

New Literature on Old Age

EDITOR

Gillian CrosbyVOLUME
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ABUSE

(See Also 202/24)

- 202/1 Elder abuse in long-term care residences and the risk indicators; by Miri Cohen, Sarah Halevy-Levin, Roni Gaglin (et al).
Ageing and Society, vol 30, part 6, August 2010, pp 1027-1040.
The aim of this study was to assess the prevalence of abuse among the residents of long-term care facilities in Israel and its association with risk indicators. 71 such residents aged 70+ were assessed in the internal and orthopaedic departments of two university medical centres for possible abuse by carers at the long-term facilities from which they were admitted. The study collected socio-demographic and health profiles and a list of maltreatment or abusive acts, and administered the Signs of Abuse Inventory and the Expanded Indicators of Abuse Questionnaire. Of the 71 residents, 31% reported some form of maltreatment, most being instances of disrespectful behaviour. Signs of abuse, mostly of neglect, were detected in 22.5% of the sample. Hierarchical regression analysis revealed that higher scores on risk indicators and higher dependence on others for the activities of daily living (ADLs) significantly associated with reported abuse, while age, gender, risk indicators and lower blood albumen level (being an indicator of worse nutritional and health status) significantly associated with identified signs of abuse. It is concluded that direct questioning mainly discloses instances of disrespectful behaviours and humiliation, while the assessment of signs of abuse is more sensitive to cases of neglect. Risk indicators were found to be reliable indicators of abuse. Routine screening for these indicators is recommended to improve detection and thereby to prevent abuse in long-term care facilities. (RH)
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From : <http://www.journals.cambridge.org/aso>
doi:10.1017/S0144686X10000188
- 202/2 Neglect of older people in formal care settings: Part one: New perspectives of definition and the nursing contribution to multi-agency safeguarding work; by Lynne Phair, Hazel Heath.
The Journal of Adult Protection, vol 12, no 3, August 2010, pp 5-13.
Despite widespread development in safeguarding vulnerable adults across legislation, policy, research, education and practice in recent years, some aspects of this work remain relatively ill-defined. Neglect in formal care settings and the nursing contribution to multi-agency safeguarding work are two such aspects. This paper offers perspectives acknowledging the current context of safeguarding. It identifies the defining attributes of neglect, and highlights why older people are particularly vulnerable to the consequences of neglect. The nursing contribution to multi-agency safeguarding work, specifically health-focused investigations - is discussed in detail, including when nurses should be involved, the knowledge and skills required, and considerations for giving a professional opinion. The paper offers a model of registered nurse involvement in health safeguarding investigations, and concludes with suggestions on how investigations can be approached. (RH)
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From : Website: <http://pierprofessional.metapress.com/content/121398/>
doi: 10.5042/jap.2010.0409
- 202/3 Staff perceptions of elder abuse; by Joan Daly, Alice Coffey.
Nursing Older People, vol 22, no 4, May 2010, pp 33-37.
The authors present findings from a study in Ireland that revealed a high level of uncertainty among staff about what constitutes abuse of residents in long-term care. The aim of the study was to ascertain perceptions of elder abuse among nurses and care assistants who worked in long-term care settings and whether staff had been educated on elder abuse. A quantitative descriptive co-relational design was used. Questionnaires were completed by 66 nurses and 48 care assistants in three long-term care settings in southern Ireland. 39 nurses (59%) and 25 care assistants (52%) were confident about recognising elder abuse. Nevertheless, there was a high level of uncertainty about what constitutes elder abuse. Such uncertainty may be a barrier to the

detection and management of elder abuse. Nurses and care staff working with older people must be able to identify abusive situations and be confident that managers will support them in tackling the uncertainty surrounding this complex phenomenon. (RH)

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

202/4

A statutory framework for safeguarding adults?: The Law Commission's consultation paper on adult social care; by Tim Spencer-Lane.

The Journal of Adult Protection, vol 12, no 1, February 2010, pp 43-49.

This article discusses the Law Commission's proposals for the reform of adult social care, with a particular emphasis on the specific proposals relating to adult protection. It argues that a future adult social care statute should clarify the existing legal position by placing a duty on local social services authorities to make enquiries and take appropriate action in adult protection cases. The definition of an adult at risk for the purposes of the duty to investigate is also considered and a proposal is put forward for how this might be defined in the statute. The article also proposes that the compulsory removal power under section 47 of the National Assistance Act 1948 should be repealed; that adult safeguarding boards should be placed on a statutory footing; and that duties to co-operate in adult protection should be introduced. Finally, concerns are raised that the current lack of statutory provision for adult protection may mean that there is confusion over the precise legal status of the guidance 'No Secrets' (Department of Health & Home Office, 2000) and 'In Safe Hands' (Welsh Assembly Government, 2000), and what actions this can authorise. (KJ/RH)

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202/5

Thresholds in adult protection; by Mick Collins.

The Journal of Adult Protection, vol 12, no 1, February 2010, pp 4-12.

In adult protection, many of the concerns that are highlighted about possible abuse relate to non-criminal situations in which neglect may have occurred. Designated lead managers, often social services team managers, act as gatekeepers. In conjunction with police, health and inspectorate colleagues they have to determine if allegations and referrals should be dealt with either as possible abuse or as poor practice, triggering different mechanisms. A tool has been developed in Wales to promote and support consistency in decision-making in 'grey areas'. In addition, the Welsh Assembly Government (2009) has published helpful guidance on the management of escalating concerns in care homes, which helpfully informs arrangements for adult protection and provider performance to be managed in tandem. (KJ/RH)

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202/6

The understanding that care staff bring to abuse; by Fiona Parley.

The Journal of Adult Protection, vol 12, no 1, February 2010, pp 13-26.

Abuse has received much attention over the past decade and many definitions abound. However, there has been a lack of research into the interpretations that care staff give to this concept. This article describes this aspect of a research study in which care staff views relating to vulnerability and abuse of adults with learning disabilities were explored (Parley, 2007). Using semi-structured interview, informants' perspectives were explored. The results showed that contact abuse (physical and sexual) was readily identified by most informants. However bullying, neglect and infringement of rights were less frequently identified. Furthermore, when prompted, some did not consider these to be abuse. (KJ/RH)

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202/7

Using family group conferences in safeguarding adults; by Linda Tapper.

The Journal of Adult Protection, vol 12, no 1, February 2010, pp 27-31.

Following the UK Study of Abuse and Neglect of Older People, (O'Keeffe et al, 2007) Comic Relief funded 15 projects across England and Wales to enable them to trial different methods to combat elder abuse. In 2007, Daybreak received three years funding to pilot the use of family group conferences for this age group across Hampshire, Southampton and Portsmouth. This trial as it draws to a close, is being evaluated for effectiveness and value. Hampshire County Council are currently working with Daybreak to expand the provision of family group conferences to all vulnerable adults where there are safeguarding concerns, particularly within the context of personalisation and self-directed support. (KJ/RH)

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ADVANCE DIRECTIVES

202/8

Advance directives in dementia: issues of validity and effectiveness; by Marike E de Boer, Cees M P M Hertogh, Rose-Marie Dröes (et al).

International Psychogeriatrics, vol 22, no 2, March 2010, pp 201-208.

Although advance directives may seem useful instruments in decision-making regarding incompetent patients, their validity in cases of dementia has been a much debated subject and little is known about their effectiveness in practice. This paper assesses the contribution of advance directives to decision-making in the care of people with dementia, with a special focus on non-treatment directives and directives for euthanasia. The relevant problems from the ethical debate on advance directives in cases of dementia are summarized and the authors discuss how these relate to what is known from empirical research on the validity and effectiveness of advance directives in the clinical practice of dementia care. The ethical debate focuses essentially on how to respond to the current wishes of a patient with dementia if these contradict the patient's wishes contained in an advance directive. The (very limited) empirical data show that the main factors in medical decision-making in such cases is not the patient's perspective but the medical judgment of the physician and the influence of relatives. Insight into the experiences and wishes of people with dementia regarding advance directives is totally lacking in empirical research. Ethics and actual practice are two "different worlds" when it comes to approaching advance directives in cases of dementia. It is clear, however, that the use of advance directives in practice remains problematic, above all in cases of advance euthanasia directives, but to a lesser extent also when non-treatment directives are involved. Although generally considered valid, their effectiveness seems marginal. Further empirical research into the (potential) value of advance directives in dementia care is recommended. (KJ/RH)

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ASSESSMENT

202/9

Handgrip strength as a predictor of functional, psychological and social health: a prospective population-based study among the oldest old; by Diana G Taekema, Jacobijn Gussekloo, Andrea B Maier (et al).

Age and Ageing, vol 39, no 3, May 2010, pp 331-336.

Muscle wasting is associated with a detrimental outcome in older people. Muscle strength measurements could be useful as part of a clinical evaluation of oldest old patients to determine who are most at risk of accelerated decline in the near future. This study aimed to assess if handgrip strength predicts changes in functional, psychological and social health among oldest old. The Leiden 85-plus Study is a prospective population-based follow-up study; 555 people, all aged 85 at baseline, participated in the study. Handgrip strength was measured with a handgrip strength dynamometer. Functional, psychological and social health were assessed annually. Baseline data on chronic diseases were obtained from the treating physician,

pharmacist, electrocardiogram and blood sample analysis. At age 85, lower handgrip strength was correlated with poorer scores in functional, psychological and social health domains. Lower baseline handgrip strength predicted an accelerated decline in activities of daily living (ADL) and cognition, but not in social health. Poor handgrip strength predicts accelerated dependency in ADL and cognitive decline in oldest old. Measuring handgrip strength could be a useful instrument in geriatric practice to identify those oldest old patients at risk for this accelerated decline. (KJ/RH)

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doi:10.1093/ageing/afq022

ASSISTIVE TECHNOLOGY

(See Also 202/21)

202/10

Telehealth and telecare: BGS Best Practice Guide; by David Craig, Frank Miskelly, British Geriatrics Society - BGS. 1st ed London: British Geriatrics Society - BGS, May 2010, unnumbered.

This first best practice guide on telecare and telehealth aims to acknowledge the growing role of electronic health support in the prevention and management of chronic illnesses relevant to older people. The British Geriatrics Society (BGS) Telecare and Telehealth SIG wishes to actively engage members to share experiences and proposals and analyse evidence on this theme. The guide defines and distinguishes between telecare, telehealth and telemedicine. Telecare is "the remote or enhanced delivery of health and social services to people in their own home by means of telecommunications and computerised systems". Telehealth is "the use of telecommunication technologies to provide health care services and access to medical and surgical information ... across distances." Telemedicine has been defined as "the use of telecommunications technology to provide, enhance, or expedite health care services, as by accessing off-site databases or transmitting diagnostic images for examination at another site." Health policy and models of service provision and the roles and responsibilities of the geriatrician in relation to telecare and telehealth are considered. The web version of this document alerts the user to other online references, for example . (RH)

From : Download from website (28/7/10): www.bgs.org.uk

ATTITUDES TO AGEING

202/11

Shades of grey: to dye or not to dye one's hair in later life; by Laura Hurd Clarke, Alexandra Korotchenko.

Ageing and Society, vol 30, part 6, August 2010, pp 1011-1026.

Older women's perceptions of grey, white and coloured hair is examined. Using data from in-depth interviews with 36 women aged 71-94 (mean age 79), the authors elucidate women's attitudes towards and reasons for dyeing or not dyeing their hair. The majority of the participants disparaged the appearance of grey hair, which they equated with ugliness, dependence, poor health, social disengagement and cultural invisibility. The women were particularly averse to their own grey hair, and many suggested that other women's grey hair was acceptable, if not attractive. At the same time, half of the women liked the look of snowy white hair, which they associated with attractiveness in later life as well as goodness and purity. While one-third of the women had begun to dye their hair in their youth so as to appear more fashionable, two-thirds continued to dye their hair later in life so as to mask their grey hair and their chronological age. The women suggested that they used hair dye to appear more youthful and to resist ageist stereotypes associated with older women. The authors discuss the findings in relation to previous research concerning older women's hair, the concept of doing gender, and theories pertaining to ageism. (RH)

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BEREAVEMENT

(See 202/14)

BLACK AND MINORITY ETHNIC GROUPS

202/12

The future ageing of the ethnic minority population of England and Wales: older BME people and financial inclusion report; by Nat Lievesley, Centre for Policy on Ageing - CPA; Runnymede Trust. London: Runnymede and Centre for Policy on Ageing, July 2010, 61 pp.

This report, estimating the future older Black and minority ethnic population (BME), is part of a three-year Runnymede research programme on financial inclusion among older BME people funded by the Nationwide Foundation. Following an introduction on alternative projection methods, the report looks at the ethnic minority population of England and Wales 2007-10 and its age structure in 2007-12. Next, mid-year population estimates for 2001-2007 from the Office for National Statistics (ONS) are used to extrapolate and derive ethnic population projections to 2026. The elements of ethnic minority cohort component population projection are examined, namely fertility, mortality, migration and transgenerational transfer. Next, starting from a base of the 2001 Census, ethnic minority cohort component population projections for 2016, 2026 and 2051 are made; these rely on assumptions previously made about fertility, mortality and migration. Population pyramids, tables and charts illustrate the likely composition of each ethnic group for these dates. Projections are made for the older ethnic minority population by age group (from age 50+) for every five years from 2001 to 2051. While the projections of ethnic minority numbers in this report are projections and not predictions, according to the author, by 2051, there will be 7.3 million ethnic minority residents of England and Wales aged 50+, with 3.8 million aged 65+, 2.8 million aged 70+, and more than a quarter of a million (259,000) aged 85+. However, given the large variation in the distribution of this population, this raises important issues for policy-makers and planners in those localities with greater concentrations. (RH)

From : Download available at: <http://www.cpa.org.uk/information/reviews/reviews.html>

CARERS AND CARING

(See 202/6, 202/61)

CONTINENCE

202/13

Urinary incontinence and quality of life among older community-dwelling Australian men: the CHAMP study; by Po Wan Kwong, Robert G Cumming, Lewis Chan (et al).

Age and Ageing, vol 39, no 3, May 2010, pp 349-353.

The prevalence and impact on quality of life of urinary incontinence is described for a population-based cohort of older community-dwelling Australian men. The population comprised 1,705 men aged 70+ participating in the Concord Health and Ageing in Men Project (CHAMP), a population-based study of urban older Australian men. Data were collected between January 2005 and June 2007; the participation rate was 47%. Data on demographics, medical history and from the 12-item Short Form Health Survey (SF-12) and International Consultation on Incontinence Questionnaire were collected. Urinary incontinence was defined as urinary leakage at least two times a week over the past 4 weeks. The prevalence of urinary incontinence was 14.8%, increasing from 12.0% for men aged 70-74 years old to 16.3% for those aged 90+, with urgency incontinence being the most frequent type of urinary incontinence. Daily urine leakage was reported by 3% of men. Men with incontinence had lower overall SF-12 scores with greater impact on the physical (PCS) than the mental (MCS) components of that scale. After adjusting for age, number of co-morbidities, enlarged prostate and prostate cancer, men with incontinence had worse PCS (43.6 vs 45.9) and MCS scores (52.2 vs 54.6) compared with continent men. Urinary incontinence is common among older community-dwelling men and is associated with worse quality of life with greater impact on physical than mental factors. As

the population ages, urinary incontinence prevalence will increase, and increased resources will be needed to address this growing problem. (KJ/RH)

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DEATH AND DYING

202/14

Death, dying and bereavement: issues for practice; by Jacqueline H Watts. Edinburgh: Dunedin Academic Press, 2009, 112 pp (Policy and practice in health and social care, 11).

According to the author, "death has become a behind the scenes activity". In this book, she highlights the changing trends in both cause and place of death, and illustrates the diversity of cultural and religious responses. She explores what is meant by palliative care, and how it is currently being implemented both in Scotland and elsewhere. She outlines the development of hospice care from its traditional building-based model, to the extending of the hospice philosophy into care homes and into people's own homes. Also examined is the interpretation of spiritual care, and our understanding of the stages of grief and of the experience of mourning. A focus of this book is the identification of the key skills that can enhance practice: the need for good communication both with the individual and family members, and with the range of professionals involved; and the quality of multi-professional and multi-disciplinary contact. Particularly important is what can be termed "disenfranchised grief", that is, grief that may not be acknowledged or sanctioned. Issues for policy and practice, for example, assisted suicide, euthanasia, and end-of-life care are discussed. (RH)

Price: £14.50

From : Dunedin Academic Press Ltd., c/o Turpin Distribution, Pegasus Drive, Stratton Business Park, Biggleswade SG18 8TQ. Website: www.dunedinacademicpress.co.uk

202/15

The last year of life in Europe: regional variations in functional status and sources of support; by Karsten Hank, Hendrik Jurges.

Ageing and Society, vol 30, part 6, August 2010, pp 1041-1054.

This article aims to provide an initial account of the life circumstances of older people in 11 continental European countries during the year prior to their deaths. It focuses on regional variations in functional limitations and sources of support. The authors use logistic regression to analyse data from 523 end-of-life interviews in 2006-07, collected by the Survey of Health, Ageing and Retirement in Europe (Wave 2) about the respondents who had died since the baseline data collection in 2004-05. The prevalence of functional limitations was found to be fairly consistent across Northern, Central and Southern Europe. Significant regional differences existed, however, with regard to the deceased respondents' main sources of support and the locations of their deaths. Northern Europeans were the least likely to receive help from their family only and the most likely to be supported by non-kin. They also exhibited the highest risk of dying in a nursing home. In Mediterranean countries, a pattern of exclusive family support and dying at home prevailed. The findings support the notion of a "mixed responsibility" of families and welfare states as providers of support for older people in the last year of life. (RH)

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DEMENTIA

(See Also 202/8, 202/30, 202/68)

202/16

'My mum's story': a deaf daughter discusses her deaf mother's experience of dementia; by Jacqueline Parker, Alys Young, Katherine Rogers.

Dementia: the international journal of social research and practice, vol 9, no 1, February 2010, pp 5-20.

The following paper concerns culturally Deaf people, who are Sign Language users, and who

develop dementia. A first person narrative account from a Deaf daughter of her Deaf mother's dementia ('My Mum's Story') is the main focus of the paper. It is preceded by a Foreword designed to equip the reader with the background to Sign Language and Deaf culture, in order better to contextualise the significance of dementia and its effects for this community. Both pieces, from different perspectives, focus on: the problematic nature of recognizing dementia amongst Deaf people; the paucity of appropriate diagnostic, care and support services; the different considerations for Deaf people approaching dementia as patient or carer; the challenges to service providers and researchers. The first person account was originally produced in BSL (British Sign Language) and translated for written publication purposes. (KJ/RH)

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DOI: 10.1177/1471301209353987

202/17

Care plans for people with Alzheimer's disease; by Lon S Schneider.

British Medical Journal, vol 340, no 7760, 19 June 2010, pp 1314-1315.

Elsewhere in this issue of the British Medical Journal is an article, 'Effectiveness of a specific care plan in patients with Alzheimer's disease: cluster randomised trial (PLASA study)' by Nourhashami and colleagues. Schneider's short editorial article notes that their study highlights that specialists need to build a contract with patients and their families to provide the best quality of care; to review care more often; and collaborate with other care providers including general practitioners (GPs), social workers and nurse specialists. Such care plans are intuitively a good idea, but it is hard to prove that they are effective. (RH)

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From : www.bmj.com

BMJ2010;340:c2626

202/18

Concept mapping: a process to promote staff learning and problem-solving in residential dementia care; by Suzanne M Aberdeen, Sandra G Leggat, Simon Barraclough.

Dementia: the international journal of social research and practice, vol 9, no 1, February 2010, pp 129-152.

A person-centred assessment and problem-solving approach is acknowledged widely as the preferred method for managing the behavioural and psychological symptoms of residents with dementia (BPSD). Currently this is not well implemented in residential dementia care. In this paper, concept mapping is discussed critically as a process that has the potential to improve the quality of resident care by providing an efficient framework for problem-solving. It facilitates data analysis, a missing link in problem-solving BPSD. Over time, concept mapping may also reduce the burden on individual staff, improve the skills and knowledge of all levels of staff, and foster learning organisation. Potential challenges to the implementation and success of the process - which include staff shortages, the need for effective leadership and organisational support - are also addressed. (KJ/RH)

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202/19

Driving decision-making in older adults with dementia; by Geri Adler.

Dementia: the international journal of social research and practice, vol 9, no 1, February 2010, pp 45-60.

Like most other drivers, drivers with dementia are reluctant to relinquish their driving privileges, making discussions about driving cessation difficult and of great concern to family. To better understand how driving decisions are made, 13 focus groups were held with 65 participants including current drivers with dementia, their spouses, and spouses of former drivers with dementia. Results documented the use of compensation strategies by drivers with dementia and their families to maintain safe driving behaviours given declining skills; identified a lack of planning for driving cessation even in light of expectations of cessation; confirmed a desire that driving decisions be a responsibility shared between families and professionals; and showed that diagnostic delays hamper families in making long-term plans. Given the desires and needs

of drivers and their spouses, a shared, consistent, and unified approach to driving decisions between professionals and families is needed. (KJ/RH)

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DOI: 10.1177/1471301209350289

202/20

Getting lost in the community: a phone survey on the community-dwelling demented people in Hong Kong; by Timothy C Y Kwok, Kenneth S L Yuen, Florence K Y Ho (et al).

International Journal of Geriatric Psychiatry, vol 25, no 4, April 2010, pp 427-432.

The incidence rate of dementia patients getting lost in the community ranging from 30% to 60% reported in research from Western countries imposes a significant burden on caregivers. In the current study, the authors investigated the incidence of getting lost in Hong Kong, a densely populated as well as homogeneous community environment. 250 caregivers of older people with dementia who had either used a dementia day care service or participated in a community survey were interviewed on the telephone. Respondents were asked about the older person's experience of getting lost in the community and their mode of care. Correlating factors of such incidents were examined. The overall prevalence of lost history was 27.5%. The subjects recruited from day care centres were much more likely than those recruited from the community survey to have a history of being lost (39.2% vs 7.5%, $p < 0.0001$, chi-squared test). Greater degrees of cognitive decline were associated with greater chance of having had lost episodes. Immobility was associated with lower risk. Both the older people and their caregivers had reported significant degrees of psychological disturbances after the incidents. Demented people with greater degrees of cognitive decline and with mobility maintained an at greater risk of getting lost. (RH)

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doi: 10.1002/gps.2361

202/21

New networked technologies and carers of people with dementia: an interview study; by John Powell, Lee Gunn, Pam Lowe (et al).

Ageing and Society, vol 30, part 6, August 2010, pp 1073-1088.

Dementia is one of the greatest contemporary health and social care challenges; and novel approaches to the care of its sufferers are needed. New information and communication technologies (ICT) have the potential to assist those caring for people with dementia, through access to networked information and support, tracking and surveillance. This article reports the views about such technologies of 34 carers of people with dementia in Coventry and Warwickshire. Group discussions were also held with nine carers for respondent validation. The carers' actual use of new ICT was limited, although they thought a gradual increase in the use of networked technology in dementia care was inevitable, but would bypass some carers who saw themselves as too old. Carers expressed a general enthusiasm for the benefits of ICT, but usually not for themselves, and they identified several key challenges including @ establishing an appropriate balance between, on the one hand, privacy and autonomy; and on the other, maximising safety; establishing responsibility for and ownership of the equipment and who bears the costs; the possibility that technological help would mean a loss of valued personal contact; and the possibility that technology would substitute for existing services rather than be complementary. For carers and dementia sufferers to be supported, the expanding use of these technologies should be accompanied by intensive debate of the associated issues. (RH)

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202/22

People with dementia living in extra care housing: learning from the evidence; by Rachael Dutton.

Working with Older People, vol 14, issue 1, March 2010, pp 8-11.

Extra care housing has now been around for a long time. People are referred as tenants because they can no longer cope at home and many already have dementia or have developed it while living in extra care. While extra care does promote independence, can it really provide support

for people with dementia? Here, the author presents the conclusions of a study that asked this question and looks at the practicalities behind the answer. Her study, 'Extra Care housing and people with dementia: what do we know about what works regarding the built and social environment, and the provision of care and support?', is a summary of findings from a scoping review of the literature 1998-2008 on behalf of the Housing and Dementia Research Consortium (HDRC). (KJ/RH)

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

doi: 10.5042/wwop.2010.0071

202/23

Placing the place, and placing oneself within it: (dis)orientation and (dis)continuity in dementia; by Linda Örvulv.

Dementia: the international journal of social research and practice, vol 9, no 1, February 2010, pp 21-44.

Disorientation as experienced by people with progressive dementia diseases involves both existential and social dimensions. Based on video observations from a small residential care unit and exploring social interaction on a micro-level, this case study focuses on how a woman with vascular dementia actively tries to make sense of an everyday lunch situation. The analysis addresses strategies used by her to contextualize where she has ended up, and also how the meaning of the place is altered in communication. Findings point to social interaction between residents as an important resource to help maintain continuity with previous social life. However, there also seems to be an impending need for caregivers to help residents patch up their broken life-stories to render everyday situations comprehensible and the setting socially meaningful. Helping them find a way of placing themselves within it - also affording a positive self-identity and continuity with previous life history - is a major challenge in daily care. (KJ/RH)

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202/24

The relationship between dementia and elder abuse; by Colm Owens, Claudia Cooper.

Working with Older People, vol 14, issue 1, March 2010, pp 19-21.

Sufferers from dementia stand a high chance of falling victim to abuse because of their vulnerability. Those who abuse people with dementia are carers, who more often than not, are close family members. In order to understand what drives an individual to act in such a way, the authors explain how they went about finding out from family carers of dementia sufferers how far abuse can go. The authors outline the findings of the CARD (Caring for Relatives with Dementia) study published by Claudia Cooper and colleagues in the British Medical Journal (vol 338, no 7694, 7 March 2009). (RH)

ISSN: 13663666

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

doi: 10.5042/wwop.2010.0072

202/25

A systematic review of communication strategies for people with dementia in residential and nursing homes; by Emmelyne Vasse, Myrra Vernooij-Dassen, Anouk Spijker (et al).

International Psychogeriatrics, vol 22, no 2, March 2010, pp 189-200.

The impairment of verbal skills of people with dementia challenges communication. The aim of this review was to study the effects of non-pharmacological interventions in residential and nursing homes on (1) communication between residents with dementia and care staff, and (2) the neuropsychiatric symptoms of residents with dementia. Pubmed, PsychInfo, Web of Science, the Cochrane Library, and reference lists from relevant publications were systematically searched to find articles about controlled interventions with communication strategies. The data collected were pooled and subjected to a meta-analysis. Nineteen intervention studies were selected for this review. They included structured and communicative "sessions at set times" for residents (e.g. life review) and communication techniques in activities of "daily care" applied by care staff (e.g. sensitivity to non-verbal communication). A meta-analysis of five set-time interventions (communication) and another meta-analysis of four set-time interventions (neuropsychiatric

outcomes) found no significant overall effects. Individual set-time intervention studies report positive effects on communication when interventions are single-task sessions, like life review or one-on-one conversation. Interventions around daily care activities had positive effects on communication outcomes. Effects of both types of interventions on neuropsychiatric symptoms were divergent. This review indicates that care staff can improve their communication with residents with dementia when strategies are embedded in daily care activities or interventions are single-task sessions at set times. These results offer the possibility of improving the quality of care, but not of directly reducing neuropsychiatric symptoms. More research is needed to study the effect of communication interventions on neuropsychiatric symptoms. (KJ/RH)

ISSN: 10416102

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

doi:10.1017/S1041610209990615

202/26

When will dementia be cured?: [The Dementia Declaration]; by Vern Pitt.

Community Care, issue 1825, 1 July 2010, pp 24-25.

With the coalition government committed to boosting dementia research funding, this article looks at where increased resources could make a difference. It continues Community Care's Dementia Declaration campaign which began in the lead up to the general election. The article notes that while dementia costs the UK economy five times as much per year as cancer, the government and charities spend 12 times as much on cancer as dementia research. The author looks at examples of research on causes, biological markers, therapies, genetic variations and drug trials for dementia - each of which would benefit from greater funding. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See 202/12, 202/27, 202/33)

DISABILITY

(See Also 202/16)

202/27

Trends in disability prevalence over 10 years in older people living in Gloucestershire; by Ian P Donald, Chris Foy, Carol Jagger.

Age and Ageing, vol 39, no 3, May 2010, pp 337-341.

Life expectancy in the UK appears to be growing faster than healthy life expectancy, which may imply that there are increasing years of disability. There are few sequential studies examining changes in disability amongst older people within a defined locality. The population aged 75 and over of 10 general practices in Gloucestershire was surveyed using a validated postal questionnaire for disability called the Elderly At Risk Rating Scale. Surveys were carried out in 1998 and 2008. Age-adjusted disability prevalences were measured. Care home residents were under-represented in the 1998 survey, and missing data was supplied from a countywide census of care home residents in 2000. Response rates of 81 and 74% were achieved. Reductions in disability prevalence were found for mobility, vision and self-care, but there was no significant change in a measure of self-rated health. Higher rates of independence were found in both genders and across the age range in 2008. The improvements suggested that the latter sample was equivalent to subjects being 3.8 years 'younger' than 10 years before and entering dependency on care 2.1 years later. The prevalence of disability affecting activities of daily living appears to have reduced over 10 years in older people in Gloucestershire. If generally applied, these results provide some optimism for current trends in ageing in England. (KJ/RH)

ISSN: 00020729

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

doi:10.1093/ageing/afq015

EDUCATION

- 202/28 Integrative seminar in a geriatric consortium; by Marcia Spira, Karen Teigiser.
British Journal of Social Work, vol 40, no 3, April 2010, pp 895-910.
Integration of knowledge and skills is a process essential for the education of social work students. This paper describes an integrative seminar designed for students who participate in a consortium, sponsored by the Hartford Partnership Program for Aging Education (HPPAE). The seminar enables students to deepen the relationship between classroom and fieldwork learning. Beyond that, this integration process teaches students leadership skills as they contribute social work values and knowledge to inter-disciplinary teams in their field settings and collaborate with others as they develop professionally. (KJ/RH)
ISSN: 00453102
From : <http://bjsw.oxfordjournals.org>
doi:10.1093/bjsw/bcp005

END-OF-LIFE CARE

(See Also 202/14, 202/15)

- 202/29 End of life care: a rapid response hospice at home service; by Carol Davis.
Nursing Older People, vol 22, no 4, May 2010, pp 22-24.
Many people would prefer to die at home. In line with recommendations on this in the Department of Health (DH) End of life care strategy (2008), the charity Sue Ryder Care piloted a rapid response care and palliative expertise at home initiative in Bedford. The project supported 17 patients to die in their own homes. Evaluation of the project will be shared with the local primary care trust (PCT) in the hope that it will continue to fund the service. Other community-based models of end of life care that the charity has developed are outlined. The author discusses the benefits of the scheme and feedback from the 17 families it helped. (RH)
ISSN: 14720795
From : <http://www.nursingolderpeople.co.uk>
- 202/30 End of life care for community dwelling older people with dementia: an integrated review; by Claire Goodman, Catherine Evans, Jane Wilcock (et al).
International Journal of Geriatric Psychiatry, vol 25, no 4, April 2010, pp 329-337.
An integrated review synthesised the qualitative and quantitative evidence on end of life care for community dwelling older people with dementia. English language studies that focused on prognostic indicators for end of life care assessment, support and/or relief, respite and educational interventions for community-dwelling older people with dementia were included. A user representative group informed decisions and the breadth of literature used. Each study selected was screened independently by two reviewers using a standardised checklist. 68 papers were included. Only 17% (12) exclusively concerned living and dying with dementia at home. 6 studies included direct evidence from people with dementia. The studies grouped into four broad categories: dementia care towards the end of life; palliative symptom management for people with dementia; predicting the approach of death for people with dementia; and decision-making. Most of the studies were descriptive. The few studies that developed dementia-specific tools to guide end of life care and outcome measures specific to improve comfort and communication demonstrated what could be achieved, and how much more needs to be done. Research on end of life care for people with dementia has yet to develop interventions that address the particular challenges that dying with dementia poses. There is a need for investigation of interventions and outcome measures for providing end of life care in the settings where the majority of this population live and die. (RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com/journal/gps>
doi: 10.1002/gps.2343

202/31 Getting started: involving people with personal experience; by Jo Black, National Council for Palliative Care - NCPC. London: National Council for Palliative Care, June 2010, 10 pp. 'Getting started' is one of two documents about user involvement in end of life care, and serves as an introductory guide. It responds to some reasons why people do not get involved and provides some practical ideas about getting started and making further progress in this worthwhile work. (RH)
ISBN: 1898915814
Price: £2.50 (free to NCPC subscribers)
From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: enquiries@ncpc.org.uk Website: www.ncpc.org.uk

202/32 GMC guidance on end of life care: Important changes for clinicians take effect on 1 July; by Dominic Bell.
British Medical Journal, vol 340, no 7761, 26 June 2010, pp 1373-1374.
Guidance from the General Medical Council (GMC) on end of life care comes into force on 1 July 2010. Change became essential because of the Mental Capacity Act 2005 and after reviews reported how patients with terminal illness are denied informed choice. This article notes some of the changes, the main one being that death should become an explicit discussion point when patients are likely die within 12 months. Other changes include the replacement of "artificial" with "clinically assisted" in relation to nutrition and hydration; and "best interests" with "overall benefit". The article notes subjects likely to provoke professional debate: decisions about cardiopulmonary resuscitation (CPR); resolving of clinical disagreements; administration of analgesia and sedatives at the end of life; and whether the guidance only applies to specialties managing progressive incurable diseases. The guidance is an important opportunity for the medical profession to re-establish public confidence that made this guidance necessary. The guidance, 'Treatment and care towards the end of life: good practice in decision making' can be found on the GMC website (at http://www.gmc-uk.org/guidance/ethical_guidance/6858.asp). (RH)
ISSN: 09598138
From : www.bmj.com
BMJ2010;340:c3231

EPIDEMIOLOGY

(See Also 202/27)

202/33 Health and disease in 85 year olds: baseline findings from the Newcastle 85+ cohort study; by Joanna Collerton, Karen Davies, Carol Jagger (et al).
British Medical Journal, vol 340, no 7737, 9 January 2010, p 86.
People aged 85 and older (the oldest old) are the fastest growing group in many countries, but their health and factors influencing their health trajectories need better description. This article outlines the findings of cross-sectional analysis of baseline data (2006-07) from a cohort study of 1042 people born in 1921 and registered with a participating general practitioner (GP) in Newcastle upon Tyne or North Tyneside. The data comprised information from detailed health assessment and/or review of general practice medical records; participants could decline elements of the protocol. Among these 85 year olds, levels of self-rated health and functional ability were good, despite substantial levels of disease and impairment. (RH)
ISSN: 09598138
From : www.bmj.com
BMJ2009;399;b4904

EXERCISE

202/34 The relationship between coping, self-esteem and health on outdoor walking ability among older adults in Norway; by Astrid Bergland, Kirsten Thorsen, Nina Waaler Loland.
Ageing and Society, vol 30, part 6, August 2010, pp 949-963.

Walking is an essential component of outdoor mobility, and recognised as one of the best forms of physical activity for older people. This study examines the relationships between socio-demographic factors, coping resources, self-esteem and health status with the outdoor walking ability of people aged 55-79 living in the community. The hypothesis is that there is a positive association between outdoor walking ability and coping, self-esteem and health status. A nationally representative sample of 3069 women and men (mean age 65.6) answered questions regarding socio-demographic attributes, coping resources, self-esteem, health status and outdoor walking ability. Around a half of the sample were women, around a half were aged 65+, and one third (32.3%) were married or cohabiting. Regarding outdoor walking ability, only 07% of the respondents were not able to walk at all, and 80.8% could walk at least one kilometre without a pause. Binary logistic multivariate regression analyses showed that those who had good outdoor walking ability (one kilometre or more) were significantly younger than those who did not, and that they were predominantly men, partnered or married, not in paid work, experienced significantly little pain, and had better self-reported health and higher perceived coping. (RH)

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

doi:10.1017/S0144686X1000022X

EXTRA-CARE HOUSING

(See 202/22)

FALLS

202/35

The FIM (regd trademark) instrument to identify patients at risk of falling in geriatric wards: a 10-year retrospective study; by Nicolas Julien Petitpierre, Andrea Trombetti, Iain Carroll (et al).

Age and Ageing, vol 39, no 3, May 2010, pp 326-330.

The main objective was to evaluate if the admission functional independence measure (FIM) score could be used to predict the risk of falls in geriatric inpatients. A 10-year retrospective study was performed. The study was conducted in a 298-bed geriatric teaching hospital in Geneva, Switzerland. All patients discharged from the hospital from 1 January 1997 to 31 December 2006 were selected. Measures used were FIM scores at admission using the FIM instrument, and number of falls extracted from the institution's fall report forms. During the study period, there were 23,966 hospital stays. A total of 8,254 falls occurred. Of these, 7,995 falls were linked to 4,651 stays. Falls were recorded in 19.4% of hospital stays, with a mean incidence of 7.84 falls per 1,000 patient-days. Although there was a statistically significant relationship between total FIM score, its sub-scales, and the risk of falling, the sensitivity, specificity, positive predictive value and negative predictive value obtained with receiver operating characteristic curves were insufficient to permit fall prediction. This might be due in part to a non-linear relationship between FIM score and fall risk. In this study, the FIM instrument was found to be unable to predict risk of falls in general geriatric ward. (KJ/RH)

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

doi:10.1093/ageing/afq010

FAMILY AND INFORMAL CARE

202/36

Family caregivers' compassion fatigue in long-term facilities; by Beth Perry.

Nursing Older People, vol 22, no 4, May 2010, pp 26-31.

A Canadian study offers staff in the UK insight into the feelings of hopelessness and sadness that can engulf relatives assisting with care. The aim of this study was to explore the presence of compassion fatigue in family carers who assist staff with care of older relatives in long-term settings. Narrative data were collected through observation and conversations with five purposively selected family carers. Thematic and poetic analysis suggest that family carers exhibit symptoms associated in the literature with fatigue in nurses and other healthcare

professionals. Two major themes emerged: role engulfment and enveloping sadness. Nurses working in long-term care settings should educate family carers about compassion fatigue, recognise its presence in them, and provide support to family carers experiencing the condition. (RH)

ISSN: 14720795

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

HEALTH CARE

(See Also 202/39)

202/37 Management of faecal incontinence in adults; by Mukhtar Ahmad, Iain J D McCallum, Mark Mercer-Jones.

British Medical Journal, vol 340, no 7760, 19 June 2010, pp 1350-1355.

Incontinence is a common reason for admission to residential care, even though in many cases simple measures are available in primary care that could enable people to remain at home. The authors review evidence on causes, diagnosis and management for faecal incontinence in adults. Where possible, they summarise the findings of systematic reviews and guidelines. (RH)

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From : www.bmj.com

BMJ2010;340:c2964

202/38 Short term impact of smoke-free legislation in England: retrospective analysis of hospital admissions for myocardial infarction; by Michelle Sims, Roy Maxwell, Linda Bauld (et al).

British Medical Journal, vol 340, no 7760, 19 June 2010, p 1349.

Studies from several countries have found a reduction in hospital admissions for myocardial infarction after smoke-free legislation has been passed, but has mainly failed to adequately account for potential confounders. This study examined these issues and found a small but significant fall (2.4%) in admissions. The reduction was significant for those aged 60+: 3.1% for men and 3.8% for women. The study took into account likely sources of bias by adjusting for seasonal variation and underlying trends in population size and admissions for myocardial infarction. (RH)

ISSN: 09598138

From : www.bmj.com

BMJ2010;340:c2161

HEALTH SERVICES

(See Also 202/49)

202/39 Bring the ward to the patient: [Community support by multidisciplinary teams in Croydon]; by Mark Hunter.

Community Care, issue 1821, 3 June 2010, pp 28-30.

Multidisciplinary teams in Croydon are leading work to identify people at risk of hospital admission and to support them in the community, potentially saving substantial amounts of money.

Social service departments have adapted this advance identification of people with increasing needs - known as predictive case finding - which has been used in the health service for several years. This article cites a case study from Croydon, and notes that similar schemes in Devon and Wandsworth are being evaluated. This is one of a series of articles in this issue of Community Care on the theme of surviving the cuts. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

202/40

Developing world class commissioning competencies in care services in England: the role of the service improvement agency; by Michelle Cornes, Jill Manthorpe, Peter Huxley (et al). *Health and Social Care in the Community*, vol 18, no 3, May 2010, pp 249-256.

This article provides an insight into the support needs of health and social care commissioners seeking to develop world class commissioning competencies and the role of service improvement agencies in meeting these needs. Reporting findings from the evaluation of one service improvement agency based in England, the authors focus on the 'improvement supports' (the products and services) that were delivered by the 'Care Services Improvement Partnership' (CSIP) through its 'Better Commissioning Programme'. In-depth interviews carried out with 25 care commissioners explored how the Programme was used in their day to day work, and its perceived value and limitations. Given the lack of employer-led training and induction, the authors conclude that service improvement agencies play an important role in developing commissioners' skills and competencies. However, they suggest that achieving world class commissioning may depend on a more fundamental rethink of commissioning organisations' approaches to learning and development. (KJ/RH)

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

DOI: 10.1111/j.1365-2524.2009.00889.x

HOME CARE

(See 202/29)

HOSPITAL CARE

(See Also 202/35)

202/41

The interface between residential aged care and the emergency department: a systematic review; by Glenn Arendts, Kirsten Howard.

Age and Ageing, vol 39, no 3, May 2010, pp 306-312.

Emergency care for older people living in residential aged care facilities (RACF) is a complex area of health policy. The epidemiology of patient transfer between RACF and hospital emergency departments (ED), clinical outcomes and costs associated with transfer and efficacy of programmes aiming to reduce transfer are not well known. A systematic review based on a comprehensive literature search in three electronic databases and published article reference lists was carried out. The incidence of transfer from RACF to ED is >30 transfers/100 RACF beds/year in most studies. The casemix from RACF is varied and reflects that of the broad population of older people, with some risk difference. At least 40% of transfers are not admitted to hospital. There is insufficient data to fully address our other questions; however, hospitalisations from RACF can be reduced through advanced care planning, use of management guidelines for acute illnesses and improved primary care. Residents of RACF have a high annual risk of transfer to ED. The clinical benefit and cost effectiveness of ED care, and alternate programmes to reduce ED transfer, cannot be confidently compared from published work. Further research is required to accurately describe these and to determine their comparative worth. (KJ/RH)

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

doi:10.1093/ageing/afq008

202/42

Reducing *Clostridium difficile* infection in acute care by using an improvement collaborative; by Maxine Power, Neil Wigglesworth, Emma Donaldson (et al).

British Medical Journal, vol 341, no 7765, 24 July 2010, pp 196-199.

In 2006, despite a focus on infection control, Salford Royal NHS Foundation Trust had the fourth highest rate of *Clostridium difficile* infection in north-west England. In February 2007, a newly formed antimicrobial team led the implementation of revised guidelines in all wards and departments. From March to December 2007, five wards participated in the improvement

collaborative. Since December 2007, the changes from the collaborative have been collated and implemented throughout the organisation. At baseline, the non-collaborative wards had 1.15 cases per 1000 occupied bed days. In August 2007, cases reduced by 56% from baseline (0.51, 0.44 to 0.60), which has been maintained since that time. In the collaborative wards, there were 2.60 (2.11 to 3.17) cases per 1000 occupied bed days at baseline. A shift occurred in April 2007 representing a reduction of 73% (0.69, 0.50 to 0.91) from baseline, which has been maintained. Careful use of antimicrobial drugs is important in reducing cases of C difficile infection. A collaborative learning model can enable teams to test and implement changes that can accelerate, amplify and sustain control of C difficile. (RH)

ISSN: 09598138

From : www.bmj.com BMJ2010;341:c3359

HOUSING

(See Also 202/47)

202/43

Retirement lifestyles in a niche housing market: park-home living in England; by Mark Bevan. *Ageing and Society*, vol 30, part 6, August 2010, pp 965-985.

Residential mobile homes, now usually referred to as "park homes", are a small niche sector in the UK housing market. This paper reports a study of 40 residents of park-homes that focused on their motivations for choosing this form of accommodation, and their views about and experiences of park-home living. Whilst this sector has long provided a low-cost option for people of all ages, in recent years it has increasingly aligned itself as a lifestyle choice for older people. Despite their diverse reasons for moving to park homes, most respondents reported very positive experiences of park-home living, and shared similar views about the benefits, but there were a few dissenting voices. Two conceptual frameworks are used to help understand respondents' experiences. "Elective belonging" offers a way of contextualising the narrative that people articulate about their lifestyle choices and that affirm their sense of biographical continuity, even having moved to new locations. This notion also helps frame some of the tensions that arise among the residents. The second framework, "biographical disruption", is a way of framing the stories that the respondents told when their lives had not followed the anticipated trajectory and by which they coped and made sense of their circumstances which soured their chosen lifestyle. (RH)

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doi:10.1017/S0144686X10000176

HUMAN RIGHTS

202/44

Human rights and global social policy: In memory of Professor Peter Townsend (1928-2009); by Nicola Yeates, Ted Schrecker, Ted Schrecker (et al).

Global Social Policy, vol 10, no 2, August 2010, pp 151-171 (Global Social Policy Forum).

These six Global Social Policy Forum articles are dedicated to the memory of Professor Peter Townsend; he was a pioneer of global social policy as a field of study and research and a champion of human rights from the outset. In the 1960s, he was developing a global analysis of world poverty combining the insights of global sociology with those of development studies and social policy. This work was published in 'The concept of poverty' in 1970, where he set out an "approach to development and stratification [to explain] how poverty arises, and is perpetuated, in low-income and high-income countries'. It was this work that formed the basis for his theory of poverty, including the seminal 'Poverty in the UK' (1979).

The authors take up many of the key themes and arguments in Townsend's work on global social policy dimensions of human rights. These six articles are: Introduction, Championing human rights for all; Human rights against the global marketplace; Building social floors for decent societies; Crisis, opportunity and the social protection floor; Business and human rights; and Is there such a thing as a fair and human rights-sensitive process of globalization? (KJ/RH)

ISSN: 14680181 From : <http://www.gsp.sagepub.com>

IMAGES OF AGEING

202/45

Filling a missing link: the influence of portrayals of older characters in television commercials on the memory performance of older adults; by Gerben J Westerhof, Karolien Harink, Martine van Selm (et al).

Ageing and Society, vol 30, part 5, July 2010, pp 897-912.

The portrayal of older characters in television commercials has over time become more varied and positive. This study examines how different portrayals of older characters relate to self-stereotyping, a process through which older individuals apply their beliefs about older people in general to themselves and behave accordingly. The study thereby seeks to connect, as few have previously done, cultural studies and critiques of media portrayals with psychological studies of the effects of self-stereotyping. Sixty participants aged 65-75 years were primed with television commercials that portrayed older characters in different ways: 'warm and incompetent', 'warm and competent', and 'cold and competent'. It was hypothesised that priming with warm/incompetent portrayals would have a negative effect on memory performance because such representations match the dominant stereotype, and that the effect would occur only among older people who identify with their own age group. It was found that the participants who identified with their own age group did indeed show impaired memory performance after priming with warm/incompetent portrayals, but also that the same effect was found after priming with warm/competent portrayals. The findings are discussed in terms of resistance against stereotyping by older individuals themselves as well as by media producers. (KJ/RH)

ISSN: 0144686X

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

doi:10.1017/S0144686X10000152

INCOME AND PERSONAL FINANCE

202/46

The expenditure experience of older households; by Andrew Leicester, Cormac O'Dea, Zoë Oldfield, Institute for Fiscal Studies - IFS. London: Institute for Fiscal Studies - IFS, 2009, 115 pp (IFS Commentary C111).

This Commentary examines detailed trends in expenditure patterns between 1995 and 2007, with a particular focus on the pensioner population. Pensioners are not a homogeneous group, but differ widely in both their levels and patterns of spending - by age, income and household composition, for example. Spending may tell us something about household welfare that other, often-used measures like incomes do not. In particular, it may be that spending is informative about long-term well-being, whereas income is more about current, short-run living standards. The authors use the Family Expenditure Survey (FES) (now the Expenditure and Food Survey, EFS), an annual, cross-sectional study of the spending patterns of 6,000-7,000 households. They look in depth at changes in the level of real expenditures and how spending patterns have changed over time on housing and non-housing expenditures. They use data from two waves of the English Longitudinal Study of Ageing (ELSA) to examine household fuel expenditures in detail. Fuel is clearly of great current policy concern, given recent large increases in the price of domestic fuel that may impact particularly severely on poorer and older households. Differences between spending patterns of pensioners in the richest fifth compared to pensioners in the poorest fifth and to non-pensioners in the richest fifth are highlighted. There is some evidence that between 2001 and 2007 pensioners began to catch up somewhat to non-pensioners in terms of their spending. However, since then, dramatic changes in food and domestic fuel prices may have substantially affected expenditure. (RH)

From : Download from website: <http://www.ifs.org.uk/comms/comm111.pdf>

202/47

Housing and finance in later life: a study of UK equity release customers; by Louise Overton, University of Birmingham; Age UK. London: Age UK (electronic format), June 2010, 41 pp. In the current recession, older people's ability to maintain a decent standard of living has been exacerbated by reduced incomes, especially from savings. Evidence of increased expectations of the baby boom generation could mean an increased willingness to use housing assets to this end

in later life. This research report presents findings of a survey of 553 equity release customers and 26 follow-up semi-structured interviews. It sheds light on the sorts of people who take out equity release plans, what they do with the money, and their satisfaction or dissatisfaction with the plans. It also reveals their views on related topics such as inheritance, responsibility for financial security in later life, and retirement strategies (house vs pensions). It also includes data on different aspects related to taking out an equity release plan. The report looks at respondents' characteristics and attitudes to financial provision in retirement; their experiences of equity release purchase; and the role of equity release plans in respondents' financial situation. (RH)
From : Age UK, Astral House, 1268 London Road, London SW16 4ER.
<http://www.ageuk.org.uk/Documents/EN-GB/Housing%20and%20Finance%20in%20Later%20Life%20-%20Age%20UK.pdf?dtrk=true>

202/48

Minimum income standards and household budgets: (Social Policy Association prize-winning paper); by Chris Deeming, Social Policy Association. Bristol: Policy Press.

IN: Social Policy Review, 22, Chapter 5, 2010, pp 97-117.

This inquiry attempts to determine food poverty lines for an older population. The author uses data on household expenditure and food consumption from the Office for National Statistics' (ONS) Expenditure and Food Survey (EFS), a particularly useful source as each member of households participating uses 2-week diaries to record all food spending. 3 years of EFS data (2002-2005) provide a sample of 5,500 households aged 60+ (3,000 older singles and 2,500 older couples). The author aims to determine budget adequacy by considering the total level of household expenditure required to meet minimum dietary standards for good health. Using a logistic regression model, he finds that the budget line of £110 per week for singles corresponds to the point where 90% are expected to meet the minimum dietary standard; and for couples, £170 per week corresponds to nearly 80% predicted to meet the standard. Further modelling with discriminant function analysis (DFA) helped to confirm these findings. It is suggested that the Pension Credit guarantee could be sufficient to keep most pensioners with low incomes out of "absolute" poverty. The author concludes by noting that ONS is integrating a number of national surveys including the EFS into a single household survey. This new Integrated Household Survey (IHS) should allow us to examine aspects of poor nutrition and other forms of material deprivation in more detail. (RH)

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

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

INFORMATION AND COMMUNICATION TECHNOLOGY

202/49

The devil's in the detail: Final report of the independent evaluation of the Summary Care Record and HealthSpace programmes; by Trisha Greenhalgh, Katja Stramer, Tanja Bratan (et al), University College London - UCL; Department of Health - DH. London: Electronic format only, 7 May 2010, 234 pp.

This was the second part of an evaluation of Summary Care Record (SCR) and HealthSpace programmes, which was funded by a research grant from the Department of Health (DH). The researchers' remit was to assess implementation and impact of the SCR and HealthSpace; to provide timely feedback to stakeholders; and to contribute to the generation of an evaluative culture within Connecting for Health (CFH) and the National Programme for IT (NPFIT). Their findings indicate that, as with other medical records, SCRs sometimes contained incomplete or inaccurate data, for example, a patient was taking medication not listed on the SCR, or that the SCR listed "current" medication which the patient was not taking. The SCR and HealthSpace programmes raise questions for individual clinicians who seek to behave ethically and in accordance with the core values of their profession. Indeed, the advent of electronic records has obvious implications for individuals' privacy and personal liberty. The NHS and professional bodies should consider the implications of this study for training and support of front-line staff, given both the rapidly evolving nature of the technology and the ethical issues raised. (RH)

From : Download from website: <https://www.ucl.ac.uk/news/scriefullreport.pdf>

202/50

Do summary care records have the potential to do more harm than good?; by Ross Anderson, Mark Walport.

British Medical Journal, vol 340, no 7761, 26 June 2010, pp 1390-1391 (Head to Head).

Ross Anderson believes that a digital record system that shared information between care providers, when appropriate, would be of great value. However, he argues that the summary care record (SCR) is not fit for purpose and illegal. It must be abandoned for reasons of safety, functionality, clinical autonomy, patient privacy and human rights. Mark Walport believes that the national electronic database of patients' records will make valuable contributions to better care: the summary care record will provide his healthcare team with quicker access to more reliable information that should help with the treatment they give. Anderson and Walport both agree on the need to automate medical records, but Walport concludes that we need to "do it right". (RH)

ISSN: 09598138

From : www.bmj.com

BMJ2010;340:c3111

202/51

E-scaping the ageing body?: Computer technologies and embodiment in later life; by Christina E Buse.

Ageing and Society, vol 30, part 6, August 2010, pp 987-1009.

This paper explores the embodied dimensions of computer and internet use in later life, and examines how technology use relates to constructions and experiences of the ageing body. It is argued that previous research on technology use and embodiment has neglected older bodies, in contrast to research on gender and disability. Furthermore, while earlier theorisations presented internet use as disembodied, it is argued that the experience of using such technologies is grounded in our embodiment. In the light of these limitations and arguments for more complete theories of the body, this paper explores how technology use relates to various aspects of embodiment. These issues are examined in the light of data from qualitative interviews and time-use diaries completed by retirees in 17 households in the UK. By examining the "technobiographies" of these older computer users, it is shown that change in body techniques are prompted and in some cases required by broader cultural and technological change. The findings evince the process of acquiring computing skills as an embodied competency, and as a form of "practical knowledge" that can only be "learned by doing". These experiences of technology use were embodied within constructions and experiences of ageing bodies. Although the participants drew on discourses of ageing in complex ways, their coding of computer technologies in terms of the competencies of youth often reproduced hierarchies between young and old bodies. (RH)

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

doi:10.1017/S0144686X10000164

INTERMEDIATE CARE

202/52

Intermediate care: evaluating a specialist home treatment service; by Alison Culverwell, Alisoun Milne.: Hawker Publications.

Journal of Dementia Care, vol 18, no 3, May/June 2010, pp 32-35 (Research focus).

Intermediate care services for people with dementia are being developed in a number of areas, but current research on effectiveness is limited. The authors describe the initial evaluation of the Home Treatment Service (HTS) for People with Dementia in Eastern and Coastal Kent (ECK), a multidisciplinary service providing specialist mental health intermediate care for people with dementia. A range of meaningful and positive outcomes were identified for the majority of users and carers, preventing a breakdown of care in a significant number of cases. (RH)

ISSN: 13518372

INTERNATIONAL AND COMPARATIVE

(See Also 202/15, 202/20, 202/56, 202/66, 202/79, 202/82)

- 202/53 Changing expectations of care among older Tibetans living in India and Switzerland; by Tenzin Wangmo.
Ageing and Society, vol 30, part 5, July 2010, pp 879-896.
Using interview data from 30 Tibetan elders living in India and Switzerland, the paper explores the support they received, their perception of intergenerational relationships, and their acceptance of different levels of intergenerational exchange. All of the sample had aged in either India or Switzerland and so provide excellent comparison groups, from respectively a developing and a developed country, by which to study changing filial piety with time, context and socio-economic conditions. With limited resources in old age, most of the participants in India needed financial support. Among them, parents with many children and children in developed countries received better financial support and collective care than those with one child or all children living in India. In contrast, the participants in Switzerland were entitled to state old-age benefits, and so required mainly affirmation and emotional support. A consequence of living in a developed nation was dissatisfaction when the children adopted western values and the family's cultural continuity was threatened. The findings support two recommendations: in developing countries, the provision of old-age benefits to ensure a minimum level of financial security and independence among older adults; and in developed countries, the promotion of a mutual understanding of filial piety among different generations of older refugees and immigrants to help ameliorate intergenerational differences. (KJ/RH)
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From : <http://www.journals.cambridge.org/aso>
doi:10.1017/S0144686X10000085
- 202/54 Elderly bias, new social risks and social spending: change and timing in eight programmes across four worlds of welfare, 1980-2003; by Markus Tepe, Pieter Vanhuyse.
Journal of European Social Policy, vol 20, no 3, July 2010, pp 217-234.
Over the past decades, all affluent welfare states have been coping with two major new trends: population ageing and new social risks resulting from de-industrialization. How have these demand-side trends, and their timing, affected welfare spending? The authors investigate up to 21 OECD democracies with respect to eight separate programmes and two composite indicators of aggregate welfare spending bias towards older people and new social risks. They found that welfare regime logics still matter crucially in accounting for variation between countries, as does the timing of the large-scale arrival of new social risks. Both Southern European welfare states and countries that entered the post-industrial society comparatively late spend less on programmes such as education and family allowances, and more on survivor pensions. However within countries, contemporaneous levels of new social risks conspicuously fail to affect spending on programmes that deal with these risks. These findings defy simple neo-pluralist expectations of social policy responsiveness: on their own, even dramatic demand-side trends influence welfare spending relatively little in advanced democracies. (KJ/RH)
ISSN: 09589287
From : <http://esp.sagepub.com>
doi:10.1177/0958928710364436
- 202/55 Surviving without children: childless aged women in Esan, Nigeria; by Eboiyehi Friday Asiazobor.: International Institute on Ageing (United Nations - Malta).
BOLD, vol 19, no 4, August 2009, pp 13-30.
Most social research in ageing in sub-Saharan Africa has focused on care and support given by adult children and extended family members to their aged relatives - suggesting that it is the responsibility of the family, irrespective of whether they have children or not. While this arrangement is diminishing, there is no formal established welfare programme in place to fill this gap. This paper draws on data from life histories obtained purposively from selected childless aged women in two local government areas (LGAs) of Nigeria, Esan Central and

Southeast, to examine contemporary care and support systems for the childless older woman and what alternatives are open them in the absence of children. The results indicate that childlessness has a negative impact on older women's well-being in later life. The diminishing extended family ties and increasing social distance between the childless older women and their extended family members also affect their care and support in old age. This trend was associated with the emerging nuclear family structure, social changes towards westernisation and coping strategies associated with decline in their real income as a result of the downturn of the Nigerian economy. Results showed that childless older women adopted various coping strategies ranging from subsistence farming, selling of some personal belongings for subsistence, begging for alms, petty trading, and employing the services of housemaids. Only a few older people depended on pension or some support from their churches and extended family members. The three recorded formal services that were provided by the two LGAs included relief scheme, roof repairs and provision of eyeglasses. In discussing these and related subjects, this paper suggests that there is a need for a cultural reawakening of extended family social security system towards the well-being of this population subgroup. This may be carried out within the framework of creative multi-track social policy interventions that will involve government, civil society and private sector partnership. (RH)

ISSN: 10165177

From : <http://www.inia.org.mt>

LEISURE

(See 202/34)

LONG TERM CARE

202/56

The burden of long-term care: how Italian family care-givers become employers; by Francesca Degiuli.

Ageing and Society, vol 30, part 5, July 2010, pp 755-777.

In recent years in Italy, population ageing, rising female labour-market participation, and the restructuring of the welfare state have combined to create increased demand for long-term care services for frail and dependent older people. The rising demand has increasingly been met by immigrant women of different nationalities, and to a lesser extent immigrant men, who are hired to provide individualised care in people's own homes and other private settings. While there have been many studies of this growing phenomenon, very little attention has been paid to the reasons that bring family care-givers to choose this care-support option. To begin to fill the gap, this paper reports the finding of a qualitative study of 26 family members who were caring for a disabled elder. Semi-structured interviews lasting between 60 and 100 minutes and that covered various aspects of long-term care in family households were conducted. The participants' responses indicate that they did not choose immigrant home eldercare assistants solely for economic reasons but also to be consistent with cultural, moral and traditional understandings of family responsibilities and care. They also provide valuable findings and insights into Italian attitudes towards the welfare state and the care-labour market. While the wealthiest respondent declared a clear predilection for the free-market and a desire to bypass the state, the majority of the respondents advocated a stronger role of the welfare state in helping people cope with the increased burden of long-term care. (KJ/RH)

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From : <http://www.journals.cambridge.org/aso>
doi:10.1017/S0144686X10000073

LONGEVITY

202/57

Increasing longevity and the economic value of healthy ageing and working longer; by Les Mayhew, Cass Business School, City University London. London: City University London, 2009, 71 pp.

Life expectancy is increasing rapidly and will continue to do so in the time horizon of this

analysis. The UK population will age rapidly from now on as the old age support ratio (the ratio of adults of working age to the population aged 65+) goes into long-term decline. This report uses a simple economic model to show that poor health and a passive ageing scenario based on current trends could bring economic problems in terms of higher taxes and falling standards of living, especially if long-term increases in wage productivity are not maintained. The worst case is that both gross domestic product (GDP) and GDP per capita could fall; the best case is that both could rise, but for this to happen certain conditions need to be met. One such is that people need to work for longer. This report finds that the implications of demographic changes are significant and should not be underestimated. (RH)

From : <http://www.hmg.gov.uk/media/33715/economicsofageing.pdf>

Cass Business School, City University, 106 Bunhill Row, London EC1Y 8TZ.
www.cass.city.ac.uk

MENTAL HEALTH

(See Also 202/34, 202/82, 202/83, 202/90)

202/58

One size fits all?: Why we need more sophisticated analytical methods in the explanation of trajectories of cognition in older age and their potential risk factors; by Graciela Muniz Terrera, Carol Brayne, Fiona Matthews, CC75C Study Collaboration Group, UK.

International Psychogeriatrics, vol 22, no 2, March 2010, pp 291-299.

Cognitive decline in old age varies among individuals. The identification of groups of individuals with similar patterns of cognitive change over time may improve our ability to see whether the effect of risk factors is consistent across groups. Whilst accounting for the missing data, growth mixture models (GMM) were fitted to data from four interview waves of a population-based longitudinal study of ageing, the Cambridge City over 75 Cohort Study (CC75C; see www.c75c.cam.ac.uk). At all interviews global cognition was assessed using the Mini-mental State Examination (MMSE). Three patterns were identified: a slow decline with age from a baseline of cognitive ability (41% of sample); an accelerating decline from a baseline of cognitive impairment (54% of sample); and a steep constant decline also from a baseline of cognitive impairment (5% of sample). Lower cognitive scores in those with less education were seen at baseline for the first two groups. Only in those with good performance and steady decline was the effect of education strong, with an increased rate of decline associated with poor education. Good mobility was associated with higher initial score in the group with accelerating change but not with rate of decline. Using these analytical methods, it is possible to detect different patterns of cognitive change with age. In this investigation, the effect of education differs with group. To understand the relationship of potential risk factors for cognitive decline, careful attention to dropout and appropriate analytical methods, in addition to long-term detailed studies of the population points, are required. (KJ/RH)

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doi:10.1017/S1041610209990937

202/59

Professional judgements of risk and capacity in situations of self-neglect among older people; by Shannon McDermott.

Ageing and Society, vol 30, part 6, August 2010, pp 1055-1072.

Over the past 50 years, self-neglect among older people has been conceptualised in both social policy and the academy as a social problem which is defined in relation to medical illness and requires professional intervention. However, few authors have analysed the concept of self-neglect in relation to critical sociological theory. This is problematic, because professional judgements, which provide the impetus for intervention, are inherently influenced by the social and cultural context. This article uses critical theory as a framework for interpreting the findings for a qualitative study which explored judgements in relation to older people in situations of self-neglect made to professionals. Two types of data were collected. There were 125 hours of observations at meetings and home assessments conducted by professionals associated with the Community Options Programme in Sydney, Australia; and 18 professionals who worked with

self-neglecting older people in the community gave in-depth qualitative interviews. The findings show that professional judgements of self-neglect focus on risk and capacity, and that these perceptions influence when how interventions occur. The assumptions upon which professional judgements are based are then further analysed in relation to critical theory. (RH)

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

doi:10.1017/S0144686X10000139

MENTAL HEALTH SERVICES

202/60

Residential alternatives to standard acute psychiatric wards; by Sonia Johnson (ed).

British Journal of Psychiatry, vol 197, Supplement 53, August 2010, 54 pp (whole issue).

Many service users and professionals are not satisfied with current hospital care: they call for a safer and more friendly environment with greater freedoms and less social distance between staff and patients. Phase 2 of the Alternatives Study was designed to improve the evidence base for such residential alternatives, and was a multiple methods investigation of six residential and in-patient alternatives to standard acute psychiatric wards in different catchment areas across England. Examples of residential alternatives include clinical crisis houses, crisis team beds, non-clinical alternatives, general therapeutic wards, short-stay wards and general wards for specific groups. Findings from the papers in this supplement of British Journal of Psychiatry suggest that offering a more acceptable environment increases satisfaction with treatment, although it does not improve the clinical outcome. This set of coordinated studies also suggest that psychiatrists should listen (and talk) more to their patients, and make their style of working in hospital and community facilities less paternalistic. (RH)

ISSN: 00071250 From : <http://bjp.rcpsych.org>

MIGRATION

202/61

Migrant care workers in ageing societies: research findings in the United Kingdom: report; by Alessio Cangiano, Isabel Shutes, Sarah Spencer (et al), COMPAS (ESRC Centre on Migration, Policy and Society), University of Oxford. (amended ed) Oxford: COMPAS (Electronic format only), July 2009, 240 pp.

The authors draw on new data to consider the extent to which migrants may be needed to meet an expanding demand for care services, and to examine the implications for employers, older people, their families and the migrants themselves. The focus is on the UK (and on the situation in England in most detail), and they report the findings of one of four country studies conducted in parallel in the UK, USA, Canada and the Republic of Ireland between Spring 2007 and Spring 2009. They explore and report on: policy and practice in the provision of social care for older people; migration policy and practice in the social care sector; the migrant social care workforce, including recruitment and retention; experience of the quality of care; and inequalities, discrimination and access to employment rights. They conclude that current extensive reliance on migrant workers in the provision of care for older people is not the solution to the shortage of staff in the care sector, but a symptom of the sector's inability to recruit sufficient labour to meet its needs and the prevailing conditions in the care labour market. Migrant care workers are likely to continue to play a central part in the future care system, the implications of which must be tackled in immigration and social care policies. (RH)

From : COMPAS (ESRC Centre on Migration, Policy and Society) | University of Oxford, 58 Banbury Road, Oxford OX2 6QS. website:www.compas.ox.ac.uk

OLDER OFFENDERS

202/62

Bromley briefings: prison factfile: July 2010; by Prison Reform Trust. London: Prison Reform Trust, 2010, 50 pp.

This 'Bromley briefings: prison factfile' is one in a series with this title produced twice a year since November 2006 (see <http://www.prisonreformtrust.org.uk/subsection.asp?id=685>) in memory of Keith Bromley, a friend of PRT. It presents recent facts and figures from government

and other official sources on prisons and prisoners in England, Wales, Scotland and Northern Ireland. It includes information on older prisoners (aged 50+), which concludes that despite the dramatic rise in numbers, the Prison Service does not yet have a Prison Service Order or national strategy for older prisoners, although "this is being considered". On 30 June 2009, there were 7,532 prisoners aged over 50 in England and Wales (2,008 serving life sentences); 539 prisoners were aged over 70. More than 1 in 10 older prisoners belong to a minority ethnic group, far higher than the proportion of the general population. Other concerns relating to older prisoners include: physical and mental health problems; lack of involvement of social services; no specific age-related assessments or arrangements; and the lack of palliative care for the terminally ill. The Prison Reform Trust acknowledges support from the Bromley Trust in producing this briefing paper. (RH)

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

OLDER WOMEN

(See 202/55)

PALLIATIVE CARE

202/63

National survey of patient activity data for specialist palliative care services: MDS full report for the year 2008-2009; by National Council for Palliative Care - NCPC. London: National Council for Palliative Care, May 2010, 75 pp.

The Minimum Data Set (MDS) was developed in 1995 by the National Council for Hospice and Specialist Palliative Care Services (now the NCPC) in association with the Hospice Service at St Christopher's Hospice, London. The aim of the MDS is to provide good quality, comprehensive data about hospice and specialist palliative care services, in order to inform service management, development, commissioning and planning. This report provides a national overview of services in England, Northern Ireland and Wales; data on inpatients and outpatients, including their ethnicity as well as diagnoses; and data on day care, community services, hospital support, and bereavement support. The data are variously presented as tables or charts, accompanied by annotations. The findings are based on an overall response rate of 66% (328 services) to a questionnaire sent to all services providing palliative care in England, Northern Ireland and Wales. (RH)

Price: £25.00 (free to NCPC subscribers)

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

PARTICIPATION

(See Also 202/82)

202/64

Cambridgeshire community study: 'Unsung heroes in a changing climate': final report; by Dorothy Runnicles, Cambridgeshire Older People's Reference Group (COPRG). Milton, Cambridge: Rowan Scientific Publications, 2010, 33 pp.

In 2006, Cambridgeshire Older People's Reference Group (COPRG) held meetings in sheltered housing and residential care settings in the county and learned of residents' relative isolation from the mainstream of neighbourhood life. This report presents the Reference Group's findings on the range of community groups in the county and the extent of older people's involvement in self help groups, faith and church supported groups, and groups run by specialist organisations. The literature on community groups appears limited, and notes are included on some titles that are relevant to the study. A free PDF version is available (on website, www.rowans-scientific.co.uk). (RH)

Price: £4.00

From : Available by post from: COVER, Eagle Stile, Rectory Farm Barns, Walden Road, Little Chesterford, Essex CB10 1UD. Tel: 01799 532880; E-mail: office@cover-east.org

202/65 Participation and social justice; by Marian Barnes, Colin Gell, Pat Thomas, Social Policy Association. Bristol: Policy Press.
IN: Social Policy Review, 22, Chapter 11, 2010, pp 253-274.
Changes in public service governance since the 1980s have led to changes in service delivery and the relationships between service providers and their users, and more broadly between the state and citizens. By the end of the 21st century, participation has supposedly become official policy in respect of local government and the NHS. The authors examine whether initiatives around participation and user involvement can be considered as contributing to the creation of a more just society. They discuss the relevance to this of the principles of local knowledge and local representation. They assess how the situation of carers and people with mental health problems has benefited from user involvement initiatives. (RH)
From : The Policy Press, University of Bristol, Fourth Floor, Beacon House, Queen's Road, Bristol BS8 1QU.
<http://www.policypress.org.uk>

PENSIONS AND BENEFITS

202/66 Perceptions and expectations of pension savings adequacy: a comparative study of Dutch and American workers; by Hendrik P van Dalen, Kène Henkens, Douglas A Hershey.
Ageing and Society, vol 30, part 5, July 2010, pp 731-754.
What drives the perceptions of pension savings adequacy and what do workers expect to receive when they retire? These questions are assessed among married workers using an identical survey distributed to Dutch and American workers in 2007. Despite marked differences in expected pension replacement rates - where the Dutch replacement rates are systematically higher than the American rates - the perceived savings adequacy is more or less the same across Dutch and American workers. In both countries, about half of the respondents were confident they had amassed sufficient retirement savings. Individuals' perceived savings adequacy was found to be influenced by three groups of factors: trust in pension institutions (pension funds, banks, insurance companies and governments), social forces, and psychological dispositions. This study shows that differences in the dispositions of workers (with respect to future orientation and financial planning) played a far larger role in explaining differences in perceptions of savings adequacy in the United States than in The Netherlands. Dutch workers rely and trust their pension fund and seem to leave thinking about and planning for retirement to its managers. (KJ/RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso> doi:10.1017/S0144686X09990651

202/67 Towards a social democratic pension system?: Assessing the significance of the 2007 and 2008 Pensions Acts; by Paul Bridgen, Social Policy Association. Bristol: Policy Press.
IN: Social Policy Review, 22, Chapter 4, 2010, pp 71-96.
In recent years, pensions policy has been dominated by debate and legislation that followed the final report from the Pensions Commission (chaired by Adair Turner) in 2005. The Commission recommended a National Pensions Savings Scheme (NPSS) to which all employees not already covered by occupational pensions would be auto-enrolled. Following two White Papers in 2006, the Commission's recommendations were implemented in the 2007 and 2008 Pensions Acts: the NPSS, rebranded as Personal Accounts, would be implemented by 2012. The author raises doubts about the claim that the essence of the British liberal pensions regime has been unaffected by these recent reforms. He summarises the policy problems with which Labour was faced when it came to power in 1997 and its responses up to 2008. He uses an analytical framework to assess the 2007 and 2008 Acts on the basis of secondary data from previous analysis and policy simulations. While there has been an attempt to widen access to pensions, there is doubt as to how reform will develop under a Conservative government. (RH)
From : The Policy Press, University of Bristol, Fourth Floor, Beacon House, Queen's Road, Bristol BS8 1QU.
<http://www.policypress.org.uk>

PERSON CENTRED CARE

- 202/68 The brain and person-centred care: 5. A deeper look at emotion in dementia; by Elizabeth Milwain.: Hawker Publications.
Journal of Dementia Care, vol 18, no 4, July/August 2010, pp 20-23.
In the fifth of this series of six articles on the brain and dementia care, the author looks at the way the brain processes emotional responses and assesses the impact of dementia. She focuses on the circuitry within the brain that is implicated in coordinating and controlling a person's emotional responses and the impact that dementia has on this circuitry. The evidence is reviewed to show why environmental and personal factors, as well as neurological, need to be considered in trying to understand the behaviour of a person with dementia. (RH)
ISSN: 13518372
- 202/69 The brain and person-centred care: 4. Memory, belief, emotion and behaviour; by Elizabeth Milwain.: Hawker Publications.
Journal of Dementia Care, vol 18, no 3, May/June 2010, pp 25-29.
In the fourth in this series of six articles on the brain and dementia care, the author describes the changes to memory functions dementia often brings, particularly in Alzheimer's disease (AD). Most people with dementia experience memory problems from early in the condition, particularly the learning and retention of new information or experiences. This article aims to explain how the human memory system is organised and the consequences of persistent but gradual damage to some parts of this system. There are two key messages in this review: first, that it is not correct to think that people with AD have "no memory"; and second, the importance of life history work in helping to understand many of the confusions experienced by people with dementia. (RH)
ISSN: 13518372

PERSONALISATION

- 202/70 Going for brokerage: a task of 'independent support' or social work?; by Peter Scourfield.
British Journal of Social Work, vol 40, no 3, April 2010, pp 858-877.
It is argued that for the agenda to 'personalise' social care in the UK to be successful, adequate systems of support brokerage need to be in place. Where brokerage is situated organizationally and ideologically is not inconsequential, both in terms of the accountability, profile and quality of the 'brokers' and the extent to which service users can feel properly in control of their own care or support. Many involved in support brokerage argue that independence from statutory bodies is a key principle. However, models of support brokerage have been suggested that propose brokerage as a possible function of the statutory social care sector. The paper traces how and why the 'new' language of brokerage has emerged in official discourses of adult social care. It also discusses the various ideas about what brokerage is and who is supposed to undertake it. It is considered whether support brokerage should be regarded as a form of social work, which is not currently the case. Were independent support brokerage to expand its role in the adult social care system, the question would arise of where that would leave social work with adults. These developments expose conflicts and tensions in New Labour's modernisation agenda. (KJ/RH)
ISSN: 00453102
From : <http://bjsw.oxfordjournals.org>
doi:10.1093/bjsw/bcn141

PUBLIC SERVICES

(See 202/65)

QUALITY OF LIFE

(See 202/88)

REHABILITATION

- 202/71 'It's about investing to save': [Reablement services]; by Natalie Valios. Community Care, issue 1821, 3 June 2010, pp 26-27. Reablement services save councils money by helping service users to regain independence. But, as public finances tighten, will local authorities be able to find the investment required to make them work? Examples of reablement services include providing personal care, help with activities for daily living (ADLs) and other practical tasks, usually for up to six weeks. This article includes a Leicestershire case study which demonstrates the reablement's value financially and for an individual's independence. This is one of a series of articles in this issue of Community Care on the theme of surviving the cuts. (RH)
ISSN: 03075508
From : www.communitycare.co.uk
- 202/72 Inpatient rehabilitation specifically designed for geriatric patients: systematic review and meta-analysis of randomised controlled trials; by Stefan Bachmann, Christoph Finger, Anke Huss (et al). British Medical Journal, vol 340, no 7758, 5 June 2010, p 1230. Inpatient rehabilitation specifically designed for patients with cardiac, neurological, pulmonary or musculoskeletal problems have been shown to improve patient outcomes. Inpatient rehabilitation programmes specifically designed for geriatric patients also improve outcomes. This systematic review and meta-analysis included randomised controlled trials (RCTs) on the short or longer term effects of inpatient rehabilitation specifically designed for geriatric patients. Included were 17 trials with 4,780 patients that compared the effects of general or orthopaedic geriatric programmes with usual care. Meta-analyses of effects indicated an overall benefit in short term outcomes (at discharge). Less pronounced were longer term effects over usual care for all outcomes measured. (RH)
ISSN: 09598138
From : www.bmj.com
BMJ2010;340:c1718
- 202/73 Rehabilitation of patients with stroke: summary of SIGN guidance; by Lorraine N Smith, Roberta James, Mark Barber (et al). British Medical Journal, vol 340, no 7760, 19 June 2010, pp 1356-1358. Stroke is the third most common cause of death and the most frequent cause of severe adult disability in Scotland. Despite considerable advances in organised stroke care in recent years, improvements are still needed. Since publication of the previous Scottish Intercollegiate Guidelines Network (SIGN) guidelines on rehabilitation after stroke (SIGN 04), several small studies have shown the effectiveness of new therapeutic techniques and technologies. This guideline supersedes the earlier guideline and summarises the most recent recommendations from SIGN on rehabilitation after stroke. It also complements SIGN guidelines 119 and 108 on other aspects of the management of stroke. (RH)
ISSN: 09598138
From : www.bmj.com
BMJ2010;340:c2845

RESEARCH

- 202/74 Linking the NIH Strategic Plan to the research agenda for social workers in health and aging; by Victoria H Raveis, Daniel S Gardner, Barbara Berkman (et al).: Routledge. Journal of Gerontological Social Work, vol 53, issue 1, 2010, pp 77-93. Although social work has a long and distinctive tradition of practice-relevant research aimed at

enhancing the health and well-being of older adults, the profession has been underrepresented among the ranks of academic researchers and the National Institutes of Health's (NIH) scientific endeavours. In this article, the inherent capacities of social workers to generate and disseminate empirical health-related knowledge are discussed and recent developments in social work's geriatric research infrastructure are described. Emerging domains for advancing the profession's contribution to practice-relevant geriatric research on the federal level are identified and the next steps toward advancing the field's research agenda are posed. (KJ/RH)

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

<http://www.taylorandfrancis.com>

DOI: 10.1080/01634370903361953

202/75

Rejuvenating ageing research; by Working Group, Academy of Medical Sciences.: The Academy of Medical Sciences, 2009, 68 pp.

The Academy of Medical Sciences considers policy measures for ageing research and recommends four research priorities: developing our understanding of the basic biology of healthy ageing; integrating knowledge of the processes that underpin ageing and age-related diseases; measuring and understanding the determinants of healthy ageing in older people at a population level; and translating advances in the basic biological sciences of ageing into effective interventions to promote healthy ageing. These themes have been identified because of their scientific timeliness, as well as for their health, social and economic value. (RH)

From : The Academy of Medical Sciences, 10 Carlton House Terrace, London SW1Y 5AH.

202/76

Service users as peer research interviewers: why bother?; by Rachel Harding, Grahame Whitfield, Neil Stillwell, Social Policy Association. Bristol: Policy Press.

IN: Social Policy Review, 22, Chapter 14, 2010, pp 317-335.

The authors argue that there are clear methodological advantages to involving service users in peer interviewing. They discuss peer interviewing in terms of strategic risk and limitations, as well as practical and ethical considerations. Ways of developing peer research in general are also discussed. The chapter draws on two studies on homelessness research, one on day centre services and the other for substance abusers. (RH)

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

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

202/77

SPARC: a new model for supporting ageing research; by Peter Lansley.

Quality in Ageing and Older Adults, vol 11, issue 1, March 2010, pp 7-15.

The development of national capacity to undertake ageing-related research is vital to ensuring that the challenges arising from an ageing society faced by government, society and individuals are adequately understood and quality of life is enhanced. Yet, in the early 2000s, there was a danger that previous initial investment in ageing research would be wasted. A campaign was mounted to support newcomers to ageing research, especially those early in their careers. This eventually resulted in Strategic Promotion of Ageing Research Capacity (SPARC), a 4-year programme to pump-prime newcomers to ageing research, to publicise the outcome of ageing research to all stakeholders, and to lobby policy-makers about the value of ageing research. This end-of-programme review suggests that those supported with pump-priming awards have been fast-tracked into the highly competitive world of ageing research; that the findings have been very well received; and that the advocacy activities have been influential. The Director of SPARC (and editor of this issue of Quality in Ageing and Older Adults) concludes that a new model for promoting ageing research has been established. (RH)

ISSN: 14717794

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

doi: 10.5042/qiaoa.2010.0151

202/78

Striving towards inclusive research: an example of participatory action research with older lesbians and gay men; by Lee-Ann Fenge.

British Journal of Social Work, vol 40, no 3, April 2010, pp 878-894.

This paper sets out to explore the implications of participatory action research (PAR) as a method of encouraging older people from minority groups to have a 'voice' in defining knowledge, theory and practice about their lives. Recent policy in Britain has promoted the recognition of diversity of experience in later life (Office of the Deputy Prime Minister, 2006) and the importance of working with older people as equal partners (Audit Commission, 2004). At the same time, notions of partnership and service user involvement in both research and practice development are now firmly established within health and social care practice. Despite this, the needs of older lesbians and gay men are still very much invisible within mainstream policy and practice (Heaphy et al, 2004). PAR approaches seek to address issues of power, politics and empowerment (Bradbury and Reason, 2001) and therefore offers an inclusive method of working with marginalized and excluded voices. This is important in research with minority groups, as their experiences can be masked by imposing mainstream categories and assumptions (Pollner and Rosenfeld, 2000). The paper considers participatory action research as a methodology for inclusive social work research and uses a case study to explore the methodology. It reviews the 'cycle' of research using the six principles for working with disempowered groups identified by Whitmore and McGee (2001). The paradoxes involved in participatory research are explored, including issues of inclusiveness and exclusivity, and the possibility of 'untold truths' (Lundy and McGovern, 2006). The challenges involved in striving for inclusive and empowering research methodologies are discussed, exploring the implications for 'outsider' researchers, and the challenges of working with 'variant truths'. (KJ/RH)

ISSN: 00453102

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

doi:10.1093/bjsw/bcn144

RESIDENTIAL AND NURSING HOME CARE

(See Also 202/1, 202/18, 202/25, 202/41)

202/79

Health, social and lifestyle factors in entry to residential aged care: an Australian longitudinal analysis; by Hal Kendig, Colette Browning, Robert Pedlow (et al).

Age and Ageing, vol 39, no 3, May 2010, pp 342-348.

Strategies to enable older people to remain in their own homes require information on potential intervention areas and target groups for health promotion and healthcare services. This study aimed to identify socioeconomic, health and lifestyle factors in entry to residential aged care facilities. A prospective cohort study was conducted from 1994 to 2005. The information source was the Melbourne Longitudinal Studies on Healthy Ageing Program. 1000 Australians aged 65+ living in the community were used as baseline sample. Socio-medical data were gathered in face-to-face baseline interviews, and outcomes were identified in biennial follow-ups with respondents, informants and death registries over 12 years. Cox regression models identified baseline predictors of subsequent entry to residential aged care for men and women from among socio-demographic, health status and lifestyle factors. The most significant factors were older age, Instrumental Activities of Daily Living (IADL) dependence, cognitive impairment, underweight body mass index (BMI) and low social activity. For men only, the number of medical conditions and healthy nutrition score also emerged as significant. For women only, never having been married, IADL dependence and low BMI also were significant. For men, the risk of entry to residential aged care facilities was associated mainly with disease burden, whereas for women, social vulnerability and functional capacities were more important. Healthy lifestyles were important indirectly insofar as they influenced subjects' health status. To facilitate older people to stay in the community, it is important to treat or ameliorate medical conditions, promote healthy lifestyles and consider gender-specific risks. (KJ/RH)

ISSN: 00020729

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

doi:10.1093/ageing/afq016

RETIREMENT COMMUNITIES

(See 202/43)

SEXUALITY

(See 202/78)

SOCIAL CARE

(See Also 202/4, 202/28)

- 202/80 Support workers in social care in England: a scoping study; by Jill Manthorpe, Stephen Martineau, Jo Moriarty (et al).
Health and Social Care in the Community, vol 18, no 3, May 2010, pp 316-324.
The authors report the findings of a scoping study designed to describe the evidence base with regard to support workers in social care in the United Kingdom and to identify gaps in knowledge. Multiple bibliographic databases were searched for studies published since 2003. The results revealed that the support worker role, though not well-defined, could be characterised as one aimed at fostering independence among service users, undertaking tasks across social and health-care, and not being trained in, or a member of, a specific profession. The studies identified were predominantly small-scale qualitative projects which considered issues such as role clarity, training and pay, worker satisfaction, service user views and the amount of time support workers are able to spend with service users compared to other staff. The review concluded that the research base lacks longitudinal studies, there is definitional confusion and imprecision, and there is limited evidence about employment terms and conditions for support workers or about their accountability and performance. The desirability and value of training and how it is resourced need further analysis. It is concluded that moves to self-directed support or personalisation and the increased reliance on and use of support workers, in the form of personal assistants, call for closer scrutiny of the role. (KJ/RH)
ISSN: 09660410
From : <http://www.blackwellpublishing.com/hsc> DOI: 10.1111/j.1365-2524.2010.00910.x
- 202/81 Towards integrated participation: involving seldom heard users of social care services; by Louisa Hernandez, Paul Robson, Alice Sampson.
British Journal of Social Work, vol 40, no 3, April 2010, pp 714-736.
Using information from interviews with 41 service users and 32 staff from eight organisations, a practice model is developed to show how those typically excluded from user participation be included into everyday participation to develop services and policies. The practice model outlines the processes necessary to promote and institutionally embed participation. The uncertainties and tensions that arise from these activities are also discussed. The value of the findings presented in this paper is that they provide information about how service user participation may be achieved. (KJ/RH)
ISSN: 00453102
From : <http://bjsw.oxfordjournals.org> doi:10.1093/bjsw/bcn118

SOCIAL NETWORKS

(See Also 202/64, 202/90)

- 202/82 Social involvement, behavioural risks and cognitive functioning among older people; by Henriette Engelhardt, Isabella Buber, Vegard Skirbekk (et al).
Ageing and Society, vol 30, part 5, July 2010, pp 779-809.
This study analyses the relationships between cognitive performance, social participation and behavioural risks, taking into account age and educational attainment. The authors examine

individual data for 11 European countries and Israel from the first wave of the Survey of Health, Ageing and Retirement in Europe (SHARE). The stochastic frontier approach methodology enables us to identify different sources of plasticity on cognitive functioning while taking into account age-related decline in cognitive performance. Several social participation variables were examined: employment status; attending educational courses; doing voluntary or charity work; providing help to family, friends or neighbours; participating in sports, social or other clubs, in a religious organisation and in a political or community organisation. The research controlled for age, education, income, physical activity, body-mass index, smoking and drinking. In the pooled sample, the results clearly show that all kinds of social involvement enhance cognitive functions, in particular in work. Moreover, behavioural risks such as physical inactivity, obesity, smoking or drinking were clearly detrimental to cognitive performance. Models for men and women were run separately. For both genders, all social involvement indicators associated with better cognitive performance. The results varied by countries, however, particularly the signs of the associations with a number of indicators of social involvement and behavioural risks. (KJ/RH)

ISSN: 0144686X

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doi:10.1017/S0144686X09990626

SOCIAL SERVICES

(See 202/54)

STROKE

(See 202/73)

SUICIDE

202/83

Health status and suicide in the second half of life; by Yeates Conwell, Paul R Duberstein, Jameson K Hirsch (et al).

International Journal of Geriatric Psychiatry, vol 25, no 4, April 2010, pp 371-379.

The associations of suicide in the second half of life with medical and psychiatric illness, functional limitations, and reported use of in-patient, ambulatory and home health care services were examined. A retrospective case-control design was used to compare 86 people aged over 50 who died by suicide with a comparison group of 86 living community participants that were individually matched on age, gender, race, and county of residence. Suicide decedents had more Axis 1 diagnoses, including current mood and anxiety disorders, worse physical health status, and greater impairment in functional capacity. They were more likely to have required psychiatric treatment, medical, or surgical hospitalisation in the last year, and visiting nurse or home health aid services. In a multivariate model, the presence of any active Axis 1 disorder and any impairment in instrumental activities of daily living (IADLs), made independent contributions to suicide risk. Mental illness, physical illness and associated functional impairments represent domains for risk for suicide in this age group. In addition to individuals with psychiatric illness, those with severe or comorbid physical illness and functional disability who require inpatient and home care services should be targeted for screening and preventive interventions. (RH)

ISSN: 08856230

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

doi: 10.1002/gps.2348

202/84

The possible evidence for an epidemiological transition hypothesis for elderly suicides; by A Shah.

International Psychogeriatrics, vol 22, no 2, March 2010, pp 219-226.

An epidemiological transition hypothesis has been developed to explain simultaneously wide cross-national variations in suicide rates of older people, trends over time for older suicide rates

and age-associated trends in suicides rates. This speculative hypothesis suggests that there is a curvilinear (inverted U-shaped curve) relationship between suicide rates of older people and socioeconomic status fitting the quadratic equation $y = a + bx - cx^2$ (where y is the suicide rate, x is the socioeconomic status, and a , b and c are constants). The predicted curvilinear relationship between older people's suicide rates and gross national domestic product (GDP), a measure of socioeconomic status, fitting the above quadratic equation was examined with a curve estimation regression model using data from the World Health Organization (WHO). The relationship between suicide rates in both sexes in the age-bands 65-74 and 75+ years and the GDP was curvilinear (inverted U-shaped curve) and fitted the above quadratic equation, and was statistically significant (at least $p < 0.05$) in all four groups. Caution should be exercised in accepting this model of the epidemiological transition hypothesis for elderly suicide rates because it is generated from cross-sectional data using an ecological design. Ideally, this model requires rigorous testing by following selected countries of low socioeconomic status over time as they develop socioeconomically. (KJ/RH)

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

doi:10.1017/S104161020999130X

202/85

Why suicide?: Elderly people who committed suicide and their experience of life in the period before their death; by Ildri Kjolseth, Oivind Ekeberg, Sissel Steilhaug (et al).

International Psychogeriatrics, vol 22, no 2, March 2010, pp 209-218.

The objective of this study is to acquire an understanding of the suicides among a group of older people by studying how they experienced their existence towards the end of life. This is a psychological autopsy study based on qualitative interviews with 63 informants in relation to 23 suicides committed by people aged over 65 in Norway. Informants who knew the deceased well describe what the older person communicated to them about experience of life in the period before the suicide and how they as informants saw and understood this. The informants comprise relatives, family doctors and home-based care nurses. The analysis of the interviews follows the systematic text condensation method. The descriptions are divided into three main elements: the older people's experiences of life, their perception of themselves, and their conceptions of death. "Experience of life" has two sub-topics: this life has been lived, and life as a burden. Everything that had given value to their life had been lost and life was increasingly experienced as a burden. Their "perception of themselves" concerned losing oneself. Functional decline meant that they no longer had freedom of action and self-determination. "Conceptions of death" involve the following sub-topics: acknowledgement or acceptance; and death is better than life. Life had entered into its final phase, and they seemed to accept death. For some time, many of them had expressed the wish to die. The results lead us to argue that their suicides should be considered as existential choices. The sum total of the different forms of strain had made life a burden they could no longer bear. Age meant that they were in a phase of life that entailed closeness to death, which they could also see as a relief. (KJ/RH)

ISSN: 10416102

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

doi:10.1017/S1041610209990949

TRANSPORT

202/86

Designing with older car drivers: seeking out aspirations and needs; by Suzette Keith.

Quality in Ageing and Older Adults, vol 11, issue 1, March 2010, pp 38-47.

Older adults are increasingly being recognised as an important and growing consumer market; however, they appear reticent in accepting new technologies. One contributing factor is that their needs are poorly understood by designers, and products are poorly specified. Within the context of driving as a socially valuable skilled behaviour, the author and colleagues applied a participatory design approach to engage with older people as valued people in the design process. This article examines different strategies for involving older people as experts in their own domain, developing a better understanding of their needs and aspirations and empowering them within the design process. This research took account of new developments in car design and

opportunities for intelligent driver assistance systems to support driver safety. The study found that older car drivers responded well to the opportunity to identify their needs and to evaluate prototypes and novel technologies. Their appraisal of these novel technologies particularly supported an improved understanding of the skilled behaviours of older drivers and of the mismatch between these and the technologies. When incorporated into the early stages of the design process, these evaluation activities offer important opportunities to enhance understanding of latent and implicit needs of older people. In turn, this can inform and refine design requirements. (RH)

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

doi: 10.5042/qiaoa.2010.0154

202/87

Do transport planning tools reflect the needs of the older traveller?; by Greg Marsden, Mima Catton, Ann Jopson (et al).

Quality in Ageing and Older Adults, vol 11, issue 1, March 2010, pp 16-24.

This article describes a series of small-scale investigations conducted with older people, in order to understand the importance of independent transport in their daily lives and the key barriers that they face which constrain their travel patterns. The investigations used a blend of methods including literature review, focus groups, accompanied walks, geographical information system (GIS) mapping, and interviews with older people and experts working in the field of transport planning. The findings were tested through a series of practitioner and user workshops. While other studies have also provided valuable evidence on the importance of transport to well-being, this article presents evidence as to important cultural aspects of the predominant approach to transport planning which lead to older people's needs not receiving the attention that they need or deserve. There is a lack of training of professionals to the specific needs of this group, compounded by a lack of time devoted to understanding these. Efforts to automate the identification of problem areas using GPS mapping do not match well to the problems expressed by older people. This leads us to conclude that a more community-based, user-led approach is most likely to deliver the inclusive transport system that transport planners say they wish to develop and that older people would like to travel on. (RH)

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

doi: 10.5042/qiaoa.2010.0152

202/88

Mobility, accessibility and quality of later life; by Charles Musselwhite, Hebba Haddad.

Quality in Ageing and Older Adults, vol 11, issue 1, March 2010, pp 25-37.

Older people today are more active and more mobile than previous generations. However, they continue to suffer a reduction in quality of life when giving up driving. This article reports research carried out to identify the role of mobility and accessibility in older people's self-reported quality of life, through an in-depth examination of their travel needs. A wholly qualitative approach, utilising a variety of data collection methods including focus groups, interviews and diary completion, was employed with 57 people aged 65+ in the UK, of whom 26 were drivers and 31 had recently given up driving. The findings emphasise the importance of mobility for accessing services and shops. However, the reasons why older people travel and the importance of mobility go beyond accessibility to include the desire for independence, control, maintaining status, inclusion, "normalness", and travel for its own sake. All these are related to an individual's perception of quality of life. When older people give up driving, their self-reported quality of life is reduced; and this seems very much related to a reduction in affective and aesthetic qualities of mobility that a car affords and walking and using public transport lack. It is suggested that policy and practice needs to consider such motives for travel. (RH)

ISSN: 14717794

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

doi: 10.5042/qiaoa.2010.0153

VOLUNTEERING

202/89

Why do older adult volunteers stop volunteering?; by Fengyan Tang, Nancy Morrow-Howell, Eunhee Choi.

Ageing and Society, vol 30, part 5, July 2010, pp 859-878.

This paper reports a United States study of the factors that influence the turnover of older adult volunteers. Based on a parent study of programmes that use older adult volunteers, the follow-up study examined the experience for 207 older volunteers who served in ten programmes in 2005 and 2006, respectively. Telephone interviews and mail surveys were used to collect programme and personal information. The findings indicated that aspects of the volunteer experience, like duration of involvement, volunteering in other programme(s), type of activity, the adequacy of on-going support, and the availability of stipends influenced volunteering retention and turnover. Respondents who volunteered for a longer period were committed in other programmes, felt better supported, and received a stipend were less likely to quit volunteering in a designated programme. Also those volunteering in public safety programmes were least likely to quit. As reported by older adult volunteers themselves, the primary reasons for volunteer withdrawal included a higher priority of another productive activity or commitment, declining health, and problems with the programme administration. Volunteers with extensive experience were least likely to withdraw. The findings suggest that organisations with volunteer programmes can promote older adults' long-term engagement as volunteers by providing on-going support and stipends. Changes in programme characteristics would impact positively on volunteer retention, especially among low-income older Americans. (KJ/RH)

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

doi:10.1017/S0144686X10000140

WELL-BEING

202/90

Wellbeing depends on social relationship characteristics: comparing different types and providers of support to older adults; by Eva-Maria Merz, Oliver Huxhold.

Ageing and Society, vol 30, part 5, July 2010, pp 843-857.

This paper examines the associations between different forms of support, who provides the support and the wellbeing of older adults in Germany. Particular attention is paid to the wellbeing differences associated with kin and non-kin providers and with emotional support and instrumental support. In addition, the quality of relationships with kin and non-kin is examined as a moderator of the association between social support and wellbeing. Data for 1,146 respondents to the German Ageing Survey in 2002 were analysed to determine the combinations of emotional or instrumental support, kin or non-kin providers and relationship quality that best predicted wellbeing. Emotional support from kin and instrumental support from non-kin were both found to associate positively with wellbeing. Emotional support from non-kin providers did not associate with wellbeing, whereas instrumental support from kin providers had a negative association with one aspect of wellbeing. Higher relationship quality, whether with kin or non-kin, positively related to wellbeing. Interestingly, the negative impact of instrumental kin support was qualified by relationship quality. In other words, for people with high-quality relationships, receiving instrumental support from kin did not decrease wellbeing. When the relationship with a family carer or supporter is characterised by high quality, the challenges of frailties in old age, such as decreasing capacities and an increasing need for social support, can be met without compromising wellbeing. (KJ/RH)

ISSN: 0144686X

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

doi:10.1017/S0144686X10000061

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.

1 October 2010

Older People's Day & UK Grandparents Day

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

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

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

Venue: national

Location : national, United Kingdom, For years there have been different dates for Grandparents Day. So we at Grandparents Apart UK have settled on the 1st October every year from now on. This day is also Older Peoples Day and it will be easier to remember for grandparents who are Older People.

4-7 October 2010

European Nursing Congress : Older persons - the future of care

In this fourth European Nursing Congress, the central theme is older persons as the future of care. Nurses from all fields of health care, including homecare workers, general hospital staff, mental health professionals and carers for the mentally disabled, are invited to share their methods and their research findings with regard to care for older persons. The motivation and training of students to train in caring for older persons is another key component. To ensure quality of care for older persons both now and in the future, issues regarding the labour market and labour saving must be brought into focus. How can we create greater efficiency of care by means of, for example, technological support? Innovation, new ideas and

creativity in organizing care will be highlighted during the Congress.

Speakers: Prof. Anthea Tinker PhD (Professor of Social Gerontology at King s College London); Prof. Brendan McCormack RN, PhD

Organised by: European Nursing Congress Foundation

Location : De Doelen, Rotterdam, The Netherlands, European Congress

Details : Secretariat Foundation, PO Box 16065, 2301 GB Leiden, The Netherlands, (Institute of Nursing Research/School of Nursing University of Ulster, Adjunct Professor of Nursing, Monash University, Melbourne, Australia) amongst many others.

October 2010

Supporting Life's Journeys

Supporting Life's Journeys is a UK wide movement bringing together thousands of people who support mentoring and befriending. We all know that mentoring and befriending makes a real difference to those whose lives are touched by the support they receive. However, the impact they makes is always communicated in a unified way. The campaign is supported by the Mentoring and Befriending Foundation, Department of Work and Pensions, European Commission, Scottish Mentoring Network, Befriending Network Scotland, The Poverty Alliance, Scottish Government, Welsh Assembly Government, Mentoring and Befriending Wales, Volunteer Now and Northern Ireland Assembly.

Organised by: Mentoring and Befriending Foundation

Venue: national

Location : United Kingdom

Details : Suite 1, 4th Floor , Building 3, Universal Square, Devonshire Street North, Ardwick,

Manchester, M12 6JH
Tel : +44 (0)161 787 8600

5-8 October 2010

18th International Congress on Palliative Care

A unique opportunity to meet, share experiences and exchange ideas with colleagues from 50 countries, representing all disciplines involved in palliative care. Over 200 workshops, proffered papers, research forums and special seminars, and 350 posters.

Organised by: Palliative Care Division of the Departments of Medicine and Oncology of McGill University

Venue: Palais des Congrès annually and health inequalities cost the NHS an additional £5.5 billion every year. Current inequality legislation covers four forms of discrimination - direct and indirect discrimination, harassment and victimisation on the grounds of sex, race, sexual orientation, religion or belief, age, disability and gender reassignment. The Equality Bill received Royal Assent in April 2010. The new Act consolidates existing anti-discrimination legislation into one piece of over-arching policy and extends legislation to include the provision of goods, services and facilities. The impact of the Act will resonate throughout the public and private sectors, with the main measures of the Act expected to be implemented in October 2010.

Speakers: Chair: Sarah Spencer CBE (Chair, Equality and Diversity Forum).

Organised by: Inside Government

Venue: tba

Location : central London, England

Details : Inside Government, Golden Cross House, 8 Duncannon Street, London, WC2N 4JF

Tel : 0845 666 0664, Delegates at this forum will hear how the Equality Act will work in practice, the impact on their organisation and what they can do to prepare for its full implementation.

11-22 October 2010

International Programme in Policy Formulation, Planning, Implementation and Monitoring of the Madrid International Plan of Action on Ageing

Programme consists of lectures and seminars, site visits and workshops.

Organised by: International Institute on Ageing (United Nations - Malta) (INIA) in collaboration with UNFPA

Venue: Malta

Location : Valletta, Malta

Details : The Director, International Institute on

Ageing, 117 St Paul Street, Valletta VLT 07, Malta
Tel : +356 21-243044/5/6, Fax : +356 21-230248

12 October 2010

Safeguarding Vulnerable Adults

Organised by: Community Care Conferences

Venue: Aston Villa F.C

Location : Birmingham, England

Details : Safeguarding Vulnerable Adults, HR2, Quadrant House, The Quadrant, Sutton, SM2 5AS

Tel : +44 (0)181 652 3233, Fax : +44 (0)181 652 3482

12 October 2010

Under Pressure: Smarter Spending for Older People's Services

Keynote speaker: David Behan (Director General of Social Care, Department of Health). The financial challenges of an ageing population amidst a climate of reducing public spending will cause all councils and partners within housing, health, education and policing to find billions of pounds of extra savings. Attend this conference to consider stronger corporate approaches to financial planning, redesigning services, exploiting technologies and collaborative working in an attempt to triumph over the fiscal pressures and budget cuts that surround stakeholders working to support an ageing demographic in the future.

Speakers: Chair: Stephen Burke (Chief Executive, Counsel and Care)

Organised by: Neil Stewart Associates in association with Counsel and Care

Venue: The Grand Connaught Rooms

Location : London WC2, England

Details : Suzannah Povey

Tel : +44 (0)20 7960 6027

13 October 2010

Adult Social Care: Shaping the Workforce of the Future

The adult social care workforce is the backbone of the country's care system. If we are to ensure that adults are looked after in a way that preserves their health and well-being, it is vital that we have a world class workforce that is skilled, dedicated, valued and supported to do its best. In May 2010 the Department for Health announced the latest strategy for improving social care in the UK. Initiatives include the creation of an independent Commission into funding for long-term care; the Commission is expected to make its recommendations in 2011 on the future funding

options for care services and the balance of responsibility between individuals and the state. The Queen's Speech contained several provisions for the delivery of adult social care, these include a pledge to ensure care is tailored to individual needs and personalised budgets are offered to all users of care. The government also aims to ensure preventative care is provided to those in need and greater support is offered to carers. The coalition government has pledged to continue the transformation of social care. This follows several initiatives launched by the former government, including - the Adult Social Care Workforce Strategy which aimed to boost the status of the social care workforce and the creation of the Social Work Task Force, headed by Moira Gibb, which aims to drive forward social work reform. Growing demand for services and public spending cuts will pose many challenges to social care reform. Therefore, it is critical for the social care workforce to develop to meet the growing needs of service users.

Speakers: Chair: Phil Hope, (Former Minister of State for Care Services). Glen Mason (Director of Social Care Leadership and Performance, Department of Health); Dame Carol Black (National Director for Health and Work, Cross-Government Health Work and Well-Being Strategy Unit); Professor Jill Manthorpe, (Director, Social Care Workforce Research Unit, King's College London) and others.

Organised by: Inside Government

Venue: tba

Location : central London, England

Details : Inside Government, Golden Cross House, 8 Duncannon Street, London, WC2N 4JF

Tel : 0845 666 0664

13 October 2010

Dementia is Personal : What does the person with dementia really want to know?

The conference will explore what the person with dementia really wants to know and will enable participants to understand different perspectives of needs. Early bird booking is before 13 September 2010, register before this date to benefit from reduced fees. There are a limited number of places.

Speakers: Chair: Rachel Litherland, Innovations in Dementia CIC. Professor Jane Gilliard (National Dementia Strategy Programme Manager (Implementation), Department of Health. Mai Davies, Television and Radio Presenter (former Sky news presenter) and others.

Organised by: City of Bristol College

Venue: Engineer's House, Clifton, Bristol

Location : Bristol, England

Tel : +44 (0)117 312 5851, *Fax :* +44 (0)117 312 1329

13-14 October 2010

Training Courses 2010

Polka Dots and Moonbeams - 2 day course for health and social care staff to provide ideas for joyous movement activities with physically frail older people and people with dementia. Tutor to lead.

Organised by: National Centre for Movement, Learning and Health - JABADAO

Venue: regional

Location : Leeds, England

Details : Linda Neary, JABADAO, Suite 1, Ground floor, Manor House, 23 Robin Lane, Pudsey, Leeds LS28 7BR

Tel : +44 (0)113 236 3311, *Fax :* +44 (0)113 236 2266

14 October 2010

Annual Care Conference for Wales 2010

Organised by: Organised by Caring Times, in association with Care Forum Wales

Venue: Millennium Stadium

Location : Cardiff, Wales

Details : Alex Palmer, Hawker Publications, Culvert House,, Culvert Road, London , SW11 5DH

Tel : +44 (0)20 7720 2108 x214, *Fax :* +44 (0)20 7498 3023

14 October 2010

Leading Lights in Social Work : SWHN 10th Birthday Seminar

Social workers, archivists, historians, students and others interested in the history of social work are welcome. £10 to pay (£5 for students).

Speakers: Various speakers.

Organised by: Social Work History Network (SWHN) with Social Care Workforce Research Unit

Venue: Henriette Raphael House, Guy's Campus, King s College London

Location : London, England, SWHN is celebrating its 10th birthday at a time of major challenge and uncertainty for the profession. In reflecting on the achievements of people who have made an outstanding contribution to social work, this anniversary event provides an opportunity to consider lessons from the past and how these may help social work to face the challenges ahead. ,

Judith Niechcial will have available copies of her book on Baroness Lucy Faithful and doubtless will refresh our memories on her life and work at the event.

Details : Joan Rapaport

14 October 2010

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

Organised by: National Council for Palliative Care - NCPC

Venue: Holiday Inn, Bloomsbury

Location : London, England

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

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

18 October 2010

NCVO Annual Trustee Conference 2010 - Governing with confidence: Leading through Change

Organised by: NCVO in association with BWB (Bates Wells & Braithwaite)

Venue: The Brewery, Chiswell Street

Location : central London, England

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

Tel : +44 (0)20 7713 6161, *Fax* : +44 (0)20 7713 6300

19 October 2010

2nd National End of Life Care Conference

Keynote speakers: Rt Hon Andrew Lansley MP.

Speakers: Chair: Professor Peter Littlejohns (NICE)

Organised by: Neil Stewart Associates supported by NHS National End of Life Care Programme, NCPC, Healthcare at Home

Venue: The King's Fund

Location : London, England

Details : PO Box 39976, 2nd Floor, 1 Benjamin Street, London, EC1M 5YT

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

19-21 October 2010

Coming of Age : Dementia in the 21st Century

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

Speakers: Professor Stephen G Post, USA;

Professor Henry Brodaty, AU; Professor Sandrine Andrieu, FR Professor Emma Reynish, UK amongst other international speakers.

Organised by: Dementia Service Development Centre (DSDC)

Venue: London (tba)

Location : London, England

Details : Jemma Galbraith, Dementia Services Development Centre, University of Stirling, Stirling, FK9 4LA, Scotland

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

19-20 October 2010

Customer User Forums : Sharing your views - shaping the future

Opportunity to assist Tunstall with understanding user needs in order to shape future products, services and resources. Further date and venue: 9 and 10 November 2010 at the Holiday Inn Leeds-Brighouse Hotel, Clifton, Brighouse.

Organised by: Tunstall Healthcare (UK) Ltd

Venue: Hilton London Metropole

Location : London, England

Details : Kerry Sharpe, Whitley Lodge, Whitley Bridge, Yorkshire, DN14 0HR

Fax : +44 (0)1977 660562

19 October 2010

Personalisation in Health and Social Care : Integrated care for personalised services

Capita's Personalisation in Health and Social Care Conference demonstrates how health services and local authorities can bring together the strategic and practical aspects of integrating services to deliver the Coalition Government's agenda on personalisation. Significant funding constraints over the coming period means that the NHS and local authorities have to invest in integrating health and social care services to combine efforts, avoid duplication and make the most of shared resources.

Speakers: Chair: Martin Routledge (National Programmes Lead, Putting People First (Delivery) Department of Health).

Organised by: Capita Conferences

Venue: central London

Location : central London, England

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

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

21 October 2010

Falls Prevention in Older People : Implementing the High Impact Action: Staying Safe - Preventing Falls

Speakers: Chair: Helr Joanna Bornat and Dr Bill Bytheway. There will be an opportunity to view posters about the current research projects of CABS members, as well as to think about the challenges and opportunities of using biographical methods in research. There will be drinks and nibbles from 5pm onwards. There is no charge for this event.

Speakers: Chair: Dr Rebecca Jones (Faculty Lecturer, Health & Social Care).

Organised by: Centre for Ageing and Biographical Studies (CABS), Open University

Venue: Berril Lecture Theatre at The Open University

Location : Milton Keynes, England

Details : Katherine Perry, Research Office Assistant, Centre for Ageing and Biographical Studies , Faculty of Health and Social Care, , The Open University, , Walton Hall, , Milton Keynes, , MK7 6AA

Tel : +44 (0) 1908 332 964

3-5 November 2010

British Geriatrics Society Autumn Meeting

Guest Lecture, Baroness Sally Greengross. Parallel sessions; posters; exhibition and AGM.

Speakers: Numerous speakers.

Organised by: British Geriatrics Society (BGS)

Venue: Brighton Centre

Location : Brighton, England

Details : Secretariat, BGS Autumn Meeting, Hampton Medical Conferences Ltd, 113-119 High Street, Hampton Hill, Middlesex, TW12 1NJ

Tel : +44 (0)20 8979 8300, *Fax :* +44 (0)20 8979 6700

3 November 2010

ILC-UK and Actuarial Profession Joint Debate: The Economics of preventative healthcare in an ageing society

Data shows that the most common reason for forced early retirement is ill-health, and that people who retire early due to ill health tend to be those who can least afford to do so. Older workers can also find themselves forced to stop work temporarily due to ill health. This has huge implications in an ageing society where people are working longer for a variety of reasons including the rising state pension age, poor financial provision, and the desire to continue in their chosen profession.

Speakers: Chairpersons: Baroness Sally Greengross, ILC-UK and the Actuarial Profession (tbc).

Organised by: ILC-UK with the Actuarial Profession

Venue: The Actuarial Profession, Staple Inn Hall, High Holborn

Location : London, England

Details : International Longevity Centre-UK, 11 Tufton St, London, SW1P 3QB

Tel : +44 20 7340 0440, Increasingly, employers understand and value the contribution that older workers can make, and want to provide a working environment that supports them. The role of preventative healthcare is rising to the top of the health policy agenda in the UK, but traditionally it has not been seen as important for older people. However, there are many interventions that have the potential to help older people avoid or minimise illness and stay healthier for longer, thus allowing them to continue to work if they choose to do so. For example, lifestyle interventions in older people can prevent or prolong the onset of cardiovascular disease and vaccination can protect older people from vaccine preventable diseases such as influenza, pneumococcal disease and shingles. , This debate will examine the role of preventative healthcare in keeping older people, in particular older workers, in good health including whether this is practical and cost effective and what it means for employers and the economy. 4.00pm to 6.30 pm closing with refreshments., Professor Marc Suhrcke (University of East Anglia; Dr Richard Pitman (Oxford Outcomes); Expert panel response (Dr David Heymann, Health Protection Agency, Ms Maggie Rae, Wiltshire PCT, and Mr Russell Turner, Marks and Spencer).

3 November 2010

Rhetoric or Reality? Understanding what the policy of personalised care means for older people

A free event with lunch and refreshments for members of older people's forums and groups in London and older people who use local Age Concerns' services.

Speakers: Professor Jill Manthorpe

Organised by: Age UK, Age Concern London and the Greater London Forum for Older People

Venue: Woburn House, Tavistock Square

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

The Future of the UK Pensions Sector: Fairer, Affordable, Sustainable Pensions for All

Confirmed to deliver an exclusive keynote

presentation at this highly informative forum is Steve Webb MP, Minister for Pensions. His session will discuss the framework for 'transforming pensions' and he will be available to advise delegates on future changes and provide guidance on key issues.

Speakers: Chair: Pdraig Floyd, (Editor in chief, UK, Pensions & Investment Group, Financial Times). Andrew Harrop (Director of Policy and Public Affairs, Age UK); Caroline Instance (Chief Executive, Institute and Faculty of Actuaries); Glyn Jenkins (Head of Pensions, Unison); Joanne Segars (Chief Executive, National Association of Pension Funds); Dr Ros Altmann (Independent advisor to Government and Financial Industry on Pensions, Savings and Investment Policy).

Organised by: Inside Government

Venue: tba

Location : central London, England

Details : Inside Government, Golden Cross House, Duncannon Street, London, WC2N 4JF

Tel : 0845 666 0664, Delegates who attend this unique and topical forum will be able to debate future challenges envisaged by the coalition government for public sector pensions and discuss the issues facing wider pensions system. , Seminar to run from 8.30 am to 1.30 pm.

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, Freepost 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, Freepost 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

29 November - 10 December 2010

International Programme on the Demographic Aspects of Population Ageing and its implications for socio-economic development, policies and plans

Programme consists of lectures and seminars.

Organised by: International Institute on Ageing (United Nations - Malta) (INIA) in collaboration with UNFPA

Venue: Malta
Location : Valletta, Malta
Details : The Director, International Institute on Ageing, 117 St Paul Street, Valletta VLT 07, Malta
Tel : +356 21-243044/5/6, *Fax :* +356 21-230248

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 NWECC, 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

Digital Inclusion: Driving Digital Participation and Engagement

In the UK there are over 10 million adults who have never used the internet. Four million of those are among the most disadvantaged; 39% are over 65, 38% are unemployed, 19% are families with children. With life expectancy rising in the UK, how will the government increase participation and engagement within an ageing population?

Speakers: Chair: William Hoyle (Chief Executive, Charity Technology Trust). Numerous speakers including David Mortimer (Head of Digital Inclusion, Age UK).

Organised by: Inside Government

Venue: tba

Location : central London, England

Details : Inside Government, Golden Cross House, Duncannon Street, London, WC2N 4JF

Tel : 0845 666 0664

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

3 December 2010

Wear a Hat Day 2010

Registration required to take part with Age Scotland. The aim is to raise funds on the day for Age Scotland by wearing a hat on the day in exchange for a suggested donation of £1 to Age Scotland. Hats can be created, borrowed or bought!

Organised by: Age Scotland

Venue: Scotland

Location : Scotland

Details : Causewayside House, 160 Causewayside, Edinburgh, EH9 1PR

Tel : +44 (0)845 833 9315

7 December 2010

'Promoting Adequate Income and Dignity in Old Age through Civil Dialogue'

Seminar organised in the framework of INCLUSage Project - Debating Older People's Needs and of the European Year 2010 on Combating Poverty and Social Exclusion. The seminar will be hosted in collaboration with the European Parliament's Intergroup on Ageing and Intergenerational Solidarity and the Committee of Regions. It will be co-chaired respectively by Jean Lambert, MEP and Constance Hanniffy, Member of CoR.

Organised by: AGE Platform Europe

Venue: Committee of Regions, rue Belliard 99-101, Room VM1

Location : Brussels, Belgium

Details : Alice Sinigaglia, 111 Rue Froissart, B-1040 Bruxelles

Tel : +32 (0)2 234 65 53, The seminar will present the results of INCLUSage Project : Debating Older People's Needs - lead by AGE Platform Europe s members. The project aim is to promote a broad civil dialogue on ageing issues, involving stakeholders from all levels, as a way to combat poverty and ensure social inclusion among older people., For more information on the seminar and the INCLUSage project, please contact Maciej Kucharczyk, Policy Officer at: Maciej.Kucharczyk@age-platform.eu.

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

January 2011

Medication in Care Homes

Fourth 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: Des Kelly (Executive Director, National Care Forum/CPA Chair); Professor Nick Barber (Centre for Medication Safety and Service Quality, The School of Pharmacy, University of London) and others to be confirmed.

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: tba

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

17 February 2011

Health Inequalities : one year on from the Marmot review

Timed to take place one year on from the

publication of Professor Sir Michael Marmot's major review into health inequalities in England and including a keynote address from Professor Marmot this seminar will re-examine the report's conclusions in light of the new political landscape, and assess what more can be done to tackle the social determinants of health inequalities. Sessions will also examine how health inequalities will be addressed following the Coalition Government's White Paper Equity and excellence: Liberating the NHS, which proposes significant NHS structural and commissioning reforms, and how the emphasis on tackling health inequalities can be maintained against the backdrop of an increasing emphasis on health outcomes.

Speakers: Professor Sir Michael Marmot; Mark Davies;

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, *Fax* : +44 (0)1344 420121, Professor Alan Maryon-Davis; Karen Taylor.

17 February 2011

Safeguarding Vulnerable Adults

Organised by: Healthcare Events endorsed by ADASS; Journal of Adult Protection

Venue: Manchester Conference Centre

Location : Manchester, England

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

Tel : +44 (0)20 8541 1299, *Fax* : +44 (0)20 8547 2300

14-15 March 2011

Social Care Association Annual Seminar - Relationships : Fundamental to good practice in Support, Care and Assistance

Organised by: Social Care Association - SCA

Venue: The Beardmore Hotel, Clydebank

Location : Glasgow, Scotland

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

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