

# New Literature on Old Age

EDITOR  
**Gillian Crosby**

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## ABUSE

- 201/1 Court of Protection practice 2010; by Gordon Ashton (ed and contributor with others). 2nd ed Bristol: Jordans, 2010, 1681 pp (+ CDROM).  
'Court of Protection practice' brings together statutory materials and key forms, and case law supporting practice and procedures in the Court of Protection. It is therefore aimed at those involved with decision making and the rights of those lacking mental capacity, following implementation of the Mental Capacity Act 2005.  
The book deals with: the mental capacity jurisdiction; lasting powers of attorney; powers of the Court; welfare and healthcare, advance decisions and research; deprivation of liberty safeguards; Court practice and procedure; the Public Guardian and supporting services; and incapacity law in Scotland. The law is stated as at 1 February 2009, but it is likely that the law governing Mental Capacity will continue to develop. It is therefore the author's (District Judge Ashton) intention to update on a regular basis this volume. (KJ/RH)  
Price: £185.00  
From : Jordan Publishing Ltd., 21 St Thomas Street, Bristol BS1 6JS.  
Website: [www.jordanpublishing.co.uk](http://www.jordanpublishing.co.uk)
- 201/2 Defining elder mistreatment: reflections on the United Kingdom Study of Abuse and Neglect of Older People; by Josie Dixon, Jill Manthorpe, Simon Biggs (et al).  
Ageing and Society, vol 30, part 3, April 2010, pp 403-420.  
This paper critically reflects upon policy and research definitions of elder mistreatment in light of the findings of the United Kingdom Study of Abuse and Neglect of Older People that was commissioned by Comic Relief with co-funding from the Department of Health (DH). The study uniquely comprised a national survey and follow-up qualitative research with survey respondents. This paper focuses on the findings of the qualitative component. One focus is the idea of 'expectation of trust', with an argument being made that the concept needs clarification for different types of relationships. It is particularly important to distinguish between trust in affective relationships and 'positions of trust' (as of paid carers), and to articulate the concept in terms that engage with older people's experiences and that are meaningful for different relationship categories. The qualitative research also found that ascriptions of neglect and abuse tend to be over-inclusive, in some instances to avoid identifying institutional and service failures. The authors also question the role and relevance of the use of chronological age in the notion of 'elder abuse'. Given that 'abuse', 'neglect' and 'expectation of trust' are ill-defined and contested concepts, the authors recommend that although consistent definitions are important, especially for research into the epidemiology and aetiology of the syndrome and for informed policy discussion, such definitions will unavoidably be provisional and pragmatic. (KJ/RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/aso> doi:10.1017/S0144686X0999047X
- 201/3 Making decisions about who should be barred from working with adults in vulnerable situations: the need for social work understanding; by Martin Stevens, Jill Manthorpe, Stephen Martineau (et al).  
British Journal of Social Work, vol 40, no 1, January 2010, pp 290-310.  
This article reports on an element of recently completed research that aimed to explore factors leading to placement on the Protection of Vulnerable Adults (POVA) List - a barring list unique to England and Wales. A multiple methods approach was adopted, involving in-depth quantitative analysis of POVA referral records and a set of discussion groups and interviews investigating how decisions were being made. This article focuses on this latter element, setting out and discussing the overall schema for decision-making resulting from the analysis, which identified an interplay between emotional and moral responses to the individual referred and evidence about the alleged misconduct. The importance of involving all stakeholders in the development of such a decision-making system is raised through the research and implications for social workers are explored. (RH)  
ISSN: 00453102  
From : <http://bjsw.oxfordjournals.org> doi:10.1093/bjsw/bcn135

- 201/4 Managers' and staff experiences of adult protection allegations in mental health and learning disability residential services: a qualitative study; by Paul Rees, Jill Manthorpe. *British Journal of Social Work*, vol 40, no 2, March 2010, pp 513-529. Adult protection policy slowly developed in England and Wales during the 1990s. In the same decade, specialist residential services expanded for people with mental health problems and with learning disabilities, some of which were secure or semi-secure in status. Many referrals to adult protection systems emanate from this sector, but few result in conclusive outcomes. This article reports on and considers adult protection workings in these settings. Data from interviews with 13 residential unit managers and 10 care workers, who were suspended following an allegation but later exonerated, are presented. Perceptions of the development of adult protection practice, policy and legislation were that these have generally led to positive outcomes. However, these data reveal other outcomes including service disruption, stress for residents, staff and managers. Service managers commented particularly on how the application of policy and practice enhances but also upsets the services they provide. Multi-agency collaboration, transparency of practice, training, reflective practice, and effective supervision of frontline staff, appeared to assist managers and care workers in negotiating the positive and negative experiences of the implementation of adult protection systems. (KJ/RH)  
ISSN: 00453102  
From : <http://bjsw.oxfordjournals.org> doi:10.1093/bjsw/bcn146
- 201/5 That's not my Robert!: Identity maintenance and other warrants in family members' claims about mistreatment in old-age care; by Tove Harnett, Håkan Jönson. *Ageing and Society*, vol 30, part 4, May 2010, pp 627-647. This study has explored how family members of care recipients define and sustain claims of mistreatment in old-age care. Twenty-one informants were recruited from an association of relatives of care recipients in Sweden. Using argumentation analysis, four warrants about mistreatment were identified from the qualitative interview data: they referred to physical harm, psychological harm, social-care deficiencies and identity subversion. The first three categories are similar to those recognised in previous research on elder mistreatment, but the fourth, which is described in detail in the article, is less familiar: elder mistreatment as the violation of an older person's identity. The family members backed their claims about staff members' violation of a care recipient's persona or identity by using arguments that drew on their unique knowledge of the care recipient's appearance, daily routines and preferred activities. They also described their attempts to protect the dignity and identity of a care recipient, their fears of abuse, and actual cases of conflict and retribution by care staff. They consistently positioned themselves as guardians of identity through their claims of mistreatment. The study provides important knowledge about family members' moral view of elder mistreatment, which may enhance the understanding of conflicts between formal care providers and family members. (KJ/RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/aso> doi:10.1017/S0144686X09990584
- 201/6 Urgent applications in the Court of Protection; by Nazreen Pearce, Sue Jackson. Bristol: Jordans, 2010, 435 pp. The Mental Capacity Act 2005 has changed the role and work of the Court of Protection. The Court's jurisdiction now extends not only to financial and property matters, but also to health and welfare issues and disputes relating to lasting powers of attorney. This book is for professionals working with incapacitated adults, and covers all relevant topics from the perspective of the Court of Protection user faced with making an urgent application. For each topic, there is a law and practice section, procedural guide, precedents and draft orders. These topics are covered in three parts: general principles; personal welfare and deprivation of liberty; and property and affairs. (RH)  
Price: £75.00  
From : Jordan Publishing Ltd., 21 St Thomas Street, Bristol BS1 6JS.  
[www.jordanpublishing.co.uk](http://www.jordanpublishing.co.uk)

## ADVANCE DIRECTIVES

- 201/7 The differences between general care planning and decisions made in advance; by Sheila Joseph, National End of Life Care Programme, NHS, Department of Health - DH. [Leicester]: National End of Life Care Programme, 2010, 4 pp.
- Advance care planning (ACP) is a process of discussion between an individual patient and care providers irrespective of discipline. The difference between ACP and planning more generally is that the process of ACP is to make clear a person's wishes, and will usually take place in the context of an anticipated deterioration of the individual's condition in the future, with attendant loss of capacity make decisions and/or ability to communicate wishes with others. This pamphlet clarifies the differences between general care planning and three decisions that can be made in advance: advance care planning (ACP, or advance statement), advance decisions to refuse treatment (ADRT), and do not attempt cardiopulmonary resuscitation (DNACPR). Websites for further information are suggested. (RH)
- From : National End of Life Care Programme, 3rd Floor, St John's House, East Street, Leicester LE1 6NB.

## AGE DISCRIMINATION

(See Also 201/34, 201/35)

- 201/8 Age equality in health and social care: a report on the consultation; by Department of Health - DH. London: Department of Health - DH (electronic format only), 9 March 2010, 75 pp (Gateway ref: 13848).
- In April 2009, the then Secretary of State for Health asked Sir Ian Carruthers and Jan Ormondroyd to consider what the new measures on age in the Equality Bill would mean for health and social care. Their report, 'Achieving age equality in health and social care' (DH, October 2009) makes a number of recommendations, some of which deal with the form that secondary legislation under the Bill should take. Most of the recommendations focus on non-legislative action that the Department of Health (DH), and the National Health Service (NHS) and social care more generally, should take to prepare for the introduction of the new public sector equality duty and of the ban on age discrimination. This report considers responses to the resulting consultation, 'Age equality in health and social care' (DH, November 2009) which sought comments on the review's non-legislative recommendations, to feed into DH's response to the review, particularly how the DH can support health and social care in England to meet the requirements of the Equality Bill (which applies throughout Britain). Among proposal subjects commented on were: timing of the age discrimination ban; quality-adjusted life years (QALYs); reviewing age criteria in national policies; joint working; local authority assessment procedures; mental health; prevention programmes; training; and complaints. (RH)
- From : Policy Support Unit, Department of Health, 79 Whitehall, London SW1A 2NS.  
[http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH\\_113733](http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_113733)
- 201/9 Equality Act 2010: Chapter 15; by Government Equalities Office - GEO. London: TSO, 2010, 239 pp.
- The Equality Act makes provision to require Ministers of the Crown and others, when making strategic decisions about the exercise of their functions, to have regard to the desirability of reducing socio-economic inequalities. The Act reforms and harmonises equality law and restates the greater part of the enactments relating to discrimination and harassment related to certain personal characteristics. The Act thus prohibits direct or indirect discrimination in respect of age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex or sexual orientation. The Act enables certain employers to be required to publish information about differences in pay between male and female employees; prohibits victimisation in certain circumstances. The Act requires the exercise of certain functions to be with regard to the need to eliminate discrimination and other prohibited conduct - as is the case with the public sector equality duty (Part 11) and disabled people and transport (Part 12). The Act also enables duties to be imposed in relation to the exercise of public procurement functions; increases equality of

opportunity; and amends the law relating to rights and responsibilities in family relationships. Explanatory Notes have been produced to assist in the understanding of this Act and are available separately. (RH)

Price: £28.75

From : TSO, PO Box 29, Norwich NR3 1GN. <http://www.tsoshop.co.uk>

201/10

Shaping equality and fairness after the recession: a report of the Equality and Diversity Forum Seminar Series; by Equality and Diversity Forum; ORC Worldwide; Equality and Human Rights Commission - EHRC. London: Equality and Diversity Forum (electronic format), March 2010, 36 pp.

The Equality and Diversity Forum (EDF) held two seminars in late 2008 looking at how we deal with the current financial crisis; this report outlines the proceedings. The first seminar, 'Redefining equality and fairness', introduced a Joseph Rowntree Trust (JRF) report, 'Understanding attitudes to tackling economic inequality' by Tim Horton and Louise Bamfield. The report examined attitudes to welfare in the UK and the effect of inequality on society. The second seminar, 'Vision of the future: polity, economy and inequality', bears in mind that a General Election will take place within 6 months. Three speakers from groups aligned respectively with a Labour, Liberal Democrat and Conservative outlook - Compass, Centre Forum, and Demos - each took a distinctive political perspective. Debate at the seminars identified seven key issues: importance of awareness of the facts about inequality and poverty; whether equality, fairness, social mobility and diversity are the same or different; the lack of transparency and consensus on fairness; whether there is a long term global trend to increasing economic inequality; whether or not social hierarchies and segregation are growing; that it is vital to make equality legislation work effectively; and the relationship between the benefits system and inequality. (RH)

From : Equality and Diversity Forum, 207-221 Pentonville Road, London N1 9UZ.

201/11

Unequal Britain: equalities in Britain since 1945; by Pat Thane (ed), Centre for Contemporary British History, Institute of Historical Research, University of London. London: Continuum, 2010, 228 pp.

Since 1945, there have been attempts in most of the areas considered in this volume to devise government policies and institutions to diminish inequalities. Contributors consider equality and inequality in Britain in respect of older people, race, religion and belief, gypsies and travellers, gender, sexual orientation and gender identity, and disability. For each theme, a timeline lists major reports and events, followed by more detailed historical consideration of developments by decade. In all the cases considered, the introduction of policies and institutions was driven by organised activism by people who experienced inequality. While improvement has been made on most dimensions of inequality since the end of World War II, there are serious inequalities which have yet to be eradicated. (RH)

From : Continuum UK, The Tower Building, 11 York Road, London SE1 7NX.  
[www.continuumbooks.com](http://www.continuumbooks.com)

#### **AGEING (GENERAL)**

(See 201/52)

#### **ALCOHOL AND DRUG MISUSE**

201/12

Alcohol misuse in the elderly; by E J Williams, P Medcalf.

GM (Geriatric Medicine), vol 40, no 5, May 2010, pp 251-257.

Alcohol use disorders are common in the older population, and on the increase as the population ages. While life changes may trigger the unhealthy use of alcohol, ageing physiology, comorbidities and polypharmacy can increase vulnerability to its effects. Alcohol use disorders are currently underdiagnosed in older people, in whom the early signs may be masked by altered patterns of drinking and non-specific presentations. Standard screening tools remain unvalidated in the older patient, and biochemical tests are nonspecific in the context of multiple



comorbidities. However, short psychological interventions have proven very effective in minimising alcohol misuse in older people. This article reviews the management of alcohol use disorders in older people, in advance of National Institute for Health and Clinical Excellence (NICE) guidance on their clinical management, which is expected in early June. (KJ/RH)

ISSN: 0268201X

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

## ARTS AND MUSIC

201/13

Musical taste and ageing; by Jill Harrison, John Ryan.

Ageing and Society, vol 30, part 4, May 2010, pp 649-669.

The purpose of this study was to explore musical taste patterns in old age. Having musical tastes, defined as individual preferences for certain musical genres, has been theorised as being a relational tool, something that can be used to negotiate social situations and interpersonal exchanges with others. Taste not only helps to make sense out of the endless array of products available on the cultural menu, but is also through consumption and display a way of signaling group membership, social location, identity and self. These concepts are important throughout the life-course, yet relatively unexplored in later life. What are the taste patterns of older adults and how do they compare to the musical preferences of other age groups? To answer these questions, the authors analysed data from the United States national Survey of Public Participation in the Arts (SPPA), a repeated cross-sectional survey, for the years 1982, 1992 and 2002. In each year, musical tastes displayed a positive relationship with age up to 55 years of age. The results indicate that across the three survey years, at older ages there was a negative relationship between tastes and age. The authors offer explanations for these results, using theories from the sociology of culture and social gerontology. (KJ/RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso> doi:10.1017/S0144686X09990778

## ASSESSMENT

201/14

Unified assessment: policy, implementation and practice; by Diane Seddon, Catherine Robinson, Jenny Perry.

British Journal of Social Work, vol 40, no 1, January 2010, pp 207-225.

The introduction of the single assessment process (SAP) in England and unified assessment (UA) across Wales heralds opportunities to develop more consistent approaches to the assessment and management of care that are underpinned by an agreed evidence base and inform the development of person-centred, outcome-focused support. This paper presents key findings from a quantitative study that considers the implementation and effects of unified assessment on direct practice in general and care management in particular. Drawing on interview and focus group data that reflect the experiences of strategic and operational staff, this paper describes key challenges to the development and implementation of unified assessment procedures, highlights the ways in which unified assessment has facilitated positive changes to practice, and explores aspects of unified assessment where translation into practice has proved difficult. It suggests that unified assessment promotes the more consistent application of eligibility criteria and encourages more creative approaches to both care and service delivery planning. However, considerable variability in the nature and volume of information collected by practitioners, who expressed reservations about the domain approach to assessment, is noted, and problems relating the the sharing and management of information are highlighted. recommendations to inform assessment practice across the UK are presented and areas for staff training are identified. (RH)

ISSN: 00453102

From : <http://bjsw.oxfordjournals.org> doi:10.1093/bjsw/bcn097

201/15

User involvement in the development of a health promotion technology for older people: findings from the SWISH project; by S Iliffe, K Kharicha, D Harari (et al).

Health and Social Care in the Community, vol 18, no 2, March 2010, pp 147-159.

Successive English government policies about older people's health and well-being aim to

improve health and quality of life by promoting independence. Improving access to information and services that can improve health and well-being and reduce health risks is central to the modernisation of health and social care. Most recently, tailored and person-centred approaches with a strong emphasis on promoting health and well-being are central to policy, including the proposals for 'Life Checks' and the recent emphasis on commissioning 'community well-being'. The authors carried out a qualitative study to identify the key aspects of social situations that affect health and well-being, from the perspectives of older people and professionals, to enrich and expand an existing health risk appraisal tool so that it could be used for self-assessment of health and social well-being. This tool, Health Risk Appraisal in Older people (HRAO), has been evaluated in different European settings, including English general practice. Focus groups were recruited from general practice, older people's forums, social care and voluntary organisations in two London boroughs where the HRAO tool had previously been tested. The social factors determining health that were prioritised by older people and service providers and recommended for inclusion in the health risk appraisal tool were recent life events, housing and garden maintenance, transport, both public and private, financial management, carer status and needs, the local environment and social networks, and social isolation. This study (the SWISH project - Smarter Working in Health and Social care) has identified key social determinants of health that could usefully be added to 'Life Checks' for older people and that could also inform the commissioning of community well-being. Modified with the addition of social domains, the HRAO technology could be a suitable tool to achieve current policy objectives. (KJ/RH)  
ISSN: 09660410

From : <http://www.blackwellpublishing.com/hsc> DOI: 10.1111/j.1365-2524.2009.00882.x

#### **ASSISTIVE TECHNOLOGY**

201/16

Democratising technology: an AHRC/EPSRC Designing for the 21st Century initiative; by Queen Mary, University of London. London: Queen Mary, University of London, 2010, DVD (78 mins)(+1 p).

How can we imagine the future? "Democratising Technology" engages people who are marginalised by design decisions about digital technologies in choosing how our world might be. In an age of computer networks and growing (but intangible) connectivity between people and things, the research team offer a series of techniques, suitable for a wide range of groups, which encourage participation, imaginative re-thinking and making connections to help articulate how we would all like to interact in the future. Using such techniques, we can involve more people more democratically in the design of our society and choose socially desirable paths for innovation. In a series of videoed interviews and demonstrations, a team including computer scientists, performance artists and researchers shows how they worked with groups of older people using DemTech methods. The Democratising Technology method (DemTech) comes out of a research project funded by the AHRC/EPSRC's "Designing for the 21st Century" programme. The project had three goals. First, to explore the effectiveness of performance techniques in supporting people outside the design world to envision alternative social arrangements enabled by technology. Second, to link performance envisioning methods with the way we actually adopt tools so as to produce new techniques in design. Third, to devise forms of interaction that require the minimum amount of input from researchers, so that people's own values and interests lead the work. The researchers hope that the result may find use in training designers, working with non-professionals in design, and involving stakeholders in the design process for new technology. The project produced a public exhibition of commissioned artworks, research documentation and interactive exhibits; a series of workshop activities with community groups; and a performance lecture. All these are documented, as well as more formal academic outputs, in papers available from the website. The demo DVD is divided into the following sections: Introduction; Workshop Process; Art Show at SPACE; and Conclusions. Material comes from work in various settings with older people during 2007 and 2008. Explanatory information (one page) accompanies this DVD. (KJ/RH)

From : Queen Mary, University of London, Mile End Road, London E1 4NS.  
<http://www.demtech.qmul.ac.uk>

- 201/17 Ethical issues in the use of telecare; by Social Care Institute for Excellence - SCIE. Community Care, issue 1818, 13 May 2010, pp 28-29.  
Telecare can improve the independence and safety of older and disabled people, but professionals should ensure that it does not breach service users' rights. The Social Care Institute for Excellence (SCIE) commissioned a study to identify ethical issues, and has identified autonomy, beneficence, non-maleficence and justice as four important principles. Further information may be found on the SCIE website (see <http://www.scie.org.uk/publications/ataglance/ataglance24.asp>). (RH)  
ISSN: 03075508  
From : [www.communitycare.co.uk](http://www.communitycare.co.uk)
- 201/18 Home adaptations for disabled people; by Care & Repair England. [Nottingham]: Care & Repair England, 2010, 4 pp.  
Home adaptations can increase independence, help to prevent falls, reduce length of stay in hospital, and delay care home admission. However, many older and disabled people are waiting years for the adaptations that could improve their lives and make the job of a carer more manageable. Care & Repair England has produced this pamphlet in partnership with members of the DFG Consortium, to draw attention to the consequences of a lack of help with home adaptations and to the action national government and local authorities should take. (RH)  
From : Care & Repair England, The Renewal Trust Business Centre, 3 Hawksworth Street, Nottingham NG3 2EG. tel: 0115 950 6500  
[www.careandrepair-england.org.uk](http://www.careandrepair-england.org.uk)
- 201/19 Older people's perceptions of assistive technology: an exploratory pan-European study; by Veronika Williams, Rachel McCrindle, Christina Victor.  
Journal of Integrated Care, vol 18, issue 1, February 2010, pp 38-44.  
This paper describes a study undertaken to explore how assistive technology in the form of a wrist-worn device is perceived by older people for whom it has been devised. This survey was part of a larger study funded by EU Framework 6, ENABLE Project (2007-2010). The final questionnaire (following a pilot) was sent to 250 older people across the participating countries: UK (140), Czech Republic (40), Greece (40) and Belgium (40). (KJ/RH)  
ISSN: 14769018  
From : <http://www.pierprofessional.com> 10.5042/jic.2010.0086
- 201/20 User responses to assisted living technologies (ALTs): a review of the literature; by Leela Damodaran, Wendy Olphert.  
Journal of Integrated Care, vol 18, issue 2, April 2010, pp 25-32.  
This paper reports the findings of a literature review conducted to investigate user responses to assisted living technologies (ALTs), principally telehealth and telecare applications. A combination of search terms identified approximately 75 relevant publications, including reports of studies in the US, Australia, Europe and the UK. The documents were analysed to extract data relating to end-user needs, what attracts end users and informal carers to telehealth/telecare services, and what deters them from adopting these technologies. Some key challenges arising for the uptake and adoption of ALTs are then discussed, and significant user requirements emerging from the evidence are identified. The paper concludes with suggestions for the next steps to be taken to promote effective and appropriate use of ALTs. (KJ/RH)  
ISSN: 14769018  
From : <http://www.pierprofessional.com> doi:10.5042/jic.2010.0133

## **CARERS AND CARING**

- 201/21 Lives interrupted: carers voices in Peterborough; by Keith Sumner, Peterborough Council for Voluntary Services (PCVS); KSA Consulting. Peterborough: Peterborough Council for Voluntary Services, 2010, 81 pp.  
Many of us are carers, or will have been at some point in our lives. For those who have not, there is every chance that we will one day play such a role. This book is based on interviews with 13

local families in Peterborough, and records their stories and experiences. The contributors are caring for a partner, a parent, a child or a friend, and are drawn from across the generations. Those they support have a wide range of disabilities, difficulties and diseases. The work of the Peterborough Carers Centre and the Peterborough Young Carers Project is also described. 'Lives interrupted: carers voices' was funded by the Vodafone Foundation as part of its World of Difference UK programme (2009). (RH)

Price: £4.95

From : Peterborough Council for Voluntary Services, 3 Lincoln Court, Lincoln Road, Peterborough PE1 2RP. Websites: [www.pcv.s.co.uk](http://www.pcv.s.co.uk) and [www.ksaconsulting.org.uk](http://www.ksaconsulting.org.uk)

## **CRIME**

201/22

Older people's perceptions of personal safety in deprived communities: understanding the social causes of fear of crime; by Joanna Waters, Richard Neale.

Quality in Ageing and Older Adults, vol 11, issue 1, March 2010, pp 48-56.

This study explored the neighbourhood-level personal safety concerns experienced by older people living in socioeconomically deprived communities in South Wales. While there is a wealth of criminological literature focusing on whether older people experience high levels of fear of crime, much of it conflicting in its conclusions, such studies tell us little about the social and physical cues for feelings of fear that are evoked in older people on a community level. To provide a richer understanding of these issues, the study adopted a predominantly qualitative approach to identify community characteristics that shaped older people's views of personal safety. This was supplemented by quantitative data regarding their actual experience of crime. The main finding was that personal safety concerns were overwhelmingly related to the social connotations of specific community locations, such as those associated with the presence and behaviour of perceived "undesirable others", rather than specific locations themselves or their physical characteristics. This raises questions and challenges about the development of appropriate and effective crime and fear reduction strategies that enable older people to feel safer in their communities, and so facilitate their community engagement and social inclusion. (RH)  
ISSN: 14717794

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

## **DEATH AND DYING**

(See 201/46)

## **DEMENTIA**

(See Also 201/70, 201/99, 201/115)

201/23

Attitudes of primary care team to diagnosing dementia; by Hywel Thomas.

Nursing Older People, vol 22, no 3, April 2010, pp 23-27.

Healthcare professionals in primary care are gatekeepers to specialist services and are important in terms of ensuring access to community support and appropriate referral for the sizeable number of older people with mental health problems. This literature review explores the role of primary care professionals, particularly GPs and practice nurses, in diagnosing and managing patients with dementia. It recommends that education and training are required to raise awareness of the importance of accurate diagnosis and management in primary care. (KJ/RH)  
ISSN: 14720795

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

201/24

Awareness in people with severe dementia: review and integration; by Linda Clare.: Taylor & Francis.

Ageing & Mental Health, vol 14, no 1, January 2010, pp 20-32.

Although awareness has been extensively researched in relation to people with dementia, studies have focused mainly on people who have dementia of mild to moderate severity. Consequently,

relatively little is known about awareness in people with severe dementia, and there is no clear conceptual framework to indicate how this should be understood or investigated. This review presents a conceptual framework for considering awareness in people with moderate to severe dementia which distinguishes fundamental awareness of sensory and perceptual stimuli and three levels of awareness involving more complex cognitive operations, termed 'on-line monitoring', 'evaluative judgement' and 'meta-representation', and provides an integration of the available evidence regarding each level. Findings indicate that sensory and perceptual awareness can be detected even in people with very severe or end-stage dementia, while some aspects of complex awareness may be retained into the severe stages. The environmental context and the nature of caregiving interactions influence the extent to which awareness is expressed. There may be scope for enhancing the expression of some aspects of awareness in people with moderate to severe dementia, but this should only be undertaken where it is likely to improve quality of life. Understanding more about awareness is an important element in the provision of high-quality care for people with moderate to severe dementia. (KJ/RH)

ISSN: 13607863

From : <http://www.informaworld.com/CAMH> DOI: 10.1080/13607860903421029

201/25 Fifteen year comparison of antipsychotic use in people with dementia within hospital and nursing home settings: sequential cross-sectional study; by Peter J Connelly, Emma Law, Susan Angus (et al).

International Journal of Geriatric Psychiatry, vol 25, no 2, February 2010, pp 160-165.

The use of antipsychotics to treat people with behavioural and psychological symptoms associated with dementia is controversial, especially in long-stay settings. The authors assessed the relationship between behaviour, function and antipsychotic use in people with dementia in a long-stay psychiatric unit and designated elderly mentally ill (EMI) nursing homes over a 15-year period. Sequential cross-sectional studies were used to assess twelve behaviours and seven measures of function for each patient. Antipsychotic and antidepressant use was obtained from current prescription records. Regular antipsychotic use in hospital fell between 1990 and 1998. In 1998, use in nursing homes was significantly greater than in hospital, and increased between 1998 and 2005. Noisiness/ verbal aggression (NVA) was the only behaviour more commonly associated with regular antipsychotic use over that timescale. Those with low levels of core symptoms ( $p = 0.021$ ) and high dependency patients ( $p = 0.001$ ) were more likely to be receiving regular antipsychotics in nursing homes than in hospital. Depression was not treated well, even when identified. Compared to a long-stay hospital setting, antipsychotic drug use for people with dementia in nursing homes has risen and become less systematic. This cannot be explained by increasing core behaviour symptoms or differences in physical dependency. (KJ/RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps> doi: 10.1002/gps.2313

201/26 How dementia affects children: [The Dementia Declaration]; by Julie Griffiths. Community Care, issue 1816, 29 April 2010, p 18.

As part of Community Care's election campaign for the Dementia Declaration, this article considers the often hidden impact of dementia on children in a family. Some children may be caring for a parent or grandparent with dementia, or know that a relative has the condition. The importance of education in helping to dispel children's fears is highlighted. (RH)

ISSN: 03075508

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

201/27 My name is not dementia: literature review; by Joanne Warner, Alisoun Milne, Julie Peet, Alzheimer's Society; School of Social Policy, Sociology and Social Research, University of Kent. London: Alzheimer's Society, April 2010, 54 pp.

There are some 750,000 people in the UK who have dementia (Alzheimer's Society, 2007), a figure expected to double to 1.4 million in the next 30 years. The 'National dementia strategy for England' (Department of Health, 2009) sets out three key steps in terms of improving quality of life for people with dementia and their carers: public education; proper and timely diagnosis of

dementia; and development of appropriate services. This literature review forms the first part of a research project on behalf of the Alzheimer's Society with the aim of establishing key quality of life indicators for people with a dementia diagnosis, using evidence that draws directly on their own views and experiences. This review is structured in two parts, the first of which looks at defining and measuring quality in dementia. Here, the literature is either medical or health related (comprising 'objective' measures), or relates to quality of life as a subjective phenomenon (personal perspectives). Part 2 covers outcomes and quality of life indicators for: people with dementia from seldom heard groups (on whom reviews are uncommon); people with dementia and their contact with health and social care services; and quality of life indicators and patient-defined outcomes from other key groups (e.g. those with mental health needs). The review process indicates how little is known about quality of life for people with dementia; and that for too long, the person with dementia has been omitted or ignored compared to other perspectives on quality of life. (RH)

From : Alzheimer's Society, Devon House, 58 St Katharine's Way, London E1W 1JX.

Website: [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

201/28

My name is not dementia: people with dementia discuss quality of life indicators; by Toby Williamson, Alzheimer's Society; Mental Health Foundation - MHF. London: Alzheimer's Society, April 2010, 52 pp.

In 2009/10, the Mental Health Foundation (MHF) carried out a research project on behalf of the Alzheimer's Society with the aim of better understanding key quality of life indicators for people with a dementia diagnosis, using evidence that drew directly on their own views and experiences. This report introduces some key background issues, and existing quality of life instruments for people with dementia. It describes the approach taken in the project including aims and methodology; the involvement of people with dementia in developing quality of life instruments and measures; and how ethical issues were tackled. There is a particular focus on people with dementia from "seldom heard" groups, including those from black and minority ethnic (BME) groups and those with more severe dementia living in care homes. The key quality of life indicators and findings that emerged from the research are described. In order of importance these were: relationship or someone to talk to; environment; physical health; sense of humour; independence; ability to communicate; sense of personal identity; ability or opportunity to engage in activities; ability to practise faith or religion; and experience of stigma. (RH)

Price: £25.00

From : Alzheimer's Society, Devon House, 58 St Katharine's Way, London E1W 1JX.

Website: [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

201/29

A Pearl of a dementia scheme: [The Dementia Declaration]; by Julie Griffiths.

Community Care, issue 1816, 29 April 2010, pp 24-25.

While the use of antipsychotic drugs remains a problem in care homes, one provider has pioneered a person-centred approach that has cut drug use and distress levels. This article reports on how care home staff can gain a better insight into dementia. A few years ago, 10 Four Seasons Health Care homes began piloting a model of dementia care called PEARL (Positively Enriching And enhancing Residents' Lives), an accreditation scheme intended to promote positive practices which includes resident experience training and the use of doll therapy. (RH)

ISSN: 03075508

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

201/30

Pilot study of a three-step diagnostic pathway for young and old patients with Parkinson's disease dementia: screen, test and then diagnose; by Sarah H M Robben, Monique J M Slegers, Paul L J Dautzenberg (et al).

International Journal of Geriatric Psychiatry, vol 25, no 3, March 2010, pp 258-265.

In a prospective investigator-blinded study to pilot a three-step diagnostic model for young and old patients with Parkinson's disease dementia (PDD), the authors developed a screening questionnaire for patients with Parkinson's disease (PD) and their caregivers. Further, patients were subjected to three screening instruments (Montreal Cognitive Assessment (MoCA), Frontal

Assessment Battery (FAB), Addenbrooke's Cognitive Examination-revised (ACE-R)) and a detailed neuropsychological examination (NPE). Based on the NPE, patients were divided in a PD (without dementia) and a PDD-group. 41 PD patients, aged 37-94 years, participated in this study. Patients were divided into a young group of 22 aged under 65 and an old group of 19 aged 65+. In the young group (PDD, n = 5) the patient-screening questionnaire predicted PDD with a sensitivity/specificity of 100.0%/94.1%; in the old group (PDD, n = 10) the proxy-screening questionnaire predicted PDD with a sensitivity/specificity of 88.9%/66.7%. In the young group, ACE-R had the largest Area Under the Curve (AUC) 0.88 (0.70-1.00); in the old group MoCA (AUC 1.00). However, the three instruments did not differ significantly. It seems feasible and efficient to use three consecutive diagnostic steps for PDD: (1) a screening questionnaire; (2) if positive: MoCA, FAB or ACE-R as screening instrument; and (3) if positive, a detailed NPE for diagnosing PDD. (KJ/RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps> doi: 10.1002/gps.2331

201/31

Sharing stories: a meta-ethnographic analysis of 12 autobiographies written by people with dementia between 1989 and 2007; by Sean Page, John Keady.

Ageing and Society, vol 30, part 3, April 2010, pp 511-526.

People with dementia are finding increasingly creative and diverse ways of making their voice heard in society and one such method is through the publication of autobiographical accounts. Following set inclusion criteria, this meta-ethnographic analysis compares and contrasts the contents of 12 books written by people with dementia and published between 1989 (the year of publication of the first text) and the end of 2007 (the selected cut-off point for inclusion). Of the 12 books, three authors were published twice, five were male, eight were from the United States of America, one was Australian and all nine had a professional background. Eight of the authors had Alzheimer's disease and one had fronto-temporal dementia. The average age of the narrator was 51.5 years (age range 38-61 years). Meta-ethnographic analysis of the 12 books inductively generated five themes that linked each story and these were: (a) awareness of change; (b) experiencing loss; (c) standing up and bearing witness; (d) sustaining continuity; and (e) liberation and death. The importance of reconstructing identity appeared a pivotal process in living with the onset and progression of dementia together with maintaining key social relationships and networks. (KJ/RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso> doi:10.1017/S0144686X09990365

201/32

The Stroud/ADI Dementia Quality Framework: a cross-national population-level framework for assessing the quality of life impacts of services and policies for people with dementia and their family carers; by Sube Banerjee, Rosalind Willis, Nori Graham (et al).

International Journal of Geriatric Psychiatry, vol 25, no 3, March 2010, PP 249-257.

This study aimed to generate an internationally applicable framework for the systematic assessment of the quality of life impacts of services and policies for people with dementia and their family carers. Qualitative analyses of text were conducted at open groups at six consecutive Alzheimer's Disease International (ADI) Conferences (1999-2005) lasting between 1.5 and 2 hours. Data were: presenters' texts, transcribed points made during discussion and written contributions. Participants were 312 contributors of text. From 2246 chunks of text, eight interacting domains relating to quality of life emerged: Public Attitudes and Understanding; Government and Social Policy; Funding for Services; Health; Communication; Choice and Personhood; Environment; and Quality of Care leading to the development of the Stroud/ADI Dementia Quality Framework. In conclusion, the Stroud/ADI Dementia Quality Framework helps to structure assessment of the quality of life impacts of population level approaches in dementia. Information available can be mapped onto the framework. With its international approach, the Stroud/ADI Dementia Quality Framework has validity across cultures within and between countries. It is intended as a useful aid for the assessment of services and policies for people with dementia and their family carers. (KJ/RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps> DOI: 10.1002/gps.2330

201/33 Subjective memory problems; by Steve Iliffe, Louise Pealing.  
British Medical Journal, vol 340, no 7748, 27 March 2010, pp 703-706.  
The National Dementia Strategy for England (2009) urges general practitioners (GPs) to become skilled in recognising dementia at an early stage, and to promptly refer those at risk to specialist memory services. Subjective memory problems are much more common in later life than the objective problems that suggest minor cognitive problems or dementia. Depression is associated with subjective memory problems, as are old age, female sex, and low educational attainment. The authors report on a systematic review of published work in three databases - Embase, Medline, and PsychINFO - using 17 search categories that cover the breadth of patient demographics and health thought to have a possible association with memory problems. They searched for reviews of studies in human beings that were published in the English language between January 1989 and May 2009. They use their findings to answer questions such as the extent to which subjective memory problems are associated with concurrent memory problems, are a risk factor for developing dementia, or indicate other problems. They conclude by considering GPs' approach to patients with concerns about their memory, also questions for further research. (RH)  
ISSN: 09598138  
From : [www.bmj.com](http://www.bmj.com) doi: 10.1136/bmj.c1425

### DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

201/34 Inequalities in disability-free life expectancy by social class and area type: England, 2001-03; by Chris White, Grace Edgar.  
Health Statistics Quarterly, no 45, Spring 2010, pp 57-80.  
Disability-free life expectancy (DFLE) is an important indicator which combines longevity with functional health status. This article examines inequalities in DFLE by socio-economic position in England, and between Local Authorities (LAs) in the deprived 'Spearhead group' and other LAs. Census and vital event data available from the ONS Longitudinal Study were used to calculate estimates of DFLE based on limiting long-term illness or disability status for each Registrar General's Social Class (RGSC) in 2001-03, in England as a whole and within the 'Spearhead group' and non-Spearhead LAs. A predominantly linear relationship was present, with DFLE increasing with rising social class, and the differences observed between people assigned to the professional and unskilled manual social classes were statistically significant and substantial, showing clear social inequality in amount of life, functional health status during those years lived, absolute number, and relative proportion of life spent free from limiting long-term illness or disability. (KJ/RH)  
ISSN: 14651645  
From : <http://www.statistics.gov.uk>

201/35 Inequalities in healthy life expectancy by social class and area type: England, 2001-03; by Chris White, Grace Edgar.  
Health Statistics Quarterly, no 45, Spring 2010, pp 28-56.  
Healthy life expectancy (HLE) is an important indicator which combines longevity with health status. This article examines inequalities in HLE by socio-economic position in England, and between Local Authorities (LAs) in the deprived 'Spearhead group' and other LAs. (Department of Health's Spearhead Group of local authorities consists of those identified as the most deprived in England). Census and vital event data available from the ONS Longitudinal Study were used to calculate estimates of HLE based on general health status for each Registrar General's Social Class (RGSC) in 2001-03, in England as a whole and within the 'Spearhead group' and non-Spearhead LAs. The differences observed in HLE at birth and at age 65 between people assigned to the professional and unskilled manual social classes were statistically significant and substantial, demonstrating a clear social inequality in the amount of life, the quality of those years lived, the absolute number of healthy life years, and thus the relative proportion of life spent in 'Good' or 'Fairly Good' health. (KJ/RH)  
ISSN: 14651645  
From : <http://www.statistics.gov.uk> doi:10.1057/hsq.2010.3



201/36 Quantifying the contribution of leading causes of death to mortality decline among older people in England, 1991-2005; by Charlotte Ashton, Madhavi Bajekal, Rosalind Raine. Health Statistics Quarterly, no 45, Spring 2010, pp 100-128. Between 1971 and 2005 the life expectancy of men aged 50 years increased by more than in the whole of the rest of the 20th century. This paper quantifies the contribution of leading causes of death to mortality change between 1991 and 2005 for people aged 50 years and over in England. The ageing population has not only had an important impact on health and social services, but was responsible for sparking the pensions crisis affecting both the public and commercial sector. A cross-sectional analysis was used to quantify trends in cause-specific mortality in terms of absolute and relative change between 1991 and 2005 in the population aged 50 and over. Absolute change is quantified in terms of the numbers of deaths prevented or postponed (or conversely, increased or brought-forward) in a year compared to deaths in the baseline year. The percentage change in age-standardised rates was used to identify relative change in causes of death. Age-standardised mortality declined by 30% for men; this resulted in 86,477 fewer male deaths in 2005 than would have occurred had 1991 rates persisted. For women the age-standardised mortality rate declined by 20%, resulting in 48,406 deaths postponed (or fewer deaths) in 2005. Of the total numbers of deaths postponed in 2005, ischaemic heart disease contributed the largest share for both men and women. Mortality rates from some conditions increased; liver disease rates demonstrated some of the largest increases for both men and women aged 50 and over. The trends of decreasing mortality rates from ischaemic heart disease and stroke have continued into the 21st century; however, both causes continue to be the biggest killers in England. They are projected to remain so, and consequently, to contribute significantly to the burden of disease in the population. The steady increase in liver disease mortality identified highlights the importance of tackling alcohol misuse as a public health priority. (KJ/RH)  
ISSN: 14651645  
From : <http://www.statistics.gov.uk>

## DESIGN

(See 201/16)

## DIET AND NUTRITION

201/37 Nutrition and late-life depression: etiological considerations; by Martha E Payne. Aging Health, vol 6, no 1, February 2010, pp 133-143. Depression is a debilitating mental disorder that frequently occurs in older adults, especially in those with vascular diseases. Nutritional factors have the potential to decrease the occurrence of late-life depression but have not been adequately studied. Low folate levels, disturbed omega-3 fatty acid metabolism and obesity have been associated with depression, and may be causal factors. Longitudinal studies are urgently needed in order to examine the potential of dietary factors to prevent late-life depression. (KJ/RH)  
ISSN: 1745509X  
From : <http://www.futuremedicine.com> doi:10.2217/ahe.09.90

201/38 Urgent action needed to improve vitamin D status among older people in England!; by Vasant Hirani, Kerina Tull, Ayesha Ali, (et al). Age and Ageing, vol 39, no 1, January 2010, pp 62-68. The importance of vitamin D for bone health is well known, but emerging evidence also suggests that adequate vitamin D status may also be protective against non-communicable diseases. In the UK, government initiatives highlighting the importance of adequate vitamin D among older people have been in place since 1998. The aim of this analysis is to assess vitamin D status in people aged 65+, living in private households in England, 2005 and make comparisons with the Health Survey for England (HSE) 2000 and the National Diet and Nutrition Survey (NDNS), 1994. Also examined are associations of hypovitaminosis D [serum 25(OH)D 50 nmol/l] with

demographic, geographical, lifestyle and health risk factors. The design and setting was a nationally representative sample of older people living in England in 2005. Participants were 2,070 adults aged 65 or more, living in private households taking part in the HSE 2005. Results showed that there is no improvement in vitamin D status in 2005 compared to 2000, and a significant decline in vitamin D status among men in 2005 in comparison to the 1994/1995 NDNS results. The odds of hypovitaminosis D increased by age group from those aged 75-79 to aged 85. Season of taking a blood sample, obesity, dark skin pigmentation, not taking vitamin supplements, cigarette smoking, poor general health and longstanding illness were all significant predictors of serum 25(OH)D status in adjusted regression models. Poor vitamin D status of older people continues to be a public health problem in England. Hypovitaminosis D is associated with many risk factors and poor health outcomes. There is now an urgent need for a uniform policy on assessment and dietary supplementation of vitamin D in older people to prevent poor vitamin D status and its negative consequences. (KJ/RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org> <http://www.bgs.org.uk>  
doi:10.1093/ageing/afp195

## **DISABILITY**

(See Also 201/18, 201/83)

201/39

The opinions of people with sight loss on visual impairment research: study three; by Paul Duckett, Rebekah Pratt, Rosemary Porteous (et al), Thomas Pocklington Trust; Manchester Metropolitan University; University of Edinburgh.: Thomas Pocklington Trust, 2010, 11 pp (Research findings, no 29).

In 1999 and 2000, Thomas Pocklington Trust commissioned a research team at the University of Edinburgh and Manchester Metropolitan University to explore the opinions of people with sight loss on visual impairment. These research findings outline results of a third, more recent study, which asked whether those opinions still had currency. The study was grounded in "disability studies", an approach which addresses social exclusion and promotes the civil and human rights of disabled people. The study was based in Edinburgh and interviewed 30 people (including 6 aged 40-69, and 18 aged 70-98) with sight loss about their opinions on visual impairment research. Participants identified five priority topic: access to the built environment, transport and information; attitudes of those who do and do not have sight loss; daily life and methods of coping; support; and affordability and access to technological aids. They also identified four processes that should be attended to when carrying out research: aims, methods, dissemination, and involvement. (RH)

From : Thomas Pocklington Trust, 5 Castle Row, Horticultural Place, London W4 4JQ.  
[www.pocklington-trust.org.uk](http://www.pocklington-trust.org.uk)

## **EMPLOYMENT**

201/40

The effects of age on health problems that affect the capacity to work: an analysis of United Kingdom labour-force data; by Imanol Nuñez.

Ageing and Society, vol 30, part 3, April 2010, pp 491-510.

This study estimates the effect of increases in age on 16 health problems that affect paid work for men and women in the United Kingdom. The analysis is based on a sample of the United Kingdom household population from the Office for National Statistics Labour Force Survey of 2007. Using multinomial logit regressions, the results reveal considerable diversity in the relationships between age and the reported prevalence of health problems that affect work. In particular, problems with heart, blood and circulation, arms and hands, legs and feet were strongly related to age, while difficulties in seeing and hearing, skin conditions and allergies appeared not to be more prevalent among older workers than younger employees. Regarding gender differences, it was found that, in general, women's health-related ability to participate in work was less affected by age, but that they suffered particular problems with arms and hands, skin conditions, allergies and depression. Finally, the study analyses the non-linear effects of unit

increases in age. Such analysis may usefully identify the ages (or inflection points) at which ageing intensifies its effects on occupational health. These findings point to the importance of intervention at the appropriate time, when preventive measures may avoid the exacerbation of the health problem. (KJ/RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso> doi:10.1017/S0144686X09990602

201/41

Unemployment as an institutional construct?: Structural differences in non-employment between selected European countries and the United States; by Marcel Erlinghagen, Matthias Knuth. *Journal of Social Policy*, vol 39, part 1, January 2010, pp 71-94.

A comparison of unemployment rates in Germany, the Netherlands, France, Denmark, the UK and the United States suggests poor performance by the German labour market. The present study endeavours to show that a more sophisticated picture of unemployment can be drawn by taking into account additional forms of non-employment (such as incapacity, retirement or labour reserve). For this purpose, data from the 'European Social Survey' (ESS) and the survey 'Citizenship, Involvement and Democracy' collected in 2004 and 2005 have been analysed. While 'unemployment' plays a dominant role in Germany, people with comparable demographic characteristics and similar health status are more likely to identify themselves as 'permanently sick or disabled' and hence are classified thus in other countries. The results of this study underline that an international comparison of labour market performance, particularly a comparison of the effectiveness of labour market and social policy reforms, should not rely only on employment and unemployment rates. Taking alternative forms of non-employment into account can enhance one's knowledge and understanding of the functional differences between the labour markets in Europe and the United States. (KJ/RH)

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

doi:10.1017/S0047279409990390

201/42

The United Kingdom government's 'business case' approach to the regulation of retirement; by Matthew Flynn.

*Ageing and Society*, vol 30, part 3, April 2010, pp 421-443.

In the Employment Equality (Age) Regulations 2006, the United Kingdom government set a 'default' retirement age of 65 years after which an employer can compulsorily retire workers, and made it obligatory for employers to consider the 'business case' for any employees' requests to continue in work after the default age. This is a 'light touch' approach to reducing age discrimination at the workplace and to changing the established 'culture of retirement'. While encouraging productive staff to remain in post beyond 65 years of age, it leaves implementation of the policies and achievement of their goals to the discretion of employers. This article explores how British employers are adapting to the law, by drawing from interviews with 70 managers from a wide range of organisations. Overall the collected evidence shows the limits of a business case approach as a means of changing employers' practices. It was found that line managers, rather than senior managers or human resources specialists, generally decide which employees can stay employed after age 65 years. Consequently, the research suggests that opportunities for workers aged 65 or more years to stay employed are more the result of individual arrangements with their immediate managers than changes in an organisation's policies and practices. Altogether, the evidence suggests that consolidation rather than eradication of the established retirement culture has occurred. (KJ/RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso> doi:10.1017/S0144686X09990705

#### **END-OF-LIFE CARE**

201/43

Due respect and professional care in death; by David Jolley, Mike Tapley.

*The Psychiatrist*, vol 34, issue 4, April 2010, pp 143-145.

The Royal College of Physicians' Palliative Care Services: Meeting the Needs of Patients and the Department of Health's End of Life Care Strategy are important reports that signify a national

and international determination to address the needs of people who are nearing their time of dying, and their families, with positive, well-informed professionalism. Despite the advances of medicine and improved social conditions, death will eventually supervene. Psychiatrists and other mental health workers encounter death, in anticipation of its coming and in its aftermath. They need to be aware of developments in the field of end-of-life care and contribute to developments which are occurring, as well as learn and assimilate better practices. (KJ/RH)  
ISSN: 17583209

From : <http://pb.rcpsych.org> doi: 10.1192/pb.bp.109.026260

201/44

Exceptional care at the end of life; by Lynne Greenwood.  
Health Service Journal, no 6207, 20 May 2010, pp 20-21.

The 2008 end of life care strategy allocated £286m to primary care trusts (PCTs). This article looks at some of the innovations and improvements that are being made with this money. Examples range from a tool to manage the care of patients with uncertain prognosis, to facilities for newly bereaved relatives and carers. An example of the former is a form of personalised care called AMBER (assessment, management, best practice, engagement for recovery). Funded by Guys' and St Thomas' Charity, AMBER has been developed in partnership with clinical specialists and patient and carer groups. An example of the latter is a new bereavement suite at Southend University Hospital Foundation Trust, which incorporates provision of a registrar on site to prevent relatives having to make a separate visit to register a death. (RH)

ISSN: 09522271

From : [www.hsj.co.uk](http://www.hsj.co.uk)

201/45

The experiences of older adults in the community dying from cancer and non-cancer causes: a national survey of bereaved relatives; by Jenni Burt, Cathy Shipman, Alison Richardson (et al).  
Age and Ageing, vol 39, no 1, January 2010, pp 86-91.

There is limited understanding of symptoms and care in the last two months of life for adults dying from causes other than cancer. This study employed a retrospective cross-sectional survey of bereaved relatives. The survey took place across eight cancer networks in England. A random sample of 1,266 adults who registered a death occurring in someone aged 65 and over between August 2002 and February 2004 was drawn. VOICES (Views of Informal Carers - Evaluation of Services) questionnaires were sent to sampled informants by the Office for National Statistics (ONS) 3-9 months after the registration of the death. Differences in the reported experiences of cancer and non-cancer decedents in symptoms, treatment and care were assessed using Pearson's chi square test. Cancer decedents were significantly more likely than non-cancer decedents to have had pain (93% vs 79%,  $P = 0.001$ ), nausea and vomiting (62% vs 40%,  $P = 0.001$ ) and constipation (74% vs 66%,  $P = 0.03$ ), whilst a greater proportion of non-cancer decedents experienced breathlessness (74% vs 65%,  $P = 0.006$ ). Across both groups, less than half of the decedents were reported to have received treatment which completely relieved their symptoms some or all of the time. There were significant variations in the receipt of district nursing, general practitioner care and other health and social care and the reported quality of this care, for decedents dying of cancer and non-cancer causes. Further, informants for cancer deaths reported greater satisfaction with support received. There are important differences in the reported experiences of older adults dying from cancer and non-cancer causes in the last months of life, independent of age. (KJ/RH)

ISSN: 00020729

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

<http://www.bgs.org.uk> doi:10.1093/ageing/afp212

201/46

Managing sudden death in hospital; by Paul J Frost, Stephen Leadbeatter, Matt P Wise.  
British Medical Journal, vol 340, no 7754, 8 May 2010, pp 1024-1028.

Junior doctors play an important role in verifying sudden deaths in hospital and communicating with the family of the deceased. This article includes some case scenarios illustrative of how best to manage a sudden death; the circumstances in which a death should be referred to the coroner; and the questions to be considered in completing a medical certificate of cause of death. The authors comment that while the Liverpool care pathway generally provides a framework for

managing end of life care, it cannot be used fully for unexpected hospital deaths. The broader point of this article is that junior doctors have reported insufficient training in how to break bad news; and that even more experienced clinicians are not always confident in their ability to inform families of a sudden death. This article covers England and Wales; the situation in Northern Ireland differs in some respects. (RH)

ISSN: 09598138

From : [www.bmj.com](http://www.bmj.com) doi: 10.1136/bmj.c962

201/47

Specialist palliative care workforce survey 2008/2009: national summary; by Emily Sam, National Council for Palliative Care- NCPC; NHS Information Centre; NHS Workforce Review Team. London: National Council for Palliative Care, 2010, 10 pp.

The End of Life Care Strategy for England (2008) identified workforce development as one of the essential factors to the future success of the Strategy's implementation. The Strategy recognised the importance of the role of the specialist palliative care workforce. The National Council for Palliative Care (PCPC) carried out this survey in partnership with the NHS Information Centre and the NHS Workforce Review Team; the results of previous surveys carried out in 2005 and 2007 are on NCPC's website ([www.ncpc.org.uk](http://www.ncpc.org.uk)). The survey is the only comprehensive survey of the specialist palliative care workforce makeup, including both NHS and voluntary sector. This briefing gives an overview of the national results and identifies some priorities for the future; of particular concern are vacancy rates and the rising proportion of nurses who are aged over 50 (33.6% in 2008). The results of previous surveys carried out in 2005 and 2007, also reports from Strategic Health Authorities (SHAs) and cancer network levels are available free on NCPC's website ([www.ncpc.org.uk](http://www.ncpc.org.uk)). (RH)

ISBN: 1898915784

Price: £7.00 (free to NCPC subscribers)

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: [enquiries@ncpc.org.uk](mailto:enquiries@ncpc.org.uk) Website: [www.ncpc.org.uk](http://www.ncpc.org.uk)

## **EPIDEMIOLOGY**

201/48

Estimating the population impact of screening strategies for identifying and treating people at high risk of cardiovascular disease: modelling study; by Parinya Chamnan, Rebecca K Simmons, Kay-Tee Khaw (et al).

British Medical Journal, vol 340, no 7754, 8 May 2010, p 1016.

Would a strategy using routine data for risk stratification before inviting those of high risk for a cardiovascular risk assessment be as effective as preventing new cardiovascular events such as the UK government's recommended mass screening strategy? Despite uncertainty concerning costs and benefits of mass screening, the Department of Health (DH) recommends that all adults aged 40-74 who have never been identified through self assessment or record based screening, should be invited for cardiovascular risk assessment, which requires people to attend their surgery for biochemical testing. This article is a summary of a paper on [bmj.com](http://bmj.com). The modelling study is based on data from 16970 adults from the EPIC Norfolk cohort, with assessment of cardiovascular events over 10 years of follow-up. Compared with the government strategy, a stepwise screening approach using a risk score based on routine data could prevent a similar number of new cardiovascular events annually in the UK, but requiring only 60% of the population to be invited to attend a vascular risk assessment. The method has potential cost savings. (RH)

ISSN: 09598138

From : [www.bmj.com](http://www.bmj.com) doi: 10.1136/bmj.c1693

## **ETHICAL ISSUES**

(See 201/17)

## **FALLS**

- 201/49 Community falls prevention for people who call an emergency ambulance after a fall: randomised controlled trial; by Philippa A Logan, C A C Coupland, J R F Gladman (et al). British Medical Journal, vol 340, no 7755, 15 May 2010, p 1070.  
Can a rehabilitation service to prevent falls in the community reduce the rate of falls in people who fall and call an emergency ambulance but are not taken to hospital? This article is a summary of a paper on bmj.com of a randomised controlled trial (RCT) which recruited 204 people aged over 60 who lived at home or in residential care, 102 in each group. Controls received health and social services as usual. Participants had reviews of drugs and blood pressure and were referred when appropriate; at home, they were offered training in strength and balance, removal of potential hazards, and provision of aids, and in community centres, they were offered sessions on falls prevention. During a 12 month follow-up, 956 falls were reported, of which 649 were in the control group (84.5 person years) and 307 in the intervention group (88.6 person years). The incidence of falls per year was 3.46 in the intervention group and 7.68 in the control group. This community-based multidisciplinary falls prevention service significantly reduced the rate of falls. (RH)  
ISSN: 09598138  
From : [www.bmj.com](http://www.bmj.com) BMJ2010;340:c2102
- 201/50 Prevention of falls in the community; by Lindy Clemson.  
British Medical Journal, vol 340, no 7755, 15 May 2010, pp 1042-1043.  
Prevention of falls in the community is successful in trial settings, but translation into practice remains a challenge. This article critically reviews the randomised controlled trial (RCT) by Logan and colleagues described elsewhere in this issue of the British Medical Journal, comparing it with other similar studies. While the study showed a significant benefit to people at high risk of falls, the challenge is to enable ongoing referral and take-up in practice. Lindy Clemson suggests that further studies are needed. (RH)  
ISSN: 09598138  
From : [www.bmj.com](http://www.bmj.com) doi: 10.1136/bmj.c2244

## **FAMILY AND INFORMAL CARE**

(See 201/51)

## **GOVERNMENT AND POLICY**

(See 201/103)

## **GRANDPARENTS**

- 201/51 Family life: a grandparents' guide to supporting families through difficult times; by Grandparents Plus. 1st ed London: Grandparents Plus, 2010, 29 pp.  
Grandparents are playing an increasing role in supporting parents and children in their daily family life. This guide recognises their importance and value in helping to cope with situations such as a new baby, teenagers, juggling work and care, and family crises. It also draws attention to the Grandparent Raising Grandchildren Network which is open to all grandparents or other family members who have taken on the responsibility of raising a child who is not their own. 'Family life' has been produced by Grandparents Plus in association with One Plus One, Kids in the Middle, the Grandparents' Association, Parentlineplus, and Relate. It has been funded by the Department for Children, Schools and Families (DCSF). (RH)  
Price: £2.00 per copy + £4 p+p (for 1-10 copies)  
From : Grandparents Plus, 18 Victoria Park Square, Bethnal Green, London E2 9PF.  
Website: [www.grandparentsplus.org.uk](http://www.grandparentsplus.org.uk)

## HEALTH CARE

(See Also 201/40, 201/58)

- 201/52 Ageing, health and care; by Christina R Victor. Bristol: Policy Press, 2010, 224 pp (Ageing and the lifecourse series).  
Health is examined from a range of perspectives, starting with the demographic context, consideration of health and illness in old age, and how old age is defined. Chapters 2 and 3 consider the different aspects of physical health in old age, along with evidence of the "all old people are ill or unhealthy" stereotype. Also considered is the use of key epidemiological terms such as incidence, prevalence, mortality and morbidity. In Chapter 4, on mental health in later life, it is argued that while dementia and cognitive impairment are important, issues around depression and suicide are of equal importance. In Chapter 5, on issues around health and lifestyle, discusses not only diet and exercise, but also "anti-ageing" medicine and the "long history of trying to live longer". Health and social care provision for later life and the relationship with the care and support provided by family and friends are considered in Chapter 6. Lastly, Chapter 7 looks forward to the likely health experiences of the next generation of older people along with the globalisation of ageing. In each chapter, the author highlights key definitions of terms in gerontology, and offers suggestions for further learning activities, further reading and useful websites. (RH)  
Price: £21.99 (pbk)  
From : The Policy Press, University of Bristol, Fourth Floor, Beacon House, Queen's Road, Bristol BS8 1QU.  
<http://www.policypress.org.uk>
- 201/53 Effect of preventive primary care outreach on health related quality of life among older adults at risk of functional decline: randomised controlled trial; by Jenny Ploeg, Kevin Brazil, Brian Hutchison (et al).  
British Medical Journal, vol 340, no 7752, 24 April 2010, p 904.  
A preventive primary care outreach intervention for older people at risk of functional decline had no effect on quality adjusted life years (QALYs), cost of health and social services, functional status, self-rated health, or mortality. The 12-month intervention consisted of a comprehensive initial assessment by a home care nurse, collaborative care planning, health promotion, and referral to community health and support services.  
Participants were patients of 35 family physicians in five primary care networks in Hamilton, Ontario, Canada. The study included 719 adults aged 75+ who were not receiving home care services and who were identified by the Sherbrook postal questionnaire as being at risk of functional decline. (RH)  
ISSN: 09598138 From : [www.bmj.com](http://www.bmj.com) doi: 10.1136/bmj.c1480

## HIV AND AIDS

- 201/54 Human immunodeficiency virus (HIV) in older people; by Gary Pratt, Kate Gascoyne, Katherine Cunningham (et al).  
Age and Ageing, vol 39, no 3, May 2010, pp 289-293.  
The number of older people living with human immunodeficiency virus (HIV) in the UK is rising. Older people are at risk of acquiring HIV infection for a multitude of reasons. This, combined with effective HIV treatment which has significantly prolonged life expectancy, means that health care professionals working in the UK can expect to see increasing numbers of older people with HIV infection. In this review article, the authors summarise the epidemiology of HIV amongst older people, including data from their local cohort in the city of Sheffield. They discuss specific and practical issues in older patients including why older people are at risk; how to make a diagnosis and the importance of doing so early; guidelines for HIV testing; and an update on anti-retroviral therapy including drug interactions and side effects. (KJ/RH)  
ISSN: 00020729 From : <http://www.ageing.oxfordjournals.org> <http://www.bgs.org.uk>  
doi:10.1093/ageing/afq009

## HOME CARE

- 201/55 When practical help is valued so much by older people, why do professionals fail to recognise its value?; by Tula Brannelly, Bob Matthews.  
Journal of Integrated Care, vol 18, issue 2, April 2010, pp 33-40.  
This article draws on the evaluation of a handyperson service which augments health and social services to enable older frail people to remain living at home. It considers current trends and policy, and asks why practical help is under-valued by professionals caring for older people.  
(KJ/RH)  
ISSN: 14769018  
From : <http://www.pierprofessional.com> doi:10.5042/jic.2010.0134

## HOSPITAL SERVICES

(See 201/25, 201/46)

## HOUSING

(See Also 201/18)

- 201/56 Older people's experiences of renting privately: a report commissioned by Age Concern and Help the Aged; by Julie Rugg, Karen Croucher, Age Concern and Help the Aged; University of York.: Age Concern and Help the Aged - electronic format, 2010, 21 pp.  
Age UK (formerly Age Concern and Help the Aged) has published a new report looking at older people's experiences of living in the private rented sector. The report is part of a project that aims to encourage a greater focus on the private rented sector, explore the experiences that older people have whilst living in privately rented housing, and encourage appropriate policy developments and regulatory responses. The report looks at variations in tenants' experiences by type of tenancy; elements of private renting such as affordability, property condition and security of tenure; and development of a private rented sector strategy for older people. (KJ/RH)  
From : <http://policy.helptheaged.org.uk/NR/rdonlyres/C39B08DE-B437-4C62-94F2-B4AB695A0AB1/0/OPexpofrentingprivatelyFINAL.pdf>

## HUMAN RIGHTS

- 201/57 Equality and Human Rights Scheme 2010-2013; by Care Quality Commission - CQC. London: Care Quality Commission - CQC, March 2010, 61 pp (CQC-098-1000-STE-032010).  
The Care Quality Commission (CQC) Equality and Human Rights Scheme aims to create a culture of care that puts individuals at the heart of health and social care services. This document sets out CQC's key priorities and main actions; how the scheme was developed; governance issues; and action plans. Promoting involvement and engagement is an important feature of the Scheme; and CQC's regulatory activity will be developed and informed using that involvement.  
(RH)  
Price: download  
From : CQC, Finsbury Tower, 103-105 Bunhill Row, London EC1Y 8TG.  
<http://www.cqc.org.uk>
- 201/58 FREDa: a human rights-based approach to healthcare; by Martin J Curtice, Tim Exworthy.  
The Psychiatrist, vol 34, issue 4, April 2010, pp 150-156.  
The introduction of the Human Rights Act 1998 in the UK has not led to widespread knowledge and understanding in patient and carer groups, healthcare professionals, or at an organisational level. This knowledge deficit has been recognised by government bodies and other agencies, which has led to the introduction of a bottom-up human rights-based approach that can be used by individuals and organisations alike in everyday practice. It avoids the need to have technical knowledge of the Human Rights Act and associated case law and is based upon concepts that



underpin all the articles of the Act. The human rights-based approach is the process by which human rights can be protected by adherence to underlying core values of fairness, respect, equality, dignity and autonomy, or FREDDA. (KJ/RH)

ISSN: 17583209

From : <http://pb.rcpsych.org> doi: 10.1192/pb.bp.109.024083

201/59

Strengthening older people's rights : towards a UN Convention: a resource for promoting dialogue on creating a new UN Convention on the Rights of Older Persons; by INPEA; International Federation on Ageing - IFA; ILC-US; IAGG; IAHSA; HelpAge International; Global Action on Aging - GAA; Age UK; AARP.: [HelpAge International], 2010, 11 pp.

This publication was produced by 9 non-government organisations (NGOs) to strengthen understanding and awareness of the need for a special rapporteur and convention on the rights of older people. It aims to provide the arguments and tools for engaging people - from older women and men themselves, to civil society organisations, to government officials - across the globe in debate about older people's rights and the role of a convention and special rapporteur. It also suggests ways in which individuals and civil society organisations can promote these new human rights instruments in their countries. It includes a bibliography of essential reading. (KJ/RH)

From : Download from website: <http://www.helpage.org/Resources/Briefings>

### **INTEGRATED CARE**

201/60

Integrating care in Norfolk: progress of a national pilot; by Helen Tucker.

Journal of Integrated Care, vol 18, issue 1, February 2010, pp 31-37.

As one of the 16 pilots in the Department of Health Integrated Care Organisation (ICO) programme, Norfolk is exploring ways of integrating primary, community and social care services in six localities. Progress in the first few months is assessed within the framework of the six laws of integration developed by Leutz. The initiative has a high degree of support across the County, and local practitioners are taking the opportunity of being within a national programme to redesign their services for the benefit of patients and carers. There is work to do at every level to align the strategy, policy, management and operation of the service to facilitate integrated working for the benefit of patients and carers. The Norfolk approach is to build on existing knowledge of good practice, identify champions by inviting volunteers to work on the pilot, and share experience through a network for the six localities in preparation for rolling out and replicating the model. Progress is being monitored nationally as well as locally. (KJ/RH)

ISSN: 14769018

From : <http://www.pierprofessional.com> 10.5042/jic.2010.0085

201/61

Integrating health and social care teams in Salford; by Glyn Syson, Julian Bond.

Journal of Integrated Care, vol 18, issue 2, April 2010, pp 17-24.

Salford City Council and Salford Primary Care Trust have established eight integrated health and social care teams across the city, supporting older people and vulnerable adults. Teams are aligned with GP practice-based commissioning clusters. The evaluation of the initial pilot identified success factors, barriers and lessons learnt in order to plan and roll out systematic implementation across the city. The evaluation and subsequent staff development programme supporting change management were designed and delivered in partnership with Manchester Business School. Improved access to and delivery of services were achieved. (KJ/RH)

ISSN: 14769018

From : <http://www.pierprofessional.com> doi:10.5042/jic.2010.0132

### **INTERNATIONAL AND COMPARATIVE**

(See 201/41, 201/84, 201/88, 201/98)

## LEGAL ISSUES

(See 201/9)

## LIFE-LONG LEARNING

- 201/62 The age of opportunity?: Revisiting assumptions about the life-long learning opportunities of older people using social care services; by Trish Hafford-Letchfield. *British Journal of Social Work*, vol 40, no 2, March 2010, pp 496-512. Shifting national policy in the UK emphasizes choice, independence and social inclusion for older people using social care services through the promotion of healthy, active lifestyles and increasing user involvement (Department of Health, 'Our health, our care, our say, 2006). Older people are a diverse population. Their definition of a 'life worth living' and support necessary to achieve this are cited as paramount within public policy formation. Simultaneously, older people coming into contact with social work are primarily conceptualised as 'a challenge' within the current social, economic and political environment, in which ageing is perceived as a time of difficulty and loss ultimately leading to increased structured dependency (Peter Townsend, 'Policies for the aged in the 21st century', *Ageing & Society*, 2006). This paper makes links between discourses on life-long learning within public policy with those in social care. Both are concerned with increasing participation, citizenship and social justice for older people. It highlights contradictions between aspirations towards life-long learning derived from Freirean approaches seeking to promote 'active ageing' with negative political rhetoric about the burden of ageing and practice of managed care. Social workers play an important part in facilitating learning opportunities within their relationships with older people. Where and how these might be used to promote more inclusive strategies and approaches within practice for the engagement and further emancipation of service users is explored. (KJ/RH)  
ISSN: 00453102  
From : <http://bjsw.oxfordjournals.org> doi:10.1093/bjsw/bcp004

## LONELINESS

- 201/63 The social world of older people: [on cover title]: understanding loneliness and social isolation in later life; by Christina Victor, Sasha Scambler, John Bond. Maidenhead: Open University Press, 2009, 262 pp (Growing older series). The focus is on understanding and describing the social world of older people in terms of social relations and social engagement. The authors take as their exemplar Peter Townsend's 'The family life of older people' (1957) to reflect on the many changes in society and social ties since studies such as that. A particular focus is isolation and loneliness, and the authors give an overview of methods and measures used in their research, which was part of the Economic and Social Research Council (ESRC) Growing Older (GO) Programme (1999-2004). Specifically, the study aims to contribute to the theoretical and empirical understanding of later life, by examining the extent, meaning and relationship of isolation, loneliness and living alone; and to contribute to policy and practice by identifying factors protective against isolation and loneliness. (RH)  
Price: £24.99  
From : Open University Press, McGraw-Hill Education, McGraw-Hill House, Shoppenhangers Road, Maidenhead, Berkshire SL6 2QL. Email: [enquiries@openup.co.uk](mailto:enquiries@openup.co.uk) Website: <http://www.openup.co.uk>

## LONG TERM CARE

- 201/64 Funding future care need: the role of councils in supporting individuals to access the capital in their homes; by Sarah Pickup, Resolution Foundation. London: The Resolution Foundation (electronic format only), March 2010, 36 pp. Despite having below average household income, many older low earners own their own home, as such, where they are deemed by their local authority to qualify for care, they often fail the

means test and therefore find themselves in a funding gap: too asset-rich to get state assistance, but too income poor to adequately self-fund their care needs. An expert group looked at details of the workings and failings of existing local authority powers regarding housing and long-term care funding, and this report analyses the options for reform. This report is published alongside a second paper, 'Home equity: accumulation and decumulation through the life cycle', also available from the Resolution Foundation website. (RH)

From : The Resolution Foundation, 2 Broomhouse Lane, London, SW6 3RD.

Download at: <http://www.resolutionfoundation.org>

201/65

When I'm 94: how to fund care for an ageing population; by Institute for Public Policy Research (ippr); PricewaterhouseCoopers LLP (PwC).: Institute for Public Policy Research (ippr), 2010, 5 pp.

The Institute for Public Policy Research (ippr) and PricewaterhouseCoopers LLP (PwC) are working in partnership to consider how the future system of social care can be based on principles of fairness, sustainability and simplicity. The work builds on 'Expectations and aspirations: public attitudes towards social care' published before the Green Paper on social care. This briefing is based on deliberative workshops that engaged people in debate about social care. It highlights that few are yet willing to face up to the challenges around costs of care. Three principles also emerged from the workshops as essential components of any future system of social care: fairness, sustainability and simplicity. These are defined and issues are elaborated upon. Based on its research to date, the partnership is developing the concept of an innovative, online deliberative tool that will engage people further in discussion about the future of social care. It will seek to understand how people make decisions around care and how to reform the social care system so that it achieves the principles of fairness, sustainability and simplicity. Using this tool, ippr and PwC will be able to generate data to enable the development of new proposals for the future of social care. (KJ/RH)

Price: free download

From : Website: <http://www.ippr.org.uk/publicationsandreports/publication.asp?id=737>

## **LONG TERM CONDITIONS**

201/66

Case management for long-term conditions: the role of networks in health and social care services; by Jessica Abell, Jane Hughes, Siobhan Reilly (et al).

Journal of Integrated Care, vol 18, issue 1, February 2010, pp 45-52.

Policy requires that those with complex long-term needs be offered case management, a primary care led service dependent on local health and social care resources. This paper explores the arrangement of networks for a number of case management services, using data from a postal questionnaire. The questionnaire was sent to managers with lead responsibility for the case management service in ten primary care trusts (PCTs) in Greater Manchester. Data was collected between July and October 2007 during a process of outcome evaluation of case management. (KJ/RH)

ISSN: 14769018

From : <http://www.pierprofessional.com> 10.5042/jic.2010.0087

## **MEDICAL ISSUES**

201/67

Targeted case finding for cardiovascular prevention; by Tom Marshall.

British Medical Journal, vol 340, no 7754, 8 May 2010, pp 987-988.

Targeted case finding for cardiovascular prevention is the obvious and sensible choice, compared with universal screening. This editorial reviews the study by Chamnan and colleagues in this issue of the British Medical Journal, and agrees that a simpler methodology than the universal screening advocated by the Department of Health (DH) is preferable. It cites a similar study started by Sandwell Primary Care Trust in 2006 which was based on targeted case finding. Before investigating complicated ideas, the simpler ones should be implemented. (RH)

ISSN: 09598138

From : [www.bmj.com](http://www.bmj.com) doi: 10.1136/bmj.c1376

- 201/68 Treatment of epilepsy in postmenopausal women; by Kristine S Ziembra, Katherine H Noe. *Aging Health*, vol 6, no 1, February 2010, pp 87-96.  
Epidemiological evidence for the increased incidence of epilepsy in older patients suggests that with global ageing of the population, there is likely to be a growing need for healthcare workers to manage seizures in older women. There has been relatively little scientific investigation into the unique concerns of postmenopausal woman with epilepsy. There is some evidence that women may experience increased seizure activity during the menopausal transition owing to the effects of oestrogen and progesterone on neuronal excitability. During perimenopause and menopause, use of hormone-replacement therapy (HRT) can also worsen seizure control. Menopausal women are particularly vulnerable to osteoporosis and fragility fractures, both of which demonstrate increased risk following exposure to anti-epileptic drugs. Optimisation of epilepsy therapy to avoid both seizures and falls caused by anti-epileptic drug-induced imbalance is crucial in order to minimise fracture risk in this group of women. Older patients are more susceptible to adverse medication side effects owing to drug interactions and the physiologic changes of ageing that result in altered drug pharmacokinetics. (KJ/RH)  
ISSN: 1745509X  
From : <http://www.futuremedicine.com> doi:10.2217/ahe.09.88

### MENTAL CAPACITY

- 201/69 *Elderly clients: a precedent manual*; by Denzil Lush, Caroline Bielanska, Jennifer Margrave (with contributors), *Solicitors for the Elderly*. 3rd ed London: Jordans, 2010, 657 pp (with CDROM).  
Published in conjunction with *Solicitors for the Elderly*, this manual and accompanying CDROM provides precedents that will assist the private client adviser in tackling the many issues affecting the older client. Chapters in this edition have been revised to take account of all major developments including the Mental Capacity Act 2005, the Health and Social Care Act 2007, and case law changes. Subjects covered include: capacity; sharing residential accommodation; gifts; care home contracts; social security agents and appointees; ordinary powers of attorney; enduring powers of attorney (EPAs); lasting powers of attorney (LPAs); deputyship; living wills; funeral planning; wills; statutory wills; equity release; and carer and care work services. (RH)  
Price: £75.00 (hdbk)  
From : Jordan Publishing Limited, 21 St Thomas Street, Bristol BS1 6JS.  
[www.jordanpublishing.co.uk](http://www.jordanpublishing.co.uk)

### MENTAL HEALTH

(See Also 201/30, 201/37, 201/90, 201/91, 201/94)

- 201/70 Ageing, neurodegeneration and Parkinson's disease; by John V Hindle. *Age and Ageing*, vol 39, no 2, March 2010, pp 156-161.  
Age is the largest risk factor for the development and progression of Parkinson's disease (PD). Ageing affects many cellular processes that predispose to neurodegeneration, and age-related changes in cellular function predispose to the pathogenesis of PD. The accumulation of age-related somatic damage combined with a failure of compensatory mechanisms may lead to an acceleration of PD with age. The formation of Lewy bodies may represent a marker for protective mechanisms against age-related dysfunction and degeneration of the nervous system. Mild Parkinsonian signs may be present in older people, which are associated with reduced function. These may be due to age-related decline in dopaminergic activity, incidental Lewy body disease, degenerative pathologies (early PD and Alzheimer's disease) or vascular pathology. Ageing may affect the clinical presentation of PD with altered drug side effects, increased risk of developing dementia and an increased likelihood of admission to a nursing home. Progression of PD, including the development of dementia, and hallucinations is related to the age of the patient rather than the age of disease onset. PD may reflect a failure of the normal cellular

compensatory mechanisms in vulnerable brain regions, and this vulnerability is increased by ageing. PD is one of the best examples of an age-related disease. (KJ/RH)

ISSN: 00020729

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

doi:10.1093/ageing/afp223

201/71

Care requirements of a prevalent population of people with idiopathic Parkinson's disease; by Bob Porter, Sarah R Henry, William K Gray (et al).

Age and Ageing, vol 39, no 1, January 2010, pp 57-61.

Parkinson's disease (PD) is the second most common neurodegenerative condition in the UK. Care needs increase as the disease progresses, but there are very few published data in relation to this. The aim of this study was to elicit the care requirements for a prevalent PD population and compare these to a similarly aged background population. All people diagnosed with idiopathic PD from within the North Tyneside area of north-east England were asked to participate in this study. Those who agreed to participate were assessed using a number of standard rating scales including Hoehn and Yahr stage, Unified Parkinson's Disease Rating Scale (UPDRS), Hospital Anxiety and Depression Scale (HADS), Parkinson's Disease Questionnaire-39 and Mini-Mental State Examination (MMSE). In addition, participants were asked whether they had experienced hallucinations. Social and demographic information (e.g. age, sex and place of abode) was also recorded. From all cases (n = 161), 135 people (83.8%) agreed to participate. Of these, 19 (14.1%) were living in residential or nursing homes, representing 1.6% of the total nursing/residential home residents in the study area. Participants had a mean age of 74.8 years and disease duration of 5.6 years. Those in care were significantly older and had significantly poorer Hoehn and Yahr, MMSE and UPDRS scores. PD patients in institutional care have poorer cognitive function, are older, have later stage disease and worse functional ability than those living at home. (KJ/RH)

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

doi:10.1093/ageing/afp199

## **MENTAL HEALTH SERVICES**

(See 201/4, 201/25, 201/80)

## **MENTAL ILLNESS**

(See 201/30, 201/70, 201/71)

## **NEIGHBOURHOODS AND COMMUNITIES**

201/72

Do older pedestrians have enough time to cross roads in Dublin?: a critique of the Traffic Management Guidelines based on clinical research findings; by Roman Romero-Ortuno, Lisa Cogan, Clodagh U Cunningham (et al).

Age and Ageing, vol 39, no 1, January 2010, pp 80-86.

The safety of older pedestrians at urban intersections is a matter of gerontological concern. Many older pedestrians report inability to complete crossings in the time given by pedestrian lights. Standard times for pedestrian lights in Dublin pelican crossings are specified in the Traffic Management Guidelines (TMG). The Technology Research for Independent Living Centre is building a database of gait assessments of Irish community-dwelling older people using GAITRite™. The objective of this cross-sectional observational study was to compare the usual walking speed of participants against that required by the TMG. Subjects were 355 community-dwelling older subjects aged 60+ (mean age 72.7, SD 7.2) who were recruited at a comprehensive geriatric assessment outpatient clinic and assessed between August 2007 and September 2008. Methods used were a linear regression analysis between age and observed walking speed, followed by comparison of predicted walking speeds at four different ages (i.e. 60, 70, 80 and 89) against minimum walking speeds required to cross standard Irish roads when

regulated by the pelican system. Age and walking speed had a strong inverse correlation. The regression predicted a walking speed of 1.30 m/s (95% confidence interval 1.24-1.35) at the age of 60, 1.10 (1.07-1.13) at 70, 0.91 (0.87-0.94) at 80 and 0.73 (0.66-0.80) at 89. Against these predicted walking speeds, standard crossing times appeared insufficient for very old people. As currently defined in the TMG, maximum pedestrian crossing times at pelican crossings may represent a hazard for very old people. This should be addressed within the Irish authorities' plan to improve safety and equality for older people. (KJ/RH)

ISSN: 00020729

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

doi:10.1093/ageing/afp206

## **OLDER WOMEN**

(See 201/68, 201/114)

## **PALLIATIVE CARE**

(See 201/47)

## **PENSIONS AND BENEFITS**

201/73

Social security in an ageing world: adapting to demographic challenges; by Sarah Harper, George Leeson, Kenneth Howse (contributors), International Social Security Association - ISSA; Oxford Institute of Ageing. Geneva: International Social Security Association - ISSA (electronic format only), March 2010, 4 pp (Social Policy Highlight 12) (Social security essentials).

In 2010, a number of Social Policy Highlights will report on the impact of demographic change on social security, and will consider specific issues including pension financing, family benefits, health care provision, and the role of a preventative culture. This issue summarises the evolving nature of global population ageing, and reports on the challenges of rising older people dependency ratios for social security systems in ageing societies. It details the labour market and savings opportunities for societies with falling youth dependency ratios. It considers how national collective goals may influence adaptation to population ageing, and presents policy lessons for national social security systems. If countries are to adapt successfully to these challenges, key policy lessons must be learned. (RH)

From : Download from ISSA website: <http://www.issa.int>

## **PERSONALISATION**

201/74

The changing face of personalisation; by Social Care Institute for Excellence - SCIE. Community Care, issue 1814, 15 April 2010, pp 28-29.

The Social Care Institute for Excellence (SCIE) has updated guidance on delivering personalisation in adult social care in 'Personalisation: a rough guide (<http://www.scie.org.uk/publications/reports/report20.asp>). Personalisation aims to tailor support to people's individual needs, in which personal budgets (PBs) are central to delivering individual choice and control. This article considers the roles of the independent and third sectors, user-led groups, and statutory social care. Two 2009 publications from the Association of Directors of Adult Social Services (ADASS) are highlighted: 'Putting People First: measuring progress' and 'Personalisation and the law: implementing Putting People First in the current legal framework'. An introductory textbook by Jon Glasby and Rosemary Littlechild, 'Direct payments and personal budgets: putting personalisation into practice' (Policy Press, 2009), is also suggested. (RH)

ISSN: 03075508

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

201/75

Cuts threaten transformation agenda: [Special report: Personalisation]; by Jeremy Dunning. Community Care, issue 1819, 20 May 2010, pp 14-15.

While social workers fear personalisation may be at risk from impending government cuts, a

survey carried out by Community Care with Unison finds the agenda is already facing pressures. While the charity In Control pioneered personalisation thinks that the policy is being used by some councils as an excuse to cut services, others comment on resources that are tied up in running existing services. (RH)

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

201/76 The doubts remain [research suggests bureaucracy and job changes cause concern for social workers]: [Special report: Personalisation]; by Mithran Samuel.  
Community Care, issue 1819, 20 May 2010, pp 16-17.  
Personalisation is changing the face of social care, but research by Community Care and trade union Unison suggests bureaucracy and job changes mean it is yet to win the hearts and minds of social workers. A weblink ([www.communitycare.co.uk/personalisationsurvey](http://www.communitycare.co.uk/personalisationsurvey)) provides more detailed results of the survey. (RH)

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

201/77 From independence to interdependence: integration means 'think family'; by Alex Fox.  
Journal of Integrated Care, vol 18, issue 2, April 2010, pp 41-48.  
This article reviews current policies and their impact on carers' lives, and highlights the potential limitations of a more personalised approach to care. Using some key research findings and illustrative case studies, the article argues that we should build on the achievements of the personalisation reforms, but not limit our ambition to offering individuals more choice and control over their services. Instead, there should be a focus on individuals achieving ordinary life chances and families achieving emotional and financial sustainability. For people to experience a truly integrated response to their needs, professionals must be able to achieve integration not only across service boundaries, but also across their responses to inter-linked individuals. Recognising this lessens the risk of offering care solutions that result in trade-offs over levels of independence between family members. (KJ/RH)

ISSN: 14769018 From : <http://www.pierprofessional.com> doi:10.5042/jic.2010.0135

201/78 Getting in the know [social workers' understanding of personalisation]: [Special report: Personalisation]; by Daniel Lombard.  
Community Care, issue 1819, 20 May 2010, p 18.  
More social workers' understand the workings of personalisation than in 2008, but a big minority are still in the dark. While every council should be having core training on personal support, planning, advocacy and safeguarding, there is evidence of patchy provision as well as questions as to whether all social workers require the training. (RH)

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

201/79 Making it personal: a provider's journey from tradition to transformation; by Steve Scown, Helen Sanderson, Dimensions; Helen Sanderson Associates. Theale, Berks; Heaton Moor, Stockport: Dimensions and HSA Press, 2010, 102 pp.  
Government policy set out in the Putting People First concordat (2007) made it clear that services must be provided in a personalised way in future. Moreover, the Government has also announced that, from April 2011, all new entrants to social care will be offered control of their own personal budgets. As a major provider for people with learning disabilities and autism, Dimensions is now transforming its services to ensure it can respond flexibly to people with a personal budget who want bespoke support. This book is written for other providers and describes what Dimensions has been learning in developing a strategy that involves all sections of the organisation from family support to staffing, finances, marketing, IT and governance. Appendices include Progress for Providers, a tool that focuses on delivering personalised, individually costed services, and which has been developed by providers and commissioners (and can be downloaded from [www.progressforproviders.org](http://www.progressforproviders.org)). (RH)

Price: FOC or download

From : Dimensions, 9-10 Commerce Park, Brunel Road, Theale RG7 4AB. Website: [www.dimensions-uk.org](http://www.dimensions-uk.org) HSA Press, 34 Broomfield Road, Heaton Moor, Stockport, Cheshire SK4 4ND.

- 201/80 Paths to personalisation in mental health: a whole system, whole life framework; by National Mental Health Development Unit (NMHDU); Department of Health - DH. London: Department of Health - DH, 2010, 52 pp (New Horizons).  
Personalisation means recognising and respecting us as individual citizens, and members of families or communities with the informal networks that provide most of our support, most of the time. 'Paths to personalisation' is a whole system guide to help all those involved in developing personalised services and approaches for those with mental health needs to implement the necessary whole system changes effectively. It offers examples and pointers to good practice, and sources of advice and information on themes including: person-centred systems and approaches; support for managing personal budgets (PBs); support for carers; fair access and equality; prevention and early intervention; and workforce and organisation development. It is aligned to the vision and recommendations of New Horizons, a cross government mental health strategy published in December 2009. (RH)  
From : <http://www.its-services.org.uk/silo/files/paths-to-personalisation.pdf>
- 201/81 Paying the piper and calling the tune: power and the direct payment relationship; by Janet Leece. British Journal of Social Work, vol 40, no 1, January 2010, pp 188-206.  
Empirical evidence from original research has been used to investigate the impact on the support relationship of the direct employment of workers, by direct payment users. The study uses a grounded theory approach, with questionnaire to measure job satisfaction and stress, and in-depth interviews with respondents. It explored and compared the experiences of eight direct payment relationships with eight traditional service delivery homecare relationships. The research reveals the importance of the concept of power in helping us to understand the effect of direct employment and, based on this research, makes some suggestions for policy and practice. (RH)  
ISSN: 00453102 From : <http://bjsw.oxfordjournals.org> doi:10.1093/bjsw/bcn085
- 201/82 The Scottish path to personalisation; by Jeremy Dunning. Community Care, issue 1810, 18 March 2010, pp 24-25.  
Scotland's government is pledging to make self-directed support central to social care, having published its own consultation in February 2010. The proposed strategy has 26 recommendations, and as in England, it promotes the use of individual budgets (IBs). The strategy will be informed by tests sites in Glasgow, Dumfries and Galloway, and Highland, which will be trialling different aspects of self-directed support until January 2011. The article includes a case study on Glasgow, where a pilot scheme began in 2003 testing provision of individual budgets to people with learning disabilities. (RH)  
ISSN: 03075508 From : [www.communitycare.co.uk](http://www.communitycare.co.uk)
- 201/83 Services for people with multiple disabilities: [Special report: Personalisation]; by Melanie Henwood. Community Care, issue 1819, 20 May 2010, pp 22-23.  
There are 16,000 adults with profound intellectual and multiple disabilities in England. This article reviews research conducted by Jim Mansell at the Tizard Centre, University of Kent, 'Raising our sights: services for adult with profound intellectual and multiple disabilities'. His report makes 33 detailed recommendations to the government on what needs to happen for progress to be made with the Valuing People policy agenda. Melanie Henwood confirms that there is still a long way to go before the needs of this group of adults are fully met, although self-directed support points the way forward. (RH)  
ISSN: 03075508 From : [www.communitycare.co.uk](http://www.communitycare.co.uk)
- 201/84 Snapshot of flexible funding outcomes in four countries; by Carmel Laragy. Health and Social Care in the Community, vol 18, no 2, March 2010, pp 129-138.  
This article reviews social participation outcomes identified in discrete studies of flexible funding programmes across four countries. The outcomes of an Australian flexible funding support programme were studied in 2007; a study tour of independent living programmes was conducted in England and Scotland during 2005; Swedish co-operatives and government



administrators providing personal assistance to live independently were visited in 2006; and Australian independent living support groups operating for over 20 years were visited in 2008. Fifty-six interviews were conducted with people with a disability, families, support services, government administrators and researchers. A structured interview schedule was used in the 2007 Australian study and a semi-structured format was used in all other studies. Notes from the interviews were reviewed for themes related to social participation and their contributing factors. Ecological systems theory was used to identify what factors from the micro to the macro system level facilitated or hindered social participation. The key finding is that flexible funding did result in a range of social participation activities in each setting studied. The studies also indicate that social participation increases when people have access to information and support services; can choose their individual workers and move to a new agency if need be; and have adequate resources to meet their needs. The cultural and political context plays a large part in determining these factors. The implications of this study are that adequate resources are needed and the complex systems impacting on flexible funding need to be understood to achieve the intended outcomes. (KJ/RH)

ISSN: 09660410

From : <http://www.blackwellpublishing.com/hsc> DOI: 10.1111/j.1365-2524.2009.00880.x

## **POVERTY**

201/85

Behind the balance sheet: the financial health of low earning households; by Resolution Foundation. London: The Resolution Foundation (electronic format only), March 2010, 42 pp. This report offers a fresh set of findings about how low earning households think about their money and make financial decisions. It uses current statistics, to find for example, that for the 14 million low earning adults living in 7.2 million households in the UK, housing, fuel, power and food account for around 26% of disposable income compared to 15% for high earners. However, the figures do not elaborate on the factors that drove financial decisions in these households. The report presents a statistical overview of the current financial health of low earners. It uses qualitative research to offer individual case studies, which highlight themes that cut across all the households met, one such being that small changes in circumstances can be very destabilising. It goes "behind the balance sheet" to capture the sometimes invisible factors that affect how people think about their money and manage their finances, such as hidden assets and liabilities, and participation in the informal economy. Three foundations are suggested for improving financial health and bringing about financial inclusion: resilience, behavioural economics, and financial capability. A short briefing, 'Financial health' outlines the work of the Financial Health Forum. (RH)

From : The Resolution Foundation, 2 Broomhouse Lane, London, SW6 3RD.

Download at: <http://www.resolutionfoundation.org>

201/86

The long cold winter: beating fuel poverty; by Jenny Bird, Ron Campbell, Kayte Lawton, Institute for Public Policy Research - IPPR; NEA - National Energy Action. London: Institute for Public Policy Research - IPPR, March 2010, 36 pp.

The winter of 2009/10 has been one of the coldest the UK has experienced for decades. This cold weather will have caused much misery for people living in "fuel poverty", defined as an individual or household needing to spend more than 10% of income on fuel to maintain an adequate level of warmth (21 degrees Celsius for main living areas, 18 degrees for other unoccupied rooms). Indeed, more and more people are being affected by fuel poverty as energy prices rise. This report highlights trends in fuel poverty and its underlying causes, the main factors being low household incomes, high energy prices, and poor energy efficiency. It outlines the various policy measures that comprise the Government's current fuel poverty strategy; and examines the scale of the challenge if fuel poverty is to be eradicated permanently. It argues that a radical review of the entire fuel policy strategy is needed, with steps being taken for interim measures pending more lasting solutions. (RH)

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

## REHABILITATION

- 201/87 Is physical rehabilitation for older people in long-term care effective? Findings from a systematic review: findings from a systematic review; by Anne Forster, Ruth Lambley, John B Young. *Age and Ageing*, vol 39, no 2, March 2010, pp 169-175.  
A systematic review of randomised controlled trials (RCTs) was conducted to determine the effect of physical rehabilitation for older people (aged 60+) in long-term care. The following were searched: Cochrane Central Register of Controlled Trials, Medline, EMBASE, AMED, CINAHL, PEDro, British Nursing Index, ASSIA, IBSS, PsychINFO, DARE, HMIC, NHS, EED, HTA, Web of Science, Index to UK Theses and Dissertation Abstracts, the National Research Register, Medical Research Council Register, CRIB, Current Controlled Trials, and HSRPRo. The primary outcome was measures of activity restriction. 49 trials were identified involving 1611 subjects with an average age of 82 years. Intervention duration was typically 12 weeks with a treatment intensity of three 30-minute sessions per week. Exercise was the main component of the interventions. The mean attendance rate for 17 studies was 84% (range 71%-97%). 33 trials, including the 9 trials recruiting over 100 subjects, reported positive findings, mostly improvement in mobility but also strength, flexibility and balance. Physical rehabilitation for older people in long-term care is acceptable and potentially effective. Larger scale studies are needed to confirm the findings, and should include longer term follow-up and assessment for possible harms. (RH)  
ISSN: 00020729  
From : <http://www.ageing.oxfordjournals.org> <http://www.bgs.org.uk>  
doi:10.1093/ageing/afp247

## RELIGION AND SPIRITUALITY

- 201/88 A descriptive analysis of religious involvement among older adults in Japan; by Neal Krause, Jersey Liang, Joan Bennett (et al). *Ageing and Society*, vol 30, part 4, May 2010, pp 671-696.  
A descriptive analysis of multiple dimensions of religious belief and practice among older people in Japan was conducted with data from a nationwide sample. Six dimensions were evaluated: religious affiliation, involvement in formal religious organisations, private religious practices, the functions of prayer, belief in punishment by supernatural forces, and beliefs about the afterlife. In addition to describing these dimensions for the sample as a whole, tests were performed to see if they varied by age, sex, marital status, education and for those living in rural or urban areas. The findings suggest that even though older people in Japan are not highly involved in formal religious institutions, they engage frequently in private religious practices; and that while many older people in Japan do not endorse some religious beliefs (e.g. about the quality of the afterlife), there is strong adherence to others (e.g. beliefs about punishment by supernatural forces). It was found that older women are more deeply involved in religion than older men, and that levels of religious involvement appear to be higher in rural than in urban areas. Less pronounced differences were found with respect to age, but compared to the 'young-old', the 'oldest-old' aged 75 or more years were more deeply involved in those aspects of religion that take place outside formal institutions. (KJ/RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/aso>  
doi:10.1017/S0144686X09990766

## REMINISCENCE

- 201/89 Oral history and ageing; by Joanna Bornat, Josie Tetley (eds), Centre for Policy on Ageing - CPA; Centre for Ageing and Biographical Studies (CABS), Open University. London: Centre for Policy on Ageing - CPA, 2010, 79 pp (The representation of older people in ageing research series, no 9).  
Oral history and gerontology have had a rarely spoken relationship over the years. Yet for the oral historian, older people are the key to the past. 'Oral history and ageing' comprises papers

presented at a seminar at the Centre for Policy on Ageing (CPA) in October 2006, organised with the Open University's Centre for Ageing and Biographical Studies (CABS). The contributors, all leading UK oral historians, illustrate four very different approaches within an oral history tradition, each with relevance for gerontologists. Paul Thompson, in 'Transnational families: ageing and realising dreams of home', explores older people's experiences of migration from Jamaica to North America and the UK, and the family and community support networks that have helped them to survive. Alistair Thomson's paper, 'Remembering in later life: some lessons from oral history', focuses on the experiences of an Australian World War I veteran aged 96 when interviewed (in 1993) and with a 66 year old woman 'return' migrant from Australia. The last two papers examine the effect of group and social processes on recall and storytelling in oral history work. In 'Sex, lives and videotape: oral history group work and older adult education groups', Graham Smith demonstrates how different methods can promote "transactive" remembering when group members work together to share stories of a particular period of time or event. In 'Experience shared and valued: creative development of personal and community memory', Pam Schweitzer reflects on her work with reminiscence theatre. In their introduction, the editors comment that while these papers demonstrate the positive contribution that oral history can bring to our understanding of the past, traditional historians have often criticised oral historians' methods. The aim is to stimulate further discussion and opportunities to share research approaches and findings among oral historians and gerontologists. (RH)

Price: £10.00 + p&p

From : Central Books, 99 Wallis Road, London E9 5LN.

201/90

Reminiscence and mental health: a review of recent progress in theory, research and interventions; by Gerben J Westerhof, Ernst Bohlmeijer, Jeffrey Dean Webster.

Ageing and Society, vol 30, part 4, May 2010, pp 697-722.

This article explores recent progress in theory, research and practical applications of reminiscence. It first describes the evidence for reminiscence as a naturally occurring process, and discusses the different functions of reminiscence and their relationships with mental health and life-span processes. Three basic types of reminiscence that relate to mental health are specified. First, conversations about autobiographical memories and the use of personal recollections to teach and inform others have social functions. Second, positive functions for the self include the integration of memories into identity, recollections of past problem-solving behaviours, and the use of memories to prepare for one's own death. Lastly, negative functions for the self are the use of past memories to reduce boredom, to revive bitterness, or to maintain intimacy with deceased persons. It is proposed that in interventions the three types are addressed differently: simple reminiscence stimulates social reminiscence and bonding and promotes positive feelings; life review uses the positive functions to enhance personal well-being; and life-review therapy seeks to reduce the negative uses and thereby alleviate symptoms of mental illness. Studies of the effectiveness of interventions have provided some evidence that interventions are effective in relation to their goals. The review closes with recommended directions for future reminiscence research. (KJ/RH)

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From : <http://www.journals.cambridge.org/aso> doi:10.1017/S0144686X09990328

## **RESIDENTIAL AND NURSING HOME CARE**

(See Also 201/5, 201/25)

201/91

The effects of a physical activity programme on the psychological wellbeing of older people in a residential care facility: an experimental study; by Silvia Ciairano, Monica Emma Liubicich, Emanuela Rabaglietti.

Ageing and Society, vol 30, part 4, May 2010, pp 609-626.

This experimental study aimed to analyse the effects of an aerobic activity intervention delivered by specially trained instructors to a sample of Italian older people living in a residential care facility. The researchers assessed intervention effects on general health perception, perception that one's health represents a limitation for moderate and heavy physical activity, and positive

and negative self-perception. The 36-item Short Form Health Survey Questionnaire (SF-36) was administered at pre-test and post-test to a sample of 22 older people (ten in the control group and 12 in the intervention group) of both genders with an average age of 80.6 years. The findings showed that: (a) the perception that one's health can limit moderate and heavy physical activity decreased significantly in the older people belonging to the intervention group between pre- and post-test, while it increased in the control group; (b) positive self-perception was found to be stable in the intervention group, while it decreased in the control group; and (c) there was no interaction between group and time with respect to both general health perception and negative self-perception. The exercise programme seemed to have a particularly positive effect on older people's beliefs about their ability to master successfully the activities of daily living such as walking and moving objects. (KJ/RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso> doi:10.1017/S0144686X09990614

201/92

A framework to support social interaction in care homes; by Glenda Cook, Charlotte Clarke. *Nursing Older People*, vol 22, no 3, April 2010, pp 16-22.

Engaging in meaningful social interaction is central to quality of life, and this does not diminish following the move to a care home. However, social interaction in this setting can be difficult and is not always well supported by the environment or by staff. The aim of the action learning project discussed in this article was to explore the strategies that could be adopted by staff in their daily practice to support positive social interaction in care homes. The outcome was a framework to develop practice in care homes. (KJ/RH)

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

201/93

Heat-related mortality in residents of nursing homes; by Jochen Klenk, Clemens Becker, Kilian Rapp.

*Age and Ageing*, vol 39, no 2, March 2010, pp 245-252.

In population-based studies, age and morbidity were associated with heat-related mortality. The nursing home population reveals both factors and may represent a highly vulnerable subgroup. Therefore, temperature-mortality relationship was examined in residents of nursing homes. The association between daily ambient maximum temperature and mortality was analysed in 95,808 nursing home residents in southwest Germany between 2001 and 2005. Time series analyses were applied across age groups, sex and functional abilities. In addition, excess mortality was determined for the 2003 heat wave. Mortality risk was lowest at maximum temperatures between 16 and 25.9°C. Risk increased by 26 and 62% at days of 32.0-33.9 and 34°C and more, respectively. In August 2003, heat caused >400 additional deaths in the observed population and was followed by only a moderate mortality displacement in the following months. The excess number of deaths during the heat wave was particularly high in residents aged at or more than 90 years and in residents with higher care needs. High ambient temperature was associated with an increased mortality risk in all analysed subgroups of the nursing home population. Medical competence and supervision are available in nursing homes and should, therefore, be favourable preconditions for the implementation of preventive measures. (KJ/RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org> <http://www.bgs.org.uk>  
doi:10.1093/ageing/afp248

201/94

Longitudinal investigation of wandering behavior in department of veterans affairs nursing home care units; by Bellinda King-Kallimanis, Lawrence Schonfeld, Victor A Molinari, (et al).

*International Journal of Geriatric Psychiatry*, vol 25, no 2, February 2010, pp 166-174.

This longitudinal study explored the extent of, and factors associated with, male residents who change wandering status post nursing home admission. Admissions over a 4-year period were examined, using repeat assessments with the Minimum Data Set (MDS) to formulate a model understanding the development of wandering behaviour. Participants were 6673 residents admitted to Veterans Administration (VA) nursing homes between October 2000 and October 2004. MDS variables (cognitive impairment, mood, behaviour problems, activities of daily living and wandering) included ratings recorded at residents' admission to the nursing home and a

minimum of two other time points at quarterly intervals. The majority (86%) of the sample were classified as non-wanderers at admission, and most of these (94%) remained non-wanderers until discharge or the end of the study. 51% of the wanderers changed status to non-wanderers, with 6% of these residents fluctuating in status more than twice. Admission variables associated with an increased risk of changing status from non-wandering to wandering included older age, greater cognitive impairment, more socially inappropriate behaviour, resisting care, easier distractibility, and needing less help with personal hygiene. Requiring assistance with locomotion and having three or more medical comorbidities were associated with a decreased chance of changing from non-wandering to wandering status. A resident's change from non-wandering to wandering status may reflect an undetected medical event that affects cognition, but spares mobility. (KJ/RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps> doi: 10.1002/gps.2316

201/95

Measuring the outcomes of care homes: final report; by Ann Netten, Julie Beadle-Brown, Birgit Trukeschitz (et al), Measuring Outcomes for Public Service Users Project (MOPSU), Personal Social Services Research Unit - PSSRU, University of Kent. Canterbury: PSSRU, University of Kent, 2010, 121 pp (PSSRU Discussion paper, 2696/2).

The research reported here was part of the 'Measuring Outcomes for Public Service Users' (MOPSU) project, which was funded 2007-2009 by the Treasury under the Invest to Save budget and led by the Office for National Statistics (ONS). The project developed and tested an approach to measuring and monitoring outcomes of the care and support provided to residents of care homes for older people and people with learning disabilities. The overarching aim was to develop the Adult Social Care Outcomes Toolkit (ASCOT) that would provide a variety of approaches to identifying and monitoring value across the range of social care interventions, which are detailed on the website (<http://www.pssru.ac.uk/ascot/>). This report focuses on the domains that comprise social care-related quality of life (SCRQOL): personal cleanliness and comfort; safety; control over daily life; accommodation cleanliness and comfort; occupation; social participation and involvement; and dignity. It examines the reliability and validity of ASCOT and SCRQOL; dependency and capacity to benefit (CtB); outcomes and quality of care; ad outcomes, quality and star ratings. The report notes that the ASCOT measure is being tested as an important component of the annual social care services user experience survey (UES), which from 2011 is planned to cover all services, including care homes. (RH)

From : [www.pssru.ac.uk/pdf/dp2696.pdf](http://www.pssru.ac.uk/pdf/dp2696.pdf)

201/96

Prediction of institutionalization in the elderly: a systematic review; by Melanie Luppá, Tobias Luck, Siegfried Weyerer (et al).

*Age and Ageing*, vol 39, no 1, January 2010, pp 31-38.

In the past decades, many studies have examined predictors of nursing home placement (NHP) in the older population. This study provides a systematic review of predictors of NHP in the general population of developed countries. Relevant articles were identified by searching the databases MEDLINE, Web of Science, Cochrane Library and PSYINDEXplus. Studies based on population-based samples with prospective study design and identification of predictors by multivariate analyses were included. Quality of studies and evidence of predictors were determined. Thirty-six studies were identified; one-third of the studies were of high quality. Predictors with strong evidence were increased age, low self-rated health status, functional and cognitive impairment, dementia, prior NHP and a high number of prescriptions. Predictors with inconsistent results were male gender, low education status, low income, stroke, hypertension, incontinence, depression and prior hospital use. Findings suggest that predictors of NHP are mainly based on underlying cognitive and/or functional impairment, and associated lack of support and assistance in daily living. However, the methodical quality of studies needs improvement. More theoretical embedding of risk models of NHP would help to establish more clarity in complex relationships in using nursing homes. (KJ/RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org> <http://www.bgs.org.uk>  
doi:10.1093/ageing/afp202

## RETIREMENT

(See Also 201/42)

- 201/97 The future of retirement: an ILC-UK discussion paper; by Craig Berry, International Longevity Centre UK - ILC-UK. London: International Longevity Centre - UK (ILC-UK), June 2010, 26 pp.  
The meaning of retirement is usually bound up with the receipt of a pension. This paper uses the available evidence to discuss the evolution of retirement in the UK, and the implications for employment and pensions policy. It seeks to document some of the real paths to retirement that people experience today and are likely to experience in the future. It discusses the reasons behind individual retirement decisions, and the emergence of "gradual retirement" and semi-retirement". Also discussed are whether changes in retirement ages tell us anything about the prospect of extending working lives, and future trends in retirement for individuals and society. (RH)  
From : Download from: [www.ilcuk.org.uk](http://www.ilcuk.org.uk) ILC-UK, 11 Tufton Street, London SW1P 3QB.
- 201/98 How health affects retirement decisions: three pathways taken by middle-older aged New Zealanders; by Rachael Pond, Christine Stephens, Fiona Alpass.  
Ageing and Society, vol 30, part 3, April 2010, pp 527-546.  
Concerns about the economic impact of an ageing population have triggered many developed countries to advance policies that attempt to extend working lives and discourage early retirement. There is considerable evidence of a relationship between poor health and early retirement, but some researchers have suggested that there is a 'justification bias' in claims that ill-health is the cause of retirement. This paper reports a longitudinal qualitative study that interviewed 60 New Zealanders aged between 55 and 70 years on two occasions, and analysed their explanations of health-related retirement decisions. Although the participants' explanations included poor health as an important reason for retirement, two additional health-related retirement pathways were identified: the 'maximisation of life', being decisions to retire whilst healthy to fulfil other life goals; and 'health protection', being decisions motivated by health protection and promotion. These health pathways interacted with other factors such as financial security. An elucidation of these motivations pays particular attention to the social and discursive context of explanations of retirement, and considers the three identified health-retirement pathways in relation to the sickness justification bias and current government policies to extend working lives. (KJ/RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/aso> doi:10.1017/S0144686X09990523

## SEXUALITY

- 201/99 Coming out to care: gay and lesbian carers' experiences of dementia services; by Elizabeth Price.  
Health and Social Care in the Community, vol 18, no 2, March 2010, pp 160-168.  
This article reports on findings from a qualitative study, undertaken in England, that explored the experiences of 21 gay men and lesbian women who care, or cared, for a person with dementia. The aim of the study was to explore how a person's gay or lesbian sexuality might impact upon their experience of providing care in this context. This paper reports on one theme that emerged from the wider study - carers' experiences of 'coming out' to service providers. Respondents were recruited using 'snowballing' methods and the study employed semi-structured interviewing techniques. Data collection occurred over a protracted period (2003-2007), the time scale being determined by (the well documented) difficulties in recruiting respondents from this group of people. Data analysis was undertaken with the intent of developing common and contrary themes using a constant thematic comparative method. The results reported here demonstrate the ways in which carers mediated disclosures of their sexualities to health and social care service providers and, for some, their wider support network. For many carers, responses to these disclosures proved to be a critical issue and one that coloured their experience

of providing care. Service providers' reactions are demonstrated as being characterised by, at best, a broad acceptance of gay and lesbian people's circumstances, through to a pervasive disregard of their needs. (KJ/RH)

ISSN: 09660410

From : <http://www.blackwellpublishing.com/hsc> DOI: 10.1111/j.1365-2524.2009.00884.x

## **SOCIAL CARE**

(See Also 201/52, 201/65)

- 201/100 Building the National Care Service: an easy read summary of the plans for care and support in England; by Department of Health - DH; HM Government. London: Department of Health, 30 March 2010, 28 pp (Care, support, independence) (Ref: 301585/ER).  
In 2009, people were asked about how they wanted adult care and support to be organised and paid for in the Big Care Debate; further details are on a website ([www.careandsupport.direct.gov.uk](http://www.careandsupport.direct.gov.uk)). The Government wants to set up a National Care Service (NCS) for adults living in England, and this easy read summary explains the plans for making the new NCS happen. This includes changes to the system, and what the NCS will mean for carers. This paper has been designed and produced for the Department of Health (DH) by the EasyRead service at Inspired Services Publishing Ltd ([www.inspiredservices.co.uk](http://www.inspiredservices.co.uk)). (RH)  
Price: FOC  
From : Order: <http://www.orderline.dh.gov.uk> DH Publications Orderline, PO Box 777, London SE1 6XH. Email: [dh@prolog.uk.com](mailto:dh@prolog.uk.com) Tel 0300 123 1001; Minicom 0300 123 1993.  
Download at : <http://careandsupport.direct.gov.uk/the-white-paper-and-supporting-documents/>
- 201/101 Building the National Care Service: executive summary; by Department of Health - DH; HM Government. London: Department of Health, 30 March 2010, 30 pp (Care, support, independence) (Ref: 301585).  
This executive summary outlines the content of White Paper (same title) which has followed the Government's Big Care Debate consultation on the Green Paper, 'Shaping the future of care together' (Cm 7673; TSO, 2009). It introduces the concept of a National Care Service, which will be underpinned by six founding principles: be universal; be free when people need it; work in partnership; ensure choice and control; support family, carers and community life; and be accessible. People can also expect the following from the National Care Service: prevention services; nationally consistent eligibility criteria; a joined-up service; information and advice; personalised care and support; and fair funding. This document also outlines how the comprehensive funding option was arrived at; that the Attendance Allowance (AA) and Disability Living Allowance (DLA) will be maintained; how accommodation costs in residential care will be treated; and securing the care and support system over the next five years. (RH)  
Price: FOC  
From : Order: <http://www.orderline.dh.gov.uk> DH Publications Orderline, PO Box 777, London SE1 6XH. Email: [dh@prolog.uk.com](mailto:dh@prolog.uk.com) Tel 0300 123 1001; Minicom 0300 123 1993. Download at : <http://careandsupport.direct.gov.uk/the-white-paper-and-supporting-documents/>
- 201/102 Building the National Care Service: presented to Parliament by the Secretary of State for Health; by Department of Health - DH; HM Government. London: TSO, 30 March 2010, 158 pp (Cm 7854) (Care, support, independence).  
This White Paper is the outcome of the Government's Big Care Debate consultation on the Green Paper, 'Shaping the future of care together' (Cm 7673; TSO, 2009). It introduces the concept of a National Care Service, which will be underpinned by six founding principles: be universal; be free when people need it; work in partnership; ensure choice and control; support family, carers and community life; and be accessible. People can also expect the following from the National Care Service: prevention services; nationally consistent eligibility criteria; a joined-up service; information and advice; personalised care and support; and fair funding. This document sets out the case for change following the extensive consultation process that informs the proposals (the Big Care Debate). It sets out how the service will be delivered and funded: the Attendance

Allowance (AA) and Disability Living Allowance (DLA) will be maintained as a flexible form of support. Of the funding options in the Green Paper, the "Comprehensive" option received most support and has been selected: it provides support based on need not on ability to pay. Initial implementation will be based on "building on the best of the current system and delivering the Personal Care at Home Bill, while free care for those in residential care for more than two years will be introduced in the second stage. At the start of the next Parliament, a commission will be established to determine options which should be open to individuals for funding the system. (RH)

Price: £26.60

From : TSO, PO Box 29, Norwich NR3 1GN. Tel: 0870 600 5522

<http://www.tsoshop.co.uk>

Download: <http://careandsupport.direct.gov.uk/the-white-paper-and-supporting-documents/>

201/103

The impact of a tightening fiscal situation on social care for older people; by Julien Forder, José-Luis Fernández, Personal Social Services Research Unit - PSSRU, London School of Economics and Political Science - LSE; Age UK.: Personal Social Services Research Unit - PSSRU, May 2010, 8 pp (PSSRU Discussion paper 2723).

In the current difficult fiscal climate, a cut in funding for social care seems likely. What are the consequences for the numbers of people, according to the severity of their need, who would lose council funding support if budgets were cut? This report assesses the effects of a 6.7% per annum real terms reduction in the total available for social care in the two years after 2010/11 (i.e. to 2012/13). This reduction figure comes from projections made by the Institute for Fiscal Studies (IFS) Green Budget (January 2010). Analysis is based on the PSSRU dynamic micro-simulation model (Forder and Fernández, 2009), which makes projections about the social care system for the future based on assumptions concerning population, disability, pensioner income and assets, service costs and informal care. The authors conclude that the reduction in state expenditure would lead to an increase of 23% in the volume of people with social care needs but no services. Their modelling suggests that a reduction in public support would prompt more people to pay privately for care and/or to seek informal care. They also assume that expenditure is managed by raising eligibility thresholds (which has been done by councils in recent years). Although such a policy results in unmet needs, it would provide protection to the poorest people (rather than to the neediest). (RH)

From : Download: [www.pssru.ac.uk/pdf/dp2723.pdf](http://www.pssru.ac.uk/pdf/dp2723.pdf)

201/104

Join the big care debate: Shaping the future of care together: report on the consultation; by HM Government; Department of Health - DH; Ipsos MORI; Opinion Leader. London: COI, for the Department of Health, 2010, 188 pp (Care, support, independence) (Ref: 301775).

This report summarises responses to the Government's Big Care Debate consultation on the Green Paper, 'Shaping the future of care together' (Cm 7673; TSO, 2009). In all, there were more than 28,000 responses. Ipsos MORI has prepared analysis of the consultation responses, which notes general support for the six proposed elements of the National Care Service: prevention services; national assessment; a joined-up service; information and advice; personalised care and support; and fair funding. Supplementary research undertaken by Opinion Leader on the consultation evidence looked at key overarching themes: the need for and scope of personalised services; involving families in decision-making; and funding issues (including the absence of a tax-funded option). The vast majority of respondents are positive about the overall vision for the National Care Service. Also examined are the views of specific audiences from minority ethnic groups; lesbian, gay, bisexual and transgender groups; and faith groups. The COI reports on the stakeholder events. The evidence from the consultation, coupled with independent research has informed the development of the White Paper, 'Building the National Care Service' (Cm 7854). (RH)

From : Order: <http://www.orderline.dh.gov.uk> DH Publications Orderline, PO Box 777, London SE1 6XH. Email: [dh@prolog.uk.com](mailto:dh@prolog.uk.com) Tel 0300 123 1001; Minicom 0300 123 1993.

Download at: <http://careandsupport.direct.gov.uk/the-white-paper-and-supporting-documents/>



- 201/105 Performance measurement in adult social care: looking backwards and forwards; by Paul Clarkson.  
British Journal of Social Work, vol 40, no 1, January 2010, pp 170-187.  
Approaches arising from the publication of performance data for adult social care in the UK nationally have led to unintended and often perverse consequences. In this paper, a case is made for examining locally-based models, which offer substantial benefits to both managers and practitioners, and by extension, service users. Whilst there is no shortage of statements outlining the intentions behind monitoring performance in this setting, actual evidence as to its benefits is lacking. Different approaches to performance measurement (both in the UK and elsewhere) and their relevance to recent debate, particularly that which advocates the wholesale abandoning of performance monitoring, are examined. This review of existing evidence, as opposed to rhetoric, suggests that a different approach involving the local collection and interpretation of data, offers an opportunity for workers to foster a culture of enquiry. Such a change in emphasis may require the implementation of a different set of incentives to those previously in operation. (RH)  
ISSN: 00453102  
From : <http://bjsw.oxfordjournals.org> doi:10.1093/bjsw/bcn096
- 201/106 Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care: guidance on eligibility criteria for adult social care, England 2010; by Social Care Policy & Innovation, Department of Health - DH. London: Department of Health - DH : electronic format only, February 2010, 50 pp (Gateway ref: 13729).  
Following a public consultation on draft revised guidance, the Department of Health (DH) has now published revised guidance on social care eligibility. The aim of the revised guidance is to support fairness, transparency and consistency of application, and to reflect the increased focus on personalisation and prevention as set out in Putting People First. This document supersedes the guidance DH document "Fair Access to Care Services: guidance on eligibility criteria for adult social care" (2003). See also the document published by the former Commission for Social Care Inspection (CSCI), 'Cutting the cake fairly: CSCI review of eligibility criteria for social care' (October 2008). (KJ/RH)  
From : [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_113155.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113155.pdf)
- 201/107 Securing good care for more people: options for reform; by Richard Humphries, Julien Forder, José-Luis Fernández, King's Fund. London: King's Fund, 2010, 63 pp.  
Much has changed since the King's Fund published 'Securing good care for older people: taking a long-term view' (the Wanless Social Care Review) in 2006. This report refreshes and updates the 2006 review, using a dynamic micro-simulation model to provide new estimates of projected costs and benefits. It reflects new policy developments and the implications of political and financial uncertainty. It assesses the funding options set out in the Green Paper, 'Shaping the future of care together', and how these compare to the funding options modelled in this report. It also recognises the importance of, and recommends integrating support for care costs from, Attendance Allowance (AA) into the care system, to improve targeting of resources. It concludes that fundamental reform to achieve a more sustainable funding system is essential and possible, through these four steps: adopting a staged approach to funding reform; a fundamental spending review to achieve a new settlement for older people; ensuring that the reform of funding is accompanied by reform of delivery; and driving comprehensive reform by establishing a strategic, long-term framework for change, which will require an all-party road map for reform. (RH)  
From: [http://www.cpa.org.uk/cpa\\_documents/securing\\_good\\_care\\_more\\_people\\_kingsfund.pdf](http://www.cpa.org.uk/cpa_documents/securing_good_care_more_people_kingsfund.pdf)
- 201/108 Where now for social care in England?; by Christina R Victor.  
British Medical Journal, vol 340, no 7752, 24 April 2010, pp 877-878.  
The White Paper 'Building the National Care Service' was published on 10 March 2010. It followed the Green Paper, 'Shaping the future of care together' (July 2009). This short article comments on the inequities of social care provision, and how the White Paper intends that such

inequalities are to be tackled with the creation of a National Care Service. It also notes how the Green Paper had invited responses on three alternatives for funding the service, on which the White Paper is light on detail. There is now also the Personal Care at Home Act 2010, which will provide free social care to 289.000 people with the highest level of needs. The groundwork has been done, but the election will determine the outcome. (RH)

ISSN: 09598138

From : [www.bmj.com](http://www.bmj.com) doi: 10.1136/bmj.c2017

## **SOCIAL EXCLUSION**

(See 201/63)

## **SOCIAL NETWORKS**

(See 201/63, 201/92)

## **SOCIAL SERVICES**

201/109

Care standards: a practical guide; by Paul Ridout (ed), Ridouts LLP. 2nd ed Bristol: Jordans, 2010, 435 pp.

This new edition of 'Care standards: a practical guide' has been significantly rewritten to reflect important changes in the law since the first edition (2003), including enactment of the Health and Social Care Act 2008 which established the Care Quality Commission (CQC) and the new Tribunal system. Chapters include coverage on: care businesses and their regulation; participants in the operation of a registered care home; applications for registration; the physical environment; health and safety; purchase, sale and funding of care homes; recruitment; inspection; service and accommodation contracts; the Care Standards Tribunal; and finance and financing. This book will be of particular importance to care home owners and providers, those advising them or their residents, and all those involved in implementing the care standards regime. (RH)

Price: £50.00 (pbk)

From : Jordan Publishing Ltd., 21 St Thomas Street, Bristol BS1 6JS.  
[www.jordanpublishing.co.uk](http://www.jordanpublishing.co.uk)

201/110

Measuring the outcomes of information and advice services: final report; by Karen Windle, Ann Netten, James Caiels (et al), Measuring Outcomes for Public Service Users Project (MOPSU), Personal Social Services Research Unit - PSSRU, University of Kent. Canterbury: PSSRU, University of Kent, 2010, 90 pp (PSSRU Discussion paper, 2713).

Information, advice and advocacy (IAA) services are fundamental for individuals, their families and carers who need services and support. However, despite their acknowledged value, IAA services find it difficult to obtain secure funding when competing for scarce resources. There is also a lack outcome tools that commissioners can use to inform decision-making around funding. The research reported here forms part of the 'Measuring Outcomes for Public Service Users' (MOPSU) project funded by the Treasury under the Invest to Save budget and led by the Office for National Statistics (ONS). The overarching aim was to develop the Adult Social Care Outcomes Toolkit (ASCOT) that would provide a variety of approaches to identifying and monitoring value across the range of social care interventions, which are detailed on the website (<http://www.pssru.ac.uk/ascot/>). The aim of this project was to identify a method and design questions that could begin to enable a measurement of robust and valid outcomes within and across IAA services. This report presents methods and results from the exploratory phase in the development of the outcomes tool. The authors bring the empirical work together to discuss the effectiveness of the outcome tool and the developments that needed to be undertaken: the type, extent of questions and administration. (RH)

From : <http://www.pssru.ac.uk/pdf/dp2713.pdf>

- 201/111 Measuring the outcomes of low-level services: final report; by James Caiels, Julien Forder, Juliette Malley (et al), Measuring Outcomes for Public Service Users Project (MOPSU), Personal Social Services Research Unit - PSSRU, University of Kent. Canterbury: PSSRU, University of Kent, 2010, 83 pp (PSSRU Discussion paper, 2699).  
The research reported here was part of the 'Measuring Outcomes for Public Service Users' (MOPSU) project, which was funded 2007-2009 by the Treasury under the Invest to Save budget and led by the Office for National Statistics (ONS). The overarching aim was to develop the Adult Social Care Outcomes Toolkit (ASCOT) that would provide a variety of approaches to identifying and monitoring value across the range of social care interventions, which are detailed on the website (<http://www.pssru.ac.uk/ascot/>). For this report, the principal aim was to develop and validate an approach to measuring the impact of low-level services on service users, specifically day care centres. The fieldwork comprised a self-completion survey of 961 people using day care and a follow-up interview with 224. The report uses quantitative data to describe service usage (sex, age, ethnicity, current levels of dependency), and the impact that services have on users (outcome measures using the ASCOT). Statistical techniques were used to assess whether findings are significant and can be relied upon, and to assess the toolkit's reliability, validity and general fitness for purpose. Qualitative data were used to describe the mechanisms, concepts, processes and other factors contributing to the benefits for users of using day care centres; and to test the toolkit in terms of assessing its relevance for users as well as developing the structure and wording of the self-completion questionnaire (SCT). The authors find that the ASCOT offers an approach which decision makers can use to measure robustly the impact of services at relatively low cost. (RH)  
From : <http://www.pssru.ac.uk/pdf/dp2699.pdf>

- 201/112 Under pressure: tackling the financial challenge for councils of an ageing population: local government report, February 2010; by Audit Commission. London: Audit Commission, 2010, 64 pp.  
After a decade of growth, local authorities must plan for reduced levels of public spending. At the same time, they must prepare for an ageing population and the consequent economic impacts. This report makes recommendations for councils with social care responsibilities on planning for an ageing population and managing their costs. It suggests that councils should work with partners and older people, to develop an area-wide approach to later life that delivers value for money by integrating prevention, early intervention and care services. Case studies are offered by way of illustration in respect of social care provision. The Audit Commission intends to produce guidance and tools to support the approaches discussed in this report in 2010; and its work programme will include further analysis and guidance on value for money in social care in and strategic financial management. (RH)  
Price: £15.00  
From : Audit Commission, 1st Floor, Millbank Tower, Millbank, London SW1P 4HQ. Website: [www.audit-commission.gov.uk](http://www.audit-commission.gov.uk)

## **STROKE**

- 201/113 Stroke knowledge and awareness: an integrative review of the evidence; by Stephanie P Jones, Amanda J Jenkinson, Michael J Leathley (et al).  
Age and Ageing, vol 39, no 1, January 2010, pp 11-22.  
The recognition of stroke symptoms by the public and activation of the emergency medical services (EMS) are the most important factors in instigating pre-hospital stroke care. Studies have suggested that poor recognition of the warning signs of stroke is the main cause of delay in accessing the EMS. An integrative review of published studies about stroke knowledge and awareness was performed by searching online bibliographic databases, using keywords, from 1966 to 2008. Studies were included in the review if they focused on risk factors, signs and symptoms, action and information. Each study was reviewed by two researchers (SJ and MJ). The authors identified 169 studies, of which 39 were included in the review. The ability to name one risk factor for stroke varied between studies, ranging from 18% to 94% when asked open-ended questions, and from 42% to 97% when asked closed questions. The ability to name

one symptom ranged from 25% to 72% when asked open-ended questions, and from 95% to 100% when asked closed questions. When asked what action people would take if they thought they were having a stroke, between 53% and 98% replied that they would call the EMS. People generally obtained information about stroke from family and friends. Older members of the population, ethnic minority groups and those with lower levels of education had consistently poor levels of stroke knowledge. Generally, levels of knowledge about recognising and preventing stroke were poor. Nevertheless, most participants stated they would contact the EMS at the onset of stroke symptoms. (KJ/RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org> <http://www.bgs.org.uk>  
doi:10.1093/ageing/afp196

## **SUICIDE**

201/114

Psychological factors among elderly women with suicidal intentions or attempts to suicide: a controlled comparison; by Rosalind Lau, Carol A Morse, Stephen Macfarlane.

Journal of Women & Aging, vol 22, no 1, 2010, pp 3-14.

The aim of this study was to measure a range of psychological factors identified as important in the literature (resilience, psychological distress, feelings of hopelessness, personal and interpersonal control) among community-dwelling older women (N = 31) in Melbourne, Australia who had suicidal intentions or attempted suicide. The target group was matched to a control group on age within 5 years. The target group reported lower resilience, personal and interpersonal control but higher psychological distress and feelings of hopelessness compared to the control group. Women who had suicidal ideation or attempts in the last 12 months reported higher personal and interpersonal control. This suggests that although suicide among older women is strongly linked to psychological factors, it warrants further investigation.

(KJ/RH)

ISSN: 08952841

From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.  
<http://www.tandf.co.uk/journals/titles/08952841.asp>

## **TRANSPORT**

(See Also 201/72)

201/115

How does dementia affect driving in older patients?; by Brian R Ott, Lori A Daiello.

Aging Health, vol 6, no 1, February 2010, pp 77-85.

Driving is a complex activity that always becomes impaired at some point in older adults with degenerative dementia. Over time, disruption of the visual processing circuits of the brain that link the occipital and prefrontal regions, particularly in the right hemisphere, leads to increasing degrees of driving impairment that ultimately preclude safe driving. Neuropsychological tests of visuo-spatial ability, executive function and attention that tap into the integrity of these brain regions provide the clinician with important information regarding the need for a formal determination of driving competence. Enhancement of cognitive function in these domains through anti-dementia therapy and exercise may partially mitigate risk. However, all drivers with dementia must ultimately retire from driving when dementia becomes moderately severe, and often in earlier stages of the illness. Future efforts to improve screening tests for hazardous driving and to develop interventions to help prolong the time that drivers with mild dementia can continue to drive safely are needed for our increasingly aged and mobile population. This article summarises research that defines the physiological and cognitive changes related to degenerative dementia of the Alzheimer type that affects driving ability in older drivers. (KJ/RH)

ISSN: 1745509X

From : <http://www.futuremedicine.com> doi:10.2217/ahe.09.83

# 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.**

September 2010

## **Financial Abuse Seminars**

A highly interactive seminar touching on the increasingly relevant issue of financial abuse. A series of expert speakers will highlight recent research and examples of best practice in efforts to tackle financial offences.

*Organised by:* AEA (Action on Elder Abuse)

*Venue:* Nantwich Civic Hall, Crewe and Irwin Mitchells Solicitors, 40 Holborn Viaduct, London EC1

*Location :* London and Crewe, England

*Details :* Maggie Evans, PO Box 60001, London, SW16 9BY

*Tel :* +44 (0)20 8835 9280, *Fax :* +44 (0)20 8696 9328, This seminar will be highly interesting and relevant to all those working in safeguarding.

September 2010

## **Masters in Health Research (MRes)**

The Department of Nursing and Midwifery, University of Stirling, will be commencing a Masters in Health Research (MRes) in September of this year. The course provides an interdisciplinary training in health research. It is applicable to professionals from across health and social care fields or anyone with an interest in health issues. Modules cover quantitative and qualitative methods, public health Approaches, the practice of health research, and a health research placement. Many of these modules can be taken not only as part of the MRes but also on their own. Lecturers have a range of expertise and experience in both clinical and academic settings. Further details can be found from our flyer (<http://www.nm.stir.ac.uk/documents/MResFlyerjne2010.pdf>).

*Organised by:* Dementia Service Development Centre (DSDC)

*Venue:* Stirling

*Location :* Stirling, Scotland

*Details :* Dr Iain Atherton, Lecturer, University of Stirling, Department of Nursing and Midwifery, R G Bomont Building, Stirling, FK9 4LA, Scotland  
*Tel :* +44 (0)1786 466340, *Fax :* +44 (0)1786 466333

7 September 2010

## **Improving Nutrition and Hydration on the Wards**

*Speakers:* Chair: Sally Bassett (Deputy Chief Nurse and Clinical Director Forensics Team, PwC).

*Organised by:* Healthcare Events in partnership with NHS Institute for Innovation and

Improvement; Royal College of Nursing accredited  
*Venue:* 20 Cavendish Square

*Location :* London, England

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

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

8 September 2010

## **Delivering High Quality End of Life Care : Including implementing the new GMC Guidance : Good Practice in decision-making and the new NICE Quality Standard**

*Speakers:* Chair: Dr Teresa Tate (Deputy National Clinical Director for End of Life Care consultation in Palliative Medicine, Barts & The London NHS Trust).

*Organised by:* Healthcare Events

*Venue:* 76 Portland Place

*Location :* London, England

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

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

8-11 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

8 September 2010

### **Personalisation and Peer Support - the Mental Health Education and Training Agenda**

*Speakers:* Chair: Robin Murray-Neill (DH, Putting People First Team).

*Organised by:* OLM-Pavilion

*Venue:* ORT House Conference Centre

*Location :* London, England

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

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

8 September 2010

### **The Green Paper & Caring for Older People: New Approaches to Provision and Support**

The 2009 published Green Paper, *Shaping the Future of Care*, considers and proposes pathways for reform to the current health and support system that will make care services fit to meet the needs of the 21st century. However, significant questions remain not only over how the measures outlined in the Green Paper will be funded with ever tightening budgets but if they are the best ways forward in delivering better care and support for older people.

*Speakers:* Professor David Oliver, (National Clinical Director for Older People, Department of Health); Dawn Warwick, (Joint Chair of ADASS Older People's Network, ADASS); Baroness Greengross, (Chief Executive, International Longevity Centre UK); Helen Owens, (Managing Director - Residential Care Services, Care UK); Stephen Goulder, (Director of Corporate Service &

Workforce Development, SCIE); Dr Karen Windle, (National Evaluation Leader, POPPs, University of Kent); Sue Warr, (Project Manager, Dorset Partnership for Older People).

*Organised by:* Westminster Briefing Conference, hosted by the House Magazine

*Venue:* The Commonwealth Club

*Location :* London, England

*Details :* Westminster Briefing, 4 Grosvenor Place, London, SW1X 7DL

*Tel :* +44 (0)20 7096 2948

9-10 September 2010

### **New Cultures of Ageing: Socio-Cultural Narratives, Qualitative Methods & Researching the Future**

Representations of ageing circulate in culture and society, as part of a narrative which underwrites social experience; impacting on identity, agency, attitudes, policy and quality of life in general.

Qualitative analysis of these narratives helps us to understand both ageing as it is currently experienced and the emerging shifts in these representations that indicate possible ways in which it may well be experienced in the future.

*Organised by:* An interdisciplinary conference organized by the NDA-funded FCMAP Group of Investigators and by the BCCW Research Group, Brunel University, London.

*Location :* Uxbridge, London, England

*Details :* Natalia Clarke, FCMAP Administrator, School of Arts, Brunel University, Uxbridge, UB8 3PH, The Fiction and the Cultural Mediations of Ageing Project (FCMAP) based in the Brunel Centre for Contemporary Writing (BCCW) is funded by a range of research councils and administered by the Economic and Social Research Council (ESRC) and is part of a broad initiative in a number of areas entitled *New Dynamics of Ageing* (<http://newdynamics.group.shef.ac.uk/>).

15 September 2010

### **A Practical Guide to Improving Dignity in Care on the Wards**

*Speakers:* Chair: Anna Gaughan (Regional Lead for Dignity North West Joint Improvement Partnership).

*Organised by:* Healthcare Events

*Venue:* Manchester Conference Centre

*Location :* Manchester, England

*Details :* Keren Roberts, Healthcare Events Limited, 2 Acre Road, Kingston-Upon-Thames, Surrey KT2 6EF

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

15 September 2010

### **'Is coalition government here to stay?'**

The evening will start at 6.00 pm, followed by refreshments and finishing at 8.00 pm. Robert Hazell founded the Constitution Unit in 1995 as an independent think-tank specialising in constitutional reform. Peter Riddell has spent nearly 40 years as a journalist, 21 on the Financial Times and 19 on The Times. In the last year they have worked on two related projects for the Institute for Government: Peter's was a report on transitions, preparing for a possible change of government; Robert's was on hung Parliaments, preparing for a change to minority or coalition government.

*Speakers:* Professor Robert Hazell (Director of the Constitution Unit) and Peter Riddell (Senior Fellow of the Institute for Government and Chair of the Hansard Society).

*Organised by:* The Tomorrow Project

*Venue:* Royal Society, SW1

*Location :* London, England

*Details :* Richard Worsley, PO Box 160, Burnham Norton, King's Lynn, Norfolk , PE31 8GA

15 September 2010

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

*Speakers:* Chair: Dr David Hunt (Clinical Director and Clinical Lead for Safeguarding Vulnerable Adults).

*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

16 September 2010

### **A Practical Guide to delivering Effective Discharge Practice and Transfer of Care**

*Speakers:* Chair: Ruth Eley (Programme Head Older People and Dementia Programme Department of Health).

*Organised by:* Healthcare Events

*Venue:* Manchester Conference Centre

*Location :* Manchester, England

*Details :* Keren Roberts, Healthcare Events

Limited, 2 Acre Road, Kingston-Upon-Thames, Surrey KT2 6EF

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

17-18 September 2010

### **Alzheimer's Society Annual Conference**

*Organised by:* Alzheimer's Society

*Venue:* Warwick University

*Location :* Warwick, England

*Details :* Devon House, 58 St Katharine's Way, London, E1W 1JX

*Tel :* +44 (0)20 7423 3500

17 September 2010

### **Developing Memory Services : a whole systems approach to clinical leadership**

From National Dementia Strategy to local action: one day workshop. Part of the CPD Programme 2010-2011.

*Organised by:* Age Matters

*Venue:* London

*Location :* London, England

*Tel :* +44 (0)20 7482 6413

20-26 September 2010

### **Itea and biscuits!**

Age UK is running a week of IT introductions from 20 to 26 September. The aim is to encourage older people to overcome barriers into the use of computers experienced by many of the older generation. There are currently 10 million people in the UK that still do not use computers and the internet. The majority of this group are over the age of 65 and will continue to miss out on the social, financial and educational benefits of digital technologies until we all work together to close the digital divide. Online registration is now open for itea and biscuits week 2010 and Age UK would like to invite community organisations and groups to participate in the week by running a technology taster session. Participation is a great way to ensure that older people in your community can continue to access the diverse range of resources available and meaningfully participate in local activities.

There will be plenty of support from AgeUK, so please contact Jackie Wenham for further details.

*Organised by:* Age UK

*Location :* various, United Kingdom

*Details :* Jackie Wenham

21-22 September 2010

**Achieving your objectives : Living well with dementia**

Two further conferences in this series will be held on 17/18 November in Southampton and 1/2 December 2010 in Manchester.

*Organised by:* Hawker Publications

*Venue:* Armada House Conference Centre

*Location :* various, England

*Details :* Helena Stroud, Hawker Publications, 2nd Floor, Culvert House, Culvert Road, London, SW11 5DH

*Tel :* +44 (0)20 7720 2108, *Fax :* +44 (0)20 7498 3023

22-23 September 2010

**Best practice in dementia for healthcare assistants**

Another opportunity to participate in essential facilitator training for this innovative programme that cascades dementia training through the care home and hospital setting to reduce training costs and develop a shared ethos of care.

*Organised by:* Dementia Service Development Centre (DSDC)

*Venue:* London (tba)

*Location :* Stirling, Scotland

*Details :* Lynsey Manson, Dementia Services Development Centre, University of Stirling, Stirling, FK9 4LA, Scotland

*Tel :* +44 (0)1786 467740, *Fax :* +44 (0)1786 466846

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

23 September 2010

**The Future Ageing of the Ethnic Minority Population : Issues for service providers and planners**

First in a new seminar series "The New Politics of Ageing" organised by CPA/SCWRU, King's College London. Afternoon seminar (with refreshments) 1.45-4.30, cost £20.00 full price,

concessions £10.00 students/unwaged (limited number of concessionary places).

*Speakers:* Chair: Professor Jill Manthorpe (King's College London, SCWRU). Nat Lievesley (Researcher, CPA); Jo Moriarty (Research Fellow, SCWRU); Dr Rosalind Willis (Centre for Research on Ageing, University of Southampton).

*Organised by:* Co-hosted by the Centre for Policy on Ageing (CPA) and the Social Care Workforce Research Unit (SCWRU), King's College London

*Venue:* CPA offices, 19-23 Ironmonger Row

*Location :* London, England

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

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

28 September 2010

**Safeguarding Vulnerable Adults**

*Speakers:* Chair: Bridget Penhale. Lucy Bonnerjea (Policy Lead No Secrets Review, DH); Julia Magill (Welsh Institute for Health & Social Care, Univ. of Glamorgan) amongst others.

*Organised by:* Healthcare Events

*Venue:* 76 Portland Place

*Location :* London, England

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

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

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

**Lifelong Learning, Older People and Society : Autumn 2010 Seminar Series**

The Leicester Institute of Lifelong Learning and NIACE have organised another autumn series of seminars designed to explore the benefits of learning activities for older people and wider society in different areas of public policy. These are morning seminars (11 am to 1 pm) are on the fourth floor of the Charles Wilson Building. There is a £3 charge which covers tea and coffee served after the seminar.

*Organised by:* Institute of Lifelong Learning,



University of Leicester with NIACE supported by the Learning and Skills Council

*Venue:* Charles Wilson Building, University of Leicester

*Location :* Leicester, England

*Details :* Isobel Woodliffe, Institute of Lifelong Learning, University of Leicester, 128 Regent Road, Leicester, LE1 7PA

*Tel :* +44 (0)116 252 5914, 29 September : Men's Learning and Wellbeing through Community Organisations; Barry Golding: School of Education, University of Ballarat, Australia., 5 November : Learning and older Workers in the Recession; *Fax :* Vanessa Beck : Centre for Labour Market Studies (Leicester), 26 November : Older People and the New Media; Brian Groombridge: Former Director of Extra-Mural Studies, University of London and Founder Member Emeritus, U3A.

29 September 2010

### **Promoting the Collaboration of Age Research**

A free event. Register online. Keynote speaker: George Magnus, Senior Economic Adviser to UBS Investment Bank and author of 'The Age of Ageing'.

*Speakers:* Ruth Sutherland (UKARF Chair); Elizabeth Mills OBE (Chair of UKARF Steering Group); Professor Sir Michael Marmot; Dr Kieran Breen (Parkinson's UK); Jackie Marshall-Cyrus (Lead Specialist Assisted Living Innovation Platform, Technology Strategy Board); Dr Angela McCullagh (Thomas Pocklington Trust); Professor Blair Smith (University of Aberdeen).

*Organised by:* UK Age Research Forum (UKARF)

*Venue:* Royal College of Physicians, London

*Location :* London, England

*Details :* UK Age Research Forum, PO Box 9337, Witham, CM8 2UT

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

30 September - 2 October 2010

### **20th Alzheimer Europe Conference**

*Organised by:* Alzheimer Europe acknowledges the support it has received from the Luxembourg Ministry of Health, Elan, Fondation M

*Location :* London, England

*Details :* Alegria Perez, Age UK, 1st Floor, 21 St Georges Road, London, SE1 6ES

*Tel :* +44 (0)20 7820 6787

6 November 2010

### **Pensions Today and Tomorrow : Health & Social Care**

*Speakers:* Bill Kerry (Equality Trust); Caroline Pidgeon (Transport, City Hall); Charlie MacDonald (PCS) and others.

*Organised by:* Greater London Pensioners' Association (GLPA)

*Venue:* Somers Town Community Centre, 150 Ossulston Street, Kings Cross

*Location :* London, England

*Details :* Secretary, GLPA, Interchange Studios, Hampstead Town Hall Centre, 213 Haverstock Hill, London, NW3 4QP

*Tel :* +44 (0)20 7209 3084

8-9 November 2010

### **The 6th National Medicine for Old Age Psychiatrists Conference**

*Organised by:* Old Age Psychiatry supported by GM2, GM

*Venue:* The Institute of Psychics

*Location :* London, England

*Tel :* 0845 054 8422

9-11 November 2010

### **5th UK Dementia Congress**

The UK's largest dementia-focused event.

*Organised by:* Hawker Publications

*Venue:* International Centre, Bournemouth

*Location :* Bournemouth, England

*Details :* Helena Stroud, Hawker Publications, 2nd Floor, Culvert House, Culvert Road, London, SW11 5DH

*Tel :* +44 (0)20 7720 2108, *Fax :* +44 (0)20 7498 3023

10-11 November 2010

### **Care Show Birmingham**

*Organised by:* Organised by UBM Live

*Venue:* Birmingham NEC

*Location :* Birmingham, England

*Details :* Care Show, Melville Data Services, Data House, Curriers Close, Tile Hill, Coventry CV4 8AW

*Fax :* 0844 557 2391

10 November 2010

### **"Together but Alone"**

Our research shows that there are many thousands of older people in care homes today with no-one in touch with them. This means no visitors, phone calls or letters. The seminar will discuss how best the lives of these isolated people can be enhanced and protected by those with responsibility for their day-to-day care. Seminar will run from 10.00am to 4.00pm.

*Speakers:* Jane Ashcroft (Chief Executive, Anchor Trust);

*Organised by:* Relatives & Residents Association

*Venue:* The Dutch Church, Austin Friars

*Location :* London, England

*Details :* Susan Critchlow, The Relatives & Residents Association , 1 The Ivories , 6-18 Northampton Street , London N1 2HY

*Tel :* +44 (0)20 7359 8148, *Fax :* +44 (0)20 7226 6603, Keynote address: Paul Burstow, the Minister for Care Services., Amanda Sherlock (Director of Operations, Care Quality Commission); Paul Ridout (Leading lawyer in social care, Ridouts); A Service User.

11 November 2010

### **Deprivation of Liberty Safeguards (DoLS) : Update Training for DoLS Mental Health Assessors**

Aimed at psychiatrists and other mental health

professionals who diagnose and treat patients as well as those who act as DoLS Mental Health Assessors. Further London dates available: 10 May and 8 July. Nottingham venue date: 3 February 2011.

*Organised by:* The Royal College of Psychiatrists, College Education and Training Centre - CETC

*Location :* London, England

*Details :* Programme Administrator, 17 Belgrave Square, London, SW1X 8PG

*Tel :* +44 (0)20 7977 6652/57, *Fax :* +44 (0)20 7235 7976

15 November 2010

### **Self-neglect and service refusal: part of the safeguarding agenda?**

Looking at autonomy and safeguards for vulnerable adults who refuse services in spite of high health and social care needs and an inability to care for themselves.

*Speakers:* Joint chair: Hilary Brown (Prof. of Social Care, Canterbury Christ Church University); Dr Margaret Flynn (Flynn and Eley Associates Ltd). Key speaker: Ruth Eley (National Programme Lead, Older People and Dementia Programme, DH).

*Organised by:* OLM-Pavilion supported by Department of Health.

*Venue:* ORT House Conference Centre

*Location :* London, England

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

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

15-17 November 2010

### **The National Telecare & Telehealth Conference 2010 : Drivers of change**

Largest UK event that focuses on telecare and telehealth. Choose from 11 plenary sessions and 24 workshop sessions to personalise your conference.

*Organised by:* TSA - Telecare Services Association

*Venue:* Hilton London Metropole Hotel

*Location :* London, England

*Details :* TSA Conference Team

*Tel :* +44 (0)1625 520320

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

16 November 2010

### **Money Management with Older People**

Third in a new seminar series "The New Politics of Ageing" organised by CPA/SCWRU, King's College London. Afternoon seminar (with refreshments) 1.45-4.30, cost £20.00 full price, concessions £10.00 students/unwaged (limited number of concessionary places).

*Speakers:* Debra Price (Kings College London); Kritiki Samsi (SCWRU); Gillian Crosby (Director, CPA).

*Organised by:* Co-hosted by the Centre for Policy on Ageing (CPA) and the Social Care Workforce Research Unit (SCWRU), King's College London

*Venue:* CPA Offices, 19-23 Ironmonger Row

*Location :* London, England

*Details :* Angela Clark, 25-31 Ironmonger Row, London, EC1V 3QP  
*Tel :* +44 (0)20 7553 6500, *Fax :* +44 (0)20 7553 6501

16 November 2010

### **Social Enterprise Summit 2010 - The Key to Big Society?**

This event will focus on how social enterprises can deliver public services. The day will give practical business advice and examples of best practice from across the country, including:

*Organised by:* The Guardian in association Social Enterprise Coalition and partners

*Venue:* Kings Place

*Location :* London, England

*Details :* The Guardian Conference Team, Barn C, Dixies Barns, High Street, Ashwell, Hertfordshire, SG7 5NT

*Tel :* +44 (0)1462 744054, *Fax :* +44 (0)1462 744055, : Keynote presentations on the changing shape of the public sector and what that means for social enterprises, : Panel debates on overcoming key business challenges, : Case studies from social enterprises delivering outstanding services in health, transport and education

17 November 2010

### **A Home for Life : Where should we live in our later years?**

*Speakers:* Imogen Parry (Director of Policy, EROSH); Helena Herklots (Services Director, Age UK); David Walden (Director of Adult Services, SCIE); Jeremy Porteus (National Programme Lead, DFI Care Networks, DH).

*Organised by:* OLM-Pavilion supported by Department of Health.

*Venue:* ORT House Conference Centre

*Location :* London, England

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

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

17 November 2010

### **Delivering Quality Standards for Dementia**

This one day conference opens with a keynote presentation focusing on developing and implementing the quality standards for dementia; which were presented to Health Secretary Andrew Lansley on 30th June 2010.

*Speakers:* Chair: Ruth Eley (National Programme Lead (Delivery), Older People and Dementia, Social Care Local Government Care Partnerships Department of Health).

*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, Though a series of focus sessions delegates will have the opportunity to look in depth at the quality standards for dementia with a focus on the patient perspective, developing a personalised care plan/personal health plan, changing practice to reduce admissions, advance care planning and supporting people with dementia to make future decisions.

17 November 2010

### **English Community Care Association - ECCA Annual Conference**

*Organised by:* English Community Care Association - ECCA

*Venue:* Holiday Inn, Bloomsbury

*Location :* London, England

*Tel :* +44 (0)8450 577 677

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

30 November 2010

### **Carers UK Autumn Conference : New Government - New Health and Social Care**

*Speakers:* Chair: Imelda Redmond CBE (Carers UK). Anne Milton MP (Minister for Public Health); Richard Humphries (Kings Fund); Professor Les Mayhew; Professor Paul Corrigan (and others).

*Organised by:* Carers UK

*Venue:* The King's Fund

*Location :* London, England

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

*Tel :* +44 (0)20 7378 4940

1 December 2010

### **Breathrough Services in Local Government : Shared services and process redesign for efficiency and transformation**

*Organised by:* NSA hosted by NWEFG, co-sponsor BT; supported by Cabinet Office, LSP Futures, Government Connect, Socitm, and others

*Venue:* Hilton Manchester Deansgate

*Location :* Manchester, England

*Details :* NSA, 10 Greycoat Place, Westminster, London, SW1P 1SB

*Tel :* +44 (0)20 7324 4330, *Fax :* +44 (0)20 7490 8830

1 December 2010

### **Transforming Adult Social Care**

Focus of the conference will be on the new coalition government's plans to create a sustainable care and support system and as a first step, include setting up the Commission on the Funding of Care and Support of which Andrew Dilnot is the Chairman.

*Speakers:* Chair: Imelda Redmond CBE (Chief Executive, Carers UK). Allan Bowman (SCIE); Jeff Jerome (Putting People First, Dept of Health); and others.

*Organised by:* Healthcare Events endorsed by ADASS

*Venue:* 76 Portland Place

*Location :* London, England

*Details :* Keren Roberts, Healthcare Events Limited, 2 Acre Road, Kingston-Upon-Thames, Surrey KT2 6EF

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

8 December 2010

### **Learning Disability Today**

*Organised by:* Pavilion in partnership with Society Guardian, sponsored by Hft

*Venue:* Business Design Centre

*Location :* London, England

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

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