarding the need for long-term health and social care for older people. One of the estimates used suggests a requirement for an additional 13,324 residential long term care (LTC) places from 2007-2021, or approximately 888 per annum, implying a residential LTC utilisation rate of 4.5% of people aged 65 years and over. (RH)

From: http://www.esri.ie/publications/search_for_a_publication/search_results/view/index.xml?id=2878

200/26

Social inequalities in female mortality by region and by selected causes of death, England and Wales, 2001-03; by Ann Langford, Brian Johnson, Alaa Al-Hamad.

Health Statistics Quarterly, no 44, Winter 2009, pp 7-26.

This article is the first official compilation of detailed mortality statistics for women, aged 25-59, based on the National Statistics Socio-economic Classification (NS-SEC). It is the fifth in a

series reporting on social inequalities in the working age population in England and Wales in 2001-03. The results demonstrate a strong socio-economic effect on the mortality of women in all regions. There were marked differences between the least and most advantaged classes in all causes studied, except for breast cancer. The least advantaged had a mortality rate three times as high for lung cancer and cerebrovascular disease, and over five times as high for ischaemic heart disease, all digestive diseases, and respiratory diseases. (KJ/RH)

ISSN: 14651645

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

DEPRESSION

200/27

Earlier stress exposure and subsequent major depression in aging women; by Stephanie Kasen, Henian Chen, Joel R Sneed (et al).

International Journal of Geriatric Psychiatry, vol 25, no 1, January 2010, pp 91-99.

Despite evidence that stress exposure earlier in the life course may have long-term consequences for psychopathology, most models of vulnerability for late life depression are limited to current stressors or to retrospective reports of stress history. This study estimates the influences of earlier stressors assessed longitudinally on subsequent major depressive disorder (MDD) in women at average age 60 (range 50-75). MDD, negative life events (NLE), and marital stress were assessed multiple times in a community-based sample of 565 women followed for three decades. Adverse events experienced in childhood also were assessed prior to outcome. Greater childhood adversity, earlier high levels of NLE and marital stress, and a more rapid increase in marital stress over time elevated the odds of MDD at average age 60 independent of all stressors and other salient risk factors. Childhood adversity was mediated in part by intervening risks. Prior depression, earlier poor health status, a more rapid deterioration in health with age, and current disability owing to physical problems also were related independently to later MDD. These findings support the enduring effects of earlier stress burden on MDD in women into old age and, in light of the increasing proportion of older women in the population, have important clinical implications for identification and treatment of those at risk for depression. Findings also underscore the need to develop resources to counteract or buffer similar stress exposure in younger generations of women. (KJ/RH)

ISSN: 08856230

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

doi: 10.1002/gps.2304

200/28

Effects of befriending on depressive symptoms and distress: systematic review and meta-analysis; by Nicola Mead, Helen Lester, Carolyn Chew-Graham (et al).

British Journal of Psychiatry, vol 196, no 2, February 2010, pp 96-100.

High rates of emotional distress and depressive symptoms in the community can reflect difficult life events and social circumstances. There is a need for appropriate, low-cost, non-medical interventions for many individuals. Befriending is an emotional support intervention commonly offered by the voluntary sector. The aim of this study was to examine the effectiveness of befriending in the treatment of emotional distress and depressive symptoms. The authors conducted a systematic review of randomised trials of interventions focused on providing emotional support to individuals in the community. Compared with usual care or no treatment, befriending had a modest but significant effect on depressive symptoms in the short term (standardised mean difference SMD = -0.27, 95% CI -0.48 to -0.06, nine studies) and long term (SMD = -0.18, 95% CI -0.32 to -0.05, five studies). Befriending has a modest effect on depressive symptoms and emotional distress in varied patient groups. Further exploration of active ingredients, appropriate target populations and optimal methods of delivery is required. (KJ/RH)

ISSN: 00071250

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

10.1192/bjp.bp.109.064089

- 200/29 Late-onset depressive disorder; by Devender Singh Yadav.
GM (Geriatric Medicine), vol 40 no 1, January 2010, pp pp 34-37.
Evidence is growing for a distinct subtype of depression arising in later life, characterised by a distinct clinical presentation and an association with cognitive impairment. Awareness of late-onset depressive disorder as a separate entity that contributes heavily to the morbidity and mortality is the first step. Identification of both depression and cognitive impairment using structured scales and appropriate investigation, including neuropsychological assessment and prompt referral to the specialist memory clinic, or old-age services is paramount. Using eclectic treatment modalities and following a patient-centred approach, aggressively treating the depressive disorder can prevent further cognitive decline and thereby improve the quality of life of both the patients and their carers. (KJ/RH)
ISSN: 0268201X
From : <http://www.gerimed.co.uk>
- 200/30 Recent trends in the incidence of recorded depression in primary care; by Greta Rait, Kate Walters, Mark Griffin (et al).
British Journal of Psychiatry, vol 195, no 6, December 2009, pp 520-524.
There is a paucity of data describing how general practitioners (GPs) label or record depression. This study aims to determine incidence and sociodemographic variation in GP-recorded depression diagnoses and depressive symptoms. Annual incidence rates were calculated using data from 298 UK general practices between 1996 and 2006, adjusted for year of diagnosis, gender, age and deprivation. Incidence of diagnosed depression fell from 22.5 to 14.0 per 1000 person-years at risk (PYAR) from 1996 to 2006. The incidence of depressive symptoms rose threefold from 5.1 to 15.5 per 1000 PYAR. Combined incidence of diagnoses and symptoms remained stable. Diagnosed depression and symptoms were more common in women and in more deprived areas. In conclusion, depression recorded by general practitioners has lower incidence rates than depression recorded in epidemiological studies, although there are similar associations with gender and deprivation. General practitioners increasingly use symptoms rather than diagnostic labels to categorise people's illnesses. Studies using standardised diagnostic instruments may not be easily comparable with clinical practice. (KJ/RH)
ISSN: 00071250
From : <http://bjp.rcpsych.org>
- 200/31 Stress and depression among the oldest-old: a longitudinal analysis; by Hae-Sook Jeon, Ruth E Dunkle.
Research on Aging, vol 31, no 6, November 2009, pp 661-687.
Stress and psychosocial resources play a crucial role in late-life depression. While most studies focus on predominantly those who are young-old, this study used a sample aged 85 and older. The authors' study aims to examine three research questions: (1) What are the trajectories of depression and its associated factors such as types of stress and psychosocial resources among the oldest-old? (2) What are the longitudinal relationships among the changes in stress, psychosocial resources, and depressive symptoms? (3) Are the effects of the changes in stress on depression trajectory mediated by changes in psychosocial resources? The study used a convenience sample of 193 community-dwelling people aged 85 and older with four interviews every six months from 1986 to 1988. Using multilevel modelling analyses, longitudinal results showed that changes in positive life events, daily hassles (worries), and mastery were significantly associated with changes in late-life depression among the oldest-old. (KJ/RH)
ISSN: 01640275
From : <http://roa.sagepub.com>
- 200/32 Trajectories of mobility and IADL function in older patients diagnosed with major depression; by Celia F Hybels, Carl F Pieper, Dan G Blazer (et al).
International Journal of Geriatric Psychiatry, vol 25, no 1, January 2010, pp 74-81.
Research has shown an association between depression and functional limitations in older adults. The aim was to explore the latent traits of trajectories of limitations in mobility and instrumental activities of daily living (IADL) tasks in a sample of older adults diagnosed with major

depression. Participants were 248 patients enrolled in a naturalistic depression treatment study. Mobility/IADL tasks included walking a quarter of a mile, going up or down stairs, getting around the neighbourhood, shopping, handling money, taking care of children, cleaning house, preparing meals and doing yardwork or gardening. Latent class trajectory analysis was used to identify classes of mobility/IADL function over a 4-year period. Class membership was then used to predict functional status over time. Using time as the only predictor, three latent class trajectories were identified: patients with few mobility or IADL limitations (42%); patients with considerable mobility or IADL limitations (37%); and patients with basically no limitations (21%). The classes differed primarily in their initial functional status, with some immediate improvement followed by no further change for patients in Classes 1 and 2 and a stable course for patients in Class 3. In a repeated measures mixed model controlling for potential confounders, class was a significant predictor of functional status. The effect of baseline depression score, cognitive status, self-perceived health and sex on mobility/IADL score differed by class. These findings show systematic variability in functional status over time among older patients with major depression, indicating that a single trajectory may not reflect the pattern for all patients. (KJ/rh)

ISSN: 08856230 From : <http://www.interscience.wiley.com/journal/gps>
doi: 10.1002/gps.2300

DISABILITY

(See 200/62)

ECONOMIC ISSUES

200/33

The grey economy: how third age entrepreneurs are contributing to economic growth; by Ron Botham, Andrew Graves, NESTA - National Endowment for Science, Technology and the Arts. London: NESTA, August 2009, 62 pp (Research report).

People aged 50+ have a significant role to play in growing businesses, and this report outlines the contribution of such "third age entrepreneurs" in founding businesses. In research involving a combination of a literature review, analysis of company records and a telephone survey, this survey focuses on companies founded between 2001 and 2005. These new starts had 487,400 founding directors, a quarter of them aged 50+, a greater proportion than might be expected. The study addresses issues such as what motivates third age entrepreneurs, what advantages they bring, and how they differ from young founders; and what the barriers are to third age business formation. Following an introduction, It estimates the number, sectoral distribution, innovation and employment contribution of new businesses, in particular those set by third age individuals. Next, it examines the characteristics of founders and the start-up process. Lastly, there is an analysis of the factors making for, or constraining, new company growth. Appendices comprise the project methodology, literature review, results of analysis of the 2005 Small Business Service Small Firms Survey, and some company case studies. (RH)

From : Download: <http://www.nesta.org.uk/library/documents/third-age-entrepreneurs-report.pdf>

200/34

Our right to heat and eat: a huge and growing problem; by Age Concern London. London: Age Concern London, November 2009, 8 pp.

Many older people in London face increasing difficulty in heating their homes. This pamphlet presents facts and figures on the extent of fuel poverty (defined as needing to spend more than 10% of income after housing costs on heating). Although a wide variety of advice and support is available to older people locally and through grant schemes, many older people do not claim benefits to which they are entitled that would help them pay their bills. Age Concern London calls on all London local authorities to raise older people's awareness of energy efficiency advice and help with welfare benefits. The Government's Warm Front scheme needs to be targeted more effectively to older people on lower incomes; and utility companies should publicise social tariffs more prominently. (RH)

From : Age Concern London, 1st Floor, 21 St George's Road, London SE1 6ES
www.aclondon.org.uk

EMPLOYMENT

(See 200/33, 200/76)

END OF LIFE CARE

- 200/35 Achieving Gold Standard end-of-life care for people with dementia in care homes; by Nicola Wheeler, Jan R Oyeboode.: Hawker Publications.
Journal of Dementia Care, vol 18, no 1, Jan/Feb 2010, pp 36-39 (Research focus).
Care homes play a major role in supporting people with dementia at the end of their lives. In seeking to understand the views of staff on the care they provide, the authors held focus groups with a range of staff in nine care homes in the West Midlands. Staff discussed issues such as where death should take place, how they planned end-of-life care, and how they coped with death. This article outlines findings on admission to hospital at end of life, liaison with relatives, and advance statements. The implications for practice of these findings are discussed. (RH)
ISSN: 13518372

EXERCISE

- 200/36 Older adults' perspectives on home exercise after falls rehabilitation: understanding the importance of promoting healthy, active ageing; by Helen Hawley.
Health Education Journal, vol 68, no 3, September 2009, pp 207-218.
This qualitative research study set out to explore what might encourage older people to exercise at home after falls rehabilitation. Research methods were used based on a grounded theory approach, to provide insights into older adults' experiences following a fall, of both rehabilitation and home exercise. Nine UK community-dwelling participants who had been through falls rehabilitation and who were over 60 years old were recruited through health professionals. Participants had attended one of three different rehabilitation centres, or were under the care of the Specialist Case Manager for Elderly, Frail and Falls who sees clients with more complex needs. The key factor causing older people to carry out their home exercise programme is a determination to regain independence following illness and a fall. However, social interaction has a key role to play in this strive for independence through supporting the continuation of home exercise. Interview data reveal that relationships with professionals, families and friends (the existence of social networks) during and after the rehabilitation process can impact on uptake and continuation of exercise. A grounded theory approach to research with older people can be a useful tool for informing health promotion workers and other health professionals in practice. This study helps us to acknowledge that from an older adult's perspective, independence is highly valued, and encourages us to consider how we can then adopt this as a motivator for participation in healthy, active ageing. When working with older people, professionals need to adopt a holistic approach to their health, using a person-centred approach to promote positive, active ageing. (KJ/RH)
ISSN: 00178969
From : <http://www.sagepublications.com>

FALLS

(See 200/36)

GRANDPARENTS

- 200/37 Caring for and learning from each other: a grounded theory study of grandmothers and adult granddaughters; by Desiree M Seponski, Denise C Lewis.: Routledge.
Journal of Intergenerational Relationships, vol 7, no 4, 2009, pp 394-410.
This study examines the transmission of values between grandmothers and adult granddaughters, including how these values are transmitted bi-directionally and then used to co-create a mutually

formed value set. The majority of past studies support that youth look to elders for guidance on life, values and moral development. Few studies have ventured to consider a bi-directional process, in which the elder also benefits from the relationship and a dynamic relationship emerges. Data gathering for this study began with a focus group (n=6) to pilot the interview guide followed by semi-structured interviews with 4 grandmother-granddaughter dyads. Data indicate that grandmothers and adult granddaughters experience a change in their relationship when the granddaughter reaches adulthood, that the relationship is mutually beneficial, that both generations learn from exchanges within the relationship, and that both grandmothers and granddaughters influence each other's personal identity. This study provides insight and a first step toward an emerging theory that suggests relationships are reciprocal and bi-directional between grandmothers and adult granddaughters. (KJ/RH)

ISSN: 15350770

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

200/38

Learning about leaders: exploring and measuring leadership qualities in grandparents and other relatives raising children; by Kerry A Littlewood, Anne L Strozier.: Routledge.

Journal of Intergenerational Relationships, vol 7, no 4, 2009, pp 371-393.

The purpose of this study is to describe leadership qualities of grandparents and other relatives raising children, and to determine if the Leadership Practices Inventory (LPI) is appropriate for assessing leadership for grandparents and other relatives raising children. This study reports the results of the LPI and a factor analysis to describe leadership qualities and test psychometric properties of the LPI. Subjects are 60 kinship caregivers attending advocacy trips to a state legislature to speak to policymakers about their issues. Results indicate that grandparents and other relatives view themselves as leaders. The solution has good internal consistency and split-half reliability is robust. It appears that the LPI is a promising measure for use with kinship caregivers. More interventions are needed to foster the important quality of leadership amongst kinship caregivers. (KJ/RH)

ISSN: 15350770

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

200/39

Protect, support, provide: examining the role of grandparents in families at risk of poverty; prepared for Grandparents Plus and the Equality and Human Rights Commission (EHRC) ...; by Julia Griggs, Grandparents Plus; Equality and Human Rights Commission - EHRC; Department for Social Work, University of Oxford. London: Grandparents Plus, March 2010, 69 pp.

The Equality and Human Rights Commission (EHRC) and Grandparents Plus are working in partnership to examine the relationship between older and younger people's poverty through the grandparent-grandchild relationship. This report focuses on several groups particularly vulnerable to poverty (single parent families, families where a child or parent has a disability, black and minority ethnic families, and family and friend carers). It explores the shape and nature of deprivation for those grandparents and grandchildren. In particular, it considers the scale of grandparents' childcare contribution, and how the childcare they provide may increase the risk of poverty for themselves, given the evidence on intergenerational patterns of poverty (e.g. the higher incidence of lone motherhood from those who grew up in low income households). The report draws on analysis of British Social Attitudes (BSA) Survey data and other existing data. The remainder of the findings section comprises a synthesis of research evidence uncovered during the literature review. It therefore starts to fill in the gaps in our knowledge; priority areas for future research and policy making are highlighted. (RH)

From:http://www.grandparentsplus.org.uk/publications_files/Protect%20Support%20Provide%20Report.pdf

HEALTH CARE

(See Also 200/10, 200/30, 200/100)

- 200/40 Communication in healthcare settings: participation, policy and new technologies; by Alison Pilnick, Jon Hindmarsh, Virginia Teas Gill.
Sociology of Health & Illness, vol 31, no 6, September 2009, pp 787-938 (whole issue).
Three decades of conversation analytic (CA) investigation of medical interaction have produced a rich collection of findings of sociological interest. This special issue of Sociology of Health & Illness looks at how studies of doctor-patient interaction reveal the ways in which participants organise the medical visit to accomplish tasks such as diagnosing and recommending treatment for illness, and how doctors and patients approach interaction issues and dilemmas that arise in undertaking these tasks. Papers in this special issue consider distinctive practical problems experienced in healthcare encounters and medical settings; the focus is on participants' orientations to policy, their distinctive participation modes, and the use of technology. Among themes covered are physiotherapy, obesity, instructions during surgical operations, nurse-patient interviews, and listening to what is said. (RH)
ISSN: 01419889
From : <http://www.blackwellpublishing.com>

HEALTH SERVICES

(See 200/15, 200/25)

HOSPITAL SERVICES

(See 200/5)

HOUSING

(See Also 200/85, 200/99)

- 200/41 Adapting for a lifetime: the key role of home improvement agencies in adaptations delivery; by Foundations - National Body for Home Improvement Agencies.: Foundations, January 2010, 44 pp.
The Department for Communities and Local Government (DCLG) commissioned Foundations to carry out research examining options for the future delivery of home improvement agency (HIA) services. This report examines the effect of recent changes to the Disabled Facilities Grant programme, drawing on research carried out within the home improvement agency sector. It looks at the challenges presented by the complexity of the process, the funding shortages, and the lack of partnership working. The report asks why HIAs are needed to deliver adaptations, and spells out how adaptations can move from a provider-led to a client-led process. The report includes examples of innovation and good practice in delivering major adaptations, and makes recommendations for the future development of HIAs in relation to delivering major adaptations. (RH)
From:http://www-foundations-uk-com/pictures/content400/major_adaptations_final_hi_res270110.pdf

- 200/42 EAC Housing for Older People Awards 2010: report: the development, implementation, consultation process and findings of the first retirement housing awards nominated by the residents; by Elderly Accommodation Counsel (EAC). London: Elderly Accommodation Counsel (EAC), 2010, 35 pp (+ DVD).
The EAC Housing for Older People Awards has come about as a result of initiatives such as the Lifetime Homes, Lifetime Neighbourhoods strategy.
This report describes an original method of collecting the views of a large number of residents on their well-being in all forms of retirement housing. It presents facts, figures and findings

relating to the 260 schemes nominated, of which 203 were retirement housing and 57 housing with care, and with photographs of the various winning schemes. The DVD is a presentation of the awards event, also the EAC Art Awards. The report was sponsored by the Nationwide Building Society, other funders being the Department for Communities and Local Government (DCLG), Housing Learning and Improvement Network (Housing LIN), and Legal & General. (RH)

From : Elderly Accommodation Counsel (EAC), 3rd Floor, 89 Albert Embankment, London SE1 7TP. www.housingcare.org

200/43

How can we make the housing market more stable for vulnerable households?; by Matthew Taylor, Philippa Stroud, JRF Housing Market Taskforce, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF.

Viewpoint, 2481, March 2010, 8 pp (Ref: 2481).

In July 2009, the Joseph Rowntree Foundation (JRF) established a taskforce to address the root causes of instability in the UK housing market. Whether in a boom or a downturn, the shortage of affordable housing hits the most vulnerable households first and worst. These Viewpoints - commissioned as part of a programme and aimed at stimulating debate - provide two different perspectives on the kinds of reforms needed to provide long-term, secure housing for those least able to afford it. First, Matthew Taylor, Chief Executive of the Royal Society for the Improvement of Arts, Manufactures and Commerce (RSA) argues that the UK's "obsession with home ownership" creates social and economic divisions and instability. We need a more balanced approach to different types of tenure. To meet demand, this will mean revamping the private rented sector. Philippa Stroud, co-founder and Executive Director of the Centre for Social Justice, believes that life tenancies and the benefits system have combined to create social immobility, worklessness and dependency. Social housing should be the first step on the ladder to home ownership, and housing and other benefits should be reformed to encourage claimants back to work. (RH)

ISSN: 09583084

From : <http://www.jrf.org.uk/publications/housing-market-stability>

200/44

Livable and sustainable communities [Ageing in place]; by Robert B Hudson (ed): National Academy on an Aging Society.

Public Policy & Aging Report, vol 19, no 1, Winter 2009, 39 pp (whole issue).

The idea and quality of "place" is critically important to older people. The articles in this issue of Public Policy & Aging Report review both the current status of community-based housing options for older people and some of the controversies associated with these options. Jon Pynoos and Caroline Cicero discuss the development of ageing-friendly communities in the US, including home modification, construction of housing better tailored to older people, and community-level innovations designed to lessen isolation and increase social interaction. Although supportive of appropriate community alternatives for older people, Stephen Golant criticises what he sees as a "groupthink" mentality to the idea of "ageing in place", and instead stresses the need for "affordable clustered housing care". Kathryn Lawlor and Cathie Berger explore innovative activities undertaken by the Atlanta Regional Commission (ARC). Andrew Blechman reviews how private ownership impinges on traditional public provision, instancing "The Villages", a large gated seniors-only community in central Florida. Sarah Frey profiles selected innovative approaches to livable and sustainable communities, noting organisations using the same or similar models in the US and other countries. (RH)

ISSN: 10553037

From : <http://www.agingsociety.org>

INEQUALITY AND HUMAN RIGHTS

(See Also 200/3)

- 200/45 'Changing Lives' - human rights: and the Human Rights Act 1998 in action for older people; by Nagy Rizkalla, Martin Curtice.: British Geriatrics Society - BGS. BGS Newsletter, issue 23, September 2009, pp 15-19. The British Institute of Human Rights has published a second edition of 'Human Rights Act 1998 - changing lives' (BIHR, 2008), which states that "individuals have the right to be treated with respect, dignity and fairness". This article notes that the new edition highlights the evolving use of the Act as human rights become integrated into society's culture. Both editions use case studies to illustrate the practical application of human rights both by individuals and organisations as well as the impact on older people and older people with mental illness. This article includes many of the case studies and lists key learning points. (RH)
ISSN: 17486343
From : <http://www.bgsnet.org.uk>
- 200/46 The Equality Bill: how disability equality fits within a Single Equality Act: third Report of Session 2008-09: Vol 1: Report, together with formal minutes; by Work and Pensions Committee, House of Commons - HoC. London: TSO, 29 April 2009, 95 pp (HC 2008-09 158-I). The Work and Pensions Committee welcomes the Government's intentions to simplify and streamline legislation on discrimination into one single Equality Bill, which was outlined in the White Paper, 'Framework for a fairer future - the Equality Bill'. However, it believes that disability discrimination requires a difference in approach and should be predicated on the idea that we need to treat people differently to accord disabled people equal opportunities. This report considers the effectiveness of the proposed legislation in these key areas: equality in employment, the Access to Work Schemes, the Public Sector Equality Duty, and equality in goods facilities and services (GFS). The Committee calls for the removal of one of the greatest obstacles to improving employment opportunities for older people: the continued existence of the statutory default retirement age in the Employment Equality (Age) Regulations 2006. (RH)
Price: £15.50
From: <http://www.publications.parliament.uk/pa/cm200809/cmselect/cmworpen/158/158i.pdf>
- 200/47 Fair society, healthy lives: the Marmot Review; by Michael Marmot (Chair), Strategic Review of Health Inequalities in England post-2010; Commission on Social Determinants of Health (CSDH), World Health Organization - WHO; Department of Health - DH. London: The Marmot Review, 2010, 242 pp. In November 2008, Professor Sir Michael Marmot was asked by the Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. The strategy will include policies and interventions that address the social determinants of health inequalities. The Review reports on its main tasks: identifying for the health inequalities challenge facing England, the evidence most relevant to underpinning future policy and action; showing how this evidence could be translated into practice; and advising on possible objectives and measures, building on the experience of the current public service agreement (PSA) target on infant mortality and life expectancy. The review concludes that health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health. Therefore, reducing health inequalities will require action by central and local government, the NHS, the third and private sectors and community groups. National policies will not work without effective local delivery systems focused on health equity in all policies. The Review will be relevant for other countries developing strategies aimed at tackling health inequalities, following the recommendations of the Commission on Social Determinants of Health (CSDH), which was established to support countries and global health partners to address the social factors leading to ill health and inequities. (KJ/RH)
From : Download from : <http://www.ucl.ac.uk/marmotreview>

- 200/48 A fairer future: the Equality Bill and other action to make equality a reality; by Government Equalities Office - GEO. London: Government Equalities Office, April 2009, 37 pp (Ref: JN295326).
 An overview of the Equality Bill notes how the Bill, when enacted, will strengthen equality law on matters that include: reducing socio-economic inequalities; putting a new Equality Duty on public bodies; banning age discrimination outside the workplace; protecting carers from discrimination; and strengthening protection from discrimination for disabled people. Part 2 of this document outlines what the Bill means for people including those from ethnic minorities, disabled people, older people, and lesbian, gay, bisexual and transsexual people. (RH)
From : Government Equalities Office, 9th Floor, Eland House, Bressenden Place, London SW1E 5DU. Download: http://www.equalities.gov.uk/equality_bill.aspx
- 200/49 Human Rights Inquiry: report of the Equality and Human Rights Commission; by Nuala O'Loan (chair), Equality and Human Rights Commission - EHRC. Manchester: Equality and Human Rights Commission, June 2009, 198 pp.
 The Human Rights Inquiry was announced in March 2008 with these terms of reference: to assess progress towards the effectiveness and enjoyment of a culture of respect for human rights in Great Britain; and to consider how the current human rights framework might best be developed and used, to realise the vision of a society built on fairness and respect, confident in all aspects of its diversity. This report presents the Inquiry's methodology, findings and recommendations arranged in six chapters. Chapters 1 and 2 consider the effectiveness of the Human Rights Act and public perceptions of human rights. Chapter 3 examines the impact of human rights on public services (including voluntary organisations), citing examples of improved outcomes in health and social care services, local authority services, and regulatory authorities. Chapter 4, on barriers to assertion, provision and enjoyment of human rights, comments on issues such as negative perceptions of the Act and the inaccurate portrayal of human rights issues by some print media. Chapter 5, on making human rights effective, focuses on the need for increased understanding and improving information, guidance and dissemination of good practices. The Inquiry's findings demonstrate that, 11 years after the passing of the Act, the overwhelming majority of people want and value human rights; and that if implemented, the Inquiry's recommendations should "facilitate rapid improvement in public services". Appendices include summaries of key findings from reports commissioned by the Equality and Human Rights Commission (EHRC) on legal cases, public services, and inspectorates and regulators. (RH)
From : Equality and Human Rights Commission, Arndale House, The Arndale Centre, Manchester M4 3AQ.
<http://www.equalityhumanrights.com>
- 200/50 Social inequalities in facing old age dependency: a bi-generational perspective; by Chiara Saraceno.
 Journal of European Social Policy, vol 20, no 1, February 2010, pp 32-44.
 Population ageing implies the ageing of family and kinship networks. Because the absolute number of the frail older people is set to increase, notwithstanding the increase in life expectancy in good health, a top-heavy intergenerational chain is likely both to put stress on the middle generation, and result in the older and younger generations competing for their support. Thus, issues of the redistribution of financial and time resources become relevant in the middle and younger generations when frailty emerges in the older generation. This article adopts a bi-generational perspective in order to examine not only whether social inequality affects resources available to the dependent elderly, but also whether and how a frail older person's demands impact differently on children's resources and life chances across gender and social classes, as well as what the impact of specific patterns of public care provision (other than healthcare) is on these inequalities. (KJ/RH)
 ISSN: 09589287
From : <http://esp.sagepub.com>
 doi: 10.1177/0958928709352540

- 200/51 Unequal ageing: the untold story of exclusion in old age; by Paul Cann, Malcolm Dean (eds). Bristol: Policy Press, 2009, 179 pp.
Leading experts on social exclusion and poverty in old age provide strong evidence of the scale of current disadvantage in the UK, and suggest actions that could begin to change the picture of unequal ageing. They examine social class, followed by inequalities in income, health and well-being, and housing. Other contributors look at ageism and perceptions of age, quality of life in older age, and why ageing is so unequal. A concluding chapter suggests that although there has been progress in the last decade, major inequalities remain. The book is dedicated to Help the Aged and its work for older people over its lifetime from 1961 to 2009. (RH)
Price: £17.99 (pbk)
From : The Policy Press, University of Bristol, Fourth Floor, Beacon House, Queen's Road, Bristol BS8 1QU.
<http://www.policypress.org.uk>

INFORMATION AND COMMUNICATION TECHNOLOGY

- 200/52 The ageing internet: digital choice and exclusion among the elderly; by Ellen J Helsper. Working with Older People, vol 13, issue 4, December 2009, pp 28-33.
We are all familiar with the headlines proclaiming the rise of the 'silver surfer'; or now even the 'silver tweeter'. Alongside this, services are increasingly disseminating information that is accessed purely online. So, what about the digitally-disenfranchised who, for whatever reason, do not want to or are simply not able to use or access the internet? In this article, the author explores the profile of these groups and examines what service providers and commissioners should bear in mind. (KJ/RH)
ISSN: 13663666
From : <http://www.pierprofessional.com>

INTEGRATED CARE

(See Also 200/86, 200/88)

- 200/53 Developing and implementing research as a lever for integration: the impact of service context; by Dominic Jarrett, Tommy Stevenson, Guro Huby (et al): Pavilion.
Journal of Integrated Care, vol 17, issue 5, October 2009, pp 38-48.
Integration between health and local authority services has been informed more by policy than by evidence. The gap which often exists between the development of an evidence base and its implementation has in this way been circumvented, but new challenges have arisen as a result of the policy context and services' response to it. Research undertaken by the learning disability service in Ayrshire and Arran to inform the local integration agenda failed to have any impact, possibly in part because the research itself was a product of the same organisational context that was shaping integration. Although several isolated integration initiatives were in existence, the lack of clear strategic direction identified by the project as a key feature of the local integration agenda also limited the extent to which the project itself could effect change. Both the project and those changes which were occurring in services became features of an overall stasis, which in itself can illuminate the challenge of effecting meaningful change through research on services in constant flux. (KJ/RH)
ISSN: 14769018
From : <http://www.pierprofessional.com>

- 200/54 Organisational integration in health and social care: some reflections on the Northern Ireland experience; by Deirdre Heenan, Derek Birrell.: Pavilion.
Journal of Integrated Care, vol 17, issue 5, October 2009, pp 3-12.
Unlike the rest of the United Kingdom, Northern Ireland has had a system of integrated health and social care since the early 1970s. Following devolution, the reconfiguration of services has strengthened this integration with a smaller number of trusts with responsibilities for all health and social care. This article examines the current and planned operation of this more

comprehensive form of integration of health and social care. It considers how this experience of integrated structures and working can inform approaches in other areas of the UK. Finally, it assesses the main achievements of this system and identifies remaining problems. (KJ/RH)
ISSN: 14769018

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

INTERGENERATIONAL ISSUES

(See Also 200/37, 200/39, 200/50)

- 200/55 Ageing and intergenerational relations: family reciprocity from a global perspective; by Misa Izuhara (ed). Bristol: Policy Press, 2010, 165 pp (Ageing and the lifecourse series). "Reciprocity" implies "equal or comparable exchange" of resources between individuals or groups, while "intergenerational relations" refers to different levels of relationships between the generations as well as family relations in general. Contributors to this book explore the exchange of support between generations, and examine variations in contemporary practices and rationales in different regions and societies around the world. They review key theoretical and conceptual debates around intergenerational relations, and offer new insights and an understanding of exchange practices based on case studies from different regions and relationships. These include: housing wealth and family reciprocity in East Asia; grandparents and HIV and AIDS in sub-Saharan Africa; spiritual debt and the notion of "dutiful daughter" in Thailand; and reciprocity in intergenerational relations in step-families in the US. The editor concludes by discussing whether new patterns of family reciprocity are emerging. (RH)
Price: £24.99 (pbk)
From : The Policy Press, University of Bristol, Fourth Floor, Beacon House, Queen's Road, Bristol BS8 1QU.
<http://www.policypress.org.uk>

- 200/56 Breaking the cycle of intergenerational isolation in London neighborhoods; by June O'Sullivan.: Routledge.
Journal of Intergenerational Relationships, vol 7, no 4, 2009, pp 447-449.
This article highlights the various intergenerational initiatives tested by a charity and social enterprise named Westminster Children's Society (WCS) to unify the generations within parts of a deprived London community. WCS was founded in 1903 to support local families by providing community nurseries, training, employment and family support. These nurseries are a focal point in the community and serve as a possible vehicle for community cohesion. Community fragmentation and segregation are serious issues in parts of London where WCS is based with transient population groups and a high concentration of temporary housing. WCS found through informal talks with older residents, that many of them were fearful of going out and felt isolated in their own homes in these areas. WCS experimented with various intergenerational projects to help overcome this unpleasant trend. Some of these were more successful than others and WCS learnt that community projects are not guaranteed to be "intergenerational by default" and require all services to begin with a shared intergenerational philosophy and outcome. WCS as a community organisation will though continue to champion intergenerational work. (KJ/RH)
ISSN: 15350770
From : <http://www.tandf.co.uk/journals>

INTERNATIONAL AND COMPARATIVE

(See Also 200/8, 200/25, 200/68)

- 200/57 Population ageing and international development: from generalisation to evidence; by Peter Lloyd-Sherlock. Bristol: Policy Press, 2010, 288 pp.
Relationships between population ageing and international development are complex. This book explores how processes of economic and social transformation affect population trends, and the

other side of this relationship: the potential consequences of accelerated population ageing for future economic performance and other aspects of development. The author comments on the tendency of many studies to generalise or make sweeping assertions, as can be the case with people's experiences of later life. He suggests using life-course frameworks instead of life-stage models of old age. Next, he looks at three key policy areas relating to older people and development: pension policy and pension programmes in low- and middle-income countries; individual ageing and health in later life; and social relations, particularly the effects of migration on family dynamics. Three chapters of country case studies - for South Africa, Argentina and India - illustrate the diversity of economic and social development. Each of these chapters end with detailed life histories of older men and women which demonstrate how trends at national level can affect personal experiences. (RH)

Price: £22.99 (pbk)

From : The Policy Press, University of Bristol, Fourth Floor, Beacon House, Queen's Road, Bristol BS8 1QU.

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

LONG TERM CARE

- 200/58 Funding care: how can each generation pay its fair share?; by Donald Hirsch, Philip Spiers, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF. Viewpoint, 2501, March 2010, 8 pp (Ref: 2501).
A new system of social care needs to share the cost equitably. This Viewpoint argues that this could be done through a two-track levy where each generation pays its own costs. An initial charge on inheritance would be gradually replaced by funds built up through extra National Insurance (NI) payments levied on younger age cohorts.
The methods for funding suggested in the Green Paper 'Shaping the future of care together' (Cm 7673; TSO, 2009) are too complex, and are compared with recommendations made by the Wanless inquiry (2006) and the Joseph Rowntree Foundation (JRF) continuing care insurance option (1996). (RH)
ISSN: 09583084
From : <http://www.jrf.org.uk/sites/files/jrf/fairness-in-funding-care-summary.pdf>
- 200/59 Funding social care: what service users say; by Peter Beresford, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF. Viewpoint, 2486, March 2010, 12 pp (Ref: 2486).
Service users have not been adequately involved in discussions about the future funding of social care, yet they are the people most affected by these decisions. This Viewpoint reports the views of a diverse range of adult social care service users, brought together to explore current proposals for funding social care in the Green Paper 'Shaping the future of care together' (Cm 7673; TSO, 2009). It includes anonymous quotations from the consultation on the Green Paper on: demand for social care; funding options; failure to ensure equity and independent living; and the complexities of funding. Service users feel that a false divide between social care and health care is perpetuated by conflicting funding arrangements. Almost all service users consulted think general taxation is the best way to fund social care. They reject any withdrawal of existing universal disability benefits, such as the Disability Living Allowance and Attendance Allowance, to fund means and needs tested social care. (RH)
ISSN: 09583084
Price: FOC
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.
<http://www.jrf.org.uk/sites/files/jrf/care-service-users-views-summary.pdf>
- 200/60 Long term care of the elderly: shaping the future; by Stephen Dorrell, David Lipsey, Julia Neuberger, Derek Wanless, Norman Warner, Social Market Foundation - SMF. London: Social Market Foundation, on behalf of the authors, March 2010, 6 pp.
Reform of the way in which we fund long-term care for older people in England is long overdue. To be effective, such reform needs to be based on cross-party agreement, so that those needing

care, their families, and care providers can be confident that changes will survive any changes of government. For these reasons, this issue is unsuited to partisan divide and sudden changes of policy. People need to be able to plan for the long term with confidence. The co-authors - Stephen Dorrell MP, Lord Lipsey, Baroness Neuberger, Sir Derek Wanless and Lord Warner - drawn from all three major political parties, unite to call for cross-party agreement as the way to achieve social care reform. The five experts have supported their call with a statement of ten shared principles on which agreement could be based, and have called on all political parties to work together on this vital issue with stakeholders in the social care sector. This document presents these principles which represent common ground that exists on reform. The first two principals state: 1. The funding of social care in the future will need to be a partnership between the state and individuals; and 2. Risk-pooling is the only credible basis of reform. The authors acknowledge the support of Bupa Care Services and the Social Market Foundation (SMF) in the production of this document. (KJ/RH)

From : SMF, 11 Tufton Street, London SW1P 3QB.

<http://www.smf.co.uk/assets/files/Shaping%20the%20Future%20FINAL%20VERSION%20OR%20RELEASE.pdf>

200/61

No quick fix for long term care; by Sam Lister.

British Medical Journal, no 7743, 20 February 2010, pp 396-397.

The Prime Minister, Gordon Brown, wants there to be free personal care for those with "critical" needs. However, the proposed legislation, the Personal Care at Home Bill, is deeply flawed and is hopelessly under-costed. On a basic procedural level, it flies in the face of the consultation on the Green Paper, 'Shaping the future of care together'. The author comments that free personal care was introduced in Scotland in 2003/04 and the annual cost had doubled to £256m by 2007/08. The Government has estimated the annual cost for England at £670m, of which £420m has to come from existing Department of Health (DH) budgets. Local authorities will have to provide the remaining £250m from efficiency savings, which will mean increases in council tax and/or cuts to other frontline services. Debate on the Bill in the House of Lords has been more robust than in the Commons, with inquisition from former health ministers Lord Lipsey and Lord Warner. (RH)

ISSN: 09598138

From : www.bmj.com

BMJ 2010;340:c814

MEDICAL ISSUES

200/62

Age related macular degeneration; by Usha Chakravarthy, Jennifer Evans, Philip J Rosenfeld. British Medical Journal, vol 340, no 7745, 6 March 2010, pp 526-530.

Age related macular degeneration affects older people and accounts for about half of all vision impairment or blind registrations in the developed world. This review examines the pathogenesis of age related macular degeneration and recent advances in its management. (RH)

ISSN: 09598138

From : www.bmj.com

doi: 10.1136/bmj.c981

200/63

Impact of interval from breast conserving surgery to radiotherapy on local recurrence in older women with breast cancer: retrospective cohort analysis; by Rinaa S Punglia, Akiko M Saito, Bridget A Neville (et al).

British Medical Journal, vol 340, no 7746, 13 March 2010, p 581.

Does the length of time between breast conserving surgery and the start of radiotherapy affect the risk of local recurrence in older women with breast cancer? This a summary of a paper published on bmj.com, which found that an interval from surgery to radiotherapy of more than 6 weeks was associated with an increase in local recurrence. Each additional day to start of radiotherapy was associated with the risk of recurrence. Previous studies have had mixed results; but using the US population-based Surveillance, Epidemiology and End Results - Medicare linked database, the results of the present study suggest that the relation between interval to

radiation and local recurrence is continuous. Participants for this retrospective cohort analysis were 18,050 women aged 65+ with stage 0-II breast cancer who received breast conserving surgery and radiotherapy but not chemotherapy. (RH)

ISSN: 09598138

From : www.bmj.com

doi: 10.1136/bmj.c845

MEDICATION

200/64

Compliance and concordance during domiciliary medication review involving pharmacists and older people; by Charlotte Salter.

Sociology of Health & Illness, vol 32, no 1, January 2010, pp 21-36.

Medication review is an advanced service registered pharmacists can now offer patients in the UK. This in-depth study of pharmacist-older patient communication during domiciliary medication review encounters examines how the interactions are constructed by participants and the influence of the compliance paradigm on the interaction. Twenty-nine observed, taped and transcribed consultations were analysed using discourse analysis, as part of a large randomised controlled trial based in Norfolk and Suffolk. Ethnographic-style interviews in the field with pharmacists, follow-up interviews with patients and feedback workshops with pharmacists allowed interpretations to be tested and strengthened. The findings presented here use discourse analysis to look at the task-driven nature of the medication review encounters. The analysis explores the interactional format of three overlapping phases of the consultations: introductions and agenda setting; screening and testing patients' ability to comply; and investigating over-the-counter medicines. Analysis suggests that a dominant compliance paradigm encourages pharmacist-led encounters with patients failing to engage in the medication review process. Little evidence of two-way reciprocated discussion or concordance was evident. The strategic nature of the discourse of compliance heard in these medication review encounters and its effect on older patients are discussed. The paper concludes with a consideration of the implications for pharmacy practice and policy development. (KJ/RH)

ISSN: 01419889

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

doi: 10.1111/j.1467-9566.2009.01193.x

MENTAL CAPACITY

200/65

Mental capacity assessments in secure care: an unnecessary complication?; by Ashimesh Roychowdhury.

Psychiatric Bulletin, vol 33, no 12, December 2009, pp 461-464.

This is a review of the key criteria and implications of the Mental Capacity Act 2005 for patients in forensic care detained under the Mental Health Act 1983. Both Acts were amended by the Mental Health Act 2007 and its subsequent Code of Practice; the impact of these changes will be explored here. Through review of the Code of Practice and hypothetical clinical scenarios, it is argued that capacity judgements in mental disorder are inherently complex, unreliable and inextricably linked to risk assessment, and that an overemphasis on capacity when making decisions about patient management in secure care can paradoxically obscure the more central issue of risk and proportionality. The key clinical implication is a call for secure services to be balanced in how they adopt best practice principles from the new Mental Capacity Act so that the spirit of the Act, such as valuing patient autonomy, is preserved and that the debate about what practices in secure care are truly proportionate and justified remains at the forefront of clinical thinking. (KJ/RH)

ISSN: 09556036

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

200/66

Someone to speak up for me: final report of the Mental Capacity Advocacy Project (MCAP); by Age Concern and Help the Aged. London: Age Concern and Help the Aged, 2009, 36 pp.

The Mental Capacity Advocacy Project (MCAP) was a three year pilot project that started in

October 2006 and provided volunteer advocacy for older people who lacked mental capacity. What does 'lack mental capacity mean'? If a person is deemed to 'lack mental capacity' it means a person lacks the capacity to make a particular decision for themselves at the time the decision needs to be taken. Thus, mental capacity is time- and decision-specific. A person may, for example, have the capacity for small decisions such as what to eat for breakfast, but lack the mental capacity to make complex decisions about finances or deciding where to live. However, it must be assumed that people have mental capacity until proven otherwise. The project was originally funded by the Department of Health (DH) and Age Concern England (ACE), and the pilot phase of this work has now come to an end. This report assesses the extent to which the project's aims were achieved. Among its key messages are that while the Project is described personalisation in action, older people who lack mental capacity for some decisions have little or no voice and are among the most excluded groups in society. The resources and reports from the MCAP were distributed at the end of project conference held at The King's Fund on 14 October 2009, and are also available to download from the website link given. (KJ/RH)
From : Age Concern and Help the Aged, Astral House, 1268 London Road, London SW16 4ER.
<http://www.ageconcern.org.uk/ageconcern/mhap.asp>

200/67

Transfer to hospital under the Mental Capacity Act 2005; by Clare Stephenson, Robert Baskind, Christopher Harris.

Psychiatric Bulletin, vol 33, no 12, December 2009, pp 465-467.

This paper presents the case of an elderly gentleman who sustained a fractured neck of femur following a fall at home but refused to go to hospital. His general practitioner determined that he lacked capacity, but ambulance and police crews refused to escort him due to concerns regarding deprivation of liberty. The legal grounds for treating people who lack capacity in emergencies are discussed and the development of the common law into the Mental Capacity Act 2005 is demonstrated. The Mental Health Act 1983 is inappropriate to treat primarily physical conditions, whereas deprivation of liberty cannot be authorised by the Mental Capacity Act 2005 without a means of challenging the lawfulness of the detention. In response, the government has produced Deprivation of Liberty Safeguards, which came into force in April 2009. (KJ/RH)
ISSN: 09556036

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

MENTAL HEALTH

(See 200/27, 200/29, 200/31, 200/95)

MENTAL HEALTH SERVICES

(See Also 200/65, 200/67, 200/97)

200/68

Adult mental health in a changing international context: the relevance to social work: critical commentary; by Shula Ramon.

British Journal of Social Work, vol 39, no 8, December 2009, pp 1615-1622.

People with the lived experience of mental ill health have come to constitute "experts in experiences" in countries such as the UK, Australia, Canada, New Zealand and the USA. The issue of taking users' views into consideration is of particular relevance in the field of mental health, given that prominent service users and activists have been critical of patronising attitudes they have experienced. This critical commentary notes that more psychological and social interventions have been introduced, with increased attempts at social inclusion and stigma reduction. The author cites recent focus on early intervention in psychosis and on well-being services as preventive strategies. In Western societies, post-Communist countries, and developing low-income countries, there are moves toward de-institutionalisation. Human rights and citizenship issues, and the role of mental health social work in the UK are considered. (RH)
ISSN: 00453102

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

200/69

The early experience of Old Age Psychiatrists in the application of the Mental Capacity Act 2005: a pilot study; by Ajit Shah, Natalie Banner, Chris Heginbotham (et al).

International Psychogeriatrics, vol 22, no 1, February 2010, pp 147-157.

The Mental Capacity Act 2005 (MCA) was fully implemented in October 2007 in England and Wales. A pilot questionnaire study examined the experience of consultants in Old Age Psychiatry in the early implementation of the MCA pertaining to local policy and training in the application of the MCA, the assessment of decision-making capacity, the determination of best interests, and the use of the least restrictive option and restraint. Fifty-two (27%) of the 196 consultants in Old Age Psychiatry returned useable questionnaires. Seventy-five percent of them reported that local training on the application of the MCA was available, but less than 50% reported that training was mandatory. The vast majority of assessments of decision-making capacity were conducted by consultants in Old Age Psychiatry. Almost all of them reported using the four-fold specific test of decision-making capacity (DMC) described in the MCA. Restraint was reported to be rarely used. Consultants in Old Age Psychiatry generally reported using the criteria for the assessment of DMC, the determination of best interests and restraint described in the MCA. The findings highlight concern about the workload of clinicians in implementing the MCA and this requires careful monitoring. Consideration should be given to statutory provision of training in the application of the MCA by all healthcare and social care providers for all their healthcare and social care staff. (KJ/RH)

ISSN: 10416102

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

doi:10.1017/S1041610209990202

200/70

Making the case for specialist services for older people: evidence for the prevention and management of aggression; by Inga Stewart, Caroline Knight.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society.

PSIGE Newsletter, no 108, July 2009, pp 17-33.

St Andrews Healthcare - Townsend, Northampton has come to specialise in meeting the needs of people primarily aged 55+ who present with challenging mental health problems. These older people have extremely complex needs due to a mixture of forensic, psychiatric, cognitive and physical problems, and many have challenging behaviour including frequent and severe aggression. St Andrews Healthcare - Townsend works to reduce risk and maximise the function of quality of life of patients, whilst assuring the best possible support for autonomy and dignity. The Overall Aggression Scale Modified for Neurorehabilitation (OAS-MNR) offers continuous direct observation and assessment of antecedents, contexts and interventions as well as a record of the type and severity of aggression from clearly defined categories. This tool has been effectively utilised with older people in routine audit, whilst providing valuable feedback to patients, staff, relative and commissioners. Three years previously the OAS-MNR had provided data to audit aggressive behaviour at St Andrews Healthcare - Townsend. The audit captured a substantial amount of aggression, the severity of which was comparable with younger brain injury populations. In doing so, it facilitated in validating the clear need for specialist services for older people and ensuring that the resources necessary to sustain these services were considered. It also offered a means for addressing risk management. Following on from this audit, a Prevention and Management of Aggression working group (PMAG) was formed to produce an action plan to further review how to reduce or manage the level of identified aggression. The authors discuss the outcome of this group, in order share their ideas, deliberations and challenges, and to promote best practice. The questions of "Prevention", "Management and Treatment" and "Support for Staff" are examined. These are evaluated in the context of a re-audit of the aggressive behaviour exhibited by the patient group and captured on the OAS-MNR. Opportunities for service development and further research are also discussed. (RH)

ISSN: 13603671

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

- 200/71 Mental health in later life: better outcomes through wise commissioning; by Jill Manthorpe.: Pavilion.
Journal of Integrated Care, vol 17, issue 5, October 2009, pp 15-22.
Mental health problems in later life are common and damaging experiences for individuals, their families and those who support them. Some become almost the defining feature of the older person and, while they are challenging professionally and costly for society, they are also influenced by the twin discriminations of stigma and ageism. In this, the last in the series on older people's mental health, some other key messages from the series are brought together and set in the context of current and future service commissioning and provision. The author points to remaining gaps in provision and suggests how commissioners might approach the problems of mental ill-health in later life in a context of declining resources. (KJ/RH)
ISSN: 14769018
From : <http://www.pierprofessional.com>
- 200/72 Monitoring referrals to mental health services; by Hywel Thomas.
Nursing Older People, vol 22, no 1, February 2010, pp 16-23.
The referral of patients with dementia from primary care professionals to specialist mental health services can fluctuate markedly. This article examines referrals to a mental health service for older people and the role of an education facilitator in primary care. Evaluation and analysis of the data collected from a single point of referral highlight possible delays in referrals by primary care professionals, failure to recognise mental health needs in older people, or a tendency to refer initially to medical services instead of specialist mental health services. The author is an education facilitator in primary care, and discusses his role in which he provides information about specialist services, identifies delays in referral and improves diagnostic accuracy. (KJ/RH)
ISSN: 14720795
From : <http://www.nursingolderpeople.co.uk>
- 200/73 Patients' and carers' journeys through older people's mental health services: powerful tools for learning; by Donna Doherty, Susan Mary Benbow, Julie Craig (et al).
Dementia: the international journal of social research and practice, vol 8, no 4, November 2009, pp 501-514.
Mapping the patient journey is a way of investigating the experiences of people using older people's mental health services, particularly those with a dementia. It is a useful concept for patients and their families, and enables them to tell their stories in a way which carries the potential for improving and developing the service. Similarly, it is a useful concept for health and social care professionals in giving them the opportunity to understand, and reflect on, how their services work in practice for users and carers, and how they might be improved. The collaboration between patients, carers and professionals may itself bring about broader benefits and changes in culture for the individuals and services involved. The West Midlands Older People's Mental Health Collaborative has encouraged the use of mapping by Collaborative teams, in order to identify areas for improvement work. (KJ/RH)
ISSN: 14713012
From : <http://dem.sagepub.com>
- 200/74 Service use and cost of mental disorder in older adults with intellectual disability; by Andre Strydom, Renee Romeo, Natalia Perez-Achiaga (et al).
British Journal of Psychiatry, vol 196, no 2, February 2010, pp 133-138.
The cost of caring for people with intellectual disability currently makes up a large proportion of healthcare spending in western Europe, and may rise in line with the increasing numbers of people with intellectual disability now living to old age. The aim of this study was to report service use and costs of older people with intellectual disability and explore the influence of sociodemographic and illness-related determinants. The authors collected data on receipt and costs of accommodation, health and personal care, physical as well as mental illness, dementia, sensory impairment and disability in a representative sample of 212 adults with intellectual disability aged 60 years and older. The average weekly cost per older person was £790 (£41,080 per year). Accommodation accounted for 74%. Overall costs were highest for those living in

congregate settings. Gender, intellectual disability severity, hearing impairment, physical disorder and mental illness had significant independent relationships with costs. Mental illness was associated with an additional weekly cost of £202. Older adults with intellectual disability comprise about 0.15-0.25% of the population of England but consume up to 5% of the total personal care budget. Interventions that meet needs and might prove to be cost-effective should be sought. (KJ/RH)

ISSN: 00071250

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

doi: 10.1192/bjp.bp.108.060939

200/75

Three tiers for a comprehensive regional memory service; by David Jolley, Ian Greaves, Nicola Greaves (et al).: Hawker Publications.

Journal of Dementia Care, vol 18, no 1, Jan/Feb 2010, pp 26-28.

The model of secondary tier specialist memory clinics - such as in Croydon - has substantial cost implications for implementation nationally and with "unknowns" regarding medium and long term outcomes. The authors of the article argue the case for a three-tiered approach to memory services as modelled in Gnosall, Stafford. They propose an alternative model which takes account of the strengths of primary care, supplemented with the specialist skills of a district memory service staff, and ensures that the most complex cases are investigated and managed by the expertise of regional and academic centres as a tertiary resource. (RH)

ISSN: 13518372

MENTAL ILLNESS

(See Also 200/29, 200/93)

200/76

Characteristics of people with severe mental illness who obtain employment; by G Butler, L Howard, S Choi (et al).

The Psychiatrist, vol 34, issue 2, February 2010, pp 47-49.

The authors explored sociodemographic and clinical factors associated with obtaining employment for people with severe mental illness. Standardised validated interviews and questionnaires were administered to participants who had been recruited into a randomised controlled trial of supported employment. Older age and diagnosis of schizophrenia were found to be independent predictors of unemployment in the previous year. Other factors of unemployment such as ethnicity and educational level were not associated with obtaining employment. Older people and those with a diagnosis of schizophrenia may need additional targeted help in obtaining employment if they are to be helped to meet their vocational aims. Further research is needed to determine how this can be done most effectively. (KJ/RH)

ISSN: 17583209

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

doi: 10.1192/pb.bp.108.021683

NURSING

200/77

The role of the specialist nurse in an acute assessment and liaison service; by Paula Harvey, Dan Wilson.

Nursing Older People, vol 21, no 10, December 2009, pp 24-28.

The authors discuss a service that ensures that the complex needs of frail patients are not overlooked in a busy acute environment. They explore the work of an acute assessment and liaison service for older people, including the role of the older people's specialist nurse in the service. The service screens all patients admitted who are over the age of 75 for problems specific to a frail population, and to identify where ongoing specialist support, referral or advice is indicated. Patients with complex problems undergo a comprehensive geriatric assessment. The service has reduced length of stay and resulted in better care for older people. (RH)

ISSN: 14720795

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

OLDER WOMEN

(See Also 200/63)

- 200/78 The older woman's body image; by Bob Price.
Nursing Older People, vol 22, no 1, February 2010, pp 31-36.
Body image is an important concept that has a significant effect on a person's self-esteem and self-confidence. Appreciating how the older body is perceived by a woman is an important first step to understanding how nurses might support patient dignity. This article reviews the latest literature on ageing and body image and suggests practical dialogues that nurses and patients can share. (KJ/RH)
ISSN: 14720795
From : <http://www.nursingolderpeople.co.uk>

PARTICIPATION

- 200/79 Cambridgeshire community study: a summary of the report: 'Unsung heroes in a changing climate'; by Cambridgeshire Older People's Reference Group (COPRG). Reprint [Cambridge]: Cambridgeshire Older People's Reference Group, October 2009, 11 pp.
In 2006, Cambridgeshire Older People's Reference Group (COPRG) held meetings in sheltered housing and residential care settings in the county and learned of residents' relative isolation from the mainstream of neighbourhood life. This is a summary of the Reference Group's findings on the range of community groups in the county and the extent of older people's involvement in self help groups, faith and church supported groups, and groups run by specialist organisations. (RH)
- 200/80 Promoting partnerships in quality, culture change and service development: a relational approach; by Mike Nolan (ed).
Quality in Ageing, vol 10, issue 3, September 2009, 56 pp (whole issue).
Articles in this issue of Quality in Ageing stress the need for participation and partnership, in the sense of involving older people, their families and service providers in a "relational endeavour". They draw on projects that are delivered in differing geographical contexts, two from Southern Ireland, one from Scotland, and two from Wales. The Irish examples describe developments in a community hospital that provides a mixture of respite, rehabilitative and long-term services; and quality standards in health and social care being implemented by the Health Information and Quality Authority (HIQA). In Scotland, the Profile of Learning Achievements in Care Environments (PLACE) project described by Brown et al aims to identify the learning needs of care home residents and those who care for them. In Wales, 'All Together Now' described by Andrews et al aims to create a more holistic and participative approach to assessment and care management for older people in Swansea. Lastly, Williams et al consider the differences in experiences of frail older people discharged from surgical, medical and elderly care wards. In the latter setting, nurses have much more of an understanding and recognise their older patients' needs, treating them as "people" and not just as "patients". (RH)
ISSN: 14717794
- 200/81 Quality of Life Partnership: promoting the opportunities arising from an ageing society [and developing partnerships for the benefit of older people]; by Barbara Douglas, Mary Nicholls.
Working with Older People, vol 13, issue 4, December 2009, pp 34-38.
As illustrated in the article by Ellen J Helsper in this issue of Working with Older People, there are a number of factors that dictate and influence an individual's capacity or willingness to use the internet. In Newcastle, an inspiring and award-winning initiative, the Quality of Life Partnership (QoLP), has had a significant effect on the way older people are engaged in the city. Surprisingly, one of the successful ways is using the internet. Barbara Douglas explains how they have achieved this, and Mary Nicholls describes her involvement in the initiative. (KJ/RH)
ISSN: 13663666 From : <http://www.pierprofessional.com>

PENSIONS AND BENEFITS

200/82

Towards a new political economy of pensions?: the implications for women; by Liam Foster. *Critical Social Policy*, vol 30, no 1, issue 102, February 2010, pp 27-47.

This article employs a political economy approach to assess the changing nature of women's pension provision. Initially it provides an overview of the current context showing that many female pensioners are without access to significant pension entitlements in their own right. Then it examines the history of women's pensions over the last 30 years with reference to both state and private forms of provision. It considers the pension strategies of the Thatcher and New Labour governments and their impact on women's pension situation. This includes an evaluation of recent New Labour proposals, such as Personal Accounts, a raise in the basic State Pension age (SPA) and reintroduction of the link to earnings. Finally, the paper concludes that these proposals do not represent the emergence of a new political economy of pensions which better reflects the needs of female pensioners; rather, they are a response to the challenges of an ageing population. (KJ/RH)

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PERSON CENTRED CARE

200/83

Development and initial testing of the Person-centered Care Assessment Tool (P-CAT); by David Edvardsson, Deirdre Fetherstonhaugh, Rhonda Nay (et al).

International Psychogeriatrics, vol 22, no 1, February 2010, pp 101-108.

Person-centred care is increasingly regarded as being synonymous with best quality care. However, the concept and its precise meaning is a subject of debate, and reliable and valid measurement tools are lacking. This article describes the development and initial testing of a new self-report assessment scale, the Person-centered Care Assessment Tool (P-CAT), which measures the extent to which long-term aged care staff rate their settings to be person-centred. A preliminary 39-item tool generated from research literature, expert consultations and research interviews with 37 aged care staff, 11 people with early onset dementia, and 19 family members was distributed to a sample of 220 Australian aged care staff and subjected to item analysis and reduction. Psychometric evaluation of the final 13-item tool was conducted using statistical estimates of validity and reliability. The results showed that the P-CAT was shown to be valid and homogeneous by factor, item and content analyses. Cronbach's alpha was satisfactory for the total scale (0.84), and the three sub-scales had values of 0.81, 0.77, and 0.31 respectively. Test-retest reliability were evaluated (n = 26) and all analyses indicated satisfactory estimates. This study provides preliminary evidence in support of the psychometric properties of the P-CAT when used in an Australian sample of long-term aged care staff. The tool contributes to the literature by making it possible to study person-centred care in relation to health outcomes, organizational models, characteristics and levels of staffing, degrees of care needs among residents, and impact of interventions. (KJ/RH)

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doi:10.1017/S1041610209990688

200/84

Improving patient-centered care for people with dementia in medical encounters: an educational intervention for old age psychiatrists; by Louise Robinson, Claire Bamford, Ruth Briel (et al). *International Psychogeriatrics*, vol 22, no 1, February 2010, pp 129-138.

Health care professionals are recommended to deliver patient-centred care in dementia; however, guidance and training on how to do this in practice is currently lacking. The aim of this study was to develop and evaluate pragmatically an educational intervention for old age psychiatrists to promote patient-centred care in their consultations with people with dementia and their carers. The authors used a range of methods to (i) identify the theoretical components of patient-centred care (literature review); and (ii) observe actual practice (video recording of 53 consultations

between old age psychiatrists and people with dementia and their family carers). They also interviewed participants from (ii) including 7 old age psychiatrists, 25 people with dementia and 44 carers. From this, the authors developed a workshop for old age psychiatrists, which they piloted and evaluated. Pre- and post-workshop questionnaires were completed; the latter included an assessment of planned and subsequent behaviour change by participants. The educational workshop, attended by 41 old age psychiatrists, focused on how best to structure the consultation and the most effective communication skills to use in consultation with people with dementia. Three months after the workshop, 59% had made one or more changes to the structure of their consultations, 71% had used new communication skills and 56% had reflected further on their practice. The researchers developed an educational intervention with both a theoretical and empirical basis. The workshops resulted in many changes to self-reported practice; whether this was noticeable to patients and carers requires further study. (KJ/RH)

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doi:10.1017/S1041610209990482

PERSONALISATION

200/85

Choice and control in specialist housing: starting conversations between commissioners and providers; by Sarah Vally, Jill Manthorpe.

Housing, Care and Support, vol 12, no 2, September 2009, pp 9-15.

In July 2007, Housing 21 began an exploration of how changes to the system of social care called personalisation might impact on specialist housing provision in England. Personalisation now forms the basis of English social care policy focusing the delivery of public services on what people might want or choose, in the context of eligibility criteria and means testing. It is designed to promote greater choice and control of the support that people receive. However, there have been concerns that the views of older people living in extra care housing settings have not been heard in the implementation of personalisation. In 2008-09, Housing 21 engaged older people and other groups with an interest in sheltered and extra care housing to debate the implications of personalisation for current and future housing, care and support services. This article discusses what arose from this consultation and its relevance to housing providers and commissioners. (KJ/RH)

ISSN: 14608790

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

200/86

The emergence of the independent support broker role; by Steve Dowson, Rob Greig.: Pavilion. Journal of Integrated Care, vol 17, issue 4, August 2009, pp 22-30.

A key element in the personalisation of health and social care is the upfront allocation of a budget to disabled and older people which they can use to obtain the supports they require. The benefit of this arrangement in increasing user choice and control will not materialise unless recipients can either acquire or access the skills of brokerage needed to plan and arrange their supports. The independent support broker is one important response to this need. However, the role needs to match the intentions of personalisation and avoid the undesirable characteristics that many social care users associate with the term 'professional'. This raises specific questions about the definition of the role and training requirements of brokers, and broader themes which are explored with reference to the findings from two recent projects undertaken by the National Development Team for Inclusion. The second of these projects was commissioned by Skills for Care London, and led to a set of proposals for the training and accreditation of support brokers. (KJ/RH)

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

200/87

Personalisation - implications for housing providers: issues in supporting housing research, policy and practice; by David Walden.

Housing, Care and Support, vol 12, no 2, September 2009, pp 4-7.

Personalisation means thinking about housing, care and support services in an entirely different

way. It means starting with the person as an individual. This article looks at what personalisation means for housing providers, for instance tailoring support to people's individual needs to enable them to live full and independent lives. The Social Care Institute for Excellence (SCIE) says that housing providers must now be focused on giving people much more choice in how and where they want to live, as well as being committed to ensuring that those homes are well-designed, flexible and accessible. This article explores the challenges associated with this significant transformation in adult social care and look at case studies where businesses and individuals are already geared up to put people first. (KJ/RH)

ISSN: 14608790

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

200/88 Personalisation and joint working: OLM adult and social services survey; by Jim Kennedy.: Pavilion.

Journal of Integrated Care, vol 17, issue 4, August 2009, pp 39-42.

Earlier this year, OLM Group surveyed senior social services staff in councils in England and Wales to learn more about progress towards personalisation and more effective joint working with health. This article summarises their views on the major concerns about, and priorities for, making the new arrangements work. It outlines where the current obstacles and threats to success lie. (KJ/RH)

ISSN: 14769018

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

200/89 Personalisation: consumer power or social co-production; by Bob Sang.: Pavilion.

Journal of Integrated Care, vol 17, issue 4, August 2009, pp 31-38.

The policies of personalisation and choice have reawakened the underlying policy debates about the relationship between the ideologies of service reform and the implementation of policies that affect disadvantaged people. Service users themselves are responding through a range of initiatives that link self-management, personal budgets, advocacy and the emerging aspiration for 'co-production'. By bringing together learning from a community of practitioners, this paper identifies both the opportunities for partnership, including with multi-disciplinary teams, and the threats of new forms of testing that have deep roots in social policy debates. In so doing it begins to identify the real choices that users, citizens and professionals now face. (KJ/RH)

ISSN: 14769018

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

200/90 Personalising health - the West Sussex story; by Sara Weech.: Pavilion.

Journal of Integrated Care, vol 17, issue 5, October 2009, pp 26-30.

This article describes the journey that West Sussex PCT and County Council have set out on to test and experiment how personalisation in health can improve patient outcomes and experience of health care. The journey is far from over, but the article describes the importance of top-level commitment and leadership, the progress that has been made, the lessons learned, and some of the challenges ahead. It is about local action and learning, and does not presume to suggest it is the right or the best approach. The article is a case study to follow up the article about self-directed support in health by Rita Brewis in the previous issue of this journal. West Sussex is a provisional Department of Health (DH) pilot area for the introduction of personal health budgets, and is a member of the Staying in Control programme. West Sussex County Council has been an individual budget (IB) pilot site, and has nearly 2,000 people receiving individual budgets and a target that all adults receiving social care will be offered self-directed support by April 2010. (KJ/RH)

ISSN: 14769018

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

200/91 A report on in Control's third phase: evaluation and learning 2008-2009; by Andrew Tyson, Rita Brewis, Nic Crosby (et al), in Control. Wythall, West Midlands: in Control, 2010, 168 pp.

Personal budgets (PBs) are a key element of self-directed support and are central to the Government's policy to reform social care. The introduction to this report has examples of how

three people are using their personal budgets (PBs). Part 1 of the report looks at the experiences of some of the leading local authorities adult services departments in developing how they operate self-directed support, and the implications for commissioning and providing services in specific localities. Part 2 is an evaluation of the impact of personal budgets (PBs) since 2005 and how take-up has been monitored. (RH)

Price: £20

From : in Control Support Centre, Carillon House, Chapel Lane, Wythall, W Midlands B47 6JX.

Website: <http://www.in-control.org.uk>

200/92

Self-directed support in health: developing the concepts; by Rita Brewis.: Pavilion.

Journal of Integrated Care, vol 17, issue 4, August 2009, pp 16-21.

This article outlines the work being taken forward by In Control, an independent social enterprise and charity, with a range of innovative primary care trusts (PCTs) and local authorities, to explore how the concept of personalisation may be applied in health. The programme has been called Staying in Control, to reflect the need for joining together health and social care so that a person does not lose control when their health deteriorates and different funding streams and services come into play. (KJ/RH)

ISSN: 14769018

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

PETS

200/93

Animal hoarding: slipping into the darkness of comorbid animal and self-neglect; by Jane N Nathanson.: Routledge.

Journal of Elder Abuse & Neglect, vol 21, no 4, 2009, pp 307-324.

Substantial research and literature indicate how people and companion animals form relationships that are, for the most part, mutually beneficial. Yet there are highly dysfunctional human-animal relationships that do occur, meriting attention and remediation. One of the most perplexing and problematic human-animal relationships is encountered in cases of animal hoarding, a deviant behaviour associated with extremely deleterious conditions of comorbid animal and self-neglect. Adult Protective Services (APS) workers often encounter theoretical and methodological dilemmas with these complex cases. To intervene most effectively, it becomes critical to elucidate some of the developmental factors of animal hoarding behaviour and its correlation with self-neglecting behaviours in general. This article presents an in-depth diagnostic perspective as derived from the author's research and clinical experience. An analysis of the complex dynamics of the relationship between animal hoarders and their pets is presented in conjunction with accepted theories of self-neglect. With enhanced knowledge and understanding of animal hoarding, human service professionals will be better prepared to respond to these clients, evoke greater rapport and cooperation, and engage in the interdisciplinary efforts that are essential for optimal resolution. (KJ/RH)

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POVERTY

(See 200/34)

QUALITY OF LIFE

(See 200/81)

RELIGION AND SPIRITUALITY

- 200/94 An audit of the inclusion of religious and spiritual needs in clinical documentation within an older people's service; by Helen Philpott, Jayne Mills.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society.
PSIGE Newsletter, no 108, July 2009, pp 11-16.
Evidence suggests that religious and spiritual dimensions are related to lower levels of depression, anxiety, cognitive decline and social isolation. However, there is also evidence that many health care professionals do not feel equipped to address spiritual needs. This audit aimed to explore the religious and spiritual needs that were being documented within clients' records in an older people's mental health service. A total of sixty sets of case notes were audited, and in 32% of cases, information about religiosity and spirituality was recorded within assessment documentation, but when other resources were used information about religiosity and spirituality was found in 70% of cases. However, information within care and treatment plans was found only in 28% of cases. The article reports on subsequent feedback sessions and the nature of changes made by staff to procedures used, for example, not making assumptions about a client's ethnicity. The audit has provided baseline information from which the mental Health trust can monitor change. (RH)
ISSN: 13603671
From : <http://www.psige.org.uk>
- 200/95 Religion, spirituality and mental health; by Simon Dein, Christopher C H Cook, Andrew Powell (et al).
The Psychiatrist, vol 34, issue 2, February 2010, pp 63-64.
Research demonstrates important associations between religiosity and well-being; spirituality and religious faith are important coping mechanisms for managing stressful life events. Despite this, there is a religiosity gap between mental health clinicians and their patients. The former are less likely to be religious, and recent correspondence in the Psychiatric Bulletin suggests that some at least do not consider it appropriate to encourage discussion of any spiritual or religious concerns with patients. However, it is difficult to see how failure to discuss such matters can be consistent with the objective of gaining a full understanding of the patient's condition and self-understanding, or attracting the patient's full and active engagement with services. (KJ/RH)
ISSN: 17583209
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doi: 10.1192/pb.bp.109.025924

RESIDENTIAL AND NURSING HOME CARE

(See Also 200/19, 200/35, 200/79)

- 200/96 Care home residents' experiences of social relationships with staff; by Glenda Cook, Christine Brown-Wilson.
Nursing Older People, vol 22, no 1, February 2010, pp 24-29.
This article presents findings from a cross-study analysis of social engagement between older people and staff in care homes. The studies found that staff and the culture of the care home were influential in determining the quality and type of relationship between residents and staff. Although a number of factors limited the quality of social interactions between these groups, practices existed that overcame barriers to the development of positive social relationships. (KJ/RH)
ISSN: 14720795
From : <http://www.nursingolderpeople.co.uk>

- 200/97 Efficacy of integrated interventions combining psychiatric care and nursing home care for nursing home residents: a review of the literature; by Janine Collet, Marjolein E de Vugt, Frans R J Verhey (et al).
 International Journal of Geriatric Psychiatry, vol 25, no 1, January 2010, pp 3-13.
 Nursing home residents needing both psychiatric care and nursing home care for either somatic illness or dementia combined with psychiatric disorders or severe behavioural problems are referred to as Double Care Demanding patients, or DCD patients. Integrated models of care seem to be necessary in order to improve the well-being of these residents. Two research questions were addressed. First, which integrated interventions combining both psychiatric care and nursing home care in DCD nursing home residents are described in the research literature? Second, which outcomes of integrated interventions combining both psychiatric care and nursing home care in DCD nursing home residents are reported in the literature? A critical review of studies was done that involved integrated interventions combining both psychiatric care and nursing home care on psychiatric disorders and severe behavioural problems in nursing home patients. A systematic literature search was performed in a number of international databases. Eight intervention trials, including four RCTs (2b level of evidence), were identified as relevant studies for the purpose of this review. Seven studies, three of which were RCTs, showed beneficial effects of a comprehensive, integrated multidisciplinary approach combining medical, psychiatric and nursing interventions on severe behavioural problems in DCD nursing home patients. Important elements of a successful treatment strategy for DCD nursing home patients include a thorough assessment of psychiatric, medical and environmental causes as well as programmes for teaching behavioural management skills to nurses. DCD nursing home patients were found to benefit from short-term mental hospital admission. This review underlines the need for more rigorously designed studies to assess the effects of a comprehensive, integrated multidisciplinary approach towards DCD nursing home residents. (KJ/RH)
 ISSN: 08856230
From : <http://www.interscience.wiley.com/journal/gps>
 doi: 10.1002/gps.2307
- 200/98 Gender differences in predictors of nursing home placement in the elderly: a systematic review; by Melanie Luppá, Tobias Luck, Siegfried Weyerer (et al).
 International Psychogeriatrics, vol 21, no 6, December 2009, pp 1015-1025.
 In recent decades, a substantial number of studies have examined predictors of nursing home placement (NHP) in the older population. This study provides a systematic review of gender differences in predictors of NHP from population-based, longitudinal studies worldwide. Relevant articles were identified by a systematic search of literature. The articles based on prospective studies with representative samples of community-living elders identified predictors by gender-specific multivariate analyses. Eleven studies were identified. The authors found gender differences in the prediction of NHP for marital status, living situation, housing and car availability, and urinary incontinence. For both genders the risk of NHP did not differ substantially for age, functional impairment, cognitive impairment, dementia, and depression. The male to female ratio of admission rates ranged between 1 to 1.4 and 1 to 1.6. Only a few studies analysed gender-specific predictors of NHP, probably owing to the associated statistical difficulties. However, gender differences in prediction of NHP do actually exist, and this should encourage further research activities in this area using appropriate statistical methods. (KJ/RH)
 ISSN: 10416102
From : <http://www.journals.cambridge.org/ipg>
- 200/99 Post-occupancy evaluation of a transformed nursing home: the first four Green House settings; by Lois J Cutler, Rosalie A Kane.: Routledge.
 Journal of Housing for the Elderly, vol 23, no 4, 2009, pp 304-334.
 Green Houses are trademarked small-house nursing homes first suggested by William Thomas in 1996. The authors study how well the physical environments of four Green Houses served the residents, staff, and visitors. They develop recommendations for similar small-house nursing home projects. Their study is a longitudinal post-occupancy evaluation of four houses using mixed-methods, including behavioural mapping, checklist ratings of individual bedrooms and

bathrooms, place-centred time scans, environmental tracers, and questionnaires and interviews. The small residential environments achieved the desired functional results for residents and staff. Some components of the environment proved problematic, especially bathroom designs, lighting and fixtures, and storage spaces. Certain areas of the buildings were under-utilized, particularly a den. Space was used differently in the two houses dedicated to residents with dementia compared to the other two houses. In the latter, residents tended to use their own rooms for a variety of activities, including visits, and often kept their doors closed, whereas in the former the central hearth area was used more frequently. The physical design of the Green Houses was associated with desired behaviour and outcomes in residents and staff. Post-occupancy evaluation methods were useful in eliciting detailed information about environmental performance and in suggesting modifications for the next iteration of Green Houses. (KJ/RH)

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200/100 PostCode tariff: PCTs and GP retainers in care homes; by Maria Patterson, English Community Care Association - ECCA.: English Community Care Association, 2009, 21 pp.
A previous report by ECCA, 'Can we afford the doctor?' examined the wide variations in costs of general practitioner (GP) retainers. ECCA has published a follow-up report on the issue of care homes being charged retainer fees by GPs to visit and register care home residents. This new report examines the levels of awareness of primary care trusts (PCTs) of the issue and PCT attitudes towards GP retainers. It also highlights good practice in promoting care home residents' access to primary care services, but demonstrates that such access varies according to location. (RH)

From : Download: <http://www.ecca.org.uk/index.php/news-index/170-postcode-tariff.html>

200/101 Uncovering history: private sector care homes for older people in England; by Julia Johnson, Sheena Rolph, Randall Smith.
Journal of Social Policy, vol 39, part 2, April 2010, pp 235-254.
In conducting his research for *The Last Refuge* (1962), Peter Townsend visited 173 public, voluntary and private residential care homes for older people in England and Wales. Drawing on his data, now archived at the University of Essex, the authors traced the subsequent history of these homes and revisited a sample of homes that were still functioning as care homes in 2006. In this article, the focus is on the 42 private homes Professor Townsend visited, some of which remain open and were revisited by us in 2005-06. The pre-1980 history of private sector residential care provision for older people is an elusive and poorly charted topic. Drawing on the two data sets for then and now, this article contributes new insights into this area of UK policy and practice. (KJ/RH)

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From : <http://journals.cambridge.org/action/displayJournal?jid=JSP>
doi:10.1017/S004727940999064X

200/102 Why are some care homes better than others?: an empirical study of the factors associated with quality of care for older people in residential homes in Surrey, England; by Heather Gage, Wendy Knibb, Joanne Evans (et al).
Health and Social Care in the Community, vol 17, no 6, November 2009, pp 599-609.
Using data gathered from the first announced inspection reports (2002-2003) at all 258 care homes for older people in Surrey, the authors report an empirical study that investigated associations between the quality of care received and the features of the care homes. The number of inspected standards failed in each home was used as the main indicator of quality of care. Independent variables (for each home) were size, type, specialist registration, on-site nursing, ownership, year registered, location, maximum fee, vacancies, resident dependency, whether the home took publicly funded residents, care staff qualifications, and managerial quality. Quality of care was modelled using a Poisson count maximum likelihood method based on 245 (91%) of the inspected homes for which relevant data were available. The results showed that quality

of care (as identified by failures on national standards) was statistically associated with being a home that was a for-profit small business (adjusted risk ratio RR = 1.17); was registered before 2000 (adj RR = 1.22), accommodated publicly funded residents (adj RR = 1.12); and was registered to provide nursing care (adj RR = 1.12). Fewer failures were associated with homes that were corporate for-profit (adj RR = 0.82); held a specialist registration (adj RR = 0.91); and charged higher maximum fees (adj RR = 0.98 per 100 pound sterling unit). A secondary analysis revealed a stronger model: higher scores on managerial standards correlated with fewer failures on other standards ($r = 0.65$, $P = 0.001$). The results of this study may help inform future policy. They are discussed in the context of alternative approaches to measuring quality of residential care, and in terms of their generalisability. (RH)

ISSN: 09660410

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

RETIREMENT

200/103 Your retirement 2010/2011: planning for retirement : a practical guide; by Life Academy (formerly: Pre-Retirement Association - PRA). Guildford: Life Academy, 2010, 100 pp.

An annual publication to help plan for retirement which provides information on pensions, taxation, benefits, legal affairs, health, housing, employment and self-development. It may be used for self-study or in conjunction with attending a pre-retirement course. (KJ/RH)

Price: £12.75 (non-members)

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

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

SEXUALITY

(See Also 200/48)

200/104 The health, social care and housing needs of lesbian, gay, bisexual and transgender older people: a review of the literature; by Samia Addis, Myfanwy Davies, Giles Greene (et al).

Health and Social Care in the Community, vol 17, no 6, November 2009, pp 647-658.

This paper reports the findings of a literature review of the health, social care and housing needs of older lesbian, gay, bisexual and transgender (LGBT) adults undertaken in 2006 for the Welsh Assembly Government. Peer-reviewed literature was identified through database searches of BNI, PubMed, CINAHL, DARE, ASSIA and Psychinfo. Follow-up searches were conducted using references to key papers and journals as well as specific authors who had published key papers. A total of 187 papers were retrieved, of which 66 were included in the study. Major themes were identified and the findings synthesised using a meta-narrative approach. The main themes that emerged from the review were isolation, health behaviours, mental health and sexual health behaviours. The literature indicates that the health, social care and housing needs of LGBT older people is influenced by a number of forms of discrimination which may impact upon the provision of, access to and take-up of health, social care and housing services. Understanding of the health, social care and housing needs of older LGBT people is limited and research in this area is scarce. The research which exists has been criticised for using small samples and for tending to exclude participants from less affluent backgrounds. The focus of research tends to be on gay men and lesbians; consequently, the needs of bisexual and transgender people remain largely unknown. Additionally, research which does exist tends to focus on a narrow range of health issues, often related to the health needs of younger LGBT people. Discrimination in various forms has a major impact on needs and experiences, leading to a marginalisation of LGBT people, both in the provision of health, social care and housing services and neglect of these groups in public health research. (RH)

ISSN: 09660410

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

200/105 Sex, health and years of sexually active life gained due to good health: evidence from two US population based cross sectional surveys of ageing; by Stacy Tessler Lindau, Natalia Gavrilova. British Medical Journal, vol 340, no 7746, 13 March 2010, p 580.
What is the relation between health and several dimensions of sexuality, and on average, how many years of sexually active life are gained as a result of good health in midlife and later life? Sexual activity, a good quality of sex life and interest in sex were found to be positively associated with self rated health in midlife and later life, and were higher for men than for women, with the gender gap widening with age. Sexually active life expectancy (average remaining years of sexually active life) is higher for men, but men lose more years of sexually active life than women because of poor health. This study was of cross sectional design and used two samples representative of the US population: the National Survey of Midlife Development in the United States (MIDUS, 1995-96); and the National Social Life, Health and Aging Project (NSHAP, 2005-06). There were 3032 adults aged 25 to 74 in the MIDUS cohort, and 3005 adults aged 57 to 85 in the NSHAP cohort. This a summary of a paper published on bmj.com. Professor Patricia Goodson provides editorial comment about this research elsewhere in this issue of BMJ. (KJ/RH)
ISSN: 09598138 From : www.bmj.com
doi: 10.1136/bmj.c810

200/106 Sexual activity in middle to later life: better health leads to frequent, good quality sex in older adults; by Patricia Goodson.
British Medical Journal, vol 340, no 7746, 13 March 2010, pp 544-545.
This is an editorial on research conducted by Lindau and Gavrilova featured within this issue of BMJ. Goodson comments that such research on this component of ageing is welcome, given the paucity of search results using the BMJ's archives on the terms 'sexuality' and 'older adults'. More importantly, the study bears good news given the ageing population. However Goodson notes that there is a gender gap in sexually active life expectancy which favours men. Even this research attests that, "particularly little has been known about the quality of older women's sexual lives". There are other issues including cultural and structural factors such as familism, social class, differing sexual orientations, that need to be taken into account in future research, so as to gain a fuller understanding of ageing and sexuality. Meanwhile, this study has contributed "to a better sense of how much sexually active life lies ahead as we age". (KJ/RH)
ISSN: 09598138 From : www.bmj.com
doi: 10.1136/bmj.c850

SHELTERED HOUSING

(See 200/79)

SLEEP

200/107 Incidence and persistence of sleep complaints in a community older population; by Marcella Fok, Robert Stewart, Alain Besset (et al).
International Journal of Geriatric Psychiatry, vol 25, no 1, January 2010, pp 37-45.
Factors associated with incidence and persistence of sleep complaints in an older population were investigated, with particular focus on the role of depression, subclinical depression and physical health status as predictors. An analysis was carried out of data from the Gospel Oak Study, a community survey of 656 residents aged 65+ within a geographic catchment area in north London, who were followed up after 1 year. Subjective sleep complaint was ascertained using a single question at baseline and follow-up. Independent variables included age, sex, marital status, social class, number of physical illnesses, disability, social support deficit and depression (according to SHORT-CARE, both a categorical measure and a scale based score). Baseline prevalence of sleep complaint was 44.7%. Incidence after 1 year was 21.4%, and persistence was 66.3%. After adjustment, female sex and depression predicted incidence of sleep complaint whereas only depression caseness predicted persistence of complaint. The population attributable fractions of depression caseness for incidence and persistence of sleep complaint

were 37.4% and 23.4%, respectively. Positive but weaker associations were found between sub-case depressive symptoms and these outcomes. Depression was the strongest predictor of incidence and persistence of sleep complaints in this older sample. However, overall it accounted only for a minority of instances of incident or persistent symptoms. (KJ/RH)

ISSN: 08856230 [From](http://www.interscience.wiley.com/journal/gps) : <http://www.interscience.wiley.com/journal/gps>
doi: 10.1002/gps.2295

200/108

Nocturnal sleep duration and cognitive impairment in a population-based study of older adults; by Adrian Loerbroks, Desiree Debling, Manfred Amelang (et al).

International Journal of Geriatric Psychiatry, vol 25, no 1, January 2010, pp 100-109.

The researchers aimed to investigate the association between nocturnal sleep duration, changes in nocturnal sleep duration and cognitive impairment in older adults. 4010 participants of a German population-based cohort study provided information on nocturnal sleep duration at baseline (1991-1995) and at follow-up (2002/2003). 792 follow-up participants aged 70+ by 2006 participated in telephone-based cognitive assessments. Several cognitive tests were used including the telephone interview for cognitive status (TICS). Cognitive impairment was defined as ≥ 31 points on the TICS (13.0%) and as below this percentile on the other tests. Based on individual tests, a verbal memory score and a total score were constructed. Multivariable prevalence ratios (PRs) of cognitive impairment and 95% confidence intervals (95% CIs) were computed using Poisson regression. Analyses were restricted to those free of depression in 2002/2003 ($n = 695$). Sleeping 6 or 8 hours per night (versus 7 hours) were unrelated to cognitive impairment. Sleeping 9 hours was positively, although imprecisely, associated with impairment of verbal memory (PR = 1.7, 95% CI = 1.0, 3.0), and less pronounced with the other cognitive measures. An increase in sleep duration from 7-8 hours in 1992-1995 to 9 hours 8.5 years later (versus sleeping 7-8 hours at both time points) was associated with an increased prevalence of cognitive impairment according to the TICS (PR = 2.1, 95% = 1.0, 4.5) and the verbal memory score (PR = 2.0, 95% CI = 1.0, 3.8). Increases in sleep duration are associated with cognitive impairment. A biological explanation for this association is currently lacking. Increases in sleep duration could be a marker of cognitive deficits. (KJ/RH)

ISSN: 08856230

[From](http://www.interscience.wiley.com/journal/gps) : <http://www.interscience.wiley.com/journal/gps>
doi: 10.1002/gps.2305

SOCIAL CARE

(See Also 200/59)

200/109

A new vision for adult social care?: Continuities and change in the care of older people; by Mark Lymbery.

Critical Social Policy, vol 30, no 1, issue 102, February 2010, pp 5-26.

The reform of adult social care is a major preoccupation within England. It is presented as the inevitable consequence of the changed expectations of people who use services; in addition, the detail of policy is portrayed as being in accordance with what those people specify they want from social care. However, there appears to be little recognition of the complexities and contradictions that characterise much of the policy. Of these, the inadequacy of the resource base of adult social care is most significant; consequently, rationing of scarce resources will continue to be a priority. The paper also highlights problems in other areas, including the rhetoric that accompanies policy change and the evidence base for that change, the lack of connection between issues of independence and protection, the partial understandings of partnership that appear to characterize it, and the inadequate conceptualisations both of the nature of those people who require social care support and of the character of that support. In discussing these issues, the paper emphasizes that there remain continuities in the context of policy, while noting the continual focus on discontinuity within government documents. (KJ/RH)

ISSN: 02610183

[From](http://csp.sagepub.com) : <http://csp.sagepub.com>
doi: 10.1177/0261018309350806

200/110 Social care: third report of session 2009-2010: Vol 1: Report, together with formal minutes; by Health Committee, House of Commons. London: TSO, 12 March 2010, 126 pp (HC 22-I session 2009/10).

The Committee welcomes the personalisation focus of the Green Paper, 'Shaping the future of care together' (Cm 7673; TSO, 2009), but there is still a long way to go in realising it. Although strongly endorsing the major elements of the vision set out in the Green Paper for a National Care Service, the Committee is of the view that worthwhile and lasting reform will only be achieved if consensus can be reached. Misgivings are expressed about the Free Personal Care at Home Bill, as it was introduced while consultation on the Green Paper was ongoing and also "smacks of policy-making on the hoof". The Committee's terms of reference for its inquiry on social care were: future funding of long-term residential and domiciliary care for older people and people with physical or learning disabilities; personalisation of social care services; and more effective, consistent and user-friendly social care services. This report looks at the present social care system; meeting future demand and costs; shortcomings of the present social care system; plans for reform; achieving lasting reform; and the way forward. (RH)

From : <http://www.publications.parliament.uk/pa/cm200910/cmselect/cmhealth/22/22.pdf>

SOCIAL EXCLUSION

(See 200/51, 200/79)

SOCIAL NETWORKS

(See 200/28, 200/56)

SOCIAL POLICY AND THEORY

200/111 Social theory, aging and health and welfare professionals: a Foucauldian 'toolkit'; by Jason L Powell.

Journal of Applied Gerontology, vol 28, no 6, December 2009, pp 669-682.

Health and welfare have emerged as pivotal drivers used to position the identities that older people adopt in contemporary Western societies. Both contain continually changing technologies that function to mediate relations between older people and care professionals. However, they also represent an increase in professional control that can be exerted on lifestyles in old age, and thus, the wider social meanings associated with that part of the life course. The article presents a theoretical analysis of gerontology based on a critical reading of the work of Michel Foucault. It identifies the interrelationship between managerialism and older people in terms of a conceptual toolkit of (a) "medical power," and (b) "assessment," "surveillance," and "resistance". The key point is that they are relevant in theorising power relations between health and welfare professionals and user groups such as older people. Nicholas Castle responds to this article with a commentary looking at practice implications (pp 683-684). He argues that there has been progress in care of older people in the last decade, and queries the use of "toolkit", given that there are very few tools in Powell's presentation. (KJ/RH)

ISSN: 07334648

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

SUICIDE

200/112 A preliminary cross-national study of a possible relationship between elderly suicide rates and tuberculosis; by Ajit Shah.

International Psychogeriatrics, vol 21, no 6, December 2009, pp 1190-1201.

The older population are at high risk of developing tuberculosis. The prevalence and incidence of depression and anxiety are higher in those with tuberculosis than in the general population. A positive correlation between national suicide rates and rates of mortality due to tuberculosis has been reported. The relationships between suicide rates for older people and the prevalence

of tuberculosis, the proportion of detected cases of tuberculosis, and the proportion of cured cases of tuberculosis were examined in a cross-national study using data from the World Health Organization (WHO) and the United Nations (UN). There were no significant correlations between elderly suicide rates and the prevalence of tuberculosis and the proportion of detected cases of tuberculosis. There were weak but significant negative correlations between the proportion of cured cases of tuberculosis and suicide rates for both sexes in both elderly age-bands. Caution should be exercised in interpreting the findings and the direction of the causal relationship from this cross-sectional ecological study because of ecological fallacy. However, if the findings are true, then potentially the study has important implications for prevention of suicides in older people, particularly in countries with a high prevalence of tuberculosis. (KJ/RH)

ISSN: 10416102

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

CALENDAR OF COURSES AND CONFERENCES

All contributions to this section of New Literature on Old Age will be welcome.

There are now hundreds of courses, conferences, training events, workshops etc which are held throughout the year about older age issues.

A fuller listing is available on AgeInfo CD-ROM/Web.

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

9 June 2010

Commissioning for Community Services across Health and Social Care

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 3576

9 June 2010

Safeguarding Vulnerable Adults : Strengthening the safeguarding framework : (Implementing 'No Secrets')

Speakers: Chair: Mervyn Eastman (President, PAAVA), and Change AGENTS, Co-director and Company Secretary). Leo Quigley (Adviser to the DH on the No Secrets Review); Matthew Ellis (Staffordshire CC).

Organised by: Healthcare Events

Venue: Manchester Conference Centre

Location : Manchester, England

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

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

10 June 2010

Improving the Quality of End of Life Care

Speakers: Chair: Tessa Ing (Head of End of Life Care, DH).

Organised by: Healthcare Events

Venue: Manchester Conference Centre

Location : Manchester, England

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

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

10 June 2010

Putting Everyone First : Making personalisation work for older people and people who have mental health problems

A one day conference about sharing practical lessons and exploring common barriers to developing personalised services for older people, and people with mental health problems.

Organised by: National Development Team for inclusion - NDTi supported by Department of Health; National Mental Health Development Unit

Venue: Holiday Inn Bloomsbury

Location : London, England

Details : Centrevents, PO Box 2100, Shoreham by Sea, W Sussex, BN43 5UG

Tel : +44 (0)20 8922 1135

10 June 2010

Supported Living UK

Organised by: Laing & Buisson

Venue: Thistle Marble Arch

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

13-20 June 2010

Dementia Awareness Week

Theme this year is : Remember the person.

Organised by: Alzheimer's Society

Venue: national

Location : nationwide

14 June 2010

More Clear Thinking on Sedation

This conference will present evidence about the use of sedation in current practice and provide those attending with practical guidance about when, how and why to use sedation in end of care life.

Organised by: National Council for Palliative Care - NCPC

Venue: Prospero House

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

15 June 2010

Choice and Control for Older People

For older people, independence is about exercising choice and control. There is growing evidence that, where people are actively involved in choosing services and making decisions about the kind of treatment and care they get, the results are better. Attendees will benefit from insights into cutting-edge developments, innovative solutions and good practice, while networking with peers and market leaders.

Speakers: Chair: Mithran Samuel (Adults Editor, Community Care). Martin Routledge (DH); Jill Manthorpe (King's College); Allesandra Peck (EHRC); Claire Horton (Newcastle City Council) and others.

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 3576

15 June 2010

Falls and Hip Fracture: Meeting the Quality and Productivity Challenge

Speakers: Chair: Dr Colin Currie (Clinical Lead, Geriatrics) the National Hip Fracture Database and Consultant Geriatrician, NHS Lothian)

Organised by: Healthcare Events

Venue: Cavendish Conference Centre

Location : London, England

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

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

15 June 2010

World Elder Abuse Awareness Day

To commemorate World Elder Abuse Awareness Day, Action on Elder Abuse (AEA) is trying to involve as many people as possible to recognise the implications of the mistreatment of older people. AEA are organising a series of events across the country. AEA has the UK's only helpline providing guidance and advice for those concerned about abuse of an older person : 080 8808 8141
Organised by: AEA (Action on Elder Abuse) as coordinators in conjunction with INPEA (International Network for the Prevention of Elder Abuse)

Location : England
Details : Maggie Evans, PO Box 60001, London,
SW16 9BY
Tel : +44 (0)20 8835 9280

17 June 2010

Race and mental health : Maintaining and developing specialist expertise and focus to enable solutions

Speakers: Chair: Heather Caudle (Author, Activist and Assistant Director, Camden and Islington NHS Foundation Trust).

Organised by: OLM-Pavilion in partnership with H University

Location : London, England

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

Tel : +44(189) 5266197

6 July 2010

Investing in the Primary Community Care Estate

Government policy remains supportive of a broad reconfiguration of health services away from hospitals and towards community settings where services can be delivered more conveniently for patients - and hopefully more economically as well. The pressure to achieve real change will be all the stronger as the UK seeks to repay its debt burden and as the NHS is asked to maintain front line services in a more challenging financial environment. This conference seeks to reprise the direction of change, taking account of the May 2010 election result, and in particular to explore the potential contribution of independent sector providers of primary and community health services.

Organised by: Laing & Buisson

Venue: central London

Location : London, England

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

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

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

14 July 2010

Protecting Liberties

Organised by: Community Care Conferences

Venue: Freshfield Bruckhaus Deringer

Location : London, England

Details : 242 Pentonville Road, London, N1 9UN

Tel : +44 (0)20 7833 2931

19 July 2010

Ageing, Body and Society Study Group: Futures of Ageing: Science, Technology and the Body

Keynote Address by Professor Simon Williams (Warwick University): How Old is Your Brain?: Neuroculture, Active Ageing and Cognitive Decline.

Speakers: Co-Convenors: Dr Wendy Martin (Brunel University) and Professor Julia Twigg (University of Kent)

Organised by: Ageing, Body and Society Study Group

Venue: British Library, St Pancras

Location : London, England

Details : Jenny Cairns, Events Assistant, The British Sociological Association

Tel : +44 (0)191 383 0839, Plenary Panel:

Technogenarians: Studying Health and Illness through an Ageing, Science and Technology Lens. , Science and technologies are becoming increasingly significant to people's experiences of growing older; innovations and developments that are likely to influence the context, nature, experiences and understandings of ageing and embodiment. This one day conference seeks to bring together researchers, academics and practitioners whose work explores and highlights the diverse ways in which science and technologies

interconnect with and influence our ageing bodies. We encourage researchers to share their perspectives on science, technologies and ageing bodies and welcome abstracts on different theoretical and methodological approaches, different disciplines, emergent ideas, work in progress, practitioner perspectives, and empirical findings.

8-11 September 2010

International Conference : Evidence-based Policy in Long-Term Care

This conference is organised as part of the International Long-term care Policy Network (ILPN).

Organised by: LSE PSSRU

Venue: tba

Location : London, England

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

23 September 2010

Independent Healthcare Convention 2010

Organised by: Laing & Buisson

Venue: Thistle Marble Arch

Location : London, England

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

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

24 September - 2 October 2010

Positive Ageing Week

A week of regional events that will celebrate Positive Ageing with the emphasis of inclusion on older adults in every facet of society. Age Action Ireland is the national network on ageing and older people. Age Action promotes better policies and services for all older people and an ageing society. Ageing Matters is the organisation's monthly magazine.

Organised by: Age Action Ireland

Location : Dublin, Ireland

Details : 30-31 Lower Camden Street, Dublin 2

Tel : (01) 475 6989, *Fax :* (01) 475 6011

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

29 September 2010

Tackling Social Exclusion: The Way Forward

Social exclusion is an issue that pervades many areas of society in the UK. It is a complex problem that combines factors such as unemployment, poor skills, poor educational standards and family breakdown to deny people a fair chance of succeeding in life. The economic downturn and subsequent recession have made the issue of social exclusion even more pronounced as unemployment has risen to 2.5 million, and GDP has shrunk by a record 6% in 18 months, which has disproportionately hit those who were already in difficult social and economic circumstances. As the recovery begins, the onus is on central and local government, as well as the private and voluntary sectors to provide as much support as possible to tackle social exclusion.

Speakers: Chair: Rt. Hon. Hilary Armstrong MP (Former Minister for the Cabinet Office and Social Exclusion)

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

1 October 2010

Older People's Day

For Older People's Day 2010 we have a new theme:
Getting and staying active in later life.

Encouraging people to prepare well for and enjoy a
positive later life benefits each of us individually
and society as a whole. We will be providing more
information on how to get involved with Older
People's Day 2010 over coming months.

Organised by: Full of Life, Department for Work
and Pensions (DWP)

Venue: national

Location : national, United Kingdom

6-9 October 2010

Health in Europe - Ready for the future?

Thirteenth meeting of the EHTG - European Health
Forum Gastein. Programme to include: Healthy
ageing; EU Action & Local Partnerships; Health
Workforce; New Global Healthy Dynamics;
Personalized medicine.

Organised by: International Forum Gastein (IFG)

Venue: Bad Hofgastein

Location : Bad Hofgastein, Salzburg, Austria

Details : IFG, Tauernplatz 1, A 5630, Bad
Hofgastein, Austria

Tel : +43 6432 3393270, *Fax :* +43 6432 3393271

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)

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

26 October 2010

Mental health - beyond the horizon

Westminster Health Keynote Seminar with Dr Jo
Nurse (National Lead for Public Mental Health and
Well-being, Department of Health). Public mental
health is becoming increasingly important in
healthcare and in the workplace, with the search
for cost savings a priority in meeting the future
financial demands on the service. This seminar will
also discuss priorities for service delivery,
coordination of services and the challenges for
implementation.

Speakers: Dr Jo Nurse

Organised by: Westminster Forum Projects

Venue: central London

Location : London, England

Details : 4 Bracknell Beeches, Old Bracknell Lane
West, Bracknell, Berkshire RG12 7BW

Tel : +44 (0)1344 864796

16-17 November 2010

INVOLVE National Conference: Public involvement in Research : innovation and impact

A unique forum for people who are interested in
public involvement in research and development to
debate current practice, future challenges and
opportunities.

Organised by: INVOLVE (formerly: Consumers in
NHS Research)

Venue: East Midlands Conference Centre

Location : Nottingham, England

Details : Professional Briefings, Registration Dept,
37 Star Street, Ware, Herts, SG12 7AA

Tel : +44 (0)1920 487672, *Fax :* +44 (0)1920
462730

23 November 2010

Improving dementia care

Westminster Health Keynote Seminar with
Professor Alistair Burns, (National Clinical
Director for Dementia, Department of Health) and
Karen Taylor, (Director, Health Value for Money
Audit, National Audit Office). Following on from
the launch of the National Dementia Strategy last
year and the recent appointment of the first
National Clinical Director for Dementia, this
seminar will examine how effective the strategy has
been at improving the early detection of dementia,
delivery of dementia services, and patient and
family experience. Planned sessions will also
examine what more can be done to make services

more efficient and better value for money.
Organised by: Westminster Forum Projects
Venue: central London
Location : London, England
Details : 4 Bracknell Beeches, Old Bracknell Lane
West, Bracknell, Berkshire RG12 7BW
Tel : +44 (0)1344 864796, This morning seminar
will also look at what more is needed in terms of
early diagnosis and what more can be done to
increase the quality of dementia care on a
residential, inpatient and societal level. Further
sessions will examine the research and
development of treatment for Alzheimer's and what
more can be done to encourage relevant research.

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

6-10 September 2011

**15th International Congress : Reinventing Aging
through Innovation**

Organised by: International Psychogeriatric
Association - IPA
Location : The Hague, Netherlands

6-10 September 2011

**15th International Congress : Reinventing Aging
through Innovation**

Organised by: International Psychogeriatric
Association - IPA
Location : The Hague, Netherlands
Details : IPA Secretariat



AgeInfo

a key information resource
for gerontologists - on both
cd-rom and the internet.

Details and evaluation:

<http://www.cpa.org.uk/ageinfo>

