

New Literature on Old Age

EDITOR

Gillian CrosbyVOLUME
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ABUSE

- 203/1 How domestic abuse affects the wellbeing of older women; by Julie McGarry, Christine Simpson, Mansour Mansour.
Nursing Older People, vol 22, no 5, June 2010, pp 33-37.
The authors carried out a study that looked at why women have tended to suffer in silence at the hands of violent partners. A qualitative research design was used and data were collected using in-depth interviews with 16 participants, with the aim of finding out the effect of abuse on their health and lives. The consequences of domestic abuse for older women have a significant effect on their long-term health and emotional well-being. There is little available data about older women and domestic abuse. This is increasingly being recognised as a significant deficit in awareness and understanding in society as a whole, and more particularly for those responsible for support and care provision. (RH)
ISSN: 14720795
From : <http://www.nursingolderpeople.co.uk>
- 203/2 Leading the change from adult protection to safeguarding adults: more than just semantics; by Andrew Reece.
The Journal of Adult Protection, vol 12, no 3, August 2010, pp 30-34.
In many if not most local authorities in England, there has been a significant change in the language used to describe work with vulnerable adults, from "protecting" to "safeguarding". This paper argues that unless this is accompanied by a change in practice and focus, this will be a hollow change in semantics and will not improve the life chances of disabled people. By defining safeguarding as opposed to protection, it is suggested how Coventry City Council could frame the change process needed to ensure that the move from protection to safeguarding is real and not hollow. (RH)
ISSN: 14668203
From : Website: <http://pierprofessional.metapress.com/content/121398/>
doi: 10.5042/jap.2010.0412
- 203/3 Rural dimensions of elder abuse: contributions to No Secrets review for rural older people; by Michelle Cornes, Jill Manthorpe, Noreen Haselden.
The Journal of Adult Protection, vol 12, no 3, August 2010, pp 20-29.
As part of the consultation in England around the review of the guidance document 'No secrets' (Department of Health, 2008), a project was commissioned to listen to the views and experiences of a group of older people living in a rural community in north-west England. This article reports on the consultation process and findings. Messages for the review are identified that largely support the literature in confirming the variety of experiences and views held by rural older people, their personal activity related to protection of themselves and their sense of heightened vulnerabilities, but also security from living in rural areas. (RH)
ISSN: 14668203
From : Website: <http://pierprofessional.metapress.com/content/121398/>
doi: 10.5042/jap.2010.0411

AGEING (GENERAL)

- 203/4 AARP International : The Journal; by AARP International. New York: AARP.
AARP International : The Journal, Winter 2010, 114 pp (whole issue).
This edition of The Journal has two main themes: the challenges and complexities of health care provision for older people in their countries or regions; and the important role of civil society and multi-stakeholder coordination in driving positive social change, not just for older people, but for societies as a whole. So for example, Dr Constantina Safiliou-Rothschild writes about age-based inequalities in medical treatment based on a review of published medical research undertaken during the last three decades in medical centres and large hospitals of 18 countries, including the USA, Canada and 14 EU countries. Other contributions are from, amongst others: Dr Androulla Vassiliou, the European Union Health Commissioner; Diana Crossan, Retirement

Commissioner for New Zealand and an interview with Dr John Creighton Campbell (Professor Emeritus of Political Science at the University of Michigan and a visiting researcher at the Tokyo University Institute of Gerontology. (KJ/RH)
From : <http://www.aarpinternational.org/thejournal>

203/5 Putting older people's issues back on the agenda: a report; by Anchor. London: Anchor, 2010, 9 pp.

In the light of the forthcoming spending review, Anchor sought older people's opinions on the potential impact of cuts and on how they are treated by their political representatives. This report is based on a telephone survey of 649 over 65s in Great Britain conducted by ICM between 6 and 22 August 2010. The fear that care services for older people will be among the first cuts is borne out by the 69% of respondents who believe councils will slash funding to personal and nursing care. Among recommendations made by Anchor are that local authorities must ring fence spending on social services for older people until the Commission on the Funding of Care and Support reports; and there needs to be an honest dialogue about how the services for the most vulnerable people will be protected and how the shortfall should be paid for. More than six in 10 (63%) over 65s felt overlooked by politicians, with people aged over 85 feeling the most abandoned (70%). The findings should serve as a reminder to all parties that older people must not be forgotten. (RH)

From: <http://www.anchor.org.uk/ATDocuments/Putting%20Older%20People's%20Issues%20Back%20on%20the%20Agenda.pdf>

Anchor, 2nd Floor, 25 Bedford Street, London, WC2E 9ES.

ALTERNATIVE THERAPIES

203/6 A centre that uses alternative treatments to help clients de-stress: [complementary therapies in Glasgow]; by Jennifer Trueland.

Nursing Older People, vol 22, no 5, June 2010, pp 28-30.

A service user-run initiative offering complementary therapies has turned out to be an unexpected blessing for clients. This article explores the work of Lotus (Linking Older People Through Understanding and Support), an imaginative and complementary therapies centre for older people in Glasgow. It was established in 2003 as a partnership between the NHS, local authority and a supported housing development, Taransay Court. The centre is run by a committee of service users, and services offered include massage and lifestyle advice, for example on diet. (RH)

ISSN: 14720795

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

ANXIETY

(See 203/80)

ASSESSMENT

(See Also 203/80, 203/120)

203/7 Comprehensive assessment of older people with complex care needs: the multi-disciplinarity of the Single Assessment Process in England; by David Challis, Michele Abendstern, Paul Clarkson (et al).

Ageing and Society, vol 30, part 7, October 2010, pp 1115-1134.

The quality of assessment of older people with health and social care needs has for some time been a concern of policy makers, practitioners, older people and carers in the United Kingdom and internationally. This article seeks to address a key aspect of these concerns, namely whether sufficient expertise is deployed when, as a basis for a care plan and service allocation, an older person's eligibility for local authority adult social-care services requires a comprehensive needs assessment of their usually complex and multiple problems. Is an adequate range of professionals

engaged, and is a multi-disciplinary approach applied? The Single Assessment Process (SAP) was introduced in England in 2004 to promote a multi-disciplinary model of service delivery. After its introduction, a survey in 2005-06 was conducted to establish the prevalence and patterns of comprehensive assessment practice across England. The reported arrangements for multi-disciplinary working among local authority areas in England were categorised and reviewed. The findings suggest, first, that the provision of comprehensive assessments of older people that require the expertise of multiple professionals is limited, except where the possibility arose of placement in a care-home-with-nursing; and second, that by and large a systematic multi-disciplinary approach was absent. Policy initiatives to address the difficulties in assessment need to be more prescriptive if they are to produce the intended outcomes. (KJ/rh)

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

doi: 10.1017/S0144686X10000395

ATTITUDES TO AGEING

(See 203/86)

BABY BOOMERS

203/8

The baby boomer effect: patterns of substance abuse among adults ages 55 and over; by David F Duncan, Thomas Nicholson, John B White (et al): Routledge.

Journal of Aging & Social Policy, vol 22, no 3, July-September 2010, pp 237-248.

Between now and 2030, the number of adults aged 65 and older in the United States will almost double, from around 37 million to more than 70 million, an increase from 12% of the US population to almost 20%. It was long held that, with only a few isolated exceptions, substance abuse simply did not exist in this population. In light of the impact of the baby boom generation, this assumption may no longer be valid. The authors examined admissions of people 55 years and older (n = 918,955) from the Treatment Episode Data Set (1998-2006). Total admissions with a primary drug problem with alcohol have remained relatively stable over this time. Admissions for problems with a primary drug other than alcohol have shown a steady and substantial increase. Clearly, data from the Treatment Episode Data Set indicate a coming wave of older addicts whose primary problem is not alcohol. The authors suspect that this wave is led primarily by the continuing emergence of the baby boomer generation. (RH)

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

<http://www.informaworld.com>

203/9

The baby boomers and the price of personal freedom; by Will Hutton. London

The Observer, 22nd August 2010, (The New Review section p10), August 2010, 6 pp.

As the postwar baby boomer generation begins to enter comfortable retirement, their children face a future of massive debt and uncertainty. Born in 1950, the author is guilty of being "the quintessential baby boomer", but he has some sympathy with the views in some recent "anti-boomer" books. He notes some of the events that have influenced the cultural, economic, political and social institutions since the 1950s. He identifies how student politics and hippies in 1968 led to "the futile confusion of the 1970s, the certainties of Thatcherism and the great mindless credit-induced boom of the 1990s and 2000s". He concludes that if capitalism and market economics cannot create jobs and prosperity, the restiveness of the younger generation is likely to increase. (RH)

Price: download

From: <http://www.guardian.co.uk/society/2010/aug/22/baby-boomers-legacy-60-hutton/print>

BLACK AND MINORITY ETHNIC GROUPS

(See Also 203/92)

- 203/10 Is there 'a' mixed race group in Britain?: The diversity of multiracial identification and experience; by Miri Song.
Critical Social Policy, vol 30, no 3, issue 104, August 2010, pp 337-358.
In contemporary British society, references to 'mixed race' people and to various forms of mixing abound. But to what extent can we say that there is 'a' mixed race group in Britain today? If such a group exists, what commonalities underlie the experience of being mixed? In addressing this question, the author draws on a study of the racial identifications of different types of mixed young people in Britain. Song finds that the meanings and significance of race and mixedness in these young people's lives can vary considerably, both across and within specific mixed groups. In conclusion, Song argues that while there is evidence of a growing consciousness and interest in being mixed, we cannot (yet) speak of a coherent mixed group or experience in Britain. (KJ/RH)
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doi: 10.1177/0261018310367672

DEATH AND DYING

(See Also 203/99)

- 203/11 Difficult conversations: communicating with people with chronic obstructive pulmonary disorder about the end of life; by Jo Black, National Council for Palliative Care - NCPC. London: National Council for Palliative Care - NCPC, 2010, unnumbered (A5 booklet).
This booklet is for anyone caring for someone with Chronic Obstructive Pulmonary Disorder (COPD). It presents perspectives of around 60 people affected by COPD and describes views on thinking and talking about death and dying. A more detailed account of the conversations that informed this booklet is available on the NCPC website (www.ncpc.org.uk). The booklet is part of a range of materials published as part of NCPC's role as lead organisation of the Dying Matters Coalition, which aims to raise awareness of dying, death and bereavement. (KJ/RH)
Price: £5.00
From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. www.ncpc.org.uk
- 203/12 Dying Matters Newsletter; by Dying Matters Coalition. London: National Council for Palliative Care - NCPC, March 2010, newsletter + 5 A5 pamphlets.
The Dying Matters Coalition is raising public awareness of dying, death and bereavement in England; it is led by the National Council for Palliative Care (NCPC). This particular issue of the newsletter was published during the first Dying Matters Awareness Week 15-21 March 2010, which saw events and activities taking place nationwide. A series of five pamphlets and a poster was also launched during the week which are designed to help people focus on talking about death and dying, especially during times of terminal illness or bereavement. (KJ/RH)
From : Dying Matters Coalition, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. www.dyingmatters.org
- 203/13 PTSD in the older bereaved people; by Maja O'Connor.: Taylor & Francis.
Aging & Mental Health, vol 14, no 3, April 2010, pp 310-318.
Complicated grief reactions are relatively common following spousal bereavement. Old-age spousal loss qualifies as a possible traumatic stressor; however, post-traumatic stress disorder (PTSD) as a possible complication of the loss has rarely been explored in this population. This Danish study aimed to investigate the frequency of PTSD in older bereaved people in the county of Aarhus across the first 18 months of bereavement. Additionally, risk factors for the prediction of bereavement outcome in relation to four domains of the bereavement process were

investigated. Data were collected via self-report questionnaires measuring traumatic stress (Harvard Trauma Questionnaire (HTQ)), coping style (Coping Style Questionnaire (CSQ)), crisis support (Crisis Support Scale (CSS)), and personality (e.g. NEO-five factor inventory (NEO-FFI)). 296 older bereaved people (mean age 73 years) participated at 2, 6, 13, and 18 months post loss. The comparison group consisted of 276 married older people who had experienced at least one significant loss (mean age 70 years). The frequency of PTSD within the spousal bereaved group was high (16%) compared to the comparison group (4%) and remained stable across time. Each individual domain included in the current analysis was a predictor of PTSD 18 months post loss. Most predictors remained stable across time. A hierarchical regression analysis of the four domains predicted 49% of the variance, indicating a considerable overlap between the domains. Only one predictor, early post-traumatic distress, remained significant. The results confirm that loss of a spouse in old age is traumatic for some and that the effects of the loss remain over the first 18 months post loss. The results therefore underline the importance of further investigation into PTSD in the older bereaved. (KJ/RH)

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DOI: 10.1080/13607860903228770

DEMENTIA

(See Also 203/40, 203/70)

203/14

The cost of diagnosing dementia in a community setting; by Erik Jedenius, Anders Wimo, Jan Strömqvist (et al).

International Journal of Geriatric Psychiatry, vol 25, no 5, May 2010, pp 476-482.

In order to cope with the increasing number of individuals with dementia, it is crucial to develop the diagnostic capacity in primary care in cooperation with dementia specialists. Further, in order to establish prerequisites for care and planning, it is important to identify the cost of dementia diagnosis. Part of the Kalmar Dementia Program, this Swedish study aims to evaluate the cost of establishing a dementia diagnosis. It is a prospective, time- and resource utilization study for the identification of the total cost associated with diagnosing dementia (from start of the diagnostic process to time for established or rejected dementia diagnosis) both at the specialist and primary care level. Dementia evaluation in primary care took between 2 weeks and 2 months before reaching diagnosis. The average cost for all patients evaluated at the primary care level was 477 Euro (Ç), whereas evaluations done on a specialist level reached a cost of 1115 Ç. Thus, the costs per true diagnosed case consist of the cost for all dementia investigations divided by the number of finalized diagnoses. In this study the cost for diagnosing dementia per true diagnosed patient is 849 Ç at the primary care level and 1334 Ç at the specialist level. Based on this result, the authors estimated that the cost of establishing a dementia diagnosis is 1% of the total cost of dementia. (KJ/RH)

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

DOI: 10.1002/gps.2365

203/15

The impact of dementia and mild memory impairment (MMI) on intimacy and sexuality in spousal relationships; by Helen D Davies, Lori A Newkirk, Christiane B Pitts (et al).

International Psychogeriatrics, vol 22, no 4, June 2010, pp 618-628.

Sexuality and intimacy in couples in which one partner is affected by dementia has been widely researched. Few studies have explored these issues in couples where one partner is affected by mild memory impairment (MMI) or mild cognitive impairment (MCI). The objectives of this study were to (1) identify and contrast issues of intimacy and sexuality that spousal caregivers of persons with MMI and dementia may experience, and (2) identify future lines of research in this population. Fourteen dementia and nine MMI spousal caregivers participated in focus groups conducted between 2008 and 2009 at the Stanford/VA Alzheimer's Research Center. Content analyses were conducted to identify themes. Five themes emerged: communication, marital cohesion, affectional expression, caregiver burden, and ambiguity concerning the future

of the relationship. Dementia caregivers reported more difficulties with communication, cohesion and perceptions of increased burden than their MMI counterparts. Both groups indicated reduced sexual expression due to physical limitations; substitute activities including hand-holding, massaging, and hugging were noted. Both groups reported difficulty anticipating the future of the relationship due to present stressors. While dementia caregivers could consider future romantic relationships with others, MMI caregivers were primarily able to consider future relationships only for companionship and emotional intimacy. Early therapeutic interventions may assist couples in modifying activities, behaviours, and expectations about the future of the relationship. Such modifications may help maintain relationship satisfaction, decrease burden, preserve quality of life, and delay time-to-placement. Extending time-to-placement could have cost savings implications for families and the healthcare system. (KJ/RH)

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203/16

Non-pharmacological approaches for dementia that informal carers might try or access: a systematic review; by Claire Hulme, Judy Wright, Tom Crocker (et al).

International Journal of Geriatric Psychiatry, vol 25, no 7, July 2010, pp 756-763.

This systematic review of non-pharmacological approaches for dementia addresses: what non-drug treatments work and what do they work for? What non-drug treatments might work and what for? What non-drug treatments do not work? The objective is to provide a source of evidence for informal carers who want ideas about non-drug approaches for dementia that they might try or that they could try to access. Literature searches of seven electronic databases (AMED, CINAHL, EMBASE, MEDLINE, PSYCINFO, Cochrane Library of Systematic Reviews and DARE) were carried out in November 2007 using the following search terms (or derivatives): dementia/Alzheimer's AND Review AND non-drug therapies; the aim was to find systematic reviews. Thirty-three reviews were identified; 25 were judged to be high or good quality. Studies within these systematic reviews were characterised by weak study designs with small sample numbers. Three interventions were found to be effective for use with particular symptoms of dementia: music or music therapy, hand massage or gentle touch, and physical activity/exercise. Whilst informal carers can apply some of the interventions highlighted in the home setting at little or no cost to themselves or to health or social care services, others are likely to require training or instruction. Service providers and commissioners should explore current and future provision of more structured group activities for people with dementia; in particular the provision of group music therapy and group exercise activities that meet the needs of both the person with dementia and their carer. (KJ/RH)

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

DOI: 10.1002/gps.2429

203/17

Nursing home structure and association with agitation and use of psychotropic drugs in nursing home residents in three countries: Norway, Austria and England; by I Testad, S Auer, M Mittelman (et al).

International Journal of Geriatric Psychiatry, vol 25, no 7, July 2010, pp 725-731.

Understanding the underlying mechanisms and risk factors leading to agitation is crucial to reduce the severity of agitation and increase quality of life. International comparative studies offer special advantages in elucidating environmental risk factors by providing a wider diversity of environmental exposures such as nursing home structures, health care systems and genetic diversity. Baseline data for three different intervention studies in Austria (n = 38), England (n = 302) and Norway (n = 163) were combined post hoc. Patients were grouped according to their dementia severity using the global deterioration scale (GDS), functional assessment staging (FAST) and clinical dementia rating (CDR) scales. For the measurement of agitation, the Cohen-Mansfield Agitation Inventory (CMAI) was used. Data analysis was performed using one-way ANOVA, multivariate and linear regression analysis. CMAI scores were available for 503 subjects with dementia. There were significant differences between the nursing home residents in the three countries regarding age, gender and dementia severity (all p values

0.001). In the multivariate analyses, the level of agitation differed with higher mean scores in the Austrian (mean (SD) score 51.9(21.8)) compared to UK (43.3(16.1)) and Norwegian (41.6(13.2)) nursing homes ($p = 0.002$). Similarly, the use of psychotropic drugs differed significantly, with a higher proportion of neuroleptics in UK (48%, $p = 0.001$) and Austrian (52.6%; $p = 0.001$) compared to Norwegian (19%) nursing homes. The authors found differences in agitation and antipsychotic drug use which are likely related to structural and cultural differences in nursing homes in three European countries. (KJ/RH)

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

DOI: 10.1002/gps.2414

203/18

People with dementia living alone: what are their needs and what kind of support are they receiving?; by Claudia Miranda-Castillo, Bob Woods, Martin Orrell.

International Psychogeriatrics, vol 22, no 4, June 2010, pp 607-617.

In the UK, about 141,460 people with dementia (PWD) live alone. They are at risk of social isolation and inadequate social and medical supervision. The aims of this study were to identify the needs of PWD living alone and to compare the needs of PWD living alone versus those living with others. It was predicted that PWD living alone would have significantly more unmet needs than those living with others. 152 PWD were interviewed about their cognitive status and quality of life (QoL); and 128 informal carers were interviewed about the PWD's QoL, social networks, behavioural and psychological symptoms (BPSD), functional status, and services used. For 24 PWD, no carer was available. Carers were also interviewed about their own symptoms of depression, anxiety, burden, and satisfaction. Researchers rated PWD's needs. One-third of the PWD (50) were living alone. PWD living alone had significantly more unmet needs ($M = 3.9$, $s.d. 3.1$) than those living with others ($M = 2.0$, $s.d. 2.0$) ($U = 1578$, $p = 0.01$) particularly in the areas of looking after home ($\chi^2 = 17.23$, $p = 0.001$), food ($\chi^2 = 13.91$, $p = 0.002$), self-care ($\chi^2 = 10.23$, $p = 0.002$) and accidental self-harm ($\chi^2 = 16.51$, $p = 0.001$). The most frequent unmet needs were daytime activities (27, 54.0%), company (26, 52.0%), psychological distress (22, 44.0%), eyesight/hearing (16, 32.0%), and accidental self-harm (16, 32.0%). PWD living alone are a vulnerable group who are at increased risk for unmet social, environmental, psychological and medical needs. This study illustrates the need to identify these individuals and to make provisions among social service agencies to monitor their well-being regularly and provide a higher level of support when needs are identified. (KJ/RH)

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203/19

Primary care and dementia: 2. long-term care at home: psychosocial interventions, information provision, carer support and case management; by Louise Robinson, Steve Iliffe, Carol Brayne (et al).

International Journal of Geriatric Psychiatry, vol 25, no 7, July 2010, pp 657-664.

The object of this study was to write a narrative review of the role of primary care physicians in the long-term care of people with dementia living at home, with a focus on psychosocial interventions, the provision of information and carer support, behavioural and psychological symptoms and case management. The systematic review carried out for the NICE/SCIE Guidelines was updated from January 2006, Cochrane Reviews were identified and other publications found by consultations with experts. In primary care, the long-term care of people with dementia living at home can be structured around several key themes: reframing dementia with a focus on a social model of disability; active use of information sources; supporting carers (caregivers); the management of behavioural and psychological symptoms and a structured case management approach. Caring for people with dementia in primary care demands the same systematic approach as the management of other long-term conditions. The systematic follow-up of both people with dementia and their carers should be integrated into primary care. Reframing dementia, with an emphasis on abilities retained may allow people with dementia and their families to develop more effective coping strategies; an increase in skill mix within primary care is required to deliver this and may also improve the management of behavioural problems. The

potential benefits of person-centred interventions, like advance care planning, and alternative models of service delivery, such as a structured, collaborative care approach which promotes integrated case management within primary care, require further evaluation. (KJ/RH)

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

DOI: 10.1002/gps.2405

203/20

A prospective study of cognitive tests to predict performance on a standardised road test in people with dementia; by Nadina B Lincoln, Jenny L Taylor, Kristina Vella (et al).

International Journal of Geriatric Psychiatry, vol 25, no 5, May 2010, pp 489-496.

Previous work by Lincoln and colleagues produced a cognitive test battery for predicting safety to drive in people with dementia. The aim was to check the accuracy of this battery and assess whether it could be improved by shortening it, including additional cognitive tests, and a measure of previous driving. Participants with dementia, who were driving, were recruited. They were assessed on cognitive tests including measures of concentration, executive function, visuospatial perception, verbal recognition memory, and speed of information processing. Patients were then assessed on the Nottingham Neurological Driving Assessment (NNDAs) by an approved driving instructor (ADI), blind to cognitive test results. 75 patients were recruited and completed the cognitive tests. Of these, 65 were assessed on the road. These participants were aged 59-88 (mean = 75.2, SD = 6.8) and 49 were men. Time driving varied from 19 to 73 years (mean = 52.5, SD = 10.0). 13 participants were unsafe and 52 safe to drive. Using a cut-off of >0 to indicate safety to drive, the original predictive equations correctly classified 48 (76.2%) of 63 participants with complete data. Logistic regression including additional tests reduced misclassifications. A lower proportion of participants were found to be unsafe on the road than in previous studies. Nevertheless, the previously identified equation predicted safety to drive in most patients. Including additional tests reduced the misclassification rate but requires independent validation. The authors suggest that the cognitive test battery might be used in clinical practice to identify patients with dementia who would benefit from on-road assessment. (KJ/RH)

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

DOI: 10.1002/gps.2367

203/21

Views of life and sense of identity in people with Alzheimer's disease; by Anders Westius, Kjell Kallenberg, Astrid Norberg (et al).

Ageing and Society, vol 30, part 7, October 2010, pp 1257-1278.

Making it possible for people with Alzheimer's disease (AD) to retain a sense of identity during the process of the disease poses a great challenge to caregivers, professionals and family carers. This Swedish study aims to elucidate the role of the view of life of people with Alzheimer's in framing their sense of identity. Is their view of life a vital aspect of their sense of identity? "View of life" was interpreted as a vital aspect of sense of identity, understood as the individual's belief of one's life history and characteristic attributes. 21 people with mild to moderate stages of Alzheimer's disease were interviewed about their life story. The narratives were interpreted using a phenomenological hermeneutic method. By telling their life story, the participants also narrated their view of life, i.e. their conception of reality, their central system of values, and their basic emotional attitudes. By their own accounts, the origins of the narrators' central values and basic emotional attitudes were established in early life. They also expressed a sense of meaningfulness and continuity when looking back on their lives. The findings suggest that for a care-giver or confidant, having knowledge of a person with dementia's view of life is valuable when seeking to confirm that person's sense of identity. (RH)

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

doi: 10.1017/S0144686X10000309

203/22

Who will be eligible? An investigation of the dementia population eligible for cholinesterase treatment following the change in NICE guidance; by Fiona E Matthews, Graciela Muniz-Terrera, Ian McKeith (et al).

International Journal of Geriatric Psychiatry, vol 25, no 7, July 2010, pp 719-724.

The impact of the changes in eligibility within England and Wales (E&W) for prescription within the UK National Health Service (NHS) for treatment of Alzheimer's disease (AD) was investigated. A population-based study in England and Wales with 13,004 individuals measured with MMSE at baseline was used to examine the distributions of individuals within eligibility criteria. Information obtained from informants enabled classification of the study defined dementia cases to ICD10 diagnosis of subtype (AD, dementia with vascular risk, both or other). 56% of dementia patients (representing 323,000 individuals in E&W) fall into the new MMSE criteria band. A further 120,000 (20% of dementia patients), are estimated to have disease that is considered too mild for treatment. Further examination of type of dementia showed that those with mixed AD and vascular dementia had similar proportions of dementia cases within the treatable MMSE group as the subgroup with AD alone, though with mixed disease individuals more often score below the lower threshold. There is substantial instability in the eligibility groupings over a short time period. The population impact of new NICE criteria of excluding high MMSE scores is to exclude one in five individuals with AD and a further one in ten of those with a mixed disease. Changing the guidance has almost balanced the loss of treatment for the high MMSE group (13%) with the introduction of treatment for those scoring 10/11 (11%). (KJ/RH)

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DOI: 10.1002/gps.2413

203/23

Willingness-to-pay for reductions in care need: estimating the value of informal care in Alzheimer's disease; by Anders Gustavsson, Linus Jönsson, Rupert McShane (et al).

International Journal of Geriatric Psychiatry, vol 25, no 6, June 2010, pp 622-632.

A questionnaire was administered to 517 primary carers in four countries (UK, Spain, Sweden, and US), to estimate the value of informal care in Alzheimer's disease (AD) using contingent valuation. Dichotomous choice and bidding game methods were used to elicit their willingness to pay for a reduction in care burden by 1 hour per day, or a total elimination of care needs. Further, the relationship between carer willingness to pay and carer and patient characteristics including disease severity and income was examined. Carers spend on average about 7-9 hrs per day on giving care to their patient, of which 4-5 hrs constituted basic and instrumental ADL tasks. For a 1 hr reduction in need for care per day, carers in the UK, Spain, Sweden, and US said that they were willing to pay £105, £121, £59, and £144 per month respectively. The willingness to pay was higher for carers with higher disposable income, while the influence of other determinants varied across countries. About one-third of carers were not willing to pay anything for a reduction in care. Carers' stated willingness to pay for reductions in caregiving time is substantial and comparable to the prices currently paid for treatments that achieve this benefit. Its determinants seem more directly related to carer status than directly to patient status and may vary by region and by cultural and sociological factors. (KJ/RH)

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DEPRESSION

(See Also 203/49, 203/72, 203/80)

203/24

'Do you think you suffer from depression?': Reevaluating the use of a single item question for the screening of depression in older primary care patients; by Liat Ayalon, Margalit Goldfracht, Per Bech.

International Journal of Geriatric Psychiatry, vol 25, no 5, May 2010, pp 497-502.

The majority of older adults seek depression treatment in primary care. Despite impressive

efforts to integrate depression treatment into primary care, depression often remains undetected. This Finnish study compared a single item screening for depression with existing depression screening tools. Participants comprised a cross-sectional sample of 153 older primary care patients. They completed several depression-screening measures (e.g. a single depression screen, Patient Health Questionnaire-9, Major Depression Inventory, and Visual Analogue Scale). Measures were evaluated against a depression diagnosis made by the Structured Clinical Interview for DSM-IV. Overall, 3.9% of the sample was diagnosed with depression. The most notable finding was that the single-item question, 'do you think you suffer from depression?' had as good or better sensitivity (83%) than all other screens. Nonetheless, its specificity of 83% suggested that it has to be followed up by a through diagnostic interview. Additional sensitivity analyses concerning the use of a single depression item taken directly from the depression screening measures supported this finding. An easy way to detect depression in older primary care patients would be asking the single question, 'do you think you suffer from depression?' (KJ/RH)

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

DOI: 10.1002/gps.2368

203/25

Depression and parkinsonism in older Europeans: results from the EURODEP concerted action; by Arjan W Braam, Aartjan T F Beekman, Michael E Dewey (et al).

International Journal of Geriatric Psychiatry, vol 25, no 7, July 2010, pp 679-687.

The prevalence rate of depression among patients with Parkinson's disease (PD) has been estimated at 25%, although prevalence figures range between 7-76%. Relatively few studies on PD and depression are based on random samples in the general population. Some depressive symptoms can also be understood as symptoms of parkinsonism, and the current study aims to describe which 'overlap' symptoms can be identified in a community sample. Data are employed from the EURODEP collaboration. Nine study centres, from eight western European countries, provided data on depression (most GMS-AGECAT), depressive symptoms (EURO-D items and anxiety), parkinsonism (self-report of PD or clinical signs of PD), functional disability and dementia diagnosis. Data were complete for 16,313 respondents, aged 65 and older; 306 (1.9%) reported or had signs of parkinsonism. The rate of depression was about twice as high among respondents with parkinsonism (unadjusted Odds Ratio 2.44, 95% Confidence Interval 1.88-3.17), also among those without functional disability. Overlap symptoms between parkinsonism and depression were represented by motivation and concentration problems, appetite problems and especially the symptom of fatigue (energy loss). However, principal component analysis showed that these 'overlap' symptoms loaded on different factors of the EURO-D scale. As among clinical patients with PD, depression is highly common in community dwelling older people with parkinsonism, even among those without functional disability. Although fatigue did not strongly relate to motivational symptoms, both types of overlap symptoms possibly trigger a final common pathway towards a full depressive syndrome. (KJ/RH)

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DOI: 10.1002/gps.2407

203/26

Depression, cognitive reserve and memory performance in older adults; by Mike Murphy, Eleanor O'Leary.

International Journal of Geriatric Psychiatry, vol 25, no 7, July 2010, pp 665-671.

The purpose of this Irish research study was to examine the relationship between education and leisure, as markers of cognitive reserve, depressive symptoms and memory performance in a sample of cognitively normal Irish older adults. A cross-sectional survey style design was employed to gather data. A sample of 121 older adults in the Cork area was recruited through publicly advertising for volunteers. Only those volunteers who obtained a score of greater than 23 on the MMSE, and were not taking antidepressant or anxiolytic medications, were included. Data from 99 participants were included in the analysis. Controlling for age and gender, depressive symptoms were found to be associated with poorer immediate recall performance,

while greater than 12 years of education was positively associated with delayed recall and savings. Leisure did not emerge as being associated with any of the dimensions of memory assessed. Depressive symptoms emerged as associated with immediate recall, even though few of the participants met the cut-off for caseness. This may indicate a need for intervention in cases of subclinical depression with associated memory complaints. The association between education level and both delayed recall and savings provides support for the cognitive reserve hypothesis, and may suggest useful non-pharmacological approaches to memory deficits in later life. (KJ/RH)

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DOI: 10.1002/gps.2404

203/27

General health status and vascular disorders as correlates of late-life depressive symptoms in a national survey sample; by Robert Stewart, Vasant Hirani.

International Journal of Geriatric Psychiatry, vol 25, no 5, May 2010, pp 483-488.

The associations between vascular disease, vascular risk factors and depressive symptoms were investigated using data from the Health Survey for England 2005, a nationally representative cross-sectional population survey comprising 4269 adults aged 65+ living in private households. Also examined were the extent to which these associations are accounted for by general health status and the extent to which the association between depressive symptoms and worse general health is accounted for by level of vascular risk. Data collected included depressive symptoms (10-item Geriatric Depression Scale, GDS-10), self-reported general health and vascular disease or risk factors, resting blood pressure and lipid profile. Case level depressive symptoms were associated with reported previous stroke, ischaemic heart disease and diabetes, as well as with current smoking. These associations were attenuated substantially when adjusted for general health status. On the other hand, the association between worse subjective health and depressive symptoms was not altered following adjustment for vascular disease or risk status. Worse general health appears to account for a large part of associations between cardiovascular disorders and depression, although this may represent 'over-adjustment'. Cardiovascular disease/risk does not appear to account for much of the association between worse general health and depression. (KJ/RH)

ISSN: 08856230

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

DOI: 10.1002/gps.2366

203/28

The impact of life review on depression in older adults: a randomized controlled trial; by Anne Margriet Pot, Ernst T Bohlmeijer, Simone Onrust (et al).

International Psychogeriatrics, vol 22, no 4, June 2010, pp 572-581.

The authors developed an indicated preventive life-review course, "Looking for Meaning", based on the assumption that reminiscence styles influence coping with depressive symptoms. This study describes the impact of this course in a pragmatic randomised controlled trial (RCT) conducted at the Netherlands Institute of Mental Health and Addiction. Inclusion criteria were age over 50, a score of 5 or higher on the Center for Epidemiological Studies Depression Scale (CES-D), and no depressive disorder or psychotropic or psychological treatment. Participants were randomised and stratified by gender: the experimental group (N = 83) was offered the course and the comparison group (N = 88) a movie. There were three measurements: pre-treatment, post-treatment, and 6 months after post-treatment. Depressive symptoms constituted the primary outcome. Secondary outcomes were anxiety symptoms, satisfaction with life, mastery and reminiscence styles. All analyses were conducted according to the intention-to-treat principle. Missing values were replaced by regression imputation. The course reduced depressive symptoms, a decrease that was retained during follow-up. A significant between-group effect size was found (d = 0.58). There was also a reduction in symptoms of anxiety; however, the comparison group showed the same reduction, resulting in a small between-group effect size. Gender and level of depressive symptoms were found to be prognostic factors for the change in depressive symptoms; age was not. Post hoc analyses showed significant between-group effect sizes for females and those with a score above the cut-off of the CES-D.

The course "Looking for Meaning" can be recommended for people aged over 50 years, females and older adults with a clinically relevant level of depressive symptoms (above cut-off) in particular. (KJ/RH)

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doi:10.1017/S104161020999175X

DISABILITY

(See Also 203/87)

203/29

All Wales Visual Impairment Database (AWVID); by Barbara Ryan, Tom Margrain, Angela Reidy (et al), Thomas Pocklington Trust; School of Optometry and Vision Sciences, Cardiff University; Epivision. London: Thomas Pocklington Trust, 2010, 7 pp (Research findings, no 28).

Until now, routine information has not been employed to report on the use of services or the social circumstances or the characteristics of people with untreatable sight loss. Thomas Pocklington Trust commissioned a study to look at those using the community-based Welsh Low Vision Service (WLVS). This publication summarises findings from research conducted by Barbara Ryan and Tom Margrain of the School of Optometry and Vision Sciences, Cardiff University, and Angela Reidy and Darwin Minassian of Epivision. Information was analysed on 5817 adults; about 90 were over pensionable age; and about 85% had visual acuity worse than 6/12. These findings note that following assessment, about a quarter of those assessed in the WLVS were referred to one or more other services. The findings question the value of current registration criteria, which appear to have little relevance in determining the need for provision of statutory rehabilitation services for people with sight loss. (RH)

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

203/30

Older people with high support needs: how can we empower them to enjoy a better life; by Imogen Blood, Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation.

Round-up: Reviewing the evidence, 2543, October 2010, 16 pp (Ref: 2543).

In 2009, the Joseph Rowntree Foundation (JRF) launched A Better Life, a new research programme focusing on how we can improve the quality of life of older people with high support needs. This Round-up draws out the key messages from 11 reviews commissioned for the programme's first phase, along with other relevant research recently commissioned by JRF. Older people with high support needs live in a range of settings including care homes or nursing homes, sheltered housing, and in their own or relatives' homes. Many live in substandard private sector housing, and an increasing number live alone. Among the challenges posed by these settings and considered in the research are: affordability; navigating the system; dementia and mental capacity; social isolation; recruiting and retaining a skilled workforce; involving and supporting carers; and end-of-life care. Improving quality of life could involve simple changes to how services are run; and examples of innovative models of care in respect of personalisation and assistive technology are suggested. The full report, 'Equality and diversity and older people with high support needs' by Imogen Blood and Sally-Marie Bamford, considers what we know about the needs and situations of older people with high support needs from different equality groups, and the barriers they commonly face in service provision. (RH)

ISSN: 09583084

From : <http://www.jrf.org.uk/publications/better-life-high-support-needs>

Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Contact: abetterlife@jrf.org.uk; for the latest information: www.jrf.org.uk/better-life

ECONOMIC ISSUES

(See 203/115)

EMPLOYMENT

- 203/31 'Most of industry's shutting down up here. . .': employability initiatives to tackle worklessness in areas of low labour market demand; by K E Joyce, K E Smith, C Sullivan (et al). *Social Policy & Society*, vol 9, pt 3, July 2010, pp 337-354.
Employability initiatives are becoming increasingly popular in government discourse as a means of tackling worklessness. The authors discuss the findings of a small-scale, qualitative study conducted in Sedgefield, County Durham, which mapped the impacts of a multi-intervention programme on participants' health, well-being and employability. Each of the 13 interventions was independently appraised through focus groups or semi-structured interviews. Thematic analyses revealed that participants from all interventions reported increased self-confidence, with several individuals suggesting that project involvement had facilitated their movement into the labour market. While the findings illustrate some positive outcomes, the authors argue that government policy needs to consider more carefully strategies that also address the demand side of the labour market. (KJ/RH)
ISSN: 14747464
From : <http://www.journals.cambridge.org/sps> doi:10.1017/S1474746410000060
- 203/32 Rise up and work!: Workless people with impaired health under Germany's new activation regime; by Martin Brussig, Matthias Knuth.
Social Policy & Society, vol 9, pt 3, July 2010, pp 311-324.
'Unemployment Benefit II' (Arbeitslosengeld II) is the newly created benefit in Germany for workless and needy people of working age who either lack or have exhausted entitlements in the contribution-based unemployment insurance system. This paper explores the effects of an 'activating' benefit regime on respondents with inferior health-related capacities by re-analysing data from a recent customer panel survey of this population of recipients. First, the overall level of activation produced by the new system is differentiated with regard to the health status of the target population. Second, the effects of activation on two employment-related outcomes are estimated, taking health into account. (KJ/RH)
ISSN: 14747464
From : <http://www.journals.cambridge.org/sps> doi:10.1017/S1474746410000047
- 203/33 The workless class?: Economic transformation, informal work and male working-class identity; by Del Roy Fletcher.
Social Policy & Society, vol 9, pt 3, July 2010, pp 325-336.
Paid work has traditionally been seen as a core element in the construction of masculine identities. For example, in 'Learning to labour', Willis (1977) has linked working-class masculinity to shop floor culture. However, it is clear that many communities cannot rely on the stable employment around which familiar models of working-class identity were forged. This paper examines how the male residents of a deprived former council estate in the north of England have responded to the loss of traditional employment opportunities. It is argued that paid informal work has become an important way for some working-class men to express their identity. (KJ/RH)
ISSN: 14747464
From : <http://www.journals.cambridge.org/sps> doi:10.1017/S1474746410000059

END-OF-LIFE CARE

- 203/34 Can you see me?: an Amanda Waring film for the National Council for Palliative Care: [DVD]; by Amanda Waring, National Council for Palliative Care - NCPC. London: National Council for Palliative Care, 2010, 1 DVD + leaflet.
This film aims to inspire and encourage providers and commissioners of end of life care to consider everyone in their community, particularly those who are often invisible, including those who are homeless, from black minority ethnic communities, and who have conditions other than cancer. It describes end of life care needs, how to respond, and ways to ask people what they want. The film could be used in training, for discussion around questions such as: Who is in your

community? Are you meeting their needs? Have you asked them what they want? The leaflet also refers to Dying Matters, a national coalition led by the National Council for Palliative Care, which aims to ask such questions and to change public knowledge, attitudes and behaviours towards death, dying and bereavement (see www.dyingmatters.org). (RH)

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

203/35

Interdisciplinary education in end-of-life care: creating new opportunities for social work, nursing, and clinical pastoral education students; by Cynthia Forrest, Christina Derrick. Binghamton, NY: Haworth Social Work Practice Press.

Journal of Social Work in End-of-life & Palliative Care, vol 6, nos 1/2, 2010, pp 91-116.

This article describes an interdisciplinary, inter-university course that prepares social work, nursing and chaplaincy students for competent practice when working with individuals and families facing end-of-life circumstances. Built upon a teaching format that provides knowledge-to-skill-building opportunities, the course immerses students in a range of related content. To maximize integration, the course relies on interdisciplinary team teaching (building knowledge) followed by practice sessions (building skill), in which volunteer actors play the roles of care recipients. With year 3 completed, course administrators have important indicators of the course's effectiveness in offering content specific to end-of-life care using a combination of discipline-specific and interdisciplinary learning strategies. This process has provided valuable lessons related to the nature of interdisciplinary education in end-of-life care. (RH)

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From : Taylor & Francis Group, LLC, 325 Chestnut Street, Philadelphia PA 19106, USA. www.tandf.co.uk/journals

203/36

Social work students' comfort with end-of-life care; by Kelsey Simons, Eunice Park-Lee. Binghamton, NY: Haworth Social Work Practice Press.

Journal of Social Work in End-of-life & Palliative Care, vol 5, nos 1-2, 2009, pp 34-48.

This study identified characteristics among social work students that influence their level of comfort with end-of-life practice situations. Two hundred and seventy-two students from the United States and Canada completed an online survey that assessed levels of death anxiety, experience with death, and comfort with end-of-life care. The majority of respondents were MSW students. Multiple regression analysis demonstrated that students with less death anxiety, those who had already completed or were interested in hospice field placements, had personal experience with death, and were age 35+ had greater comfort levels. Results of this research have implications for social work education and practice by contributing knowledge that may be useful in the development of end-of-life curricula and continuing education programmes. (KJ/RH)

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203/37

Ultimately personal: shaping services around people in end of life care; by National Council for Palliative Care - NCPC. London: National Council for Palliative Care, 2010, 28 pp.

This document is published as an immediate response to the new Government's early identification of personalisation and empowering people amongst its defining priorities. It was written in August 2010 and takes account of policy announcements made up to and including that date, in particular the Coalition's 'Programme for Government' and the White Paper 'Equity and excellence: liberating the NHS'. The National Council for Palliative Care (NCPC) intends to explore how end of life care can help build compassionate communities and support as part of the "Big Society". The document explains what the NCPC and the Dying Matters coalition will be doing to ensure that palliative and end of life care continues to be a key priority for decision-makers at every level. (RH)

ISBN: 1898915849 Price: £10.00 (free to 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

EXERCISE

- 203/38 Being physically active in old age: relationships with being active earlier in life, social status and agents of socialisation; by Jesus Martínez del Castillo, Jose Émilio Jiménez-Beatty Navarro, José Luis Graupera Sanz (et al).
Ageing and Society, vol 30, part 7, October 2010, pp 1097-1113.
Critical reviews of the literature on the factors that influence physical activity among older adults have argued that existing theoretical frameworks should be extended by integrating those that deal with the complex processes of socialisation and social learning. This paper explores some of the social processes that influence older people's participation in physical activity (beyond that associated with everyday domestic tasks). A questionnaire with items on personal, social and environmental characteristics was completed by a random sample of older adults in the Madrid Autonomous Region (Spain). Significant relationships were found between the type of physical activity participation and: being physically active at earlier life stages, socio-economic status, the encouragement of others or social support in being active, and the knowledge and availability of local facilities. Some cases were observed of re-socialisation into physical activity among those who had been inactive earlier in life, and both appropriate environmental and supportive social conditions appeared instrumental. The findings could usefully inform the design of future social programmes to promote active lifestyles in later life, but given the complexity of the socialisation processes, it would be advisable for future studies to examine other than the four factors featured in the presented analysis, such as the role of cultural differences. (KJ/RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso> doi: 10.1017/S0144686X10000358
- 203/39 The effects of a physical activity program on sleep- and health-related quality of life in older persons with arthritis; by Janet K Freburger, Leigh F Callahan, Jack H Shreffler (et al).
Journal of Applied Gerontology, vol 29, no 4, August 2010, pp 395-414.
Few studies have examined the effects of physical activity on sleep in older adults. This study examined the short- and long-term effects of an 8-week, low-to-moderate-intensity physical activity programme on improvements in sleep and health-related quality of life (HRQOL) in a sample of 346 community-based older adults with arthritis. Participants were randomly assigned to an intervention group or control group that received the intervention on a delayed basis. Sleep and HROQL were assessed with self-report instruments at baseline and 8 weeks using intention-to-treat (ITT) and as-treated (AT) analyses. The intervention group was also assessed at 3 and 6 months. At 8 weeks, the intervention group reported fewer days waking up tired (ITT and AT results) and fewer days waking up at night and/or having poor mental health (AT results). However, treatment effects were not maintained at 3 and 6 months. (RH)
ISSN: 07334648
From : <http://jag.sagepub.com> DOI: 10.1177/0733464809340155
- 203/40 Is physical activity a potential preventive factor for vascular dementia?: A systematic review; by Dag Aarsland, Farzaneh S Sardahaee, Sigmund Anderssen (et al).: Taylor & Francis.
Ageing & Mental Health, vol 14, no 4, May 2010, pp 386-395.
Physical exercise has several beneficial effects, including reduced risk for Alzheimer's disease. Although several studies of potential risk factors for vascular dementia (VaD) exist, including physical activity, the studies have usually included few participants and there are no meta-analyses addressing this key topic. The MEDLINE database was searched using the key words 'physical exercise' 'activity' or 'walking' in combination with 'dementia' and 'vascular dementia'. Potentially relevant studies were assessed and summarised by two of the authors, and longitudinal studies with operationalised definition of physical activity providing risk for VaD in both groups were included in the meta-analysis using pooled estimates from a random effects model. A total of 24 longitudinal studies, including 1378 patients with VaD, were included in the review. The majority of individual studies did not report significant associations. Five studies fulfilled criteria for meta-analysis, including 10,108 non-demented control subjects and 374 individuals with VaD. The meta-analysis demonstrated a significant association between

physical exercise and a reduced risk of developing VaD: OR 0.62 (95% CI 0.42-0.92). The authors conclude that there is evidence supporting the hypothesis that physical activity is likely to prevent the development of VaD, and should be highlighted as part of secondary prevention programmes in people at risk for cerebrovascular disease. (KJ/RH)

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EXTRA-CARE HOUSING

203/41

Costs and outcomes of an extra care housing scheme in England; by Theresia Bäumker, Ann Netten, Robin Darton.: Routledge.

Journal of Housing for the Elderly, vol 24, no 2, 2010, pp 151-170.

Extra care housing, which provides support and care for people in specially designed accommodations, has now been part of the range of housing and care services available to older people in England for several years. Currently, the United Kingdom evidence base tells us little about the financing, estimation of the costs, or burden to the public purse of housing with care. The United Kingdom has significant state welfare provision in the areas of health and social care. The objective of this in-depth case study was to investigate the cost and outcome consequences for a sample of people who moved into an extra care housing scheme in Bradford, England, and to reflect on the methodological implications for future research in this developing area. The main finding of the study was that the overall cost per person increased after a move to extra care housing, but that this increase was associated with improved social care outcomes and improvements in quality of life. (KJ/RH)

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<http://www.informaworld.com> DOI: 10.1080/02763891003757098

FAMILY AND INFORMAL CARE

(See 203/23, 203/75)

GOVERNMENT AND POLICY

(See Also 203/106)

203/42

Power without representation?: The House of Lords and social policy; by Hugh Bochel, Andrew Defty.

Social Policy & Society, vol 9, pt 3, July 2010, pp 367-377.

In the past, the House of Lords has generally - and arguably for good reasons - been ignored in discussions of the making and scrutiny of welfare. However, it has always played some role in this field, particularly in the scrutiny and passage of legislation; and since the removal of the bulk of hereditary Peers in 1999, some writers have argued that the House has become more assertive. This article examines the attitudes of Peers, including a comparison with the views of Members of Parliament (MPs), and draws a number of conclusions about the role of the upper House in relation to social policy. (KJ/RH)

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From : <http://www.journals.cambridge.org/sps> doi:10.1017/S1474746410000084

GRANDPARENTS

203/43

Grandparenting in Europe; by Karen Glaser, Eloi Ribé Montserrat, Ulrike Waginger (et al), Grandparents Plus; Institute of Gerontology, King's College London; Beth Johnson Foundation - BJJF. London: Grandparents Plus, June 2010, 89 pp.

Despite the growing importance of grandparenting, relatively little is known about its demography, or about how policies in different European countries support different types of grandparental roles. Although grandparents play a pivotal role in family life, legislation and

social policies often disregard their contribution as major supporters or caregivers. The Calouste Gulbenkian Foundation has funded this scoping study, in which Grandparents Plus has worked in partnership with the Institute of Gerontology at King's College London and the Beth Johnson Foundation (BJF). This report outlines the study's methodology; presents findings of a systematic literature review; and identifies policies on family and grandparenthood in Europe. It includes information on country specific family policies in respect of parental leave and childcare in Denmark, France, Germany, Hungary, Italy, the Netherlands, Portugal, Romania, Spain and the UK. The report concludes that as our populations age and the number of children per family falls, the role of grandparents in family life is becoming increasingly significant and an international phenomenon not confined to the UK alone. The report represents the latest developments that will contribute to our understanding of the impact of demographic ageing on society. (RH)

From : Grandparents Plus, 18 Victoria Park Square, Bethnal Green, London E2 9PF.
Website: www.grandparentsplus.org.uk

HEALTH SERVICES

- 203/44 Anticipating the new health act: messages from the Innovation Forum; by Gerald Wistow, Catherine Henderson.
Journal of Integrated Care, vol 18, issue 5, October 2010, pp 4-14.
Nine councils in the Innovation Forum for high-performing local authorities voluntarily set a target of reducing hospital bed days for people aged 75+ by 20% over the three years to 2006/07. This kind of objective was new for the NHS, as much as for local government. It was motivated by a concern among the councils that hospital admission exposed residents to risks to their independence and well-being which should be avoided wherever possible. They wished to demonstrate the value of the local authority community leadership or, as it has since become known, 'place making' role. Their success in meeting this target supports the new NHS White Paper's proposed transfer of functions and responsibilities from PCTs to councils. It suggests that councils can successfully adopt, in appropriate circumstances, the lead responsibility for ensuring strategic co-ordination of place-based commissioning in health and well-being. (KJ)
ISSN: 14769018
From : <http://www.pierprofessional.com> doi: 10.5042/jic.2010.0555
- 203/45 Are occupational therapists ready to put people first?; by Gerry Nosowska, research in practice for adults (ripfa).
Journal of Integrated Care, vol 18, issue 4, August 2010, pp 43-48.
As part of the adult social care workforce, occupational therapists (OTs) have a key role to play in transforming social care through personalisation. This article discusses an approach to involve OTs in discussions about personalisation. In March 2010, the organisation research in practice for adults (ripfa) held a conference for OTs from local authorities in England. Evidence from the conference showed that many OTs felt that they did not have a clear understanding of personalisation or of their role in it, and had unanswered questions about where they would fit within adult social care in the future. However, good practice was emerging, and OTs saw an opportunity in personalisation to use their skills and creativity for the benefit of service users. (RH)
ISSN: 14769018 From : <http://www.pierprofessional.com> doi:10.5042/jic.2010.0378
- 203/46 The national evaluation of Partnerships for Older People Projects [POPP]: Appendices to the final report; by Karen Windle, Richard Wagland, Julien Forder (et al), Personal Social Services Research Unit - PSSRU, University of Kent, Canterbury; Partnerships for Older People Projects (POPP), Department of Health - DH.: PSSRU, December 2009, 234 pp.
The Partnership for Older People Projects (POPPs) were funded by the Department of Health to develop services for older people, aimed at promoting their health, well-being and independence and preventing or delaying their need for higher intensity or institutional care. The evaluation found that a wide range of projects resulted in improved quality of life for participants and considerable savings, as well as better local working relationships. These appendices comprise

materials used in conducting the project including: questionnaires; topic guides; discussion documents; service use costings; and the tender document. The appendices do not refer to any specific examples from the projects. (KJ/RH)

From : PSSRU, University of Kent, Cornwallis Building, Canterbury, Kent CT2 7NF.
<http://www.pssru.ac.uk>

203/47

The national evaluation of Partnerships for Older People Projects [POPP]: Final report; by Karen Windle, Richard Wagland, Julien Forder (et al), Personal Social Services Research Unit - PSSRU, University of Kent, Canterbury; Partnerships for Older People Projects (POPP), Department of Health - DH.: PSSRU, December 2009, 285 pp.

The Partnership for Older People Projects (POPPs) were funded by the Department of Health (DH) to develop services for older people, aimed at promoting their health, well-being and independence and preventing or delaying their need for higher intensity or institutional care. The evaluation found that a wide range of projects resulted in improved quality of life for participants and considerable savings, as well as better local working relationships. This final report examines the POPPs' project activities and focus. It sets out overarching data, mapping the numbers and demographic characteristics of users, and their pathway from other organisations. It presents baseline information from a standardised questionnaire; the impact of the POPP programmes on users' quality of life; and the impact, costs and cost-effectiveness of such projects. Their sustainability is considered in terms of the mechanisms used by POPP sites in seeking to continue their local projects. Other than basic information listings for the project sites, the report does not refer to specific examples. Rather, the intention is to demonstrate the nature and type of preventive projects that are most effective in achieving the key outcomes. (KJ/RH)

From : PSSRU, University of Kent, Cornwallis Building, Canterbury, Kent CT2 7NF.
<http://www.pssru.ac.uk>

203/48

What is 'more integration' between health and social care?: Results of a survey of primary care trusts and directors of adult social care in England; by Richard Gleave, Ivy Wong, Jeremy Porteus (et al).

Journal of Integrated Care, vol 18, issue 5, October 2010, pp 29-44.

A survey of integrated working between primary care trusts (PCTs) and adult social services across England was undertaken in December 2009 and January 2010. The survey results are presented in the context of the history of integrated working between health and social care, and the recent policy announcements of the Conservative-Liberal Democrat Coalition Government. (KJ)

ISSN: 14769018 From : <http://www.pierprofessional.com> doi: 10.5042/jic.2010.0558

HIV AND AIDS

203/49

Challenges of depression and suicidal ideation associated with aging with HIV/AIDS: implications for social work; by David E Vance, Tom Struzick, Gwendolyn Childs.: Routledge. Journal of Gerontological Social Work, vol 53, issue 2, 2010, pp 159-175.

As the number of older adults with HIV/AIDS increases, new challenges are emerging that threaten their ability to age with this disease. Threats of particular concern are depression and suicidal ideation. Studies show that those aging with HIV/AIDS have a number of stressors that tax their coping mechanisms, increasing vulnerability to depression and suicidal ideation. These stressors can be categorized into three areas. First, there are psychosocial stressors that can contribute to depression. Second, there are health and biochemical stressors that can contribute to depression, as well as compromise cognitive abilities needed to adapt to such stressors. Third, cognitive stressors may create predispositions to depression. In particular, certain cognitive abilities needed to cope with depression and suicidal ideation may be compromised by aging with HIV/AIDS. A model of these stressors is provided for didactic purposes, as well as to suggest implications for social work practice and research. (RH)

ISSN: 01634372

From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.
<http://www.taylorandfrancis.com> DOI: 10.1080/01634370903415692

- 203/50 Growing old in the era of a high prevalence of HIV/AIDS: the impact of AIDS on older men and women in KwaZulu-Natal, South Africa; by Chantal Munthre, Pranitha Maharaj.
 Research on Aging, vol 32, no 2, March 2010, pp 155-174.
 Despite the important consequences that HIV/AIDS is likely to have for older people in South Africa, little empirical work has focused directly on this issue. However, emerging evidence suggests that older people are increasingly affected by the AIDS pandemic. In many households, older people often assume responsibility for the care of those who are sick and/or dying, and for children orphaned by AIDS. This study uses qualitative and quantitative methods to provide insights into the multiple impacts of the HIV/AIDS pandemic on the lives of older men and women. The results show that some older men and women feel at risk of HIV infection because of their caregiving activities. Almost 17% of respondents report that they have cared for someone with HIV/AIDS, with the percentage somewhat higher in rural areas. The study found that the impact of HIV/AIDS is substantial and is compounded greatly by gender dynamics in the household. (KJ/RH)
 ISSN: 01640275
 From : <http://roa.sagepub.com> doi: 10.1177/0164027510361829
- 203/51 HIV diagnosis disclosure: stigma management and stigma resistance; by Cynthia Cannon Poindexter, R Andrew Shippy.: Routledge.
 Journal of Gerontological Social Work, vol 53, issue 4, 2010, pp 366-381.
 This article reports diagnosis disclosure decision comments arising serendipitously in five focus group discussions with 34 HIV-infected New Yorkers over age 50. Three overarching disclosure themes demonstrate the complexity of diagnosis disclosure decision-making: (a) hiding or selectively disclosing, or stigma management; (b) partial disclosure because of the perception of partial control of the information; and (c) widespread or complete voluntary diagnosis disclosure, representing stigma resistance. Social workers and other human services practitioners should remember the diversity of the HIV population, the ageing population, and the HIV-positive ageing population. Experiences of HIV stigma and choices about diagnosis disclosure and stigma management or resistance are individual, reciprocal, and dynamic. (KJ/RH)
 ISSN: 01634372
 From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.
<http://www.taylorandfrancis.com> DOI: 10.1080/01634371003715841
- 203/52 HIV/AIDS and older persons: special issue; by Nathalie Williams, John Knodel, David Lam (eds).
 Research on Aging, vol 32, no 1, January 2010, pp 3-151.
 All but one of the articles in this special issue of Research on Aging were originally presented at a conference on the Impact of HIV/AIDS on Older Persons in Africa and Asia held at the University of Michigan's Population Studies Center in November 2008, and sponsored by the National Institute on Aging (NIA). The purpose of the conference was to elicit research resulting evidence-based assessments of the full range of potential effects of HIV/AIDS on older people, and whether those impacts are negative, mixed or even positive. Issues relating to older people who are at risk or infected were deliberately not emphasised. Of the six articles, four refer to sub-Saharan African countries (including Kenya and South Africa), and the other two to Asian countries (Thailand and Cambodia). The articles cover a range of issues on the topic, including financial impacts, health outcomes, role in antiretroviral therapy (ART) treatments, and community relationships and reactions. The aim is to generally inform realistic policies and programmes for older people who are affected by HIV/AIDS around the world. (RH)
 ISSN: 01640275
 From : <http://roa.sagepub.com> doi:10.1177/0164027509348141

HOME CARE

- 203/53 Domestic and care work at the intersection of welfare, gender and migration regimes: [themed section]; by Majella Kilkey, Helma Lutz, Ewa Palenga-Möllnbeck. *Social Policy & Society*, vol 9, pt 3, July 2010, pp 379-460.
Research over the last decade and more, has documented a resurgence of paid domestic and care labour (that is, work performed for pay in private households, such as household cleaning and maintenance and care for older people, the disabled or children) across the Global North. Much of the research has revealed the increasing reliance on migrant, as opposed to home-state, domestic workers, and it has been suggested that domestic and care work has contributed more than any other sector of the labour market to one of the key features of the 'age of migration' - its feminisation. At the same time though, as Linton's (2002) research on immigrant-niche formation in the USA suggests, the availability of immigrants in itself, has probably contributed to the growth of the sector. The six articles comprising this themed section consider this position further in Portugal, Spain, Germany, Poland and the United Kingdom. (KJ/RH)
ISSN: 14747464
From : <http://www.journals.cambridge.org/sps>

HOMELESSNESS

- 203/54 The meaning of money: why homeless and vulnerable people see money as a route to security, respect and freedom: a Lemos & Crane report and workbook; by Gerard Lemos, Lemos & Crane; Thames Reach. London: Lemos & Crane, 2010, 68 pp.
Support workers for homeless and vulnerable people help with sorting out benefits and budgeting. In addition, the government has emphasised the need to improve financial inclusion and financial capability. This report and workbook has been funded by the Esmée Fairbairn Foundation, and is based on a questionnaire drawn up in consultation with 14 support workers from Thames Reach, and interviews conducted with 63 service users, men and women of all ages. This report looks at and quotes service users' attitudes, experience and behaviour towards money; factors leading to financial problems now and in the past; the importance of savings; experience of borrowing and debts; and using money to meet aspirations. The Workbook (pp 52-68) provides a set of 5 structured sessions on: attitude to money; budgeting and spending; banking and saving; borrowing and debt; and looking to the future. Each session includes 8-10 questions to use in discussions about money with service users, followed by a set of ideas for action planning which suggest further sources of information (mainly free websites). (RH)
From : Lemos & Crane, 64 Highgate High Street, London N6 5HX.
Tel 010 8348 8263 Web: www.lemosandcrane.co.uk

HOSPITAL DISCHARGE

- 203/55 Discharge from day hospital: an alternative perspective based on recovery and social capital; by Anne Crawford-Docherty, Eleni Theodosi, Bal Chauhan (et al.): Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society.
PSIGE Newsletter, no 109, January 2010, pp 4-10.
Older adult service users often stay in day hospital services longer than is necessary, about which this article questions the reluctance of service users and staff. The authors review the small amount of literature available on older people's recovery. They focus on social capital (including, for example, social networks and social support), which could contribute to recovery from and in mental health problems by re-establishing connections outside mental health services. They report the development of the New Opportunities group, which aimed to increase service users' level of bonding with people outside the day hospital and in facilitating the development of self-management strategies. (RH)
ISSN: 13603671
From : <http://www.psige.org.uk>

HOUSING

- 203/56 The big issue: housing and ageing; by Housing and Ageing Alliance. Nottingham: Housing and Ageing Alliance, August 2010, 4 pp.
The Housing and Ageing Alliance believes that homes, communities and housing related services should be planned and designed in ways that enable choice, control, inclusion and independence in later life. Living independently in a home of their choosing is what most older people hope for as they grow older. In this brochure, the Housing and Ageing Alliance outlines the case for action by national and local government regarding "big issues" for "smarter spending": health; housing and planning; a Big Society; families and carers; and for the Coalition's programme for government.
Opportunities to reduce the cost of health and social care for older people must be grasped. (RH)
From : Housing and Ageing Alliance, c/o Care & Repair England, The Renewal Trust Business Centre, 3 Hawksworth Street, Nottingham NG3 2EG. Download available at: <http://www.careandrepair-england.org.uk/pdf/haab.pdf>
- 203/57 EAC National Housing for Older People Awards 2011; by Elderly Accommodation Counsel (EAC). London: Elderly Accommodation Counsel (EAC), 2010, various (+ DVD).
The EAC Housing for Older People Awards has come about as a result of initiatives such as the Lifetime Homes, Lifetime Neighbourhoods strategy, with the aim of celebrating the best examples of housing schemes for older people. It is hoped the Awards will help shape the future of housing in later life. The first Awards event was held in 2010 and was successful in capturing over 2100 nominations. There is promotional material that is being distributed to encourage nominations for the 2011 Awards. Nominations will close on 31 October 2010 and presentations will take place in February 2011. These awards are supported by Nationwide Building Society, Legal & General, the Department for Communities and Local Government (DCLG), Housing Learning and Improvement Network (Housing LIN). The DVD is a presentation of the 2010 awards event, also the EAC Art Awards and contains further advice on submission of an entry for nomination. (KJ/RH)
From : Elderly Accommodation Counsel (EAC), 3rd Floor, 89 Albert Embankment, London SE1 7TP.
<http://www.housingcare.org>
- 203/58 Good housing design - lighting: a practical guide to improving lighting in existing homes; by Malcolm Fisk, Peter Raynham, Thomas Pocklington Trust; Wilberforce Trust. London: Thomas Pocklington Trust, 2010, 27 pp (Good practice guide, 5).
This good practice guide explains how to improve lighting to meet the needs of people with sight loss. It builds on a previous publication, 'Housing for people with sight loss' (Good practice guide, 4), and is based on research commissioned by Pocklington and the Housing Corporation led by Professor Julianne Hanson (Bartlett School of Graduate Studies, University College London) and Geoff Cook (University of Reading). It shows that simple improvements to lighting in kitchens, bedrooms and living areas, as well as on staircases and in halls and entrance areas can improve the independence and well-being of those with failing sight. Appendices include checklists and information on the performance of different types of lamps and light fittings. The content and style of this publication has been informed by housing, support, rehabilitation, occupational therapy, lighting and research professionals, as well as the views of people with sight loss. (RH)
From : Thomas Pocklington Trust, 5 Castle Row, Horticultural Place, London W4 4JQ.
www.pocklington-trust.org.uk
- 203/59 In your lifetime: a vision of housing, care and support for an ageing society; by National Housing Federation - NHF. London: National Housing Federation, [January 2010], 14 pp.
This report illustrates the Federation's vision for housing, care and support for older people. The focus is on urgent national, regional and local government-led action to allow housing associations to achieve this vision. The Federation is seeking support from MPs in respect of funding for support services over the longer term; promoting local partnerships and the setting

up of service level agreements; and the ability to continue offering 24 hour care and support in an era of personalisation and individual budgets (IBs). The report includes case studies on: moving to retirement housing; prevention and regaining independence; provision of showers for people with disabilities; and living with dementia. (RH)

From : <http://www.housing.org.uk/default.aspx?tabid=288&mid=835&ctl=Details&ArticleID=2672>

203/60 Residential relocation in later life: a comparison of proactive and reactive moves; by Natalie D Pope, Byungdeok Kang.: Routledge.

Journal of Housing for the Elderly, vol 24, no 2, 2010, pp 193-207.

Proactive coping involves anticipating future events or stressors and preparing for them in advance. Housing is an important consideration in preparing for later life. This study examines residential relocation among older adults, comparing those who moved proactively with those who moved reactively. Data from the (US) Longitudinal Study of Aging included a final sample of individuals who had relocated at Wave 2 (n = 736) and Wave 3 (n = 713). The proactive group of movers was younger, more educated, and had higher incomes. Results provide support for proactive coping theory and its application to residential relocation in later life. (KJ/RH)
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From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.
<http://www.informaworld.com> DOI: 10.1080/02763891003757122

INCOME AND PERSONAL FINANCE

(See Also 203/54)

203/61 Managing resources in later life: older people's experience of change and continuity; by Katherine Hill, Liz Sutton, Lynne Cox, Joseph Rowntree Foundation - JRF; Centre for Research in Social Policy, Loughborough University.: Joseph Rowntree Foundation, February 2009, 71 pp.

An ageing population continues to be of policy concern, in relation to meeting the needs of older people now, and for future welfare provision. This research explores how older people plan, use and value the different resources available to them. Resources are broadly defined, to explore the relative value of different structural, social and individual resources and how they interlink. The research by the Centre for Research in Social Policy (CRSP) involved interviews with participants (aged 65-84) from 91 households in 2005, of which 78 took part in a second interview in 2007 focusing on experiences over the intervening 2 years. The importance of access to a range of services is highlighted by issues such as managing health decline, whether or not to move house, the constraints of financial circumstances, and changes beyond people's control. More positive was the introduction of free off-peak local bus travel for pensioners (who could access it) to travel more widely; and having a role and sense of purpose also added to their quality of life. (RH)

Price: download

From : <http://www.jrf.org.uk/publications/managing-resources-later-life>

INDEPENDENT LIVING

203/62 Design for independent living: activity demands and capabilities of older people; by David Seidel, Kathryn Richardson, Nathan Crilly (et al).

Ageing and Society, vol 30, part 7, October 2010, pp 1239-1255.

The ability to perform the instrumental activities of daily living (IADLs) is an important focus for the promotion of independent living in old age. If strategies to enable older people to remain in their own homes are to be developed, advances must be made in understanding the demands associated with IADLs. This paper reports on a study of how activity demands - the body postures, actions and hand functions involved in cooking, housework, laundering and shopping - relate to the capabilities of a sample of older people in Great Britain. Task data were analysed for 4,886 community-dwelling 55-93-year-olds who were enrolled in a follow-up survey to the

1996/97 Family Resources Survey. Logistic regression models were used to calculate adjusted odds ratios for associations between functional limitations and IADL difficulty. Attributable fraction estimates were also used to assess the population impact of the functional limitations. Comparable effect sizes were observed across activities for limitations in body postures (standing, reaching and bending/stooping), actions (lifting/lowering and holding/carrying) and hand functions. Most of the difficulties were attributable to limitations in body postures, primarily bending/stooping, whereas actions and hand functions accounted for much less difficulty. The authors present a matrix of the potential impact that design changes to alleviate each limitation would have on the ability to perform the activities studied. This can help to prioritise interventions aimed at supporting continued independent living. (KJ/RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso> doi: 10.1017/S0144686X10000310

INFORMATION AND COMMUNICATION TECHNOLOGY

203/63

A web-based approach for helping communities become more "aging friendly"; by Amanda J Lehning, Andrew E Scharlach, Teresa S Dal Santo.

Journal of Applied Gerontology, vol 29, no 4, August 2010, pp 415-433.

This article describes an online conference and supporting Website designed to help communities become better places in which to age. The "Creating Aging-Friendly Communities" online conference was designed to capture the emerging knowledge being accumulated by researchers, advocacy groups, grassroots organisations and local governments across the United States, and make it available to others who were interested in learning what they could do to make their communities more ageing friendly. The article begins with a brief overview of the concept of "ageing-friendliness", followed by evidence regarding the effectiveness of online modalities as mechanisms for knowledge dissemination. It then describes the innovative conference format, examining the extent to which the conference goals were achieved. The article concludes with implications for online learning modalities in general and efforts to foster ageing-friendly communities in particular. (RH)

ISSN: 07334648

From : <http://jag.sagepub.com> DOI: 10.1177/0733464809340156

INTEGRATED CARE

203/64

Ageing Well programme [summary of products]: supporting local authorities to develop good places to grow older; by Local Government Group - LG Group; Local Government Improvement and Development, formerly: Improvement and Development Agency - I&DeA. London: Local Government Group, September 2010, 8 pp.

The Local Government Group (LG Group) works on behalf of councils to support, promote and improve local government. It comprises six organisations: the Local Government Association (LGA); Local Government Improvement and Development; Local Government Employers; Local Government Regulation; Local Government Leadership; and Local Partnerships. Run by Local Government Improvement and Development, the Ageing Well programme supports local authorities to promote older people's independence and well being. The programme has four main themes: leadership; strategic approach; engagement of older people; and joined-up or coordinated commissioning and delivery of services for older people. This PDF outlines the range of diagnostic tools and support available, free of charge, to local authorities and local strategic partnerships (LSPs) to support these themes. It provides information on the range of diagnostic tools, improvement options, information and other resources available. A weblink (<http://www.idea.gov.uk/idk/core/page.do?pageId=20344655>) provides further information about the programme. (RH)

From : <http://www.idea.gov.uk/idk/core/page.do?pageId=22268496>

Local Government Group, Local Government House, Smith Square, London SW1P 3HZ.
Website: www.local.gov.uk

203/65 Designing an integrated health care system: what are the key features?; by Sasha Karakusevic. Journal of Integrated Care, vol 18, issue 4, August 2010, pp 36-42.
This paper outlines results from experience gained while developing and delivering the South Devon Integrated Care Network (ICN) and from more recent experience as an Integrated Care Pilot (ICP) organisation. It demonstrates that by taking an integrated approach, a hospital can develop and prosper, and that it is possible to reduce the use of beds and manage care in the community within the levels of funding currently available. The paper focuses on integration at organisation level, and proposes a model of key system drivers and controls necessary to manage and integrated health and social care system. The next level of integration is at individual customer level, and the paper discusses the enablers for this. (RH)
ISSN: 14769018
From : <http://www.pierprofessional.com> doi:10.5042/jic.2010.0377

203/66 Despite all we know about collaborative working, why do we still get it wrong?; by Paul Williams, Helen Sullivan.
Journal of Integrated Care, vol 18, issue 4, August 2010, pp 4-15.
There is a fund of practical and theoretical advice on how to work effectively in collaboration, but in reality outcomes are often disappointing. This paper explores aspects that frequently derail well-intended collaborative endeavours. It draws on research on integration in health and social care in Wales to highlight four particular areas of concern: motivation and meaning; capacity and capability; learning; and conceptualising and measuring success. Arguing that better management of these factors should improve overall effectiveness, it concludes with a plea for greater understanding of the complex interplay between structural factors and the influences of individuals. (RH)
ISSN: 14769018
From : <http://www.pierprofessional.com> doi:10.5042/jic.2010.0373

INTERGENERATIONAL ISSUES

203/67 Grant and contract management within an intergenerational shared-site organization: a case study; by Nicole Ruggiano.
Journal of Applied Gerontology, vol 29, no 4, August 2010, pp 455-474.
Intergenerational shared-site (IGSS) organisations have expanded in number and scope over the past few decades. These organisations are based on a human service model that simultaneously provides services to children and older adults, many times under the same roof. Although there has been increased research on the psychological and social effects that intergenerational interactions have on participants, little is known about the organisational processes that occur within these organisations. Using a triangulation of traditional field methods, this study attempts to expand existing knowledge of intergenerational organisations by examining the grant and contract management experiences of a large IGSS agency. The findings indicate that public funding sources for human services are segregated by generational focus, creating challenges to non-profit intergenerational organisations in grant and contract acquisition and management. Recommendations for future research and implications for providers in IGSS settings are provided. (RH)
ISSN: 07334648
From : <http://jag.sagepub.com> DOI: 10.1177/0733464809343430

203/68 Intergenerational service learning with elders: multidisciplinary activities and outcomes; by John A Krout, Elizabeth Bergman, Penny Bianconi(et al).
Gerontology & Geriatrics Education, vol 31, no 1, 2010, pp 55-74.
This article provides an overview of the activities included in a 3-year, multidisciplinary, intergenerational service-learning project conducted as part of a Foundation for Long-Term Care Service Learning: Linking Three Generations grant. Courses from four departments (gerontology, psychology, occupational therapy, and health promotion and physical education) and one interdisciplinary clinical intervention for stroke patients (speech pathology, occupational therapy, and therapeutic recreation) were involved. Service-learning activities were embedded

in course curricula and varied from semester-long activities in group settings to activities involving one-on-one contact for several hours. In total, eight faculties and 225 students worked with 148 older people and 12 different community organisations to plan and implement activities for 357 older adults. Students and older people reported a high degree of satisfaction with the intergenerational activities and indicated that they learned from them and found them of value personally. (KJ/RH)

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<http://www.taylorandfrancis.com> DOI: 10.1080/02701960903578329

203/69

Intergenerational service learning: to promote active aging, and occupational therapy gerontology practice; by Beverly P Horowitz, Stephanie Dapice Wong, Karen Dechello.

Gerontology & Geriatrics Education, vol 31, no 1, 2010, pp 75-91.

Americans are living longer, and the meaning of age has changed, particularly for baby boomers and seniors. These demographic changes have economic and social ramifications with implications for health care, including rehabilitation services and health science education. Service learning is an experiential learning pedagogy that integrates traditional higher education with structured active learning experiences. This article reports on one intergenerational service learning programme spanning 3 years. It was designed to facilitate community dialogue on fall prevention and active ageing, and to provide intergenerational educational community-based experiences in occupational therapy professional education. The programme additionally sought to promote students' understanding of ageing and issues related to ageing in place, students' professional development and civic engagement, and to encourage students to consider pursuing a career in occupational therapy gerontology practice. (KJ/RH)

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<http://www.taylorandfrancis.com> DOI: 10.1080/02701960903578345

INTERNATIONAL AND COMPARATIVE

(See 203/17, 203/25, 203/75, 203/90, 203/91, 203/93, 203/116, 203/121)

LEGAL ISSUES

(See Also 203/112)

203/70

The Deprivation of Liberty Safeguards and people with dementia: implications for social workers; by Sandra Dwyer.

British Journal of Social Work, vol 40, no 5, July 2010, pp 1503-1516.

This paper looks at the implications of the Deprivation of Liberty Safeguards, (which are an extension of the Mental Capacity Act 2005), for older people with dementia. The safeguards are likely to apply to a small minority of people with dementia. They involve a thorough assessment process by qualified and experienced professionals. Other aspects of the Mental Capacity Act 2005 that are protective of people with dementia who are found to lack capacity to decide on care home entry, will also be discussed. Despite the welcome protection afforded by the Mental Capacity Act, older people who lack capacity and who are placed in care homes, do not benefit from the same level of checks and balances that people have who are sectioned under the Mental Health Act 1983. (KJ/RH)

ISSN: 00453102

From : <http://bjsw.oxfordjournals.org> doi: 10.1093/bjsw/bcp077

203/71

The family lawyer and the Court of Protection; by Marc Marin. Bristol: Family Law, 2010, 433 pp.

'The family lawyer and the Court of Protection' brings together statutory materials and key forms, and case law supporting practice and procedures in the Court of Protection. It explains how to make an application to the Court; provides a step-by-step guide to the applicable process;

and includes fictitious case studies suggesting solutions to a range of situations that might arise. Subjects covered include: the Mental Capacity Act 2005; the Court of Protection Rules; the Public Guardian; the Official Solicitor; and deprivation of liberty. The law is stated as at May 2010. (RH)

Price: £60.00

From : Jordan Publishing Ltd., 21 St Thomas Street, Bristol BS1 6JS. Website: www.jordanpublishing.co.uk

LONELINESS

203/72

Alone? perceived social support and chronic interpersonal difficulties in suicidal elders; by Katrin E Harrison, Alexandre Y Dombrovski, Jennifer Q Morse (et al).

International Psychogeriatrics, vol 22, no 3, May 2010, pp 445-454.

Social networks may protect depressed older people against suicidal behaviour. However, conflict in important relationships may undermine the sense of social support, potentially negating the protective effects. Thus, the authors investigated the role of chronic interpersonal difficulties and perceived social support in depressed older people with and without suicidal thoughts and attempts. 106 individuals aged 60+ participated in this cross-sectional, case-control study. They were placed in three groups: suicidal depressed, non-suicidal depressed and non-depressed. Following a detailed clinical characterization, perceived social support (Interpersonal Support Evaluation List) and chronic interpersonal difficulties (Inventory of Interpersonal Problems) were assessed. Using general linear models, the authors explored the relationship between suicidal thoughts or attempts, social support, and chronic interpersonal difficulties. The authors also examined whether lower perceived social support explained the relationship between chronic interpersonal difficulties and suicidal thoughts/attempts. Suicidal depressed older people reported the lowest levels of perceived social support (belonging, tangible support, and self-esteem) and higher levels of chronic interpersonal difficulties (struggle against others and interpersonal hostility), compared to both non-suicidal depressed and non-depressed older people. The relationship between chronic interpersonal difficulties and suicidal behaviour was partially explained by low perceived social support. The experience of strong affects, interpersonal struggle, and hostility in relationships may undermine the sense of social support in depressed elders, possibly leading them to contemplate or attempt suicide. Depressed elders with a history of interpersonal difficulties need to be carefully monitored for suicidal behaviour. (KJ/RH)

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From : <http://www.journals.cambridge.org/ipg> doi:10.1017/S1041610209991463

203/73

The older, the lonelier?: Risk factors for social loneliness in old age; by Leen Heylen.

Ageing and Society, vol 30, part 7, October 2010, pp 1177-1196.

Loneliness is often associated with old age, but many studies have shown that the relationship is not straightforward. This paper seeks a better understanding of the impact of social isolation on feelings of loneliness among older people, by building on the theoretical and actual distinction between social and emotional loneliness. Social loneliness refers to a lack of feelings of social integration; emotional loneliness emerges in the absence of an attachment figure. This paper focuses on social loneliness and has two aims: first to disentangle the direct and intermediate effects of both the number and the quality of social relationships on social loneliness in old age; and second to detect the groups at risk of social loneliness by identifying which personal features correspond with which relational deficits and therefore indirectly increase the risk on social loneliness. Data are analysed for a sample of 1,414 respondents aged 55 or more years drawn from the Panel Study of Belgian Households conducted in 2000. The results confirm that improved understanding is gained by decomposing the interrelation between age and other background features, on the one hand, and the social relational features, on the other, as indirect and direct predictors of social loneliness. Generally, this approach promotes a correct identification of the groups at risk of social loneliness in old age. (KJ/RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso> doi: 10.1017/S0144686X10000292

LONG TERM CARE

203/74 Continuity of care: findings of a conceptual review and synthesis of the NIHR SDO programme of research; by Gillian Parker, Anne Corden, Janet Heaton, Social Policy Research Unit - SPRU, University of York. York: Social Policy Research Unit - SPRU, University of York, 2010, 4 pp (Research Works, no 2010-02).

Issues around continuity of care run through health and social policy. The NIHR Service Delivery and Organisation (SDO) Research and Development Programme has funded a series of research projects on primary and secondary continuity of care. A programme of research studies, begun in 2001, explored what continuity of care actually means, what service users and carers want in the way of continuity of care, what influences their experience, and any outcomes produced. A report in 2007 reviewed interim outputs from the programme, when some of the research studies were still running. SPRU's study builds on, extends and completes that review. Key findings are presented in this bulletin series, but a full report "Synthesis and conceptual analysis of the SDO's programme's research on continuity of care" (Southampton: National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre) is also available from SPRU (see weblink <http://php.york.ac.uk/inst/spru/pubs/ipp.php?id=1241>). (KJ/RH)

From : SPRU, University of York, Heslington, York YO10 5DD. Full report can be downloaded from: <http://www.york.ac.uk/inst/spru/pubs/1241>

203/75 Older people's family contacts and long-term care expenditure in OECD countries: a comparative approach using qualitative comparative analysis; by Philip Haynes, Michael Hill, Laura Banks.

Social Policy & Administration, vol 44, no 1, February 2010, pp 67-84.

In recent decades, there has been a suggestion that public and private long-term care (LTC) expenditure might be replacing traditional family care for older people. The decline of family contact is known to be more advanced in some OECD countries than others, with southern Europe identified as where family contact is still strong. This article explores at a country level whether there is an association between levels of expenditure on long-term care and the availability of family contacts. Qualitative Comparative Analysis is used as a comparative method, so as to use national quantitative indicators with a small sample of countries. An association between higher levels of family contact and lower levels of expenditure on LTC is suggested, but it is weakened by a number of untypical cases. Countries that defy this relationship have government care policies that seek to promote informal social care through the family contact that continues to be available. Austria, Canada, Great Britain and Japan are discussed in this context. (KJ/RH)

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MEDICATION

203/76 Administration of medicines in food and drink: a study of older inpatients with severe mental illness; by Camilla Haw, Jean Stubbs.

International Psychogeriatrics, vol 22, no 3, May 2010, pp 409-416.

Difficulties in administering medicines to older people are common, and medicines are sometimes mixed with food and drink to aid administration. Little is known about this practice or that of covert administration. This study aims to examine the nature, frequency, safety, reasons for and documentation of the administration of medicines in food and drink. A cross-sectional survey of mainly older adults, who were inpatients at a UK tertiary referral centre, was carried out, and nursing staff and consultant psychiatrists were interviewed. Of the 110 patients, 34 (30.9%) were receiving medication mixed with food or drink, although for only 52.9% was the procedure documented in the patient's care plan and for 64.7% was it documented on the medication chart. No associated safety issues were identified. The main reasons for this

practice were swallowing difficulties (61.8%) and refusal to swallow tablets (47.1%). Thirteen out of 110 (11.8%) patients were receiving covert medication, most commonly antipsychotics and anxiolytics or hypnotics. All were detained and lacked capacity to consent. Most had dementia but a few had chronic schizophrenia. For only 46.2% was covert administration documented in the care plan and for 69.2% on the medication chart. Administration of medication in food or drink and covert medication were common in this group of inpatients with severe mental illness. Before administering medication covertly it is important to discuss the matter with the multidisciplinary team and, where appropriate, with the patient's relatives. It is also important to ensure that supporting documentation has been completed in order to avoid medico-legal difficulties. (KJ/RH)

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MENTAL CAPACITY

(See 203/70)

MENTAL HEALTH

(See Also 203/13)

203/77

Do people become more apathetic as they grow older?: A longitudinal study in healthy individuals; by Henry Brodaty, Annette Altendorf, Adrienne Withall (et al).

International Psychogeriatrics, vol 22, no 3, May 2010, pp 426-436.

The aim of this Australian study was to determine levels, rates and progression of apathy in healthy older persons and to investigate factors associated with its progression. 76 healthy older subjects, aged 58-85 years (mean 69.9), who were recruited by general advertisement and through local community groups, participated as a control group for a longitudinal study of stroke patients. Data were collected on demographic, psychological, neuropsychological and neuroimaging (MRI) variables; and apathy was rated by informants on the Apathy Evaluation Scale (AES). Apathy scores and rates increased over 5 years, especially in men. Change of apathy was associated with informant ratings of cognitive decline in the years prior to baseline assessment but not to subsequent neuropsychological, neuroimaging or functional changes. Apathy increases with age in otherwise healthy community-dwelling individuals, particularly in men. (KJ/RH)

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203/78

Filling the void: how can we improve the effectiveness of groups to help people manage their memory difficulties?; by Diane Dansey, Lucy Leonard.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society.

PSIGE Newsletter, no 109, January 2010, pp 11-16.

The authors describe the development and formal evaluation of a group for older people with memory problems. The group aimed to help members develop skills and coping strategies to manage their day-to-day memory problems more effectively, and incorporated strategies to maximise the potential of the group over the seven to eight week duration. To date, the group has run four times, with a total of 33 members from a range of ethnic groups. The outcomes were positive. The authors discuss which measures may best capture the work of the group. (RH)

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

203/79

Mental health and older women: the challenges for social perspectives and community capacity building; by Barbara Fawcett, Jill Reynolds.

British Journal of Social Work, vol 40, no 5, July 2010, pp 1488-1502.

Older women tend to be either rendered invisible in relation to considerations of mental health or, conversely, constructed as potential mental health problems. In this article, the authors draw

attention to the position of older women with regard to current debates in the mental health field. It is argued that, within the UK and Australia, the prioritisation of the management of risk and what an older woman cannot do rather than what she can adversely affects not only her mental well-being, but also the contribution that she can make to the community in which she lives. It is argued that the fostering of strengths-based community capacity building, which includes proactive, innovative and flexible underpinning practice principles, has the capacity to expand rather than reduce horizons for older women, to confront restrictive and discriminatory barriers, and to enhance quality-of-life factors. (KJ/RH)

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203/80

The structure of the Hospital Anxiety and Depression Scale in four cohorts of community-based, health older people: the HALCYon program; by Catharine R Gale, Michael Allerhand, Avan Aihie Sayer (et al).

International Psychogeriatrics, vol 22, no 4, June 2010, pp 559-571.

The Hospital Anxiety and Depression Scale (HADS) is widely used, but evaluation of its psychometric properties has produced equivocal results. Little is known about its structure in non-clinical samples of older people. The authors used data from four cohorts in the HALCYon collaborative research program into healthy aging: the Caerphilly Prospective Study, the Hertfordshire Ageing Study, the Hertfordshire Cohort Study, and the Lothian Birth Cohort 1921. They used exploratory factor analysis and confirmatory factor analysis with multi-group comparisons to establish the structure of the HADS and test for factorial invariance between samples. Exploratory factor analysis showed a bi-dimensional structure (anxiety and depression) of the scale in men and women in each cohort. Researchers tested a hypothesized three-factor model but high correlations between two of the factors made a two-factor model more psychologically plausible. Multi-group confirmatory factor analysis revealed that the sizes of the respective item loadings on the two factors were effectively identical in men and women from the same cohort. There was more variation between cohorts, particularly those from different parts of the UK and in whom the HADS was administered differently. Differences in social-class distribution accounted for part of this variation. Scoring the HADS as two subscales of anxiety and depression is appropriate in non-clinical populations of older men and women. However, there were differences between cohorts in the way that individual items were linked with the constructs of anxiety and depression, perhaps due to differences in sociocultural factors and/or in the administration of the scale. (KJ/RH)

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MENTAL HEALTH SERVICES

(See Also 203/76, 203/113)

203/81

Factors predicting discharge of Huntington's disease patients from a neuropsychiatry unit; by Akshya Vasudev, Tracy Palmer, Alan Thomas (et al).

International Psychogeriatrics, vol 22, no 3, May 2010, pp 489-492.

The authors explored phenotypic parameters of people with Huntington's disease who had been admitted to a psychiatric unit and then discharged, with a view to determining prognostic factors for discharge to higher levels of care. A cross-sectional study was carried out on 19 patients admitted to a psychiatric unit with Huntington's disease. Data on the Unified Huntington's Disease Rating Scale (UHDRS) of behaviour and function, global assessment of presence of depression and dementia as well as discharge outcomes were collated. Appropriate parametric and non-parametric statistical tests were applied. 14 patients were discharged to accommodation with the same level of care versus five who were discharged to a higher level of care. Having poor functioning in terms of activities of daily living (ADLs) predicted discharge to an increased level of care. Being depressed or having dementia did not forecast poor outcome. The total duration of admission was not related to UHDRS parameters. Poor functioning on admission independently predicts the need for higher levels of care for patients who are admitted to a

neuropsychiatric ward. (KJ/RH)

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203/82

The nearest relative: losing the right to concur?; by David Hewitt.

The Journal of Adult Protection, vol 12, no 3, August 2010, pp 35-39.

The nearest relative of a patient detained under the Mental Health Act 1983 has an important role to play. He or she might even object to detention, and in some circumstances, any such objection will have to be respected and the patient cannot lawfully be detained. A recent High Court case examined what it means to object to detention (M v East London NHS Foundation Trust (Defendant) and Hackney London Borough Council (Interested Party) 11 February 2009). The judge said that although a nearest relative might be believed not to have objected, detention will only be lawful if that belief was reasonable. He also suggested that in some cases, objection should be inferred from a nearest relative's previous conduct. (RH)

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203/83

Psychiatric services for the "old" old; by Brian Draper, Lee-Fay Low.

International Psychogeriatrics, vol 22, no 4, June 2010, pp 582-588.

Few studies have specifically examined mental health service delivery to persons aged over 84 years, often described as the "old" old. The authors' aim was to compare mental health service provision in Australia to those aged 85+ with the "young" old and other age groups. It was hypothesized that the "old" old would differ from the "young" old (65-84 years) by diagnostic category, rates of specialist psychiatric hospital admission, and use of Medicare funded psychiatric consultations in the community. Mental health service delivery data for 2001-02 to 2005-06 was obtained from Medicare Australia on consultant psychiatrist office-based, home visit and private hospital services subsidized by the national healthcare program and the National Hospital Morbidity database for separations (admitted episodes of patient care) from all public and most private hospitals in Australia on measures of age, gender, psychiatric diagnosis, location and type of psychiatric care. Use of specialist psychiatric services in the community per annum per 1000 persons declined with age in men and women from 137.28 and 191.87 respectively in those aged 20-64 years to 11.84 and 14.76 respectively in those aged over 84 years. However, men and women over 84 years received psychiatric home visits at 377% and 472% respectively of the rates of those under 65. The annual hospital separation rate per 1000 persons for specialist psychiatric care was lowest in those aged over 84 (3.98) but for inpatient non-specialized psychiatric care was highest in those over 84 (21.20). Depression was the most common diagnosis in specialized psychiatric hospitalisation in those aged over 84, while organic disorders predominated in non-specialized care in each age group over 64 years with the highest rates in those aged over 84. Mental health service delivery to those aged over 84 is distinctly different to that provided to other aged groups being largely provided in non-specialist hospital and residential settings. (KJ/RH)

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203/84

A witness seminar: the development of old age psychiatry in Britain, 1960-1989: themes, lessons and highlights; by Claire Hilton, Tom Arie, Malcolm Nicolson.

International Journal of Geriatric Psychiatry, vol 25, no 6, June 2010, pp 596-603.

Group reminiscences and discussions in the format of a witness seminar which was audio-recorded and transcribed have been used to create a record of the development of old age psychiatry in Britain, as seen through the eyes of some of the people who participated in building it, from the earliest days until its official recognition as a specialty by the Department of Health in 1989. Witnesses also provided written biographical information. The annotated full record created at the seminar is available on-line. This paper reflecting themes, lessons and highlights has been derived from it. Early old age psychiatrists often encountered opposition and incredulity from other health care professionals and managers. However, their experiences were

demonstrating just how much could be achieved in improving the lives of older mentally ill people. They conveyed their enthusiasm for their work in both clinical and university settings. Clinical creativity, support when working in relative professional isolation, and dealing with opposition benefited from both the development of the Group for the Psychiatry of Old Age at the Royal College of Psychiatrists and from close links with geriatric medicine. (KJ/RH)

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MENTAL ILLNESS

(See 203/25)

MIGRATION

(See 203/53)

NEIGHBOURHOODS AND COMMUNITIES

203/85

Urban neighborhood context and mortality in late life; by Richard G Wight, Janet R Cummings, Arun S Karlamangla (et al).

Journal of Aging and Health, vol 22, no 2, March 2010, pp 197-218.

To examine the contextual effects of urban neighbourhood characteristics on mortality among older adults, data was taken from the Study of Assets and Health Dynamics Among the Oldest Old (AHEAD). Death is assessed between the baseline assessment (1993) and the first follow-up interview (1995). Neighbourhood data are from the 1990 Census. The log odds of dying between the two time points are higher in a high proportion of Hispanic neighbourhoods, net of individual-level sociodemographic variables, but this effect is partly mediated by individual-level health. The log odds of dying are significantly lower in affluent neighbourhoods, controlling for all individual-level variables and neighbourhood proportion Hispanic. There are survival-related benefits of living in an affluent urban neighbourhood, which the authors posit may be manifested through the diffusion of innovations in health care and health-promotion activities. (KJ/RH)

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OLDER WOMEN

(See Also 203/1, 203/79, 203/107)

203/86

Older women's body image: a lifecourse perspective; by Toni Lieghty, Careen M Yarnal.

Ageing and Society, vol 30, part 7, October 2010, pp 1197-1218.

Body-image research has focused on younger women and girls, and tended to ignore women in later life, although recent studies have called for more research into the body image of older women, particularly from a lifecourse perspective. The lifecourse perspective can address the complexity of body image, by identifying personal and/or environmental factors that shape body image and the trajectories of body image across the lifecourse. Accordingly, the purpose of the study reported in this paper was to explore older women's body image using a lifecourse perspective. The authors conducted individual interviews and follow-up focus groups with 13 women aged 60-69 years, all of them resident in a United States non-metropolitan county (its largest town having a population of 38,420) and having lived in the country for more than 30 years. The findings highlight the influence of inter-personal relationships (e.g. with a spouse or parent), the macro-environment (e.g. media or community attitudes) and key life events (e.g. physiological changes or educational experiences) that shaped body image at various life stages. In addition, the findings demonstrate that as women age, they de-prioritise appearance in favour of health or internal characteristics. Finally, the findings highlight the complexity of body image

as a construct, which includes attitudes toward appearance, evaluations of health and physical ability, and assessments of appearance. (KJ/DP)

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PALLIATIVE CARE

(See 203/34)

PENSIONS AND BENEFITS

- 203/87 "Quality of life and independence" - why Attendance Allowance is so important to blind and partially sighted people: a briefing based on research undertaken jointly by RNIB and Visionary; by Geoff Fimister, Royal National Institute of Blind People - RNIB; Visionary (formerly: National Association of Local Societies for Visually Impaired People - NALSVI). London: RNIB and Visionary, August 2010, 42 pp.
Attendance Allowance (AA) and similar benefits can make all the difference to whether or not a blind or partially sighted older person can get along in the community with a reasonable quality of life. This briefing is based on responses from 116 blind and partially sighted AA claimants aged 65+ about what they spend their benefit on and how they would be affected if they did not have it. The briefing highlights the vital role that AA plays in allowing older blind and partially sighted people to live independent and fulfilling lives. It brings together for the first time detailed accounts of how this extra costs benefit is used by people with sight loss to support life in the community. AA has been described as the "original personal budget", so that its importance cannot be overstated in the light of possible changes in the social security system. The report details the methodology of the research; characteristics of claimants in the survey; how AA (and DLAC 65+ - Disability Living Allowance care component) were spent; support (if any) from social services; the policy debate; and other research on the topic. (RH)
From : Geoff Fimister, Campaigns Officer (Independent Living), RNIB. Tel 020 7391 2124 E-mail: gfimister@rnib.org.uk
- 203/88 21st century welfare: response of the Royal National Institute of Blind People to the Department for Work and Pensions consultation paper; by Geoff Fimister, Royal National Institute of Blind People - RNIB; Department for Work and Pensions - DWP. London: Royal National Institute of Blind People, 14 September 2010, 16 pp (Consultation response).
The RNIB very much welcomes the opportunity to contribute to the debate started by the Department for Work and Pensions (DWP) consultation paper, '21st century welfare' (Cm 7913), which proposes a major re-shaping of means-tested benefits and tax credits. The RNIB comments on the main substance of the paper and on the twelve questions asked, concluding that it hopes that the Government will "build on the positive aspects of these proposals and meanwhile resist the temptation to find further savings at the expense of the wellbeing of disabled people and others vulnerable to low incomes". Disabled people, not least those with sight loss, tend to have lower incomes than does the general population. They are therefore disproportionately likely to qualify for means-tested assistance with essential living costs, including housing, as well as the extra costs of disability. (RH)
From : Geoff Fimister, Campaigns Officer (Independent Living), RNIB. Tel 020 7391 2124. E-mail: gfimister@rnib.org.uk
- 203/89 21st century welfare: presented to Parliament by the Secretary of State for Work and Pensions; by Department for Work and Pensions - DWP. London: TSO, July 2010, 44 pp (Cm 7913).
Through this consultation, the Department for Work and Pensions (DWP) seeks views to inform thinking on reforms to the benefits and Tax Credits system, including the idea of a single integrated Universal Credit. The ideas for reform would make it is easier for individuals to understand what they are entitled to, easier for people to make or change a claim, and easier for them to understand how any changes in their circumstances will affect their claim. Among the

aims is to target support more efficiently, supporting and protecting those in vulnerable circumstances and in greatest need; and to support the Coalition Government's wider goal of strengthening families, supporting carers and enabling disabled people to have an equal role in society. This document looks at problems with the current welfare system. It sets out seven principles for reform; and how a reformed system would be delivered, for example in tandem with reforms to the HM Revenue and Customs Pay as You Earn (PAYE) system. A weblink (<http://www.dwp.gov.uk/consultations/2010/21st-century-welfare/?=1234>) leads to links to other versions of this and related documents. (RH)

Price: £14.75

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

Download: <http://www.dwp.gov.uk/docs/21st-century-welfare.pdf>

203/90

Assessing the sustainability of pension reforms in Europe; by Aaron George Grech, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, 2010, 36 pp (CASEpaper 140).

Spurred by the ageing transition, many governments have made wide-ranging reforms, dramatically changing Europe's pensions landscape. Nevertheless, there remain concerns about future costs, while unease about adequacy is growing. This study develops a comprehensive framework to assess pension system sustainability. It captures the effects of reforms on the ability of systems to alleviate poverty and maintain living standards, while setting out how reforms change future costs and relative entitlements for different generations. This framework differs from others, which just look at generosity at the point of retirement, as it uses pension wealth - the value of all transfers during retirement. This captures the impact of both longevity and changes in the value of pensions during retirement. Moreover, rather than focusing only on average earners with full careers, this framework examines individuals at different wage levels, taking account of actual labour market participation. The countries analysed cover 70% of the European Union's population and include examples of all system types. This study's estimates indicate that while reforms have decreased generosity significantly in most but not all countries, the poverty alleviation function remains strong, particularly where minimum pensions have improved. However, moves to link benefits to contributions have made some systems less progressive, raising adequacy concerns for women and those on low incomes. The consumption smoothing function of state pensions has declined noticeably, suggesting the need for longer working lives or additional private saving for individuals to maintain pre-reform living standards. Despite the reforms, the size of entitlements of future generations should remain similar to that of current generations, in most cases, as the effect of lower annual benefits should be offset by longer retirement. Though reforms have helped to alleviate the financial challenge faced by pension systems, the pressures remain strong in many countries and further reforms are likely. (RH)

Price: FOC

From : Centre for Analysis of Social Exclusion, London School of Economics, Houghton Street, London WC2A 2AE. <http://sticerd.lse.ac.uk/case>

203/91

Contrasting approaches to old-age income protection in Korea and Taiwan; by Young Jun Choi, Jin Wook Kim.

Ageing and Society, vol 30, part 7, October 2010, pp 1135-1152.

Old-age income security has become one of the most important social policy issues in two East Asian emerging welfare states, South Korea and Taiwan, as they transform at a remarkable pace into societies with a representation of older people approaching that of western countries. During the last two decades, the two countries have developed different forms of social protection for older people. South Korea has expanded social insurance pensions with means-tested benefits, whereas Taiwan has introduced flat-rate old-age allowance programmes that exclude the rich rather than target the poor. Much has been written about these programmes, but their actual performance in reducing old-age poverty has not been thoroughly examined. This paper analyses the anti-poverty effect of these programmes, firstly by describing recent developments in the two countries, and secondly by examining headcount poverty rates and the size and incidence of the

'poverty gap' using nationally-representative micro-household datasets. It is argued that while the programmes have increasingly reduced old-age income security, the different policy choices have resulted in distinctive welfare outcomes in the two countries. In the final section of the article, the researchers discuss the long-term implications of the recent policy reforms. (KJ)
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From : <http://www.journals.cambridge.org/aso>
doi: 10.1017/S0144686X10000413

203/92

Ready for retirement?: Pensions and Bangladeshi self-employment; by Phil Mawhinney, Runnymede Trust. London: Runnymede Trust, October 2010, 29 pp (Runnymede financial inclusion report).

Many Black and minority ethnic (BME) people in the UK are in low income self-employment. They face challenges to saving and contributing to a decent pension and enjoying a retirement free from poverty. This report looks at the relationship between BME self-employment and pensions. It examines the level and type of pension provision people have and the barriers they face in light of reforms in the Pensions Acts 2007 and 2008. These reforms have been in response to an ageing population, lower annuities offered by company pension schemes, and the fact that people are less likely to prioritise personal savings than in the past. Automatic enrolment of employees into workplace pension schemes and changes to the state pension age (SPA) are central features of these reforms. Key issues are illustrated with examples from Runnymede's research among Bangladeshi and other BME communities, as well as from official sources published by the Department for Work and Pensions (DWP) and the Office for National Statistics (ONS). This publication is part of the Runnymede Financial Inclusion Programme and funded by the Nationwide Foundation. (RH)

From : The Runnymede Trust, 7 Plough Yard, Shoreditch, London EC2A 3LP. E-Mail: info@runnymedetrust.org Website: www.runnymedetrust.org

203/93

Three routes to pension reform: politics and institutions in reforming pensions in Denmark, Finland and Sweden; by Olli Kangas, Urban Lundberg, Niels Ploug. *Social Policy & Administration*, vol 44, no 3, June 2010, pp 265-284.

By analysing pension reforms in three Nordic countries - Denmark, Finland and Sweden - that apply different institutional solutions in their old-age security programmes, this article argues that the political processes that shaped the country-specific pension set-ups in the 1950s and 1960s had important ramifications for subsequent reform possibilities. A high degree of inertia exists not only in the institutions themselves but also in the political reform options and the ways in which pensions were reformed. The analysis shows that the 'new politics' was not new in any of the three countries. Furthermore, given the differences in the three cases, the analysis questions the nature of pension reform. The Swedish reform in the late 1990s was a 'big bang' that eliminated the old and changed everything; the Finns built on piecemeal reforms of conversion that gradually changed the whole system; and, while the Danish story appears to be one of stability and status quo, the drift of Danish policy ultimately changed the basic characteristics of the system. Although all three countries have more or less thoroughly reformed their pensions, the reform processes have differed according to both historical legacies and institutional frameworks. (KJ/RH)

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DOI: 10.1111/j.1467-9515.2010.00713.x

203/94

Who stole our pensions?; by Robert Peston, National Pensioners Convention - NPC. London: National Pensioners Convention - NPC, 2010, 44 pp.

This pamphlet is a reprint of Chapter 7 of the book, 'Who runs Britain?' with permission of the author, Robert Peston, BBC Business Editor and the publisher, Hodder and Stoughton (pictures appearing were not in the original chapter). It debates the current occupational and private pensions - which are considered to be in a state of crisis - and their relationship with the basic state pension. In fact, the entire UK pension system, once "the envy of the world" is now considered by the author to be in a parlous state; and this chapter describes how this has come

about since the 1970s. A foreword by the National Pensioners Convention (NPC) calls for an increase in the basic state pension to the official poverty level, estimated to be £171 per week. (KJ/RH)

Price: £2.00

From : National Pensioners Convention, 19-23 Ironmonger Row, London EC1V 3QN.
<http://www.npcuk.org.uk>

POLITICS AND CAMPAIGNING

(See 203/42)

PREVENTION

203/95 'The billion dollar question': embedding prevention in older people's services - 10 'high impact' changes; by Kerry Allen, Jon Glasby, Health Services Management Centre, University of Birmingham.: Health Services Management Centre, University of Birmingham, 2010, (HSMC policy paper 8).

Health and social care services in all sectors have found themselves under increasing pressure due to demographic, social and technological changes. As such pressure is likely to worsen in the present financial climate, this paper seeks to identify '10 high impact changes' with regards to prevention in older people's services. The paper represents the authors' "best guess" at high impact changes (as far as the available evidence suggests), rather than as a statement of "what to do". (RH)

From : <http://www.hsmc.bham.ac.uk/publications/policy-papers/index.shtml>

203/96 The (multi-)billion dollar question: embedding prevention and rehabilitation in English health and social care; by Kerry Allen, Jon Glasby.

Journal of Integrated Care, vol 18, issue 4, August 2010, pp 26-35.

As policymakers seek to develop a more preventative and rehabilitative approach to older people's services, new policies and integrated initiatives have made a positive contribution. However, rebalancing the nature of the system as a whole remains elusive. This paper provides a critical review of English health and social care, and explores attempts to embed a more preventative and rehabilitative approach through multidisciplinary and cross-organisational initiatives. The authors draw on a national expert report commissioned as part of the European Union (EU) project (INTERLINKS: health systems and long-term care for older people in Europe - modelling the INTERfaces and LINKS between prevention, rehabilitation, quality of services and informal care - FP7-HEALTH-2007-B). Initiatives considered include intermediate care, re-ablement, and LinkAge Plus (LAP) and Partnerships for Older People Projects (POPPs) pilots. (RH)

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From : <http://www.pierprofessional.com>
doi:10.5042/jic.2010.0376

PUBLIC SERVICES

203/97 From social security to social productivity: a vision for 2020 public services: the final report of the Commission on 2020 Public Services; by Sir Andrew Foster (chair), Commission on 2020 Public Services, 2020 Public Services Trust, Royal Society for the encouragement of Arts - RSA. London: 2020 Public Services Trust, 2010, 63 pp.

In 2008, the 2020 Public Services Trust (www.2020publicservicestrust.org) launched the Commission on 2020 Public Services, to examine how public services can respond to the challenges of the next decade. This final report of the Commission argues that our public services are increasingly unsustainable. It calls for a complete reconfiguring of public services around the needs and capabilities of citizens, based on the principle of social productivity - greater social responsibility and more intelligent collaboration between citizens and public services. To enable this new focus on social productivity to succeed, three profound shifts are

needed in public services: a shift in culture, in which public services must engage and enrol citizens and wider society; a shift in power from Whitehall to citizens, neighbourhoods, cities and counties; and a shift in finance that is more transparent and reflects the purposes that services are intended to achieve. This and other reports of the Commission on 2020 Public Services can be found on the Trust's website (<http://www.2020publicservicetrust.org/publications/>). (RH)

From : Download: http://clients.squareeye.com/uploads/2020/documents/PST_final_rep.pdf

QUALITY OF LIFE

(See Also 203/87)

203/98

Living conditions and life satisfaction of older Europeans living alone: a gender and cross-country analysis; by Joëlle Gaymu, Sabine Springer.

Ageing and Society, vol 30, part 7, October 2010, pp 1153-1175.

This study focuses on the influence of objective living conditions on the life satisfaction of older Europeans living alone from a gender and cross-national perspective. The data were drawn from the first wave of the Survey of Health, Ageing and Retirement in Europe (SHARE), which includes a single-item question for life satisfaction and a large set of health, family and socio-economic indicators. From a descriptive point of view, a lower proportion of women living alone declared themselves to be satisfied with life compared to men. When inequalities in living conditions were controlled for, the difference disappeared, but some determinants of life satisfaction differed for men and women and varied among countries. No limitations in daily activities, a high level of education, participation in leisure activities, and an older age increased life satisfaction for both men and women living alone; but the existence of a child influenced only the life satisfaction of men, while income level (or home ownership) had an impact only for women. Moreover, a North-South gradient was clearly observable only for women living alone: all other things being equal, women had a higher probability of declaring themselves satisfied with life in northern European countries than in the South, and their determinants of life satisfaction were strongly linked to the socio-cultural context. (KJ/RH)

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

doi: 10.1017/S0144686X10000231

REHABILITATION

(See 203/96)

RELIGION AND SPIRITUALITY

203/99

Religiosity, spirituality and death attitudes in chronically ill older adults; by Timothy P Daaleman, Debra Dobbs.

Research on Aging, vol 32, no 2, March 2010, pp 224-243.

The aim of this study was to examine the association of religiosity and spirituality with fear of death and death acceptance attitudes in chronically ill older adults. In-home interviews were conducted with 257 community-dwelling older people with chronic illness identified through an administrative database of ambulatory care clinics from an academic health centre in Kansas City, and through primary care practices participating in a practice-based research network in North Carolina. Hierarchical regression models were constructed for predictor variables and the outcomes of fear of death and approach acceptance of death attitudes. Self-efficacy beliefs ($b = -.097$, $p .001$), anxiety ($b = .026$, $p .01$), and physical functioning ($b = .015$, $p .01$) were significantly associated with fear of death attitudes. Self-reported religiosity ($b = -.389$, $p .001$), closeness to God ($b = -.595$, $p .001$), and age ($b = -.019$, $p .001$) contributed significantly to the variance in the final model and were significantly associated with approach acceptance of death attitudes. (KJ/RH)

ISSN: 01640275 From : <http://roa.sagepub.com> doi:10.1177/0164027509351476

RESEARCH

- 203/100 Advocates, agnostics and adversaries: researchers' perceptions of service user involvement in social policy research; by Saul Becker, Joe Sempik, Alan Bryman.
Social Policy & Society, vol 9, pt 3, July 2010, pp 355-366.
The involvement of service users in the research process is becoming increasingly required by many funders of research and is being seen as an indicator of quality in its own right. This paper provides original data from a study of social policy researchers' views of service user involvement in research. It shows a diversity of stances which have been categorised here as belonging to Advocates, Agnostics and Adversaries of user involvement. The views of Agnostics and Adversaries pose serious challenges that need to be addressed, if service user involvement is to be more widely accepted and valued by some researchers and academics in social policy. (KJ/RH)
ISSN: 14747464
From : <http://www.journals.cambridge.org/sps>
doi:10.1017/S1474746410000072
- 203/101 Keeping service user involvement in research honest; by Hugh McLaughlin.
British Journal of Social Work, vol 40, no 5, July 2010, pp 1591-1608.
Service user research has increasingly become a significant development on the research landscape. This article seeks to critically examine this development and to identify ways in which service user research can retain its honesty and avoid the twin dangers of either becoming a tokenistic exercise or being seen as a panacea. In particular the article highlights issues concerning our conceptions of service users, recognising both the benefits and costs of service user involvement in research and begins to open up discussions on the contribution of service user research to knowledge development. The article also argues that we need to subject such research to the same standards of scrutiny and critique we would apply to other research approaches if service user research involvement in research is going to develop further. (KJ/RH)
ISSN: 00453102
From : <http://bjsw.oxfordjournals.org>
doi: 10.1093/bjsw/bcp064
- 203/102 Lessons from a community-based participatory research project: older people's and researchers' reflections; by Martha Doyle, Virpi Timonen.
Research on Aging, vol 32, no 2, March 2010, pp 244-263.
The ethical and practical importance of actively involving older people in the research process is increasingly articulated in the gerontology literature. This article contributes to the literature by outlining a community-based participatory research project in a Dublin suburb that centred on the design and administration of a questionnaire exploring older people's use and perceptions of community services. The authors discuss both older adults' and the researchers' views of the participatory process. The key lessons and challenges that emerged from the research are analysed using the nine principles of community-based participatory research outlined by B Israel et al (2003). The authors question whether older people in all instances seek extensive involvement in all aspects of participatory projects. A number of questions are raised that require further analysis before a robust and viable understanding of participatory research that safeguards against the tokenistic involvement of older people can be developed. (KJ/RH)
ISSN: 01640275
From : <http://roa.sagepub.com>
doi:10.1177/0164027509351477
- 203/103 Mode effects in qualitative interviews: a comparison of semi-structured face-to-face and telephone interviews using conversation analysis; by Annie Irvine, Paul Drew, Roy Sainsbury, Social Policy Research Unit - SPRU, University of York. York: Social Policy Research Unit - SPRU, University of York, 2010, 4 pp (Research Works, no 2010-03).
What difference does it make when we conduct qualitative research interviews by telephone

rather than face-to-face? To answer this question, SPRU's study has taken an innovative cross-disciplinary approach, bringing together methodological expertise from the fields of conversation analysis and applied social policy research. Conversation analysis focuses on the various practices that speakers use to accomplish social actions through talk and on the 'interactional consequences' of selecting one strategy or form of words over another. The findings suggest that there does appear to be interactional differences between semi-structured telephone and face-to-face interviews. Some suggestions as to potential practice implications for qualitative researchers are made. (KJ/RH)

From : SPRU, University of York, Heslington, York YO10 5DD. Full report can be downloaded from: <http://www.york.ac.uk/inst/spru/pubs/1741>

RESIDENTIAL AND NURSING HOME CARE

(See Also 203/17)

203/104

Charges for residential accommodation - CRAG amendment no 29; The National Assistance (Sums for Personal Requirements and Assessment of Resources) Amendment (England) Regulations 2010 (S.I.2010/211); by Department of Health - DH. London: Department of Health, 19 March 2010, unnumbered (Local authority circular, LAC (DH)(2010)2).

This circular informs of changes to current regulations, those significant are detailed as follows: I. Sets out the revised Personal Expenses Allowance (PEA) of £22.30, which comes into force on 12 April 2010. II. Sets out the revised capital limits of £14,250 (lower capital limit) and £23,250 (upper capital limit), which comes into force on 12 April 2010. III. Sets out the revised savings disregards of up to £5.75 per week for individual supported residents aged 65 and over and up to £8.60 per week for couples, which comes into force on 12 April 2010. IV. Sets out changes to £20 disregard as a consequence to the rise in women's pension age from 60 to 65 between 6 April 2010 and 5 April 2020. V. Alerts councils that the age qualification to property disregard for relatives will remain at 60 and will not change as a result of the rise in women's pension age. VI. Alerts councils to an amendment to the regulations to bring the property disregard for partners into line with government policy and existing custom and practice. VII. Alerts councils to changes to the Charging for Residential Accommodation Guide (CRAG). VIII. Provides guidance on the valuation of shared properties for residential charging. The Annex to this circular gives fuller details.

A fully revised copy of the Charging for Residential Accommodation Guide (CRAG) can be accessed on the DH website (electronic copy only available). (KJ)

From: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_114331.pdf

203/105

Nursing home quality of life: study of an enabling garden; by Martha Raske.: Routledge.

Journal of Gerontological Social Work, vol 53, issue 4, 2010, pp 336-351.

The author conducted an in-depth evaluation of the impact of the construction and use of an enabling garden on resident quality of life in a rural nursing home. This qualitative study used interviews with residents, family members, staff members, and community volunteers who built the garden. Findings suggest the garden had positive effects on resident quality of life, particularly in terms of meaningful daily activities, enjoyment of daily life, resident relationships, and functional competency. Implications for research and practice are discussed.

(KJ/RH)

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

<http://www.taylorandfrancis.com>

DOI: 10.1080/01634371003741482

RETIREMENT

- 203/106 Commentary: Retirement and economic recovery; by Ray Barrell, Dawn Holland, Simon Kirby. National Institute Economic Review, no 213, July 2010, pp F4-F8.
The National Institute Economic Review is the quarterly publication of the National Institute of Economic and Social Research (NIESR), one of Britain's oldest independent research organisations. These internationally recognized independent commentaries on the British and World economies and economic forecasts are based on the Institute's econometric model. This Commentary considers retirement policy since the 1980s in the United Kingdom; the stark contrast between early retirement seen then as a "solution" to high unemployment; and now, when later retirement must be encouraged. Such an approach can play a significant role in reducing the fiscal burdens faced by the UK as well as other countries. The implications of later retirement are then discussed, one of the main outcomes being the increased consumption of goods and services by an older workforce, which will help reduce the UK's deficit. (OFFPRINT). (KJ/RH)
ISSN: 00279501
From : doi:10.1177/0027950110381831
- 203/107 Creating retirement paths: examples from the lives of women; by Christine A Price, Olena Nesteruk.
Journal of Women & Aging, vol 22, no 2, 2010, pp 136-149.
Through in-depth interviews with 40 retired women diverse in age, marital status, ethnicity, income, and occupational background, the authors explored how women experience retirement. Their analysis identified five retirement pathways: family-focused, service-focused, recreation-focused, employment-focused, and disenchanting retirements. These pathways represent dominant activities and interests at the time the women were interviewed, and challenge the cultural portrayal of retirement as an unvarying life stage. The participants' narratives provide a glimpse into the pathways retired women create by revealing the complexity of later life and the changing nature of retirement. (KJ/RH)
ISSN: 08952841
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.
<http://www.tandf.co.uk/journals/titles/08952841.asp>
DOI: 10.1080/08952841003719240

RISK

- 203/108 Perceptions and presentations of living with everyday risk in later life; by Joanna Bornat, Bill Bytheway.
British Journal of Social Work, vol 40, no 4, June 2010, pp 1118-1134.
In a context of neo-liberalism, individual responsibility for risk and the protection of individuals from risk has led to risk management and assessment becoming central to the practice of social work. Social workers' involvement with older people tends to occur in crisis situations, with the result that stereotypical understandings of the vulnerability of older people may be reinforced. Drawing on data from interviews and diaries, the article presents a temporal analysis of the ways in which perceptions of risk are presented by older people themselves and the people close to them. It reveals how older people link risk to family, health and social relations, and how they account for their continuing survival. In interviews, older people present their lives as well ordered and organised. By contrast, diaries that detail their everyday activities offer evidence of a more active engagement in risk avoidance, suggesting that living with everyday risk is a salient feature of late life. Integrating these two temporal framings, the authors argue for a more processual understanding of risk in later life and how it is evaluated and experienced by older people. (KJ/RH)
ISSN: 00453102
From : <http://bjsw.oxfordjournals.org>
doi: 10.1093/bjsw/bcq001

RURAL ISSUES

(See Also 203/3)

- 203/109 Increasing care options in the countryside: developing an understanding of the potential impact of personalization for social work with rural older people; by Jill Manthorpe, Martin Stevens. *British Journal of Social Work*, vol 40, no 5, July 2010, pp 1452-1469.
The article examines the possible impact of the personalization of social care services in England on older people living in rural areas and those supporting them in formal and informal roles. It focuses on the development of personal budgets. Interviews were conducted with 33 participants from professional, community and voluntary organizations in 2008. Findings were that the potential flexibility arising from choice and control might be much appreciated by some older people in rural areas; however there were concerns that local variations would affect the capacity to tailor support and to sustain developments. The long-term effects of personalization need to be monitored and assessed to ensure equitable outcomes in rural areas; and, while there may not be significant differences between rural and urban areas, the rural dimensions of adult social care need to be more rigorously explored. (KJ/RH)
ISSN: 00453102
From : <http://bjsw.oxfordjournals.org> doi: 10.1093/bjsw/bcp038

SHELTERED HOUSING

- 203/110 An assessment of sheltered housing design in Belfast, Northern Ireland; by Karim Hadjri.: Routledge.
Journal of Housing for the Elderly, vol 24, no 2, 2010, pp 171-192.
This article presents UK-based research that has studied the existing sheltered or assisted living housing population and its future housing options and preferences. This meets an identified need to know and understand users' needs and requirements in much more detail, that outlines what is liked and disliked by older people about sheltered housing, so that those who plan and design such housing can be aware of their views. The study also sought to understand the architects' challenges in designing and adapting this type of housing. The sheltered housing managed by housing associations in Belfast, Northern Ireland, was assessed through a series of site visits, structured interviews, and a focus group with stakeholders. Findings revealed older users' keen interest in participating in their housing needs assessment; identified building design concerns; and provided recommendations for potential design guidelines. (KJ/RH)
ISSN: 02763893
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.
<http://www.informaworld.com> DOI: 10.1080/02763891003757114
- 203/111 Wardens' survey 2010: an examination of the effects of removing the residential wardens from Bristol City Council's sheltered housing schemes for older people; by Bristol Older People's Forum. Bristol: Bristol Older People's Forum, September 2010, 36 pp (BOPF Opinion research survey, no 10).
During 2008 and 2009, Bristol City Council removed the residential wardens from its sheltered housing schemes for older people. This had followed a Government decision that costs of providing wardens could no longer be met from Supporting People money, unless residents in a scheme were in demonstrable need of a live-in warden. This report is based on a postal survey sent to 510 residents of former council sheltered housing schemes in all parts of Bristol; 198 responded. In all cases, only a tiny minority thought that things were better in respect of: quality of service; individual quality of life; security and safety; cleanliness; social activities; coping with cold weather; and loneliness and isolation. Much of the report is given over to individual responses. Appendices include the questionnaire, the preliminary report, and a list of the sheltered housing dwellings. (RH)
Price: £5.00
From : Bristol Older People's Forum, c/o Age Concern Bristol, Canningford House, 38 Victoria Street, Bristol BS1 6BY. E-mail: bopf@ageconcernbristol.org.uk

SOCIAL CARE

(See Also 203/5)

- 203/112 From old patchwork to new patchwork?: the Law Commission proposals for reform of adult social care; by John Dow.
Journal of Integrated Care, vol 18, issue 4, August 2010, pp 16-18.
The provisional proposals in 'Adult social care' (Law Commission consultation paper no 192) are described as an important step towards the introduction of legislation that is clear, consistent and modern. John Dow considers whether the proposed reforms are radical enough to achieve the policy goal of greater integration of services. (RH)
ISSN: 14769018
From : <http://www.pierprofessional.com>
doi:10.5042/jic.2010.0374
- 203/113 The impact of the 2005 Mental Capacity Act on social workers' decision making and approaches to the assessment of risk; by Ann McDonald.
British Journal of Social Work, vol 40, no 4, June 2010, pp 1229-1246.
The 2005 Mental Capacity Act in England and Wales has introduced a statutory regime for assessment and best interests substituted decision making for people lacking the capacity to make autonomous decisions. This includes decision making by older people with dementia. Based on empirical research into the early impact of the Act on social work practice, three distinct types of approach to risk emerged: legalistic, actuarial and rights-based. Understanding of these three types is discussed in the context of modernist assumptions of rationality and self-interest, the demands of a 'risk society' for adeptness at decision making and the relationship between moral and legal discourse where social workers intervene when capacity is challenged. Outcomes are discussed for their relevance to the changing context of social work with people with dementia, the introduction of individual budgets replacing directly provided services and the development of a National Dementia Strategy. Though risk-based and actuarial types dominated actual practice, rights-based approaches are argued to be necessary to support older people in making choices and exercising citizenship, countering stereotypes and promoting well-being. (KJ/RH)
ISSN: 00453102
From : <http://bjsw.oxfordjournals.org>
doi: 10.1093/bjsw/bcq021
- 203/114 A study of the Carers Strategy (2000): supporting carers in Wales; by Diane Seddon, Catherine Robinson, Yvonne Tommis (et al).
British Journal of Social Work, vol 40, no 5, July 2010, pp 1470-1487.
The Carers Strategies in England and Wales herald opportunities to develop new ways to support carers. This paper reports findings from a five-year study looking at the Carers Strategy in Wales. It presents interview data arising from fieldwork with carers and statutory and voluntary sector staff. The findings highlight a gap between the positive perceptions of staff concerning improvements in the availability and types of support to carers and carers' everyday experiences. Whilst staff suggested that the Carers Strategy has encouraged the development of innovative services that broaden the parameters of support to carers, this was not always reflected in carers' experiences. Staff highlighted changes to the carer assessment process that specify carer-defined outcomes must be made explicit as having had a positive effect on the commissioning and delivery of new services. However, only a limited number of carers were in receipt of these services and they reported problems relating to their organisation and delivery. This paper offers insights that are instructive to practitioners as they seek to implement person-centred and outcome-focused approaches to supporting carers. The need to pay closer attention to carer-defined outcomes and capture carer perspectives on the quality of services is highlighted. (KJ/RH)
ISSN: 00453102
From : <http://.oxfordjournals.org> doi: 10.1093/bjsw/bcp081

SOCIAL POLICY AND THEORY

- 203/115 The 'paradox of the shrinking middle': the central dilemma of European social policy; by Patricia Frericks, Mark Harvey, Robert Maier.
Critical Social Policy, vol 30, no 3, issue 104, August 2010, pp 315-336.
Life-course studies show that life courses have changed in several systematic ways. Because people now spend more years in education, participation in the labour market tends to start later. More time is spent in lifelong learning in the middle phase, in addition to work and care activities. Following decades during which the effective retirement age declined, the effective retirement age has now increased slightly, and life expectancy continues to rise. These interlocking changes bring about the 'paradox of the (proportionately) shrinking middle'. Social policy, with its objectives of social security, care, education and social cohesion, has been financed primarily through the wage, confined to the 'shrinking middle' phase of employment. The authors' thesis is that neither the established channels of resource flows nor the magnitude of resources are sufficiently well attuned to the challenges of existing life courses in present-day capitalist welfare states. (KJ/RH)
ISSN: 02610183
From : <http://csp.sagepub.com> doi: 10.1177/0261018310367671

- 203/116 Fairness, equality and legitimacy: a qualitative comparative study of Germany and the UK; by Peter Taylor-Gooby, Rose Martin.
Social Policy & Administration, vol 44, no 1, February 2010, pp 85-103.
The pressures of globalisation and shifts towards post-industrialism are producing policies that increasingly emphasize the common themes of activation and of individual responsibility for outcomes. Such approaches suggest normative principles of equality of opportunity rather than of outcome, and of individual rather than collective responsibility for the outcomes achieved. Does this imply a shift towards a common normative framework for European welfare states, with implications for future policy developments? This article reports a recent qualitative study examining ideas about fairness and social provision in the very different regimes of Germany and the UK. The analysis shows that while respondents in both countries value equality of opportunity as a normative principle, those in Germany are much more likely to argue that an equal opportunity approach requires government to guarantee equal access to basic services. They are also more likely to express concerns about market freedoms which allow those who can afford it better access to health care and education. Real differences in welfare values remain, loosely following differences of regime type, despite the greater emphasis on activation and individual responsibility across European welfare states. (KJ/RH)
ISSN: 01445596
From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515>
DOI: 10.1111/j.1467-9515.2009.00701.x

SOCIAL SERVICES

(See 203/46, 203/47)

SUICIDE

(See 203/72)

TRANSPORT

- 203/117 Being mobile: electric mobility-scooters and their use by older people; by Esther May, Robyne Garrett, Alison Ballantyne.
Ageing and Society, vol 30, part 7, October 2010, pp 1219-1238.
There is increasing use of electric mobility scooters by older people in South Australia, the fourth largest state in Australia. Although various issues about their use have been raised by users,

carers, urban planners and legislators, to date they have received little research attention. The purpose of the study reported in this paper was to explore the factors that influence and impact upon older people who use mobility scooters, particularly from their own perspectives. Data were collected through a survey of 67 current electric mobility-scooter older users, and through two focus groups with other older South Australian people who were users. The data showed that more than 71 per cent of the participants had owned their scooter for more than two years, most had purchased the scooter as new, and 80 per cent owned a four-wheel scooter. The scooter was used predominantly for getting to and from shops, visiting friends and family, and to go for rides. Most respondents used their scooters three to five times each week and travelled between two and five kilometres from their home. The key findings from the focus groups were categorised into three major themes of 'obtaining a scooter', 'the meaning of mobility' and 'issues around sharing spaces'. Each is exemplified. The implications for environmental and building design, for the better training of users, and for public education are discussed. (KJ/RH)

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doi: 10.1017/S0144686X10000334

203/118

Feasibility of a yoga intervention for enhancing the mental well-being and physical functioning of older adults living in the community; by Donna S Wang.

Activities, Adaptation & Aging, vol 34, no 2, April-June 2010, pp 85-97.

This study assessed the feasibility of a yoga intervention to improve the mental and physical well-being of older adults. Convenience sampling was used to recruit 18 older adults living in a low-income housing complex. Utilizing a classical experimental design, the participants were assigned to either a yoga group or a socialization group; both met twice a week for an hour for four weeks. Results showed that although there is inconclusive evidence to demonstrate that the yoga intervention was superior to the socialization group in improving mental and physical health, yoga could provide some benefit for older adults. (KJ)

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DOI: 10.1080/01924781003773559

203/119

Mandatory testing of drivers on the basis of age and degenerative diseases: stakeholder opinions; by Geri Adler, Susan J Rottunda.: Routledge.

Journal of Aging & Social Policy, vol 22, no 3, July-September 2010, pp 304-319.

Concerns about the driving competence of older drivers have led to policy discussions about mandatory aged-based and disorder-based assessments. This American study explored the attitudes, beliefs, and preferences of older adults, law enforcement officers, and licensing authorities toward re-examination of driving skills for persons with Alzheimer's disease (AD) and Parkinson's disease (PD) and at varying ages. With few exceptions, participants across all groups supported retesting drivers with AD. Moderate support was given for further evaluation of 90-year-olds and those with PD. Least endorsement was given for reassessment of 70-year-old drivers. Findings have implications for legislative changes in respect of drivers with AD and PD and at older ages. (RH)

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From : Taylor & Francis Group, LLC, 325 Chestnut Street, Philadelphia PA 19106, USA. <http://www.informaworld.com>

203/120

Using an IADL assessment to identify older adults who need a behind-the-wheel driving evaluation; by Anne Dickerson, Timothy Reistetter, Leonard Trujillo.

Journal of Applied Gerontology, vol 29, no 4, August 2010, pp 494-506.

Occupational therapists need to routinely assess driving ability in hospital and/or rehabilitation settings. This study aims to determine whether the Assessment of Motor and Process Skills (AMPS), an observational tool of instrumental activities of daily living (IADLs), could discriminate between older adult drivers who pass, pass with restrictions, or fail a behind-the-wheel (BTW) evaluation. 46 participants were evaluated with a BTW driving

assessment and the AMPS. Two one-way ANOVAs found significant differences for both the motor and process scores suggesting the AMPS can be used as a screening tool for driving. Results also showed no significant difference in age between those participants who passed, failed, or needed restrictions supporting the concept that driving abilities are related more to function, not age. Exploration of minimum scores is discussed. (RH)

ISSN: 07334648

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

DOI: 10.1177/0733464809340153

VOLUNTEERING

203/121

Caregiving and volunteering among older people in Sweden: prevalence and profiles; by Magnus Jegermalm, Eva Jeppsson Grassman.: Routledge.

Journal of Aging & Social Policy, vol 21, no 4, October-December 2009, pp 352-373.

The role of older people in Sweden is examined, by exploring the prevalence of their informal caregiving and volunteering, and by analysing the profiles of these contributors of unpaid work. Data were collected by means of telephone interviews in a Swedish representative survey conducted in 2005. Analysis reveals three distinct profiles of people involved in unpaid activities. One of these consists of those involved both in informal helping and volunteering, a group that has been labelled "super-helpers" or "doers" in earlier research. It is important for social policy planners to recognise these groups of older people and to better understand the dynamics of their unpaid work, in order to ascertain whether they might need support as providers to enhance their well-being. There does not seem to be any simple contradiction between the parallel existence of a universal welfare model of the Swedish kind and an extensive civil society in which older people play important roles as active citizens. (RH)

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

203/122

Gender and religious differences associated with volunteering in later life; by Lydia K Manning. *Journal of Women & Aging*, vol 22, no 2, 2010, pp 125-135.

This study uses data from the 1992 wave of the Health and Retirement Study (HRS), a nationally representative sample of older adults in the United States, to investigate the effect gender and religiosity has on volunteer behaviour in later life. The study looks specifically at the gender and religious differences associated with volunteering in later life. Accounting for gender and religious differences, more specifically, the study examines the assumption that older women are more likely to volunteer in later life as opposed to men, and that gender is a better predictor than being religious for the likelihood of occupying a volunteer role in later life. The study poses questions about the differences in gender and religiosity associated with volunteering in later life. The results indicate there is more work to be done in conducting research that is clearer about how volunteerism and religiosity are measured in relation to gender, and the overall impact that these differences have for older women and their respective communities. (KJ/RH)

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<http://www.tandf.co.uk/journals/titles/08952841.asp>

DOI: 10.1080/08952841003719224

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.

2 November 2010

Centre for Ageing and Biographical Studies - anniversary event

The Centre for Ageing and Biographical Studies (CABS) at the Open University is 15 years old this year. Since 1995 members of the research group have used biographical methods to investigate issues relating to ageing and later life including; new family forms, housing and care homes, sexuality, end-of-life issues, age discrimination, and medication in everyday life. Speakers will include Professor Mim Bernard, the President of the British Society of Gerontology, and founder members of CABS, Professor Malcolm Johnson, Professor 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. Parellel 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, Freeport RLUZ-ATEU-RYUZ, Pavilion, Richmond House, Richmond Road, Brighton, BN2 3RL

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

15-17 November 2010

The National Telecare & Telehealth Conference 2010 : Drivers of change

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

Organised by: TSA - Telecare Services Association

Venue: Hilton London Metropole Hotel

Location : London, England

Details : TSA Conference Team

Tel : +44 (0)1625 520320

16-17 November 2010

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

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

Organised by: INVOLVE (formerly: Consumers in

NHS Research)

Venue: East Midlands Conference Centre

Location : Nottingham, England

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

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

16 November 2010

Money Management with Older People

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

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

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

Venue: CPA Offices, 19-23 Ironmonger Row

Location : London, England

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

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

16 November 2010

Social Enterprise Summit 2010 - The Key to Big Society?

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

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

Venue: Kings Place

Location : London, England

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

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

17 November 2010

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

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

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

Venue: ORT House Conference Centre

Location : London, England

Details : Customer Service Team, 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 NWEFG, co-sponsor BT; supported by Cabinet Office, LSP Futures, Government Connect, Socitm, and others

Venue: Hilton Manchester Deansgate

Location : Manchester, England

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

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

1 December 2010

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, Freeport 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

30 June - 1st July 2011

IAGG : Intensive Course on Ageing

The program features: Alzheimer's disease: from basic science to quality of life, Frailty, Nutrition and Ageing, Metabolic and Cardiovascular diseases. You can read the preliminary programme

on the website.

Organised by: IAGG, France

Venue: Institut de l'Envellement of the Universitat Autònoma de Barcelona, Spain

Location : Barcelona, Spain

Details : c/o Facult

