

# New Literature on Old Age

EDITOR

**Gillian Crosby**VOLUME  
**34**NUMBER  
**204****2010**

The publications listed in this bulletin have been recently added to CPA's library. Readers who wish to obtain any of the documents cited should order from their usual bookseller (or direct from addresses given) or arrange to borrow them through public and academic libraries. In case of difficulty, CPA library staff will be pleased to advise.

CPA's full bibliographic collection can be accessed through **AgeInfo** on CD-ROM and on the web.

**New Literature on Old Age** is published and distributed by CPA to whom all orders should be sent. The subscription rate is £30.00 per annum in the UK (additional subscriptions to the same address £21 per annum) and £36 for overseas. Details of back issues are available from CPA.

To obtain more information about **AgeInfo** and access to CPA's library, please contact Gillian Crosby.

Centre for Policy on Ageing  
25-31 Ironmonger Row  
London EC1V 3QP

Telephone: +44 (0)20 7553 6500  
Facsimile: +44 (0)20 7553 6501  
Email: [cpa@cpa.org.uk](mailto:cpa@cpa.org.uk)  
Web: [www.cpa.org.uk](http://www.cpa.org.uk)

**CPA**  
Information  
Service



# Contents for vol 34 no 204, 2010

<b>Subject Headings</b>	<b>Page</b>
Abuse	1
Active ageing	1
Advocacy	2
Ageing (general)	2
Anxiety	3
Arts and music	3
Assistive technology	4
Attitudes to ageing	4
Black and minority ethnic groups	5
Carers and caring	6
Consumer perspectives	7
Death and dying	7
Dementia	7
Demography and the demographics of ageing	12
Disability	13
Economic issues	13
Employment	14
End-of-life care	15
Ethical issues	16
Exercise	16
Government and policy	17
Health care	17
Health services	17
Hospital discharge	17
Hospital services	18
Housing	18
Images of ageing	18
Income and personal finance	19
Inequality and human rights	19
Information and communication technology	20
Integrated care	21
Intergenerational issues	22
International and comparative	23
Involvement	24
Learning difficulties	24
Life-long learning	24

<b>Subject Headings</b>	<b>Page</b>
Loneliness	26
Long term care	26
Medical issues	29
Mental health	30
Mental health services	30
Mental illness	31
Neighbourhoods and communities	31
Older men	33
Older offenders	33
Pensions and benefits	33
Personalisation	34
Poverty	36
Psychology	36
Quality of life	36
Religion and spirituality	37
Research	37
Residential and nursing home care	38
Sexuality	39
Social care	40
Social exclusion	40
Social policy and theory	41
Social services	41
Suicide	43
Volunteering	44
<b>Calendar of courses and conferences</b>	<b>45</b>

## **ABUSE**

(See Also 204/102)

- 204/1 Ageism and abuse in the workplace : a new frontier; by Mebane Powell.: Routledge. Journal of Gerontological Social Work, vol 53, issue 7, 2010, pp 654-658. The economic crisis in the United States has led to increased media coverage of older workers being laid off, forced to retire, or working longer than planned. Embedded in these reports are the intimations of workplace abuse. Social workers need to start taking into account ageism and abuse in the workplace as possible co-occurring issues to effectively implement policy, and organizational change that will address both issues. This brief article discusses ageism and abuse in the workplace using a human rights framework, the current state of the literature, and directions for future research. (KJ/RH)  
ISSN: 01634372  
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.  
<http://www.taylorandfrancis.com> DOI: 10.1080/01634372.2010.508510
- 204/2 Elder abuse in long-term care: types, patterns and risk factors; by Lori Post, Connie Page, Thomas Conner (et al). Research on Aging, vol 32, no 3, May 2010, pp 323-348. The authors investigated types and patterns of elder abuse by paid caregivers in long-term care and assessed the role of several risk factors for different abuses and for multiple abuse types. The results are based on a 2005 random-digit-dial survey of relatives of persons in long-term care (the Michigan Survey of Households with Family Members Receiving Long Term Care Services, MILTC survey). The authors computed occurrence rates and conditional occurrence rates for each of six abuse types: physical, caretaking, verbal, emotional, neglect, and material. Among older adults who have experienced at least one type of abuse, more than half (51.4%) have experienced another type of abuse. Physical functioning problems, activities of daily living limitations, and behavioural problems are significant risk factors for at least three types of abuse and are significant for multiple abuse types. The findings have implications for those monitoring the well-being of older adults in long-term care as well as those responsible for developing public health interventions. (KJ/RH)  
ISSN: 01640275  
From : <http://roa.sagepub.com> doi:10.1177/0164027509357705

## **ACTIVE AGEING**

- 204/3 Active ageing and the EU Grundtvig Programme; by Anne-Sophie Parent. Leicester: Association for Education & Ageing - AEA. International Journal of Education and Ageing, vol 1, no 1, June 2010, pp 87-91. Promoting active ageing is a key priority in the European Union (EU). Over the past 10 years, the Grundtvig Programme has supported many projects aimed at promoting active ageing and better cooperation between generations. This and two further articles present findings in relation to experiences of the Programme, for example in identifying solutions to barriers to learning, and making adult education more attractive and better adapted to older people. (RH)  
ISSN: 20445458  
From : Institute of Lifelong Learning, Leicester University, Regent Road, Leicester, LE1 7AA.
- 204/4 Active ageing and universities: engaging older learners; by Chris Phillipson. Leicester: Association for Education & Ageing - AEA. International Journal of Education and Ageing, vol 1, no 1, June 2010, pp 9-21. It is projected that by 2032, there will be around 2.5 million more people aged 50+ in the UK than at present. This projection suggests that higher education institutions will need to join other social institutions in finding fresh ways of adapting to and supporting an ageing population. This article considers a policy known as "active ageing", data on current involvements of older people in UK higher education, responses to demographic change that might come from higher

education, and challenges posed by closer integration of older learners within universities. The article concludes that investment is now necessary to adapt higher education institutions to the older learners' needs and requirements. Universities can play a leading role in the creation of a new type of ageing in the 21st century, support older people in life planning beyond the main work careers, unlock mental capital and promote well-being in later life, and support voluntary and professional groups working on behalf of older people. A higher education strategy for older learners is now needed, which includes a policy framework, provision for relevant research, a statement of funding options, and a protocol for monitoring participation. (RH)

ISSN: 20445458

From : Institute of Lifelong Learning, Leicester University, Regent Road, Leicester, LE1 7AA.

204/5

Physical activity among 60-69-year-olds in England: knowledge, perception, behaviour and risk factors; by Moushumi Chaudhury, Nicola Shelton.

Ageing and Society, vol 30, part 8, November 2010, pp 1343-1355.

The risk factors that influence physical activity levels among a representative sample of older people in England and their awareness of the Chief Medical Officer's recommended level of physical activity are examined. The paper analyses data from the cross-sectional, nationally representative Health Surveys for England (HSfE) in 2006 and 2007. In HSfE2006, 1,550 adults aged 60-69 years responded to a physical activity participation questionnaire; and in HSfE2007, 561 adults aged 60-64 years were asked about their knowledge of the physical activity requirement and their attitudes to participation. Very few respondents knew the recommended physical activity target, but more than one-half thought they had enough physical activity in their daily life, and over three-quarters thought they were 'very' or 'fairly' physically active compared with age peers. The perceived barriers to physical activity included work commitments, lack of leisure time and poor health. It was found that obesity, not being in work and having a limiting long-term illness were associated with a lower likelihood of physical activity. Participation in sports and exercise, walking, heavy housework and gardening were all lower in non-working than working adults. Older adults had unrealistic views of their activity levels, and of work and lack of time as barriers to physical activity. It is concluded that more attention needs to be paid to health promotion and education among the over sixties, especially those not in paid work. (RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso> doi: 10.1017/S0144686X10000486

## **ADVOCACY**

204/6

A manifesto for independent advocacy services in England & Wales: achieving genuine choice, voice and control for all; by Older People's Advocacy Alliance - OPAAL. Stoke-on-Trent: OPAAL, 2010, 16 pp.

The value of independent advocacy is that it supports older people in feeling empowered and enabling them to access appropriate services. However, access to independent advocacy still varies across England and Wales. This manifesto sets out a series of core beliefs relating to advocacy services, and is particularly relevant to the process of personalisation and self-directed support. It states that older people should not have to pay for access to independent advocacy from personal budgets (PBs). (RH)

From : <http://www.opaal.org.uk/Libraries/Local/830/Docs/ADVOCACY%20MANIFESTO%20WEB.pdf>

Distribution: A4A, PO Box 31856, Lorrimore Square, London SE17 3XR. [info@actionforadvocacy.org.uk](mailto:info@actionforadvocacy.org.uk)

## **AGEING (GENERAL)**

204/7

Managing the ageing experience: learning from older people; by Denise Tanner. Bristol: Policy Press, 2010, 239 pp (Ageing and the lifecourse series).

Current social policy recognises that older people should be treated as experts in their own lives and be actively involved in their care. This book explores what can be learned from the

experiences of twelve older people in managing ageing, and outlines the policy and practice background. It discusses different aspects of their experiences of negotiating and managing difficulties in later life: efforts for "keeping going"; cognitive processes for "staying me"; and the resources and threats that comprise the "slippery slope". It proposes a model that combines these aspects, "sustaining the self", which is discussed in the context of theories and identity and ageing. A final chapter discusses the implications of the issues highlighted for social policy, social work and social care practice. Direct connections are thus made between the older people's everyday experiences and perspectives, and related research and theoretical perspectives. (RH)  
Price: £24.99 (pbk)  
From : The Policy Press, University of Bristol, Fourth Floor, Beacon House, Queen's Road, Bristol BS8 1QU.  
<http://www.policypress.org.uk>

## **ANXIETY**

- 204/8      Age differences in the demand-control model of work stress: an examination of data from 15 European countries; by Kenneth S Shultz, Mo Wang, Eileen M Crimmins (et al).  
Journal of Applied Gerontology, vol 29, no 1, February 2010, pp 21-47.  
There have been many tests of Karasek's demand-control model of work stress. However, no studies have examined how the model may differentially apply to older versus younger workers. Due to age changes in cognitive processing, the psychological demands of jobs may interact differently with controls for younger versus older workers. Therefore, the study uses data from the Eurobarometer to examine how the demand-control model of work stress may function differently for older versus younger workers. The results indicate that different controls may in fact buffer different types of job demands for younger versus older workers. The findings reveal that only the interaction between problem solving and time to complete tasks was significant for younger workers. For older workers, however, the interactions between time deadlines and having sufficient time to complete tasks, autonomy, and the interaction between problem solving and schedule flexibility are significant predictors of self-reported stress. (KJ/RH)  
ISSN: 07334648  
From : <http://jag.sagepub.com>  
DOI: 10.1177/0733464809334286

- 204/9      Older adults' responses to Hurricane Katrina: daily hassles and coping strategies; by Tammy L Henderson, Karen A Roberto, Yoshinori Kamo.  
Journal of Applied Gerontology, vol 29, no 1, February 2010, pp 48-69.  
Using the stress and coping model, this article explores how older adults prepared for and coped with the aftermath of Hurricane Katrina. Interviews with a sample of 122 displaced adults, 60 years of age or older, provided insights regarding the daily hassles they faced that included securing basic resources, facing communication difficulties, and finding transportation. Positive thinking, modified thinking, staying busy, and spirituality were categories that emerged from the qualitative analysis of 119 participants and explained coping by displaced older adults. These findings reflect what and how older adults coped with a disaster and have implications for disaster preparedness. (KJ/RH)  
ISSN: 07334648  
From : <http://jag.sagepub.com>  
DOI: 10.1177/0733464809334287

## **ARTS AND MUSIC**

(See Also 204/28)

- 204/10      'A whole month of pleasure': making music on the South Downs; by Freya Wynn-Jones, Kathy Fordham, Vicky Hill.: Hawker Publications.  
Journal of Dementia Care, vol 18, no 4, July/August 2010, pp 28-34.  
The authors describe an innovative project that was developed in 2008 and 2009 by the Lewes

Villages Dementia Carers Outreach Service for people with dementia and their carers at Glyndebourne Opera House. (RH)  
ISSN: 13518372

- 204/11 Weaving the threads together: music therapy in care homes; by Harriet Powell, Ann O'Keeffe.: Hawker Publications.  
Journal of Dementia Care, vol 18, no 4, July/August 2010, pp 24-27.  
The authors trace the development assisted by the Nordoff Robbins charity of a music therapy service and the benefits it has brought for residents, staff and families. They reflect on the extent to which the music therapy service fits within the residential care needs and objectives of the National Dementia Strategy. (RH)  
ISSN: 13518372

#### **ASSISTIVE TECHNOLOGY**

- 204/12 Does telecare contribute to quality of life and well-being for people with dementia?; by Gill Windle.: Hawker Publications.  
Journal of Dementia Care, vol 18, no 5, September/October 2010, pp 33-36, 38 (Research focus).  
Do we know enough about the contribution of telecare to the quality of life and well-being for people with dementia? The author reviews and analyses the evidence, based on searches for peer-reviewed research papers available in December 2008 from searches of four databases: Web of Science, Psychinfo, ASSIA, and Social Services Abstracts. Of 1120 potentially relevant papers, information from 31 is included in this review. The author considers what the research evidence says regarding the effectiveness of telecare for people with dementia; the views of service users and carers; and service provision issues. The availability of new technologies makes it possible for most older people and their carers to remain at home. However, there is a need for more robust research on the effectiveness and cost-effectiveness of telecare for people with dementia. (RH)  
ISSN: 13518372

#### **ATTITUDES TO AGEING**

(See Also 204/53)

- 204/13 Attitudes to ageing and expectations for filial piety across Chinese and British cultures: a pilot exploratory evaluation; by Ken Laidlaw, DaHua Wang, Claudia Coelho (et al).: Taylor & Francis.  
Aging & Mental Health, vol 14, no 3, April 2010, pp 283-292.  
Filial piety (FP) is a central theme in Asian culture and is seen as care for one's parents as part of a traditional concept of Confucianism. Older people may hold strong expectations for FP from their children. Attitudes towards the experience of ageing may be influenced by how far one perceives their expectations to be met. A cross-sectional evaluation of expectation for FP and attitudes to ageing was undertaken in three different cultural groups: older Chinese immigrants living in the UK, Chinese older people living in Beijing, and Scottish older people living in Scotland. There were significant differences between the three cultural groups on a standardized measure of attitudes to ageing on psychosocial loss,  $F(2, 127) = 28.20, p = 0.0005$  and physical change,  $F(2, 127) = 67.60, p = 0.0005$  domains of attitudes to ageing. With expectations for FP, the UK-born participants evidenced lower expectations than the two Chinese groups, who were very similar in their levels of expectation,  $F(2, 127) = 10.92, p = 0.0005$ . The study was the first of its kind to consider attitudes to ageing and expectations for FP across three cultural groups. Overall, an interesting pattern of results emerged, suggesting that both Chinese groups remain invested in the concept of FP, whereas the UK sample was not. In contrast, however, the Chinese immigrants and the UK participants were more similar in reporting attitudes to ageing than the Chinese participants who were more likely to endorse a loss-deficit view of ageing. (KJ/RH)  
ISSN: 13607863  
From : <http://www.informaworld.com/CAMH> DOI: 10.1080/13607860903483060



204/14 Cross-cultural comparison between academic and lay views of healthy ageing: a literature review; by Li-Wen Hung, G I J M Kempen, N K de Vries.  
Ageing and Society, vol 30, part 8, November 2010, pp 1373-1391.  
The aim of this study is to specify the concept of 'healthy ageing' from both western and non-western cultural perspectives, and to compare the views of academics and lay older people. 34 published peer-reviewed full papers in English and Chinese (traditional characters) were identified using electronic database searches. The key components of their definitions of healthy ageing were extracted and categorised into 12 domains. The results show that, in general, lay definitions (as described in 11 studies) included more domains (independency, family, adaptation, financial security, personal growth, and spirituality) and more diversity in the healthy ageing concept than academic views (which tend to focus more on physical and mental health and social functioning in later life). Certain domains were valued differently across cultures. As shown in previous studies, the findings affirm that healthy ageing is a multi-dimensional and complex concept, and that there are substantial differences in different cultures. Moreover, it was found that there are pronounced variations in the conceptualisation of healthy ageing as between academic and older lay people. Generally, older lay people perceive healthy ageing more broadly than the maintenance of physical, mental and social functioning. The authors suggest that academic researchers should integrate the more holistic perspectives of older lay people and cultural diversity into the classical 'physical-mental-social' healthy ageing concept. (RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/aso> doi: 10.1017/S0144686X10000589

204/15 The predicament of time near the end of life: time perspective trajectories of life satisfaction among the old-old; by Yuval Palgi, Dov Shmotkin.: Taylor & Francis.  
Aging & Mental Health, vol 14, no 5, July 2010, pp 577-586.  
The present study investigated time perspective in old-old age as embodied in trajectories of life satisfaction ratings that individuals attribute to their past, present, and anticipated future. The authors hypothesized that these trajectories represent diverse strategies of coping with old age with a sample of 164 participants (mean age 91.9, SD = 4.3) who survived the third wave of the Cross-sectional and Longitudinal Ageing Study (CALAS) in Israel. The findings indicate four groups: three with distinctive trajectories of life satisfaction - equilibrated, descending, and no-future, along with an unreported trajectory group. The equilibrated trajectory group exhibited the highest functioning on central markers of adaptation (indicating depressive symptoms, self-rated health, and physical performance). The descending and the no-future trajectories were found to be moderately effective strategies. The unreported trajectory presented the lowest level of functioning. The findings revealed the adaptive roles of time-related perspective on life in old-old people. This perspective reflects a variety of rudimentary trajectories that constitute a time-based module of well-being along the continuum of one's life story. The study suggests that the diverse trajectories relate to essential domains of functioning. Practitioners and therapists may profit from assessing the time perspective of the old-old and directing it into more adaptive trajectories. (KJ/RH)  
ISSN: 13607863  
From : <http://www.informaworld.com/CAMH>  
DOI: 10.1080/13607860903483086

## **BLACK AND MINORITY ETHNIC GROUPS**

(See Also 204/22)

204/16 Ethnic population projections for the UK and local areas, 2001-2051; by Pia Wohland, Phil Rees, Paul Norman (et al), School of Geography, Leeds University. version 1.03: Electronic publication, 12 July 2010, 185 pp (Working paper 10/02).  
This is a revised version of a report presented on Monday 22 March 2010, at City Hall, Greater London Council to the Stakeholder Group for the ESRC Research Award, RES-165-25-0032

"What happens when international migrants settle? Ethnic group population trends and projections for UK local areas, 1 October 2007 to 31 March 2010." This Working Paper is an online publication and may be revised. The results described in this report are both provisional and experimental and should be cited as such. A BBC webpage (as at 13 July 2010) reports on the findings of the report (<http://news.bbc.co.uk/1/hi/uk/10607480.stm>). (KJ/RH)  
From : School of Geography, University of Leeds, Leeds, LS2 9JT.

- 204/17      Towards an understanding of the cultural health needs of older gypsies; by Pauline Lane, Rachel Tribe.  
Working with Older People, vol 14, issue 2, June 2010, pp 23-30.  
This paper offers an introduction to understanding some of the issues that health and care practitioners might like to consider when supporting the health and well-being of gypsy elders. The significance of nomadic life and the implications of planning laws on the reported quality of life experienced by gypsy elders is essential to understanding their health needs. The paper also offers an introduction to understanding some of the aspects of health and social care provision that currently impact on the take up of health and care services by gypsy elders. It then makes suggestions about ways of offering services and working with gypsy elders in ways that are culturally appropriate and respectful of their traditions. The authors had the privilege of working with the Derbyshire Gypsy Liaison Group as part of a larger national project on working with black and minority ethnic elders to help improve their mental health. The authors do not claim to be experts on gypsy health, but are offering to share their learning as an introduction to understanding and meeting some of the cultural needs of gypsy elders when providing health and social care. (KJ/RH)  
ISSN: 13663666  
From : <http://www.pierprofessional.com>  
doi: 10.5042/wwop.2010.0264

#### **CARERS AND CARING**

(See Also 204/110)

- 204/18      Recognised, valued and supported: next steps for the Carers Strategy; by HM Government; Department of Health - DH.: Department of Health, 25 November 2010, 58 pp (Gateway ref: 15179).  
This cross-Government document is the successor to 'Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own' (Department of Health, 2008). The strategy identifies the actions that the Coalition Government will take over the next four years to support its priorities to ensure the best possible outcomes for carers and those they support. Priorities include: supporting those with caring responsibilities to identify themselves as carers at an early stage; recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages; enabling those with caring responsibilities to fulfil their educational and employment potential personalised support both for carers and those they support; and enabling them to have a family and community life supporting carers to remain mentally and physically well. The Carers Strategy covers health, education, social care and employment matters. Consequently, the document provides weblinks to the strategies of the devolved administrations in Scotland, Northern Ireland and Wales (see p 7). (RH)  
From : [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_122077](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122077) Contact: Elaine Edger, Carers Policy Team, Room 116, 133-155 Waterloo Road, London SE1 8UG.
- 204/19      Transitional aged care and the patient's view of quality; by Liz Gill, Lesley White, Ian Cameron. Quality in Ageing and Older Adults, vol 11, issue 2, June 2010, pp 5-18.  
This paper synthesises the literature on the issues related to the the older patient, health service quality and its measurement. It discusses the need to consider these perspectives in the definition and assessment of quality of a community-focused aged care programme, and critically examines

the existing evaluation of quality in healthcare, contrasting the patient's role and impact on the quality of the service and its outcome. The paper then reviews the documented problems associated with using satisfaction as an indicator of the patient's view of quality. An alternative validated approach to measuring the patient's perception of the quality of the service is identified in the literature on services. This multidimensional hierarchical tool and scale, which specifically measures the patient's view of quality, is presented. The tool covers nine sub-dimensions, four dimensions and the global perspective of quality as perceived by the patient. An adaptation of this tool is presented to measure the patient's view of quality, using the relatively new Transition Aged Care programme as an example, and makes the argument for holistic measurement of transitional aged care quality, using a validated and reliable patient specific tool. Importantly, the paper proposes that the identification of the patient view of service quality will offer information that could specifically assist with service improvement. (RH)  
ISSN: 14717794

From : Website: <http://www.pierprofessional.com> doi: 10.5042/qiaoa.2010.0285

## **CONSUMER PERSPECTIVES**

204/20

The golden economy: the consumer marketplace in an ageing society: research by ILC-UK for Age UK October 2010; by International Longevity Centre UK - ILC-UK; Age UK. London: Age UK, 2010, 72 pp.

This report seeks to bring together in one place evidence and arguments about the older consumer. While admitting that the quality of some of the evidence cited is questionable, the aim is to identify where the market is working (and where it is not), and what is the role for the private, public and voluntary sectors in tackling some of the market failures. The report considers our understanding of the older consumer market, including spending habits and "unfulfilled aspirations" (such as not being able to participate in cultural activities). It discusses barriers such as product design, the retail environment and the "digital divide". The report is based on research by David Sinclair (International Longevity Centre UK), quantitative analysis undertaken by Adele Atkinson and David Hayes (Personal Financial Research Centre, University of Bristol) and findings from focus groups held in Oxford and Newcastle. The report makes recommendations for older consumers, Age UK, businesses, government and regulators. (RH)  
From : Age UK, Astral House, 1268 London Road, London SW16 4ER. [www.ageuk.org.uk](http://www.ageuk.org.uk)

## **DEATH AND DYING**

(See 204/44)

## **DEMENTIA**

(See Also 204/10, 204/12, 204/42, 204/65, 204/70)

204/21

Balancing independence and safety: the challenge of supporting older people with dementia and sight loss; by Vanessa Lawrence, Joanna Murray. *Age and Ageing*, vol 39, no 4, July 2010, pp 476-480.

Dementia and visual impairment are common in older adults, and both conditions create a high risk of disability. Care professionals lack evidence on how best to support older adults with both conditions. This study investigated attitudes towards working with older adults with concurrent sight loss and dementia, the challenges involved and suggestions for service development. A qualitative study was conducted comprising 18 in-depth interviews and two focus groups with care professionals within mental health and low vision services. Care professionals were alert to the high levels of risk among patients with joint sight loss and dementia. In-depth interviews revealed that insufficient time and expertise can lead to an overcautious approach that prioritises the reduction of risk rather than the promotion of independence. Focus groups highlighted the role that joint working can play in supporting older adults' valued roles and activities. Barriers to joint working were identified alongside strategies to assist the process. It is essential that care professionals and service providers acknowledge and respond to the complex needs of this

population. Joint working was considered key to assessing risks and targeting interventions. The research workshop presented here provides a useful format for improving practice across inter-professional boundaries. (KJ)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org> <http://www.bgs.org.uk>  
doi:10.1093/ageing/afq054

204/22 Bringing dementia out of the shadows for BME elders; by Jan Kendall, Irene Kohler.: Hawker Publications.

Journal of Dementia Care, vol 18, no 4, July/August 2010, pp 16-17.

'Bringing dementia out of the shadows for BME elders' is the title of a report on the Ethnic Minority Dementia Advocacy Project (EMDAP) which was published in 2009. The Project was a national project based in a small local advocacy organisation Advocacy Plus (also known as Westminster Advocacy Service for Senior Residents - WASSR). This article outlines the project's key findings and outcomes, for example the positive feedback from working with advocacy providers and BME organisations. (RH)

ISSN: 13518372

204/23 The challenges of dementia : an international perspective; by Alistair Burns (editor).  
International Journal of Geriatric Psychiatry, vol 25, no 9, September 2010, pp 875-932 (whole issue).

Contributors to this issue of the International Journal of Geriatric Psychiatry provide international perspectives and comparisons on progress with the introduction and development of dementia treatment and services. They report on national dementia strategies and plans for Canada, Spain, Australia, Japan, France, Northern Ireland, China and Hong Kong, Scotland, Ireland, England, Wales, the United Arab Emirates (UAR), Norway and Korea. Each country has something specific to offer, ranging from the recognition of a culturally diverse population (Australia), to long-term care health insurance (Korea). (RH)

ISSN: 08856230

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

204/24 Changes in the couple relationship in dementia care: spouse carers' experiences; by Margaret O'Shaughnessy, Kristina Lee, Tracey Lintern.

Dementia: the international journal of social research and practice, vol 9, no 2, May 2010, pp 237-258.

Spouse carers of people with dementia face unique challenges as they adapt to the demands of caring whilst experiencing significant losses in their couple relationship. The 'professionalization' of carers by services has been criticized, and recent UK government guidance proposes that carers receive an assessment of psychological need. This study explored spouse carers' experiences. Semi-structured interviews were conducted with seven spouses, recruited through local Alzheimer's Societies, who were caring for their partners with mid-stage dementia at home. The data were analysed using interpretative phenomenological analysis. Four overarching themes emerged: 'connectedness and separateness'; 'tension between meeting own needs and meeting needs of spouse'; 'knowing and not knowing the future'; and 'seeking control - emotional and practical strategies'. With the progressive decline in their partners' functioning, spouse carers experienced an ongoing process of re-evaluation and re-positioning of themselves in relation to their partner and their couple relationship. Implications for services highlight the importance of support groups and psychological support. (KJ/RH)

ISSN: 14713012

From : <http://dem.sagepub.com> doi:10.1177/1471301209354021

204/25 The dynamics of continuity and discontinuity for women caring for a spouse with dementia; by Alun H Walters, Jan R Oyebode, Gerard A Riley.

Dementia: the international journal of social research and practice, vol 9, no 2, May 2010, pp 169-189.

This qualitative study explores spouse caregivers' understanding of and responses to partners

with dementia. Six wives who had been providing care to their husbands in the community for at least two years were interviewed. Transcripts were analysed using Interpretative Phenomenological Analysis (IPA) and four interconnected themes were proposed: same person or different; relational change; emotional responses to behaviours; and impact on day-to-day life. Participants' sense of continuity with the past was suggested to influence each theme. The construct of continuity was proposed to be elastic, with both intra-psychoic and inter-psychoic factors impacting upon its elasticity. Broadly, a sense of continuity seemed to be associated with better adjustment to caregiving. (KJ/RH)

ISSN: 14713012

From : <http://dem.sagepub.com> doi:10.1177/1471301209354027

204/26

Lying in dementia care: an example of a culture that deceives in people's best interests; by Ruth Elvish, Ian James, Derek Milne.: Taylor & Francis.

*Aging & Mental Health*, vol 14, no 3, April 2010, pp 255-262.

Deceiving, bending the truth and being dishonest are all terms used for the act of lying. The use of deception in health settings has a rich cross-cultural history. In relation to dementia, firstly, an article by N S Blum, 'Deceptive practices in managing a family member with Alzheimer's disease' (in: *Symbolic Interaction*, vol 17, no 1, 1994, pp 21-36) distinguished between four kinds of lies used by staff: 'going along with a misperception', 'with-holding the truth', 'little white lies' and 'use of tricks'. That article examined the issue of deception, developing a questionnaire to investigate attitudes towards lying to people with dementia. Secondly, information on the use of lies was presented within a workshop to determine whether it would lead to attitude change. The present study used a two-phased design. The first phase involved developing a 16-item questionnaire with 44 staff participants from care home settings in North West England. The second phase validated the use of the questionnaire through a workshop; therapists' responses to a teaching programme were assessed. The psychometric properties of the questionnaire are reported. Following the workshop, participants were found to have a more positive attitude towards the use of lies. The reasons underpinning changes in attitude are discussed. This study contributes to a more informed understanding regarding both the definition and use of lies. On the whole, participants developed a less generic perspective about lying, becoming more supportive of lies when used in specific situations in the best interests of the recipients. (KJ/RH)

ISSN: 13607863

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

DOI: 10.1080/13607861003587610

204/27

Men caring for wives or partners with dementia: masculinity, strain and gain; by Kevin L Baker, Noelle Robertson, David Connelly.: Taylor & Francis.

*Aging & Mental Health*, vol 14, no 3, April 2010, pp 319-327.

Over the last three decades, demographic changes in the developed world have meant more older men find themselves in caregiving roles. Little research has been undertaken with male caregivers in dementia care. Although there is general consensus that men construe care differently to women, gender has seldom been treated as an independent variable that can inform supportive interventions. This study, underpinned by an assumption of the benefits of men's differential response to managing illness, sought to explore how facets of masculinity might relate to male caregivers' appraisals of strain and gain in dementia care. Seventy men currently caring for a partner with dementia in Nottinghamshire and Leicestershire completed questionnaires exploring their gender identity (Personal Attributes Questionnaire), gender role conflict (Gender Role Conflict Scale), and appraisals of carer strain and gain (Brief Zarit Burden Interview and Caregiving Satisfaction Scale). They were also asked to provide demographic information and, since caregiver strain is significantly affected by a care-receiver's cognitive and behavioural difficulties, to complete the revised Memory and Behaviour Problems Checklist. Carers' age and duration of caregiving was broadly representative of previous studies. A series of regression analyses revealed contrasting findings to previous studies. Gender identity did not appear important in carer's evaluations of strain or gain, and only the 'restrictive affectionate behaviour between men' subscale of gender role conflict had explanatory power in analyses with

all strain and gain variables. Findings are discussed with regard to response bias and defended masculinity. Consideration is made about how men can successfully access services. (KJ/RH)  
ISSN: 13607863  
From : <http://www.informaworld.com/CAMH>  
DOI: 10.1080/13607860903228788

- 204/28      Movement as the medium for connection, empathy, playfulness; by Donna Newman-Bluestein, Heather Hill.: Hawker Publications.  
Journal of Dementia Care, vol 18, no 5, September/October 2010, pp 24-27.  
The authors explain what dance therapy means for people with dementia, and the role it can play as an integral part of person-centred care. They discuss some of the benefits of dance therapy they have observed: enlivening or waking the body (and the self); reconnecting to a sense of personal control or power; reconnecting to memory; connecting or reconnecting to others; and connecting to meaningful experience. (RH)  
ISSN: 13518372
- 204/29      Quality outcomes for people with dementia: building on the work of the National Dementia Strategy; by Department of Health - DH. London: Department of Health - DH, 28 September 2010, 22 pp (Gateway ref: 14700).  
This document presents the Department of Health's revised, outcomes focused implementation plan for 'Living well with dementia: a National Dementia Strategy', which was published in February 2009. It describes what the Department of Health considers as its priorities for policy development in its role of enabler for continued progress in improving outcomes for people with dementia and their carers. The focus is on four priority objectives: good quality early diagnosis and intervention for all; improved quality of care in general hospitals; living well with dementia in care homes; and reduced use of antipsychotic medication. (RH)  
Price: download  
From : [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_119827](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119827) Contact: National Dementia Strategy Team, Older People & Dementia Branch, Department of Health, Room 8E25 Quarry House, Quarry Hill Leeds LS2 7UE.
- 204/30      Recognising the needs of children of younger people with dementia; by Emma Svanberg.: Hawker Publications.  
Journal of Dementia Care, vol 18, no 4, July/August 2010, pp 35-37 (Research focus).  
While research has explored the impact of caring on younger people, little is known about the impact on children of having a parent with dementia. The author summarises the process children go through in order to adapt to dementia in a parent, and suggests ways in which services can take their experiences in account. (RH)  
ISSN: 13518372
- 204/31      The relationship between pre-morbid personality and challenging behaviour in people with dementia: a systematic review; by Hannah Osborne, Jane Simpson, Graham Stokes.: Taylor & Francis.  
Aging & Mental Health, vol 14, no 5, July 2010, pp 503-515.  
It has been suggested that challenging behaviour in people with dementia reflects a person's pre-morbid personality traits and a number of studies have explored this hypothesis. However, inconsistencies in outcome between studies suggest a need to review the available evidence systematically. As a result, major bibliographic databases were searched for studies examining the relationship between pre-morbid personality and challenging behaviour in order to conduct a systematic review. The authors included all English language studies published in referenced journals that assessed pre-morbid personality via a valid comprehensive personality measure, and also explored a relationship with challenging behaviour in people with dementia. A total of 18 studies were identified that covered a wide range of challenging behaviours including 'wandering', affective states, aggression, anxiety and delusions/hallucinations. Studies were assessed for their methodological quality and statistical findings. Studies lacked representative samples, were affected by confounding variables and suffered from small sample sizes. However,

72% of the studies reported significant relationships between pre-morbid personality and behaviour. In terms of specific relationships, the strongest evidence was found for a positive relationship between pre-morbid neuroticism and mood, and aggression and overall behavioural acts, thus supporting the inclusion of personality as one factor in the formulation of behaviour (C Ballard, J O'Brien, I James and A Swann, 'Dementia: management of behavioural and psychological symptoms', Oxford: Oxford University Press, 2001; and T Kitwood, Person and process in dementia: editorial, International Journal of Geriatric Psychiatry, vol 1, 1993, pp 41-545). (KJ/RH)

ISSN: 13607863

From : <http://www.informaworld.com/CAMH> DOI: 10.1080/13607861003713208

204/32

Remaining hopeful in early-stage dementia: a qualitative study; by Emma L Wolverson (Radbourne), Christopher Clarke, Esme Moniz-Cook.: Taylor & Francis.

Aging & Mental Health, vol 14, no 4, May 2010, pp 450-460.

Improving the quality of life for people living with dementia is widely accepted as an important outcome in dementia care services. Positive psychology, the systematic study of strengths, capacities, and personal resources, is one framework for understanding how a person with dementia might achieve this. This study investigated the subjective experience of hope, a construct from the discipline of positive psychology in older people with early-stage dementia. Ten volunteer participants aged 65+ were recruited from a memory clinic in England. Semi-structured interviews were used to explore participants' hopes, in terms of their personal meaning, their resources, and the potential barriers and facilitators of hope in dementia. Interviews were analysed using interpretative phenomenological analysis (IPA). Eight themes were extracted, subsumed under two higher-order themes: 'live in hope or die in despair', and 'keep living and keep living well'. Participants described how their internalised hope-fostering beliefs that were often learned during childhood were challenged by the reality of hope-hindering experiences associated with old age and dementia. A balancing process of re-appraisal enhanced resolution, and this sense of stability then allowed them to develop positive attitudes towards common age-related constraints in their health and social circumstances. The findings offer insight into the existence, nature, and relevance of hope in the lives of people with early-stage dementia. They provide a useful framework for developing hope-fostering strategies in early interventions that aim to assist individuals with dementia to maintain their quality of life. (KJ/RH)

ISSN: 13607863

From : <http://www.informaworld.com/CAMH> DOI: 10.1080/13607860903483110

204/33

World Alzheimer report 2010: the global economic impact of dementia: executive summary; by Anders Wimo, Martin Prince, Alzheimer's Disease International - ADI. London: Alzheimer's Disease International - ADI, 2010, 12 pp.

The World Alzheimer Report 2010 builds on the findings detailed in the World Alzheimer Report 2009, to explore the cost of dementia to our societies. The report contains an explanation of the methods used and detailed results for different economic and geographic regions. Among its recommendations are that governments should make dementia a health priority; develop national plans to deal with the disease; and ensure that people with dementia are eligible to receive and do receive disability benefits, where such schemes are in operation. This executive summary puts the total estimated worldwide costs of dementia at US\$604 billion in 2010. About 70% of the costs occur in Western Europe and North America. Costs were attributed to informal care (unpaid care provided by family and others), direct costs of social care (provided by community care professionals and in residential home settings), and the direct costs of medical care (the costs of treating dementia and other conditions in primary and secondary care). In low and middle income countries, informal care accounts for the majority of total costs and direct social care costs are negligible. The weblink <http://www.alz.co.uk/research/worldreport/> provides links to items relating to the 2009 and 2010 reports. (RH)

From : Download from website:

<http://www.alz.co.uk/research/files/WorldAlzheimerReport2010ExecutiveSummary.pdf>

## DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 204/16, 204/45)

- 204/34 Demographic change and an ageing population; by South East England Partnership Board. Guildford: South East England Partnership Board, 2010, 21 pp (South East England Strategy Think Piece, 5).  
Demographic change raises a range of policy issues and challenges that will vary in form or nuance from place to place, and in terms of the most appropriate government level and potential mechanisms for policy intervention. Three challenges stand out for attention at Regional Strategy level, against the broader backdrop of government policy on migration: extending working lives, tackling age discrimination, and promoting independent living. The first challenge is that almost one million additional households are projected to form in the South East in the period 2006 to 2031. The second challenge is that in 63% of these additional households the head will be aged 65+, and 70% would be occupied by a single person. The third challenge is that by 2031, almost a quarter of the South East population will be of state pensionable age. This report considers these challenges in respect of issues such as "the silver economy" - that is, older people's need and demand for services. (KJ/RH)  
Price: Download  
From : [http://www.se-partnershipboard.org.uk/pdf/news/thinkpieces/demographic\\_change.pdf](http://www.se-partnershipboard.org.uk/pdf/news/thinkpieces/demographic_change.pdf)
- 204/35 Financial circumstances, health and well-being of the older population in England: the 2008 English Longitudinal Study of Ageing (Wave 4); by James Banks, Carli Lessof, James Nazroo (et al) (eds), English Longitudinal Study of Ageing - ELSA. London: Institute for Fiscal Studies - IFS, 2010, 428 pp.  
This report of the wave 4 study uses data collected in 2008-09, a period coinciding with the economic downturn which will have affected the distributions of many of the measures collected. The data is based on interviews with 10,860 people. Design and collection was carried out as a collaboration between the Department of Epidemiology and Public Health at University College London, the Institute for Fiscal Studies (IFS), the National Centre for Social Research (NatCen), the School of Social Sciences at the University of Manchester, and the Department of Psychiatry at the University of Cambridge. This and previous ELSA reports present a detailed picture of the lives of people in England aged 50 and over. This report examines the following themes: employment, retirement and pensions; financial circumstances and consumption; well-being in older age; sleep duration and sleep disturbance; health and social engagement among the oldest old; trends in disability; health risk and health protective biological measures in later life; and receipt and giving of help and care. An introduction by Michael Marmot and Mai Stafford notes that the amount that people over 50 in England spend on life's basics - food, fuel and clothing - has increased significantly in the last 4-5 years. The poorest are the most affected, with a quarter of households experienced a 10 percentage point or more increase in the share of their income devoted to basics between 2004/5 and 2008/9. Spending on domestic fuel alone rose by more than a third in real terms over this period. The next two waves of ELSA will take place in 2010-11 (wave 5) and 2012-13 (wave 6). (RH)  
From : The Institute for Fiscal Studies, 7 Ridgmount Street, London WC1E 7AE. E-mail: [mailbox@ifs.org.uk](mailto:mailbox@ifs.org.uk) Weblink: <http://www.ifs.org.uk/publications/5315>
- 204/36 The harmonisation of longitudinal data: a case study using data from cohort studies in the Netherlands and the United Kingdom; by Peter A Bath, Dorly Deeg, Jan Poppelaars. Ageing and Society, vol 30, part 8, November 2010, pp 1419-1437.  
This paper presents a case study of the challenges and requirements associated with harmonising data from two independently-conceived datasets from the Netherlands and the United Kingdom: the Longitudinal Aging Study Amsterdam (LASA), and the Nottingham Longitudinal Study of Activity and Ageing (NLSAA). The objectives were to create equivalent samples and variables, and to identify the methodological differences that affect the comparability of the samples. Data are available from the two studies' 1992-93 surveys for respondents born during 1908-20. The common data set had 1,768 records and enabled the creation of 26 harmonised variables in the



following domains: demographic composition and personal finances; physical health, mental health and loneliness; contacts with health services; physical activity; religious attendance; and pet ownership. The ways in which the methodological differences between the two studies and their different selective attrition might lead to sample differences were carefully considered. It was concluded that the challenges of conducting cross-national comparative research using independent datasets include differences in sampling, study design, measurement instruments, response rates and selective attrition. To reach conclusions from any comparative study about substantive socio-cultural differences, these challenges must first be identified and addressed. (RH) ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>  
doi: 10.1017/S0144686X1000070X

204/37

World population ageing 2009; by Population Division, Department of Economic and Social Affairs, United Nations - UN. New York, NY: United Nations - UN, 2010, 73 pp + CD-ROM (ST/ESA/SER.A/295) (Economic and social affairs).

This report provides a description of global trends in population ageing and features information on ageing in rural and urban areas, pension systems and the impact of the 2007/09 financial crisis on pension systems. Individual chapters focus on: demographic determinants and speed of population ageing; the changing balance among age groups; demographic profile of the older population; and socio-economic characteristics of the older population. The report is accompanied by a CD-ROM which contains a comprehensive set of indicators of the ageing process by development region, major area, region and country or area. The report is intended to provide a demographic foundation for the follow-up activities of the Second World Assembly on Ageing, Madrid, 2002. (RH)

Price: £25.00 From : TSO, PO Box 29, Norwich NR3 1GN.

<http://www.tsoshop.co.uk/bookstore.asp?Action=Book&ProductId=9789211514681>

UN weblink: <http://www.unpopulation.org>

## **DISABILITY**

(See 204/21)

## **ECONOMIC ISSUES**

(See Also 204/33)

204/38

The role of European welfare states in intergenerational money transfers: a micro-level perspective; by Niels Schenk, Pearl Dykstra, Ineke Maas.

Ageing and Society, vol 30, part 8, November 2010, pp 1315-1342.

The authors use a comprehensive theoretical framework to explain why parents send money to particular children; and they examine whether intergenerational solidarity is shaped by spending on various welfare domains or provisions as a percentage of gross domestic product. The theoretical model at the level of parents and children distinguishes parental resources and children's needs as the factors most likely to influence intergenerational money transfers. Differences in state spending on various welfare domains are then used to hypothesise in which countries children with specific needs are most likely to receive a transfer. For parents, the authors hypothesise in which countries parents with specific available resources are most likely to send a transfer. They use data from the first wave of the Survey of Health and Retirement in Europe (SHARE) to analyse the influence of welfare state provisions on the likelihood of intergenerational transfers in ten European countries. The results indicate that, in line with the authors' expectations, the likelihood of a transfer being made is the outcome of an intricate resolution of the resources (ability) of the parents and the needs of a child. Rather large differences between countries in money transfers were found. The results suggest that, at least with reference to cross-generational money transfers, no consistent differences by welfare state regime were found. (RH)

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

doi: 10.1017/S0144686X10000401

## EMPLOYMENT

(See Also 204/1, 204/8)

- 204/39 Change at any age; by Cranfield School of Management; Employers Forum on Age - EFA.: Electronic format, November 2010, 23 pp.  
The Employers Forum on Age (EFA) recently commissioned Cranfield School of Management to investigate the opportunities and barriers for career changes and re-training for different people. This was mapped against age, life-stage and gender. The findings are based on a review of existing literature and secondary data on career transitions and age (mainly from the Labour Force Survey, LFS), and 10 interviews conducted with experts in this subject area. In addition, there were interviews with human resources (HR) representatives from five organisations: Coca Cola Enterprises, Centrica, Sainsbury's, Hertfordshire County Council, and Sandwell Primary Care Trust - and 48 employees from these organisations. A survey was also completed by 853 employees across four of the organisations: Centrica, Sainsbury's, Hertfordshire County Council, and Sandwell Primary Care Trust. (RH)  
From : <http://www.efa.org.uk/data/files/publications/646/Change-At-Any-Age-Report.PDF>
- 204/40 Closing the age gap?: Age, skills and the experience of work in Great Britain; by Alan Felstead. Ageing and Society, vol 30, part 8, November 2010, pp 1293-1314.  
Populations across Europe are ageing as death rates among the old and fertility rates among the young fall. This produces a number of long-term challenges for national governments - most notably, coping with the increased demand for social services, pensions and benefits that must be funded by a declining proportion of working adults. One policy response has been to extend people's working lives, but we know relatively little about the skills and employment experiences of older workers and how these compare with younger workers. This paper sheds new light on this issue by examining whether older workers do less well than their younger counterparts in terms of the skills of the jobs they hold, the quality of their working lives, their commitment to their current employer and to employment in general, and their attitudes towards and experiences of training. The paper also assesses whether these age gaps have closed over time. The empirical evidence for the paper is from five separate but comparable surveys carried out in 1986, 1992, 1997, 2001 and 2006. Taken together, the five surveys provide information on the employment experiences of over 22,000 workers in Great Britain. This allows us to chart whether we are witnessing the disappearance of at least some of the age divisions in the labour market. (RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/aso> doi: 10.1017/S0144686X10000681
- 204/41 Gender differences in postretirement employment; by Robin L Pleau. Research on Aging, vol 32, no 3, May 2010, pp 267-303.  
Gender differences in post-retirement employment in the United States is examined, using the first eight waves of Health and Retirement Study (HRS) data. Gender is shown to be an important factor in understanding transitions into post-retirement employment. 47% of retirees (n = 3,590) experienced post-retirement employment, with 43% of retired women making the transition, compared with 50% of retired men. Marital status, earnings, and household wealth were significant only when gender interaction terms were introduced due to countervailing effects by gender. For women, being married and having high household wealth were negatively associated, and higher earnings positively associated, with labour force re-entry; for men, wealth and earnings had the opposite effect. Hazard models show that divorced and separated women have a greater likelihood of labour force re-entry than married women and that this difference increases with time out of the labour force, suggesting push factors that derive from economic vulnerability. (KJ/RH)  
ISSN: 01640275 From : <http://roa.sagepub.com> doi:10.1177/0164027509357706

## END-OF-LIFE CARE

(See Also 204/107)

- 204/42 Challenges to improving end of life care of people with advanced dementia in the UK; by Ingela C V Thuné-Boyle, Elizabeth L Sampson, Louise Jones (et al).  
Dementia: the international journal of social research and practice, vol 9, no 2, May 2010, pp 259-284.  
The end of life care received by patients with advanced dementia and their carers is of increasing importance as the incidence of dementia is set to rise in the next 30 years. Currently, inappropriate admissions to hospital are common in the UK and patients are less likely to be referred to palliative care services, receive less pain control, but undergo more invasive interventions compared to their cognitively intact counterparts. Patients and families are seldom informed of the terminal nature of dementia and advance care planning discussions are rare. The aim of this study was to improve the understanding of end of life care needs for this patient group and their carers, and to use this information to devise an intervention to improve care. Qualitative data were obtained from relatives of 20 patients with advanced dementia admitted to an inner London teaching hospital acute National Health Service (NHS) Trust and 21 health care professionals involved in their care. Framework analysis was used to analyse the transcripts. The results showed that participants' understanding of dementia and its likely progress was poor. Provision of information regarding the future was rare despite high information needs. Attitudes regarding end of life care were often driven by the participant's illness awareness. These attitudes served to guide the decision making process and appear to be a major barrier to the provision of more appropriate care. Implications for patient care are discussed and suggestions for future interventions are made. (KJ/RH)  
ISSN: 14713012  
From : <http://dem.sagepub.com>  
doi:10.1177/1471301209354026
- 204/43 Learning and unlearning for end of life care in care homes; by Malcolm L Johnson. Leicester: Association for Education & Ageing - AEA.  
International Journal of Education and Ageing, vol 1, no 1, June 2010, pp 53-66.  
The long term care of older people around the world is largely in the hands of people with low levels of education and small amounts of training. Even nurses working in nursing homes often lack specific training. This paper presents the development, implementation and evaluation of a short training package on end of life care, delivered to staff of 106 residential / social care and nursing homes run by the largest not-for-profit provider in the UK. It, and a subsequent national study, show how strong the "embedded values" of enhanced personal care, skills in the relief of suffering and attention to the need for empathic human presence are played out. The findings also provide detailed evidence of support and facilities for relatives as they seek to spend time in the last days and hours. It is concluded that enhancing and validating the positive values and practices with short training is more desirable than turning end of life care into a specialist field of work with its own credentials. (RH)  
ISSN: 20445458  
From : Institute of Lifelong Learning, Leicester University, Regent Road, Leicester, LE1 7AA.
- 204/44 Notes on the end of life: the social interactions between patients, carers and professionals; by Daniel Briggs.  
Quality in Ageing and Older Adults, vol 11, issue 2, June 2010, pp 35-46.  
How people die and experience the road to death is important for all concerned: the patient who is dying, the family carers and loved ones they leave behind, and the health and social care practitioners. However, family carers often make great emotional and financial sacrifices and also assume heavy administrative roles to support the care of their loved one. This paper reports on the social interactions between patients, carers and professionals during end of life (EOL) care. The findings are based on a primary care trust (PCT) funded consultation that examined the quality of EOL care services in one London borough. The project made great use of

ethnographic methods (open-ended qualitative interviews and observations) with 50 borough residents, of whom 32 were patients and 18 were carers. The findings consider in more detail the social relationships between patients, carers and professionals. It is suggested that while there are some encouraging signs of good practice among EOL agencies and professionals, greater care is needed on the part of frontline professionals in their day-to-day interaction with patients and carers to ensure a better quality of EOL care. (RH)

ISSN: 14717794

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

doi: 10.5042/qiaoa.2010.0288

204/45

Variations in place of death in England: inequalities or appropriate consequences of age, gender and cause of death?; by Kate Ruth, Andrew Pring, Julia Verne, National End-of-Life Care Intelligence Network - NEOFICIN, NHS End of Life Programme, Department of Health - DH; South West Public Health Observatory - SWPHO. London: NHS End of Life Programme, Department of Health - DH, August 2010, 88 pp.

This report, the first in a series commissioned by the National End-of-Life Care Intelligence Network (NEoLCIN) and written by the South West Public Health Observatory, follows on from the launch of the Network's website ([www.endoflifecare-intelligence.org.uk](http://www.endoflifecare-intelligence.org.uk)). It highlights variations in where people die and challenges current thinking about the appropriateness of different end of life care settings for different groups, depending on their age, sex and socioeconomic status. The report summarises the key features from the first tranche of national End of Life Care Profiles to provide the first comprehensive overview for England of variations in place of death by geography, demography and main cause of death. The report also includes some additional data not included in the profiles, for example analyses by deprivation quintile. Among key findings in an Executive Summary are that in 2007, there were 471,092 deaths in England, of which 52% (246,412) were females compared with 48% (224,680) males. This equates to about 1,300 deaths per day in England and about one death per minute. In comparison, there were 672,809 live births in 2008 in England which equates to about 1,843 births per day and about 1.3 births per minute. (KJ/RH)

Price: download

From : Download: <http://www.endoflifecare-intelligence.org.uk/resources/publications.aspx>

(Author contact: South West Public Health Observatory, Grosvenor House, 149 Whiteladies Road, Bristol BS8 2RA.)

## **ETHICAL ISSUES**

204/46

Forgiveness in late life; by Shira Hantman, Orna Cohen.: Routledge.

Journal of Gerontological Social Work, vol 53, issue 7, 2010, pp 613-630.

This study expands the understanding of forgiveness among a sample of older adults in Israel by exploring the contributory roles of meaning in life; stressful life events; and socio-economic variables such as gender, age, and religiosity as well as time and agent of hurt. A convenience sample of 225 older adults in Israel responded to the Enright Forgiveness Inventory and the Reker Meaning in Life Scale. An additional questionnaire contained demographic and other background information, including a list of traumatic life events. The results of our study support our assumption that meaning in life correlates with forgiveness on all its dimensions. Furthermore, women tend to forgive more than men, and there is a tendency to forgive family members more readily than non-family members, and people who are still alive, as opposed to those who have passed away. (KJ/RH)

ISSN: 01634372

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

<http://www.taylorandfrancis.com>

DOI: 10.1080/01634372.2010.509751

## **EXERCISE**

(See 204/5)

## GOVERNMENT AND POLICY

(See Also 204/18, 204/115)

- 204/47 Age UK's response to 21st century welfare: consultation response; by Sally West, Age UK. London: Age UK, October 2010, 14 pp (Consultation response, Ref: 2610). Age UK is very supportive of the aims and principles for a clearer and simpler system put forward by the Department for Work and Pensions (DWP) in the consultation paper, '21st century welfare' (Cm 7913). Age UK responds to the twelve questions asked in the consultation, and believes that it is essential that the non-means-tested Disability Living Allowance remains separate, and sees a continuing role for contributory benefits. While the reforms are mainly aimed at those of working age, it is important to consider how the transition to pension age benefits would work. There is also a need to consider how older people with responsibility for children would be treated. Also queried are how the Universal Credit will treat older people, if Housing Benefit and Council Tax Benefit are integrated. The reforms are also likely to impact on the voluntary and advice sector. The response has been informed by feedback from advisers in local Age UK and Age Concern organisations. (RH)  
From : Age UK, Astral House, 1268 London Road, London SW16 4ER. [www.ageuk.org.uk](http://www.ageuk.org.uk)

## HEALTH CARE

(See 204/50)

## HEALTH SERVICES

(See 204/119)

## HOSPITAL DISCHARGE

- 204/48 Hospital discharge: a descriptive study of the patient journey for frail older people with complex needs; by Fraser Mitchell, Mhairi Gilmour, Gordon McClaren. Journal of Integrated Care, vol 18, issue 3, June 2010, pp 30-36. Successful discharge of frail older people from hospital requires effective partnership working between health and social care agencies. This paper reports a descriptive study using locally available health and social care data relating to the patient journey of a cohort of frail, older people with complex health and social care needs. The study identifies contact with social care services and some health services prior to hospital admission, charts the patient journey to hospital, and provides information on discharge destinations. The findings have implications for the discharge planning, process and improvement of community care services, including intermediate care. (RH)  
ISSN: 14769018  
From : <http://www.pierprofessional.com> doi:10.5042/jic.2010.0246
- 204/49 Integrated hospital discharge in Torbay: results from a pilot project; by Lesley Wade. Journal of Integrated Care, vol 18, issue 3, June 2010, pp 37-44. Torbay Care Trust is one of 16 Department of Health (DH) pilot sites for integrated care. This article reports on the experiences and evaluation of piloting health and social care discharge co-ordinators in acute and community hospital settings. Benefits were felt with regard to length of stay, bed day use, and patient and staff experience, and were particularly notable where a discharge co-ordinator employed by the community trust was put into the acute hospital setting. The pilots have supported a redesign of hospital discharge processes across Torbay Care Trust and South Devon NHS Foundation Trust, and provided the foundation for improved partnership working and integrated service provision. (RH)  
ISSN: 14769018  
From : <http://www.pierprofessional.com> doi:10.5042/jic.2010.0248

## HOSPITAL SERVICES

- 204/50 An age old problem: a review of the care received by elderly patients undergoing surgery; by K Wilkinson, I C Martin, M J Gough (et al), NCEPOD - National Confidential Enquiry into Patient Outcome and Death. London: NCEPOD - National Confidential Enquiry into Patient Outcome and Death, 2010, 148 pp.
- This NCEPOD report highlights the process of care of older patients who died within 30 days of emergency or elective surgery. The report takes a critical look at areas where the care of patients might have been improved, from lack of input from Medicine for the Care of Older People to the level of pain relief provided. Remediabale factors have also been identified in the clinical and the organisational care of these patients. An executive summary of the report (17 pp) is available. (KJ/RH)
- From : Download report: <http://www.ncepod.org.uk/2010eese.htm>  
NCEPOD, 4-8 Maple Street, London W1T 5HD.

## HOUSING

- 204/51 Age UK's response to the Social Security Advisory Committee's consultation on The Housing Benefit Amendment Regulations (2010) and amendments to the Rent Officers (Housing Benefit Functions) Order 2010: consultation response; by Sally West, Age UK. London: Age UK, September 2010, 9 pp (Consultation response, Ref: 3010).
- In the June 2010 Budget, the Coalition Government announced a number of changes to Housing Benefit. The Social Security Advisory Committee (SSAC) is consulting on draft legislation in relation to the changes. Age UK has concerns about older tenants in the private rented sector and the effects of changes to the Local Housing Allowance (LHA) which could lead to shortfalls in rent for those on low incomes. There is strong support, though, for the change that will allow LHA to fund an extra bedroom for a claimant who requires a non-resident carer to stay overnight. Age UK concludes that should the various changes go ahead, there should be close monitoring of the effects on vulnerable groups as well as pressures on local services. (RH)
- From : Age UK, Astral House, 1268 London Road, London SW16 4ER. [www.ageuk.org.uk](http://www.ageuk.org.uk)
- 204/52 Age UK's response to the Work and Pensions Committee Inquiry into changes to housing benefit: consultation response; by Sally West, Age UK. London: Age UK, September 2010, 9 pp (Consultation response, Ref: 2910).
- In the June 2010 Budget, the Coalition Government announced a range of changes to Housing Benefit. The House of Commons Work and Pensions Committee's inquiry asks about the implications of the changes, for example on levels of rent; shortfalls in rent; evictions and homelessness services; landlord confidence; community cohesion; disabled people; carers and specialist housing; and older people. Age UK is of the view that the wider impacts of the reforms must be considered before changes to Housing benefit are made, including the impact on other national and local provision and the availability of suitable affordable housing that meets older people's needs. Age UK has concerns about older tenants in the private rented sector and the effects of changes to the Local Housing Allowance (LHA) which could lead to shortfalls in rent for those on low incomes. There is strong support, though, for the change that will allow LHA to fund an extra bedroom for a claimant who requires a non-resident carer to stay overnight. Age UK concludes that should the various changes go ahead, there should be close monitoring of the effects on vulnerable groups as well as pressures on local services. (RH)
- From : Age UK, Astral House, 1268 London Road, London SW16 4ER. [www.ageuk.org.uk](http://www.ageuk.org.uk)

## IMAGES OF AGEING

- 204/53 Digging for (G)old: a film about the contribution of older Londoners; by Age Concern London - ACL. London: Age Concern London - ACL, 2010, DVD (45 mins).
- Digging for (G)old is a documentary film celebrating the success of older Londoners. It challenges the common media and political representation of older people and highlights the

energy, skills and knowledge older Londoners share in our communities. Age Concern London commissioned professional film-maker Ivan Riches to work with ACL campaign volunteer Sally de Sousa to show how volunteering can transform older people's lives. The film also shows that dedication to volunteering in later life has many benefits to the lives of the volunteers, helping them to remain active and with a sense of purpose. The film is divided into eight chapters but runs continuously for 45 minutes. The making of it was lottery funded. (KJ/RH)

From : Age Concern London: [general@aclondon.org.uk](mailto:general@aclondon.org.uk)

## **INCOME AND PERSONAL FINANCE**

204/54 Financial Services Authority CP10/16 Mortgage market review - responsible lending: consultation response; by Lucy Malenczuk, Age UK. London: Age UK, 5 October 2010, 5 pp (Consultation response, Ref: 2810).

In its Mortgage market review, the Financial Services Authority (FSA) aims to have a more flexible mortgage market, including something that takes into account that people will be working and earning later in life. This response from Age UK focuses on questions that are relevant to the challenge of ensuring that older people are adequately protected, without excluding them from the market unnecessarily. (RH)

From : Age UK, Astral House, 1268 London Road, London SW16 4ER. [www.ageuk.org.uk](http://www.ageuk.org.uk)

204/55 Simplification is the key: stimulating and unlocking long-term saving; by Michael Johnson, Centre for Policy Studies. London: Centre for Policy Studies, 2010, 97 pp.

The pensions and savings industry has suffered an erosion of trust, fuelled by mis-selling scandals, excessive costs and a long period of poor investment returns. This paper makes 16 proposals to help simplify saving and improve flexibility. These involve bring individual savings accounts (ISAs) and pensions closer together, while enhancing incentives to save. It also discusses four alternatives for a unified tax framework for ISAs and pension savings products. An annual contribution limit of £45,000 is proposed for all tax-incentivised saving, along with limited pre-retirement access to pension savings. Among other proposals are: broadening auto-enrolment of savings to include ISAs; allowing pensions assets to be bequeathed free of inheritance tax; and addressing gender inequality for example by allowing couples to contribute to each other's pension savings. The author considers the perspectives of, and implications for, savers, employers, the pensions and savings industry and HM Treasury. The report is based on the author's detailed consultation with politicians from the major parties and with leading experts. (RH)

Price: £10.00 (or free PDF)

From : Centre for Policy Studies, 57 Tufton Street, London SW1P 3QA. PDF at: [http://www.cps.org.uk/index.php?option=com\\_content&view=cpsarticle&id=397&Itemid=17](http://www.cps.org.uk/index.php?option=com_content&view=cpsarticle&id=397&Itemid=17)

## **INEQUALITY AND HUMAN RIGHTS**

(See Also 204/74)

204/56 How fair is Britain? Equality, human rights and good relations in 2010: the first triennial review; by Equality and Human Rights Commission - EHRC. [Manchester]: Equality and Human Rights Commission - EHRC, October 2010, 749 pp.

Much of the Review is a collection of objective data (including Census data, surveys and research) about the chances, choices and outcomes in life and experience of different groups of people in terms of their age, gender, disability, ethnicity, religion or belief, sexual orientation, and transgender status. The report is arranged in three parts. Part I, 'A new landscape', summarises equality law to date, and notes changing attitudes and public opinion. Part II, 'Critical issues facing Britain today', begins by "identifying critical issues" in Chapter 5, which explains what kinds of evidence are presented and the reasons for choosing particular measures and indicators. Chapters 6 to 14 include data relating to activities across nine different areas reflecting individuals' capabilities and freedoms in order to be happy, productive and fulfilled: life; security; health; education; employment; standard of living; care and support; and power

and voice. For each area, the Review examines a set of indicators, and evaluates their usefulness. Part III, Findings and challenges, highlights gaps in data and information that is reliable. It presents an "Agenda for fairness", which identifies significant challenges, including: eliminating the effect of socio-economic background on health and life expectancy; and reducing the rise of the need for and cost of informal care, and to increase autonomy, choice and control for both carers and those who receive care. Appendices include: criteria for selecting the indicators; data sources; and contributors to consultations and calls for evidence. A weblink (<http://www.equalityhumanrights.com/key-projects/triennial-review/full-report-and-evidence-downloads/>) includes downloads of this report as a complete volume, in three parts, or chapter by chapter; also supporting evidence and the executive summary. (RH)  
From : Equality and Human Rights Commission, Arndale House, Arndale Centre, Manchester M4 3AQ. [www.equalityhumanrights.com](http://www.equalityhumanrights.com)

204/57

Using the equality duties to make fair financial decisions: a guide for decision-makers; by Equality and Human Rights Commission - EHRC. London: Equality and Human Rights Commission - EHRC, 2010, 11 pp.

The Equality and Human Rights Commission (EHRC) has launched a short, practical guide to help decision-makers put fairness and transparency at the heart of the difficult financial decisions ahead. Following the Spending Review in October 2010, government departments and public authorities at both the national and local level will be faced with the task of making savings. The guide sets out what is expected of them and others to comply with the public sector equality duties. The legislation requires that government departments and public authorities have what is called 'due regard' to the need to eliminate discrimination and promote equality with regard to race, disability and gender as well as promote good relations, in particular tackle prejudice and promote understanding. When this is applied in practice, it means that they must assess the equality impact of proposed changes to policies, procedures or practices, such as decisions which result from a desire to make savings. This could include decisions such as reorganisations and relocations, redundancies and service reductions programmes. The law does not prevent government officials from making difficult decisions. Nor does it stop them from making decisions that may affect one group more than another. The law simply requires that such decisions are made in a fair, transparent and accountable way, considering the needs and the rights of different members of the community. Where decisions are found to have a disproportionate impact on a particular group, authorities must consider what actions can be taken to avoid or mitigate the unfair impact. The guidance goes on to highlight that not only is this approach a legal requirement, it is also a positive opportunity for officials to ensure they take fair decisions in an open and transparent way which will stand up to external scrutiny. The guidance will also be helpful to voluntary and community groups, trade unions and individuals in helping them hold decision makers to account. (KJ/RH)

From: <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-duties/guidance-and-codes-of-practice/using-the-equality-duties-to-make-fair-financial-decisions/>

## **INFORMATION AND COMMUNICATION TECHNOLOGY**

204/58

Skilling seniors in computers: community training responses to the digital divide; by Margaret Redsell, Michael Nycyk.

Working with Older People, vol 14, issue 2, June 2010, pp 38-42.

As computers further pervade the lives of older adults, the need for relevant affordable training grows. Older adults experience the digital divide sharply, not through frailty or age but because accessing training can be difficult. The intent of this paper is to suggest successful ways of teaching computers through the discussion of a case study of Skylarkers 60 and Better Program in Brisbane, Australia and a longitudinal study conducted there. Centre managers can benefit from knowing the types of teaching methods that may make their computer training beneficial and useful to older adults. (KJ/RH)

ISSN: 13663666

From : <http://www.pierprofessional.com>  
doi: 10.5042/wwop.2010.0266



## INTEGRATED CARE

(See Also 204/49)

- 204/59 Integrated services for people with long-term neurological conditions: evaluation of the impact of the National Service Framework; by Sylvia Bernard, Fiona Aspinall, Kate Gridley (et al), Social Policy Research Unit - SPRU, University of York. York: Social Policy Research Unit - SPRU, University of York, 2010, 4 pp (Research Works, no 2010-05).  
Many people with long-term neurological conditions (LTNCs) require support from a range of services, but these services do not always work in a joined-up way. The National Service Framework (NSF) for Long-term Neurological Conditions recognised the need for an integrated approach to service delivery. Researchers at the Social Policy Research Unit (SPRU) explored what helps or hinders service integration and identified three types of service that promote continuity of care. They then conducted a survey of all English Primary Care Trusts (PCTs) to assess the initial impact of the National Service Framework on integrated service provision. This Research Works outlines the key findings. The research was funded by the National Institute for Health Service Delivery and Organisation (SDO) programme. (RH)  
From : SPRU, University of York, Heslington, York YO10 5DD. Full report and other related downloads at: <http://www.york.ac.uk/inst/spru/pubs/1789>
- 204/60 Integrating care: from horizontal to vertical integration; by Helen Wilding.  
Journal of Integrated Care, vol 18, issue 3, June 2010, pp 15-20.  
The work being carried out in Torbay to provide more seamless services for people aged 65+ is outlined. Torbay Care Trust is one of 16 Department of Health (DH) pilot sites for integrated care, and is using its already established strong partnerships with Torbay Council, South Devon Healthcare NHS Foundation Trust and Devon Partnership Trust to progress towards a form of vertical integration for older people's care. (RH)  
ISSN: 14769018  
From : <http://www.pierprofessional.com>  
doi:10.5042/jic.2010.0244
- 204/61 Lanarkshire's Managed Care Network: an integrated improvement collaborative; by Anne Hendry.  
Journal of Integrated Care, vol 18, issue 3, June 2010, pp 45-51.  
Managed care networks enable virtual integration of health, social care and housing service delivery. When focused on outcomes and experience for service users and carers, they can provide integrated support for improvement in the pathways, processes and experience of care and support for older people. This paper provides a case study of the development of a managed care network of health and social care partners in Lanarkshire in the context of current policy in Scotland. (RH)  
ISSN: 14769018  
From : <http://www.pierprofessional.com>  
doi:10.5042/jic.2010.0249
- 204/62 Local delivery of joined-up services for older people; by Mike Robertson, Helen Wilkinson, Department for Work and Pensions - DWP.: Department for Work and Pensions - DWP, November 2010, 4 pp (Department for Work and Pensions Research summary).  
One result of the change of government in May 2010 has been the emphasis on partnership, decentralisation and localism, for example under the Big Society and Ageing Well programmes. The Department for Work and Pensions (DWP) commissioned Risk Solutions to undertake the research, which examined how local authorities, and their partners, are tackling the challenges and opportunities posed by an ageing society. This was in light of the experience gleaned from the LinkAge Plus pilots, by assessing the approach taken through the LinkAge Plus principles and other related initiatives. The aims of the research were to provide information, improve understanding, and to identify notable examples of good practice in the delivery of joined-up

working. This builds on experience from LinkAge Plus, a pilot project that aimed to improve well-being and independence for older people through: stronger partnership working between local government and the voluntary and community sectors; better information and access to joined-up services; and putting older people at the heart of service design and delivery. Findings are based on case studies of eight local authority areas where a 'LinkAge Plus type' approach has been adopted in the development of services for older people. This Research Summary outlines the main findings in the full report (same title; Department for Work and Pensions Research Report 713; November 2010) (download available at <http://research.dwp.gov.uk/asd/asd5/rports2009-2010/rrep713.pdf>). (RH)

From : <http://research.dwp.gov.uk/asd/asd5/rrs-index.asp> Paul Noakes, Commercial Support and Knowledge Management Team, 3rd Floor, Caxton House, Tothill Street, London SW1H 9NA.

204/63

Removing the policy barriers to integrated care in England; by Chris Ham, Judith Smith, Nuffield Trust. London: Nuffield Trust, September 2010, 18 pp (Briefing).

This briefing paper uses five case studies of health economies in the English National Health Service (NHS) as a basis for examining how local clinicians and managers are working together to develop closer service integration and less fragmented care for patients. It focuses on what is facilitating or impeding change, and sets out proposals for policy-makers that are designed to enable more rapid progress towards developing better coordinated services. It is intended as a contribution to discussions about the direction health reform should take under the new Coalition Government following the publication of the White Paper 'Equity and excellence: liberating the NHS' (Cm 7881; TSO, 2010). This briefing is the culmination of five seminars which were based on the assertion that policy-makers have given more attention to the development of competition in the NHS than the promotion of collaboration and integration. (RH)

Price: Download FOC; £5.00 priced publication

From : <http://www.nuffieldtrust.org.uk/publications/detail.aspx?id=0&PRid=721> Nuffield Trust, 59 New Cavendish Street, London W1G 7LP.

204/64

Tackling whole-systems change: the Trafford Framework for Integrated Services; by Martin Connor, George Kissen.

Journal of Integrated Care, vol 18, issue 3, June 2010, pp 4-14.

This article describes the strategy for delivering integrated care in Trafford on a whole-systems basis. It describes the approach to integrating services across primary care, community health services, social services and acute care. It covers the (clinically led) process of developing the strategic framework, the principles developed and used, and the specific programmes to be carried out in 2010/11. (RH)

ISSN: 14769018

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

doi:10.5042/jic.2010.0243

## **INTERGENERATIONAL ISSUES**

204/65

'Just Helping': children living with a parent with young onset dementia; by Emma Svanberg, Joshua Stott, Aimee Spector.: Taylor & Francis.

Aging & Mental Health, vol 14, no 6, August 2010, pp 740-751.

While the consequences of caring for younger people with dementia have been a growing area of research, little is known about the children of these individuals. This UK study aimed to discover whether children of younger people with dementia can be compared to other young carers, the impact of their caring on mood, burden and resilience and what could promote coping. In-depth interviews were carried out with 12 participants aged 11-18. A grounded theory methodology was used, supplemented with three quantitative measures. Four higher order categories were identified focusing on: discovering dementia; developing a new relationship; learning to live with it; and going through it together. Few participants showed depressive symptomatology, but more than half showed high levels of burden and most showed moderate levels of resilience. A three-stage process model of adapting to dementia is proposed, with

children moving through grief to emotional detachment and increased maturity. This study has implications for service development in light of the National Dementia Strategy and proposals for whole family approaches for young carers. Whole family working by both dementia and children's services could reduce the burden on children of people with young onset dementia. (KJ/RH)

ISSN: 13607863

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

DOI: 10.1080/13607861003713174

204/66

Generational conflict, consumption and the ageing welfare state in the United Kingdom: forum; by Paul Higgs, Chris Gilleard.

Ageing and Society, vol 30, part 8, November 2010, pp 1439-1451.

The British welfare state is over 60 years old. Those who were born, grew up and who are now growing old within its ambit are a distinctive generation. They have enjoyed healthier childhoods with better education than previous populations living in Britain. That they have done well under the welfare state is accepted, but some critics have argued that these advantages are at the expense of younger cohorts. The very success of this 'welfare generation' is perceived as undermining the future viability of the welfare state; and some argue that the current levels of income and wealth enjoyed by older cohorts can only be sustained by cutbacks in entitlements for younger cohorts. This will lead to a growing 'generational fracture' over welfare policy. This paper challenges this position, arguing that both younger and older groups find themselves working out their circumstances in conditions determined more by the contingencies of the market than by social policy. (RH)

ISSN: 0144686X

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

doi: 10.1017/S0144686X10000425

204/67

Honouring the elders: a transition model of inclusion for older people; by Richard Barnett, Marc Mordey.

Working with Older People, vol 14, issue 2, June 2010, pp 12-16.

This paper is the result of a workshop delivered by the authors at the National Development Team for Inclusion's 2009 conference. It examines the role of older people within the transition towns movement and suggests that the skills and knowledge that many older people possess are vital to the changes that must be made as we seek more sustainable lifestyles. The paper presents a variety of current projects where older people have been integral to teaching skills to younger generations. It outlines the suggestions that delegates at the workshop put forward and invites practitioners working with older people to consider the potential for their further involvement in transition initiatives. (KJ/RH)

ISSN: 13663666

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

doi: 10.5042/wwop.2010.0262

204/68

An introduction to intergenerational practice; by Alan Hatton-Yeo.

Working with Older People, vol 14, issue 2, June 2010, pp 4-11.

In recent years, there has been an increasing interest in intergenerational approaches to promote greater understanding and interaction between the generations to achieve mutual benefit. This article provides an introduction to the topic, looks at the impact of intergenerational projects and provides an overview of the policy and practice context. (KJ/RH)

ISSN: 13663666

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

doi: 10.5042/wwop.2010.0261

## **INTERNATIONAL AND COMPARATIVE**

(See 204/8, 204/41, 204/58, 204/75, 204/77, 204/80, 204/81, 204/83, 204/84, 204/85, 204/106, 204/126)

## INVOLVEMENT

204/69

Practical approaches to co-production: building effective partnerships with people using services, carers, families and citizens; by Shahana Ramsden, Personalisation Team, Social Care Policy Division Department of Health - DH; Transforming Adult Social Care Co-production Group. London: Department of Health, 16 November 2010, 28 pp (Gateway ref: 14847).

While there is no single definition of co-production, the term implies elements of engagement, participation, choice and control, and involvement. This document considers the policy context within which approaches to co-production are being developed, in particular, in the White Paper, 'Equity and excellence: liberating the NHS', the proposed Public Health White Paper, A Vision for Adult Social Care: Capable Communities and Active Citizens, and the Partnership Agreement between government and the social care sector, 'Think local, act personal'. It highlights different approaches to involving people, including: ensuring diverse groups can participate; collaboration with user-led organisations (ULOs); engaging carers in co-production; working with citizens to create Participatory Budgets; and working with small social enterprises. It summarises legal frameworks that support co-production; and provides examples of where co-production has worked well at different levels of the social care system. It also links closely with other DH briefing papers: 'Practical approaches to improving the lives of disabled and older people through building stronger communities', 'Practical approaches to safeguarding and personalisation', and 'Practical approaches to market and provider development'. (RH)

From : [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_121669.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121669.pdf) Contact: Abigail Merrett, Social Care Policy Division, Room 116, 133-155 Waterloo Road, London SE1 8UG.

## LEARNING DIFFICULTIES

204/70

Supporting persons with Down syndrome and advanced dementia: challenges and care concerns; by Mary McCarron, Philip McCallion, Elizabeth Fahey-McCarthy (et al).

Dementia: the international journal of social research and practice, vol 9, no 2, May 2010, pp 285-298.

The aim of this study was to understand staff perceptions of critical issues in caring for persons with intellectual disability (ID) and advanced dementia. There has been growing interest in addressing resource, training, and service redesign issues including an increase in collaborative practices in response to the growing incidence of dementia among persons with ID. Most recently, this has included consideration of the specific issues in advanced dementia. Thirteen focus group interviews were held involving staff in six ID services and one specialist palliative care provider in Ireland. A qualitative descriptive approach was taken to analysis. Staff identified three key themes: (1) readiness to respond to end of life needs, (2) the fear of swallowing difficulties, and (3) environmental concerns and ageing in place. Four underlying issues that emerged in this study offer clues to solutions: (a) differences in staff preparation associated with settings; (b) lack of understanding and lack of collaboration with palliative care services; (c) uncertainties about the ability to transfer existing palliative care models to persons with ID and dementia; and (d) the need to develop training on end stage dementia and related care approaches. (KJ/RH)

ISSN: 14713012

From : <http://dem.sagepub.com>  
doi:10.1177/1471301209354025

## LIFE-LONG LEARNING

204/71

Being an 'older learner' in higher education: sustaining the will to learn; by Andrea Creech, Anita Pincas, Sue Hallam (et al). Leicester: Association for Education & Ageing - AEA.

International Journal of Education and Ageing, vol 1, no 1, June 2010, pp 23-40.

131 higher education students aged 50+ were surveyed for this study exploring older learners' reasons for studying, their reports of the perceived benefits of being in higher education, and

self-reports of confidence as learners. The results suggest that for these learners, personal and professional development were not two separate concepts, but rather were inextricably linked. The participants generally saw themselves as beneficiaries, in terms of intellectual development and enhanced self-confidence, within the academic community. They also derived satisfaction from being able to recognise their own contributions to their academic circles as well as their status as the role models amongst wider social circles. Self-Determination Theory provided a theoretical lens through which the will to learn amongst these participants could be interpreted as being sustained, by striving towards autonomy, competence and a sense of belonging. The study points towards the need for further research that investigates whether higher education learners aged 50+ share identifiable, specific learning and teaching needs. (RH)

ISSN: 20445458

From : Institute of Lifelong Learning, Leicester University, Regent Road, Leicester, LE1 7AA.

204/72

Editorial essay: learning in later life - projects, conferences and examples of practice in Europe; by Jim Soulsby. Leicester: Association for Education & Ageing - AEA.

International Journal of Education and Ageing, vol 1, no 1, June 2010, pp 77-85.

In January 2010, the Education and Culture Directorate of the European Commission hosted an event marking the 10th anniversary of the Grundtvig lifelong learning funding programme ([http://ec.europa.eu/education/grundtvig/doc/confprog\\_en.pdf](http://ec.europa.eu/education/grundtvig/doc/confprog_en.pdf)). This and following articles in this issue of International Journal of Education and Ageing (pp 87-106) note presentations made relating to Grundtvig Programme projects at the conference. (RH)

ISSN: 20445458

From : Institute of Lifelong Learning, Leicester University, Regent Road, Leicester, LE1 7AA.

204/73

Learning Through Life: the implications for learning in later life of the NIACE Inquiry; by Tom Schuller. Leicester: Association for Education & Ageing - AEA.

International Journal of Education and Ageing, vol 1, no 1, June 2010, pp 41-51.

This article discusses the implications for learning in later life of the recently published report Learning Through Life of the independent Inquiry into the Future for Lifelong Learning (IFLL) established in the UK by NIACE, the National Institute of Adult Continuing Education, of which the author was director. This article concerns two pivotal recommendations of the report, first, that lifelong learning should be based on a new life-course model with four key stages (up to 25 years, 25-50 years, 51-75, and over 75). Second, financial resources should be re-balanced fairly and sensibly across these four different life stages. The report estimates that the current spend on lifelong education in the UK is around £55 billion, excluding opportunity costs, and that proportions spent on the four stages are in the ratio 86: 11: 2.5: 0.5. It argues for a shift in the allocation across the four stages to approximately 80: 15: 4: 1 by 2020. The third and fourth stages of life would be major and appropriate beneficiaries and significant changes for learning in later life by UK citizens would be possible. The article discusses new thinking about the curriculum, on the fourth stage of life. (RH)

ISSN: 20445458

From : Institute of Lifelong Learning, Leicester University, Regent Road, Leicester, LE1 7AA.

204/74

Making older people equal: reforming the law on access to education and other services; by Brice Dickson, Lisa Glennon. Leicester: Association for Education & Ageing - AEA.

International Journal of Education and Ageing, vol 1, no 1, June 2010, pp 67-76.

Age-based discrimination in the supply of goods and services (including educational services) has only recently been outlawed in the UK by the equality Act 2010, the relevant sections of which have not yet been brought into force. This paper critically considers the Act and its implications, as well as the current proposal for an EU Directive on Goods and Services. It argues that the exceptions permitting service providers to discriminate against older people (i.e. negative exceptions) should be very specifically set out in the reforming legislation. There should be no general defence to a claim of age discrimination based around the concept of "reasonableness", which would not be consistently interpreted by courts and tribunals in a way that steers clear of traditional ageist assumptions and stereotyping. The paper argues that service providers should be permitted to discriminate in favour of older people (i.e. make positive

exceptions if the reasons for doing so satisfies legislative criteria which are designed , amongst other things, to meet the particular needs of older people or promote social inclusion. Under this proposal, preferential treatment such as age-related concessionary fees for adult education courses and programmes would be lawful. (RH)

ISSN: 20445458

From : Institute of Lifelong Learning, Leicester University, Regent Road, Leicester, LE1 7AA.

204/75

Older people's university students in Spain: a comparison of motives and benefits between two models; by Feliciano Villar, Sacramento Pinazo, Carme Triado (et al).

Ageing and Society, vol 30, part 8, November 2010, pp 1357-1372.

This study examines both the motives for and the benefits of attending a university programme for older people (UPOP) in Spain, and how they vary with the type of UPOP. Two UPOP models were assessed: The 'Older People's Classes' of the University of Barcelona, which is organised as a lecture course; and the 'University of Experience' at the University of Valencia, which is a three- or four-year variant of regular university degrees. A sample of 321 older students (mean age 67.5 years) was gathered from the two UPOPs, 161 participants from the former and 157 from the latter. The findings suggest that expressive motives such as acquiring knowledge, expanding the mind, or learning for the joy of learning were the most important reasons for joining a UPOP; and that among the perceived benefits from taking classes at university featured 'gaining more friends', 'enhanced self or life-satisfaction' and 'joy in life'. Perceived benefits were particularly high among the less educated and the older students. While students participating in the Older People's Classes were older and included relatively more women, differences between the two models in motives and benefits did not exist or were slight. These results are discussed in the context of new strategies to improve university courses aimed at older students. (RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso> doi: 10.1017/S0144686X10000565

## **LONELINESS**

204/76

Experiences of loneliness among the very old: the Umeå 85+ project; by Ulla H Graneheim, Berit Lundman.: Taylor & Francis.

Ageing & Mental Health, vol 14, no 4, May 2010, pp 433-438.

This study aims to elucidate experiences of loneliness among the very old, who live alone. Twenty-three women and seven men, aged 85-103 years, were interviewed about their experiences of loneliness. The text was subjected to qualitative content analysis. The descriptions of loneliness were twofold: on the one hand, living with losses and feeling abandoned represented the limitations imposed by loneliness; and on the other, living in confidence and feeling free represented the opportunities of loneliness. The findings indicate that experiences of loneliness among the very old are complex, and concern their relationships in the past, the present, and the future. Experiences of loneliness among the very old can be devastating or enriching, depending upon life circumstances and outlook on life and death. The authors interpreted these two aspects of loneliness as feelings of homelessness and at-homeness. (KJ/RH)

ISSN: 13607863

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

DOI: 10.1080/13607860903586078

## **LONG TERM CARE**

(See Also 204/2)

204/77

Devolution, diversity and welfare reform : long-term care in the 'Latin Rim'; by Joan Costa-Font. Social Policy & Administration, vol 44, no 4, August 2010, pp 481-494.

Understanding long-term care (LTC) reform is at the core of the study of European social policy. Particularly important are the effects of regional devolution on the development of LTC services, being one of the few areas only subject to limited welfare retrenchment. One important question

is the extent to which a devolved system of welfare governance influences the process of welfare reform as well as the degree of diversity in the provision and financing of LTC. The article draws upon evidence from Italy and Spain, two 'Latin Rim' countries, both of which have faced similar demands over the last twenty years for reform of systems with limited entitlement to long-term care. It argues that when there is a latent demand for reform, welfare devolution does not inhibit reform when fiscal blame-avoidance opportunities arise at the central government level. Furthermore, the authors examine the extent to which devolution leads to increasing fragmentation and diversity. The article's findings indicate that by diffusing policy responsibilities, devolution has enhanced LTC reform and reduced pre-existing welfare fragmentation in Spain. In contrast, the lack of countrywide reform in Italy is explained by the absence of political opportunities for the diffusion of the fiscal blame that has frustrated attempts to reform the existing national cash allowance. (KJ/RH)

ISSN: 01445596

From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515>

DOI: 10.1111/j.1467-9515.2010.00724.x

204/78

The long road to universalism?: Recent developments in the financing of long-term care in England; by Adelina Comas-Herrera, Raphael Wittenberg, Linda Pickard.

Social Policy & Administration, vol 44, no 4, August 2010, pp 375-391.

Following more than a decade of intense debate, the long-term care system in England may be on the verge of major change. The authors argue that the current system can be characterized as a residual system where care is free only to those who cannot afford to pay for themselves, with access heavily targeted to those with the highest levels of needs and with no informal care, and with substantial local variation in access and means-testing for home care. It is also characterized by a mixed economy of supply of care and a mixed economy of finance. The Green Paper ('Shaping the future of care together'; Cm 7673) has proposed a major shift from diverse local systems to a new National Care Service, with a national entitlement to some public support for all those who are assessed as needing it. The government has also recently announced that it will make personal care at home free to those with the highest needs. If implemented, the proposals included in the Green Paper would, at minimum, introduce a 'quasi-universal' system, in which some level of assistance is provided to all those with eligible social care needs. (KJ/RH)

ISSN: 01445596

From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515>

DOI: 10.1111/j.1467-9515.2010.00719.x

204/79

Long-term care : a suitable case for social insurance; by Nicholas Barr.

Social Policy & Administration, vol 44, no 4, August 2010, pp 359-374.

There are potentially large welfare gains if people can buy insurance that covers the costs of long-term care. However, technical problems - largely information problems - face both the providers of insurance and potential buyers. These problems on both the supply and demand sides of the market suggest that the actuarial mechanism is not well suited to addressing risks associated with long-term care. This line of argument underpins the article's main conclusion - that social insurance is a better fit. (KJ/RH)

ISSN: 01445596

From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515>

DOI: 10.1111/j.1467-9515.2010.00718.x

204/80

Long-term care in central and south-eastern Europe: challenges and perspectives in addressing a 'new' social risk; by August Österle.

Social Policy & Administration, vol 44, no 4, August 2010, pp 461-480.

Long-term care in Central and South-Eastern Europe (CSEE) has to date been largely neglected in the social policy literature. This article provides an examination of the context and the sources of reform of long-term care in CSEE, particularly Croatia, the Czech Republic, Hungary, Romania, Serbia, Slovakia and Slovenia. It focuses on studying developments in the light of the major principles underlying the transition process and discussing key features of current

developments in terms of their potential for establishing a new paradigm in long-term care policies. The article argues that the realization of more comprehensive long-term care systems has been largely hindered by a failure of governments to set priorities in this sector, by the limitations civil society finds in bringing the issue into a broader public debate and by fears that new welfare schemes will substantially extend public expenditure obligations. The findings show that - similar to the situation in most other European countries - long-term care is a latecomer in welfare state development in CSEE. But ageing societies, growing care needs and broader socio-economic developments will also increasingly challenge traditional ways of organizing long-term care and create pressure to find new welfare approaches. (KJ/RH)

ISSN: 01445596

From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515>

DOI: 10.1111/j.1467-9515.2010.00723.x

204/81

Long-term care in Europe; by Joan Costa-Font (ed).

Social Policy & Administration, vol 44, no 4, August 2010, pp 357-528 (whole issue).

The contributors to the nine articles in this special issue of Social Policy & Administration attempt to explain reforms to long-term care, by focusing on a central issue of social policy in their respective countries. The first six articles examine the financing of long-term care (LTC) through health insurance or social insurance. The focus is on the individual models variously used in England, France, the Netherlands, Germany, and Central and South East Europe (CSEE - specifically, Croatia, the Czech Republic, Hungary, Romania, Serbia, Slovakia and Slovenia). The last three articles - on the "Latin Rim" (Italy and Spain), Sweden and Portugal - discuss reforms in the organisation of long-term care. (RH)

ISSN: 01445596

From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515>

204/82

Paying for long-term care; by Ricardo Rodrigues, Andrea Schmidt, European Centre for Social Welfare Policy and Research, Vienna. Vienna: European Centre for Social Welfare Policy and Research, September 2010, 21 pp (Policy Brief).

This Policy Brief aims to present information on the current picture of public and private expenditure on long-term care (LTC) for older people, and to discuss the challenges of financing care. Available data from national and international sources as well as qualitative information gathered in the European Centre's recent publication "Facts and figures on long-term Care - Europe and North America" is used to shed light on these issues. Given that user payments for long-term care can be quite high as a percentage of an individual's income (especially for institutional care), this Policy Brief provides preliminary results on potential redistribution effects of home care benefits (based on the Survey of Health, Ageing and Retirement in Europe, SHARE, data). By that, the policy brief tries not only to take a policy-oriented, comparative view on funding arrangements for long-term care, but also to serve as a starting point for further discussions on the potential inequalities associated with the different ways of financing and providing long-term care. (KJ/RH)

Price: download

From : [http://www.euro.centre.org/data/1283437589\\_95069.pdf](http://www.euro.centre.org/data/1283437589_95069.pdf)

European Centre for Social Welfare Policy and Research Berggasse 17, A-1090 Vienna, Austria.

204/83

Reforming long-term care policy in France: private-public complementarities; by Blanche Le Bihan, Claude Martin.

Social Policy & Administration, vol 44, no 4, August 2010, pp 392-410.

The authors argue that the long-term care (LTC) policy reform in France results from a long-lasting evolution process that began in the 1980s and has led to the so-called 'French compromise'. This combines elements of different types of a fragmented care system including health insurance schemes, domiciliary and residential social care providers, tax deductions and an important private insurance sector, not to mention the crucial contribution of informal caregivers in families. This article concentrates on policies in both the public and the private sectors, as well as their overall cost. The authors focus on the core of the LTC policy, namely the



creation and then the reforms of the cash-for-care allowance (Allocation personnalisée à l'autonomie). The evolution of the policy process concluded, after the 2007 Presidential election, with the announcement of a new direction, which has not been implemented yet, but which has raised professional and social concerns. Evidence from France suggests that LTC reform can only take place from a new compromise between three poles of protection: the family, the market and the state. (KJ/RH)

ISSN: 01445596

From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515>

DOI: 10.1111/j.1467-9515.2010.00720.x

204/84

Social insurance for long-term care: an evaluation of the German model; by Heinz Rothgang. *Social Policy & Administration*, vol 44, no 4, August 2010, pp 436-460.

After fifteen years of existence, Germany's long-term care insurance shows both successes and weaknesses. The latter led to the 2008 reform, which concentrated on quality improvements, care management and careful adjustments of benefits. While attempts to improve quality and care management contain promising elements, new rules for adjustment are disappointing. This is also true for the issue of future financing as the modest increase in the contribution rate, which is part of the reform, only buys time. Thus, the next round of reform is already in the making, marking the scheme as a system of permanent reform. As Germany is one of the most clear-cut examples of social insurance, the assessment of this scheme and its recent reform also allow us to draw some general lessons for the design of long-term care social insurance schemes. (KJ/RH)

ISSN: 01445596

From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515>

DOI: 10.1111/j.1467-9515.2010.00722.x

204/85

Sustainability of comprehensive universal long-term care insurance in the Netherlands; by Frederik T Schut, Bernard van den Berg.

*Social Policy & Administration*, vol 44, no 4, August 2010, pp 411-435.

The Netherlands was the first country that introduced a universal mandatory social health insurance scheme for covering a broad range of long-term care (LTC) services provided in a variety of care settings. Compared with most other OECD countries, both total and public expenditure on LTC is high, particularly since the Dutch population is relatively young. On the other hand, coverage of LTC services is relatively comprehensive. In this article, the authors examine the past experiences, current deficiencies and future prospects of LTC financing in the Netherlands. By rationing of supply and tight budgetary restrictions, the government managed to effectively control the growth of LTC expenditure, but at the expense of growing waiting lists and deteriorating quality of care. Reform plans aim to make the LTC system more efficient and consumer-directed. The authors discuss whether the proposed reforms offer a perspective on a sustainable system of comprehensive LTC insurance. This is especially important in view of the ageing of the population and the expected increase in demand for LTC services. It is concluded that the success of the reforms heavily depends on the definition of entitlements, the accuracy of needs assessment and the feasibility of determining appropriate client-based budgets. (KJ/RH)

ISSN: 01445596

From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515>

DOI: 10.1111/j.1467-9515.2010.00721.x

## **MEDICAL ISSUES**

204/86

Osteoporosis in the UK at ... breaking point; by Patients Association; British Menopause Society - BMS; Women's Health Concern; International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK, 2010, 15 pp.

New evidence reveals that the number, rate and cost of fractures in the UK amongst women aged 55 years and over is rising, as is the number of unplanned hospital stays, which has risen by 13% in the last five years. As the population ages and the number of women with osteoporosis increases, the economic burden associated with this disease looks set to rise: the current cost of

osteoporotic hip fractures to the NHS is estimated to be £2 billion per year. This report demonstrates the true effect that osteoporosis has on women and its escalating impact on NHS resources and was developed by an editorial board of general practitioners GPs, specialist clinicians, nurses, commissioners, professional and patient groups and the ILC-UK, with support from Amgen and GlaxoSmithKline. The report sends clear calls to action for a rejuvenated, efficient approach to fracture care and prevention, as well as the need for osteoporosis to become a national priority. (RH)

From : ILC-UK, 11 Tufton Street, London SW1P 3QB.

## **MENTAL HEALTH**

(See Also 204/95)

204/87

Perceptions of subjective memory complaint in older adults: the Illness Perception Questionnaire-Memory (IPQ-M); by Catherine S Hurt, Alistair Burns, Richard G Brown (et al). *International Psychogeriatrics*, vol 22, no 5, August 2010, pp 750-760.

Subjective Memory Complaints (SMCs) are common among middle-aged and older adults and are often a source of distress and worry. However, rates of help-seeking are low. Investigating perceptions of SMCs may help us better to understand psychological reactions to SMCs and help-seeking behaviour. The present study had two aims: (i) to investigate whether the dimensions drawn from the Common Sense Model of Illness Perception (Leventhal et al, 1984) provide a valid model of perceptions held by patients with SMCs; and (ii) to develop a questionnaire to measure these perceptions. Qualitative interviews to explore perceptions of SMCs were conducted with 32 participants recruited from a memory clinic and community groups. Information from these interviews was utilized to adapt the Illness Perception Questionnaire - Revised (IPQ-R) for use with patients with SMCs. Ninety-eight such patients then completed the adapted questionnaire along with measures of cognition, depression and subjective memory function. The dimensions of illness perception measured by the IPQ-R were present in participant accounts of SMCs with the exception of Timeline Cyclical. The adapted measure (IPQ-M) showed good validity and reliability. The development of the IPQ-M provides opportunities for further investigation of illness perceptions and their relationship to psychological distress and help-seeking behaviour in SMCs. Furthermore, investigation of these relationships may provide a basis from which to develop interventions to improve well-being and help-seeking in older adults with SMCs. (KJ)

ISSN: 10416102

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

doi: 10.1017/S1041610209991542

## **MENTAL HEALTH SERVICES**

204/88

Developing effective educational approaches for Liaison Old Age Psychiatry teams: a literature review of the learning needs of hospital staff in relation to managing the confused older patient; by Andrew Teodorczuk, Mark Welfare, Sally Corbett (et al).

*International Psychogeriatrics*, vol 22, no 5, September 2010, pp 874-885.

Deficiencies in the knowledge, skills and attitudes of all healthcare professionals working within the general hospital contribute towards the sub-optimal care of older patients admitted to hospital with confusion. In the UK, policy dictates that Liaison Old Age Psychiatry teams deliver effective education to general hospital clinical staff. This paper reviews the literature concerning the learning needs of healthcare professionals in relation to managing confusion in the older patient, in order to inform effective educational approaches for Liaison Old Age Psychiatry teams. A broad range of medical and educational databases were searched. Identified English language studies were selected for further analysis if they had a specific educational focus in the hospital setting, and then further subdivided into intervention and naturalistic studies. The impact of intervention studies was evaluated by Kirkpatrick's system. Learning needs, as determined from the naturalistic studies, were mapped to identify themes. 13 intervention studies were identified. Despite a high level of effectiveness for educational interventions, it was unclear

what the active components were. A further 23 naturalistic studies were identified; their findings focused on knowledge gaps, diagnostic behaviours and experiences, attitudes and training issues. Few studies specifically researched learning needs or the educational role of liaison teams. Conspicuous by its absence was reference to relevant educational theories. The findings of this review can be incorporated in the planning of local curricula by Liaison Teams in order to design educational strategies. There is a need for further research, especially studies exploring the learning needs of all healthcare professionals. (RH)

ISSN: 10416102

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

doi: 10.1017/S1041610209991475

204/89

Focus on training in psychogeriatrics: special issue; by Nancy Pachana (ed).

International Psychogeriatrics, vol 22, no 5, September 2010, pp 851-1021.

This special issue of International Psychogeriatrics arises from the recognition that innovations in curricula, registration, accreditation and recognition of psychogeriatrics will have on the geriatric mental health workforce. The value of evaluating psychiatry education and training practice is considered variously in relation to dementia, confusion or delirium, depression, and mild cognitive impairment (MCI). (RH)

ISSN: 10416102

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

doi:10.1017/S1041610210000529

## **MENTAL ILLNESS**

204/90

Delirium scales: a review of current evidence; by Dimitrios Adamis, Naveen Sharma, Paul J P Whelan (et al): Taylor & Francis.

Aging & Mental Health, vol 14, no 5, July 2010, pp 543-555.

Delirium is a common neuropsychiatric condition with many adverse outcomes in elderly populations including death. Despite this, it is often misdiagnosed and mistreated. A number of scales can be used to detect delirium. The authors review scales that have been used in delirium studies and report their psychometric properties. An extensive MEDLINE database search and subsequent examination of reference lists was conducted to identify the various delirium scales that have been designed, primarily for use in the older population group. Twenty-four scales were identified. Delirium instruments differed according to the classification system they were based on, length of time to administer, the rater and whether they were screening scales or measured symptom severity. The psychometric properties of each scale is reported. A large number of scales exist, but not all are properly evaluated in terms of psychometric properties, and there is not unanimity about which scale is the best. However, a small number of scales may be considered already to be robust and useable: the Confusion Assessment Method (CAM), the Delirium Rating Scale (DRS), the Memorial Delirium Assessment Scale (MDAS) and the NEECHAM Confusion Scale. (KJ/RH)

ISSN: 13607863

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

DOI: 10.1080/13607860903421011

## **NEIGHBOURHOODS AND COMMUNITIES**

204/91

Increasing independence for older people through good street design; by Rita Newton, Marcus Ormerod, Elizabeth Burton (et al).

Journal of Integrated Care, vol 18, issue 3, June 2010, pp 24-29.

The design and maintenance of the physical external environment facilitate older people's ability to get out and about. In particular, effective design of the neighbourhood street can support older people's independence (such as being able to go shopping) and increase social interaction and community engagement, reducing reliance on care in the home. Interviews were conducted with 200 people aged 65+ to assess their preferences in a range of street attributes. A structured questionnaire was used in conjunction with photo elicitation. The analysis identified the

components of a street that makes a person feel safe and influence their decision to go out, such as adequate seating and smooth pavements. It was found that if these components are absent, some older people limit outdoor activity for a range of reasons. The implications are that older people's quality of life can be significantly improved by good street design. (RH)

ISSN: 14769018 From : <http://www.pierprofessional.com> doi:10.5042/jic.2010.0246

204/92

Local action for later life: improving public services for ageing communities; by Age UK. London: Age UK, 2010, 17 pp.

The Coalition government has promised "radical devolution of power and greater financial autonomy to local government and community groups". This Age UK policy publication sets out five priority areas for local authorities, health bodies, business leaders and other local partners. First, equal respect: local public sector bodies must consider age equality, human rights, mental capacity and elder abuse. Second, support to be independent: this includes funding, personalisation and carers. Third, having enough money: dealing with pensioner poverty, fuel poverty, and help with take-up of benefits and entitlements as well as managing money. Fourth, feeling well: tackling prevention and health promotion, dignity, and mental health. Lastly, enabling older people to participate in their local communities by provision of age-friendly services, transport and housing. (RH)

From : Age UK, 207-221 Pentonville Road, London N1 9UZ.

<http://policy.helptheaged.org.uk/NR/rdonlyres/8726C749-E01E-47CB-9CC5-B0F3154574E4/0/AgeUKLocalActionforLaterLife.pdf>

204/93

Local budgets: building the Big Society from the neighbourhood up; by Local Government Association - LGA. London: Local Government Association - LGA, September 2010, 20 pp (Ref: L10-648).

The Coalition government has chosen to raise high expectations amongst localists and has committed itself to 'the radical devolution of power and greater financial autonomy to local government'. This document makes the case for local budgets and why they are needed, not only to make savings but also to help build the Big Society, as well as offering choice and control over public service provision. Annexes provide a model of how a whole local budget might work along with the financial evidence for such a set-up. (RH)

Price: FOC

From : LGconnect, Local Government Association, Local Government House, Smith Square, London SW1P 3HZ.

<http://www.lga.gov.uk/lga/publications/publication-display.do?id=14041575>

204/94

Practical approaches to improving the lives of disabled and older people through building stronger communities; by Catherine Wilton, Martin Routledge, Personalisation Programme, Department of Health - DH. London: Department of Health, 16 November 2010, 33 pp (Gateway ref: 14847).

Social care transformation is not limited to personal budgets or even to public services targeted at people eligible for state support. It is also about how people help themselves and each other as individuals, in groups and communities and how they make best use of the resources available for all citizens in their area. Alongside 'A vision for adult social care: capable communities and active citizens' and the renewed partnership agreement between government and the social care sector, 'Think local, act personal', this briefing and its appendix sets out why building strong and resilient communities is a key component of social care transformation. It outlines approaches currently being developed by councils with their public sector and community partners, particularly those who have been part of the Building Community Capacity to Put People First project. It puts the project's work in the context of the personalisation agenda and shares some of the learning to date. More is available at the project website ([www.puttingpeoplefirst.org.uk/BCC](http://www.puttingpeoplefirst.org.uk/BCC)) hosted by the Social Care Institute for Excellence (SCIE). (RH)

From : [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_121668.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121668.pdf) Contact: Abigail Merrett, Social Care Policy Division, Room 116, 133-155 Waterloo Road, London SE1 8UG.

## **OLDER MEN**

(See 204/27)

## **OLDER OFFENDERS**

204/95

The mental health of older prisoners; by Alexander Kakoullis, Nick Le Mesurier, Paul Kingston. *International Psychogeriatrics*, vol 22, no 5, August 2010, pp 693-701.

Older prisoners are a minority within the prison population but their numbers are increasing at a greater rate than any other age group. The mental health of younger prisoners has been well researched but this is not the case for older inmates. The aim of this paper is to provide a review of the existing literature on the mental health of older prisoners. Relevant papers were identified through database searches and an examination of cited references in the selected papers. The literature was divided into different sections in order to examine the contributing factors and rates of mental illness in older prisoners. The first section looks at demographic factors relevant to older prisoners. Subsequent sections examine psychosocial factors, environmental factors and physical health factors that may have a detrimental effect on mental health. The final sections look at the prevalence of mental illness in older offenders before and after sentencing. Mental illness in older prisoners is a result of complex interactions between numerous individual and environmental factors. It currently remains poorly researched and service provision for older prisoners with mental illness is poorly developed. Further research is needed, with a particular focus on the different groups of older prisoners and the most beneficial service models, because the number of older prisoners, including those with mental illness, is likely to increase in the future. (KJ/RH)

ISSN: 10416102

From : <http://www.journals.cambridge.org/ipg> doi: 10.1017/S1041610210000359

## **PENSIONS AND BENEFITS**

(See Also 204/55)

204/96

The impact of disability living allowance and attendance allowance: findings from exploratory qualitative research; by Anne Corden, Roy Sainsbury, Annie Irvine (et al), Social Policy Research Unit - SPRU, University of York; Department for Work and Pensions - DWP. London: Department for Work and Pensions, July 2010, 154 pp (Department for Work and Pensions Research Report, no 649).

SPRU undertook qualitative research for the government to understand more about the impact that Disability Living Allowance (DLA) and Attendance Allowance (AA) have on people's lives, as relatively little was known about this. This report investigates the use of these benefits and the impact they have on people's lives. Findings can contribute to the development of questions that might be used in further surveys about the benefits. Discussion groups were undertaken with 24 professionals and advisers in touch with people who claim or may be entitled to claim DLA or AA. Face-to-face qualitative interviews with 15 adult DLA recipients, 15 AA recipients and 15 parents of child recipients were also carried out to explore how they use the benefits. This was followed by a desk-based review of relevant survey instruments. Findings showed a wide range of ways in which DLA and AA are currently enabling elderly and disabled people to afford to pay for services and items they need. This happens by enabling people to find their own solutions, both in the market place, and in accessing services from voluntary organisations, which are often not cost-free for users. A further research aim was to inform the possible development of quantitative research instruments for measuring the difference made by DLA and AA and recommendations were made for this. (KJ/RH)

From : Download report from: <http://php.york.ac.uk/inst/spru/pubs/1747/>

Contact: Paul Noakes, Commercial Support and Knowledge Management Team, 3rd Floor, Caxton House, Tothill Street, London SW1H 9NA.

204/97 Independent Public Service Pensions Commission: Interim Report; by John Hutton (Chair), Independent Public Service Pensions Commission. London: Electronic format, 7 October 2010, 176 pp (ref PU1011).  
The Chancellor of the Exchequer invited Lord Hutton of Furness to chair the Independent Public Service Pensions Commission. The Commission will make recommendations on how public service pensions can be made sustainable and affordable in the long-term, fair to both the public service workforce and the taxpayer, and ensure that they are consistent with the fiscal challenges ahead, whilst protecting existing accrued pension rights. This interim report sets out the case for change and defines the exact nature of the problem and the issues that need to be addressed. Longer lives, the unfairness of a system that rewards high-flyers disproportionately, the imbalance of risk between taxpayers and employees, and contribution rates that do not reflect the value of benefits received all demonstrate the need for reform. Yet this reform needs to be guided by a common set of principles against which long-term options for change should be judged. The Commission is interested in gathering further views on public service pensions to inform the final report, and will therefore be issuing a second call for evidence later in October 2010, asking for contributions by early December 2010. Final recommendations will be set out at the Budget 2011. (KJ/RH)  
Price: FOC From : 1 Horse Guards Road, London SW1A 2HQ.  
Pensions.Commission@hmtreasury.gsi.gov.uk  
[http://www.hm-treasury.gov.uk/indreview\\_johnhutton\\_pensions.htm](http://www.hm-treasury.gov.uk/indreview_johnhutton_pensions.htm)

204/98 Pensions and demographic change; by International Social Security Association - ISSA.  
Currently, national pension systems are confronted with a number of major challenges. Pre-eminent among these is the multifaceted challenge of demographic change, involving falling fertility rates, increased longevity, changing migration patterns and evolving family structures. Most commonly, demographic change is viewed as threatening the financial sustainability of pension systems. In addition, the current global economic downturn has accentuated the financial pressures attributable to demographic change. This Social Policy Highlight examines the challenge of demographic change as it applies to pension systems and explains how they can adapt to address this challenge. (KJ/RH)  
Price: download  
From : Download: <http://www.issa.int/content/download/134193/2730921/file/2-SPH-15.pdf>

204/99 Removing the requirement to annuitise by age 75: consultation response; by Jane Vass, Age UK. London: Age UK, 10 September 2010, 12 pp (Consultation response, Ref: 2510).  
This Age UK response includes an explanation of how tax legislation currently operates in relation to pension savings accumulated through a defined contribution pension scheme. The June 2010 Budget includes an intention to remove the age 75 annuity rule. Age UK has concerns about how the proposal will affect those with more modest wealth, for example the risk of being mis-sold complex and expensive alternative products. (RH)  
From : Age UK, Astral House, 1268 London Road, London SW16 4ER. [www.ageuk.org.uk](http://www.ageuk.org.uk)

## **PERSONALISATION**

204/100 Carers and personalisation: improving outcomes; by Bernadette Simpson, Robin Murray-Neill, Personalisation Team, Department of Health - DH.: Department of Health, 25 November 2010, 31 pp.  
Practice examples of the carers as expert care partners are presented in this guide on emerging evidence on how the principles of personalisation have been applied. The value of finding what makes sense and works best locally is also illustrated by further practice examples on early intervention and prevention, improving outcomes, and services commissioned by local authorities from the market and other providers. Other examples not included in this document can be found at: [www.puttingpeoplefirst.org.uk/Topics/Browse/Carers/](http://www.puttingpeoplefirst.org.uk/Topics/Browse/Carers/) (RH)  
From : [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_122076](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122076) Contact: Elaine Edger, Carers Policy Team, Room 116, 133-155 Waterloo Road, London SE1 8UG.

- 204/101      Enabling risk, ensuring safety: self-directed support and personal budgets; by Sarah Carr, Social Care Institute for Excellence - SCIE. London: Social Care Institute for Excellence, 2010, 68 pp (Adults' services SCIE report 36).  
 The Putting People First concordat (HM Government, 2007) seeks, among other things, to give people more choice and control over their social care and support services, to enable them to lead more independent and fulfilling lives. One approach is to give people a personal budget, which includes the option to have a direct payment or managed budget as the individual chooses. This report looks at some of the research findings and principles and practice concerning risk enablement in the self-directed support and personal budget process, while also recognising the wider context of adult safeguarding in social care. The aim is to build an evidence base drawn from both research and practice to indicate what could work to promote risk enablement, independence and control, while at the same time ensuring safety. The report includes an overview of findings from recent UK and international literature relating to risk enablement and safeguarding in the context of self-directed support and personal budgets. The focus is on facilitating good practice and the promotion of choice and control with older people, people with physical or sensory disabilities, people with learning disabilities and people with mental health problems. The report builds on the findings in 'The implementation of individual budget schemes in adult social care' (SCIE Research Briefing 20) which showed that 'perceptions of risk, legitimate use of public funds and concerns about safeguarding and duty of care need to be debated as research is showing that these are potential barriers to implementation'. (RH)  
From : SCIE, Goldings House, 2 Hay's Lane, London SE1 2HB.  
<http://www.scie.org.uk/publications/reports/report36/files/report36.pdf>
- 204/102      Practical approaches to safeguarding and personalisation; by Bernadette Simpson, Department of Health - DH. London: Department of Health, 16 November 2010, 35 pp (Gateway ref: 14847).  
 Personalisation is about enabling people to lead the lives that they choose and achieve the outcomes they want in ways that best suit them. It is important in this process to consider risks, and keeping people safe from harm. Safeguarding is a range of activity aimed at upholding an adult's fundamental right to be safe. Being or feeling unsafe undermines our relationships and self-belief, our ability to participate freely in communities and to contribute to society. Safeguarding is of particular importance to people who, because of their situation or circumstances, are unable to keep themselves safe. This briefing paper sets out how personalisation of support and more effective safeguarding can be mutually supportive. It shows how self-directed support can help to prevent or reduce the risk of harm and abuse. It is not, primarily, about how councils and partner organisations should respond to abuse. (RH)  
From : [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_121671.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121671.pdf) Contact: Abigail Merrett, Social Care Policy Division, Room 116, 133-155 Waterloo Road, London SE1 8UG.
- 204/103      Support planning & brokerage service for older people: self directed support; by Maureen Falloon, Deborah Fowler, Sally Prentice, Age Concern London - ACL; London Councils; Age Concern Bromley; London Borough of Bromley. London: Age Concern London - ACL, 2010, 49 pp (booklet) (+DVD 14 mins).  
 A toolkit developed by Age Concern Bromley in partnership with the London Borough of Bromley. The service provides self-directed support for older people who pay for their own care and support needs. Working with a third sector partner and their Community Volunteers Time Bank, the service enables local authorities and NHS Trusts to invest in preventative services to support a greater number of older people to continue to be independent. The toolkit consists of a booklet, which describes the partnership and provides guidance for local authorities and third sector organisations on commissioning and delivering a support and planning brokerage; and a DVD in which people discuss delivering Age Concern Bromley's service. The booklet presents the business case for local authorities and their strategic partners to invest in creating a support planning and brokerage service for older people delivered by a third sector organisation. Areas covered include creating a service, views from older people and the local authority, and equality issues. The DVD accompanying this booklet was commissioned by London Joint Improvement

Partnership and produced by Age Concern Bromley to demonstrate examples of the service. (KJ/RH)  
Price: FOC From : Age Concern London, 1st Floor, 21 St Georges Road, London SE1 6ES.  
www.aclondon.org.uk

## **POVERTY**

204/104

The forgotten age: understanding poverty and social exclusion in later life: an interim report by the Older Age Working Group; by Sara McKee (chair), Older Age Working Group, Centre for Social Justice - CSJ. London: Centre for Social Justice, November 2010, 252 pp (Breakthrough Britain).

'The forgotten age' has been compiled by the Older Age Working Group comprising 15 experts and chaired by Sara McKee of Anchor Trust. This interim report attempts to serve two purposes: to celebrate, respect and champion older age; and to set out the reality of life for some of the UK's poorest older people. It outlines how loneliness, isolation and social breakdown have fuelled poverty in later life for millions of Britain's pensioners for too long. The core themes examined are money, community and lifestyle, housing, and care. The Centre for Social Justice (CSJ) is also highly critical of the way that the ageing debate - particularly in terms of social care - has descended into "undignified political squabbling" by political parties. It cites the anger and disappointment voiced by many older people consulted for the review. The report identifies unevenness of planning in all the themes that were considered. It notes that its next report will examine provision of public and core services within communities - such as welfare benefits, health and social care, transport and social housing - as well as use of the voluntary sector in meeting the needs of individuals and communities. (RH)

From : [http://www.centreforsocialjustice.org.uk/client/downloads/20101122\\_Publications\\_Older%20Age.pdf](http://www.centreforsocialjustice.org.uk/client/downloads/20101122_Publications_Older%20Age.pdf) Centre for Social Justice, 1 Westminster Palace Gardens, Artillery Row, SW1P 1RL.

## **PSYCHOLOGY**

(See 204/8)

## **QUALITY OF LIFE**

204/105

Positive approaches to the fourth age; by Ben Bano, Susan Mary Benbow.

Quality in Ageing and Older Adults, vol 11, issue 2, June 2010, pp 29-34.

Over the past few years, there has been increasing interest in the importance of spirituality for those in the fourth age of life in care settings. The emphasis on person-centred approaches has led to recognition of spiritual needs as well as the need for spiritual assessment and care planning. The authors reflect on what makes life worth living at different stages, and they review the spiritual needs of the fourth age in relation to those inner needs with which many of us would identify. They suggest that several approaches are required in order to understand and meet the spiritual needs of people in the fourth age. While a person-centred approach is essential, much can also be gained from a broader understanding that places the older person in the context of the wider community. Spiritual and other needs may be met through tackling social exclusion. If we are to properly understand and meet the spiritual needs of those in the fourth age, both in the community and in care settings, we need a new paradigm. The insights and practice tools developed in other areas (through the Valuing People and social inclusion agenda) could provide a useful framework to assist in meeting such needs. This paper aims to contribute to and extend the debate about meeting spiritual needs of people in care settings. (RH)

ISSN:14717794 Website: <http://www.pierprofessional.com> doi: 10.5042/qiaoa.2010.0287

204/106

Social welfare, housing and health policy and the determinants of quality of life for older people in the Republic of Ireland; by Margaret Hodgins, Verna McKenna.

Quality in Ageing and Older Adults, vol 11, issue 2, June 2010, pp 19-28.

Improving quality of life for older people calls for public policy initiatives that have a positive



impact on the determinants of quality of life. This paper presents a review of current social welfare, housing and health policy in the Republic of Ireland relevant to older people and policy areas that are of particular relevance to the determinants of quality of life identified in the literature. The state pension, on which older people are heavily reliant, constitutes the main focus of social welfare cash payments. However, a general practice of marginal increments that fail to take adequate account of inflation and costs of living can leave older people living on the margins of society. In relation to housing policy, there is a need for improved policy implementation regarding housing maintenance and facilitating home comfort in the older population. Overall, greater consideration for the housing needs of older people in general and social housing needs in particular are required. Since 1988, a preference for community over institutional care has persisted throughout Ireland's health policy documents, although gaps between policy aspiration and implementation measures continue to be highlighted. Future policy needs to focus on the creation of enabling environments for social participation and the optimising of opportunities for physical, social and mental well-being. The review underscored the absence of a rights-based approach in policy-making to date, and the need for substantial capacity building to be undertaken among older people themselves. (RH)

ISSN: 14717794

From : Website: <http://www.pierprofessional.com> doi: 10.5042/qiaoa.2010.0286

## **RELIGION AND SPIRITUALITY**

204/107

The missing piece: meeting people's spiritual needs in end of life care; by Simon Chapman, National Council for Palliative Care - NCPC. London: National Council for Palliative Care, 2010, 20 pp.

The 'End of life care strategy' (Department of Health 2008) confirmed that provision for the spiritual needs of the dying required further work to develop practice. This National Council for Palliative Care (NCPC) report explores the key themes highlighted at "The Missing Piece" conference held in March 2010. It defines five different contexts within which spirituality can be expressed - religious, self-spirituality, aesthetic, secular, and therapeutic - as well as as there being different dimensions of spiritual need. It discusses spiritual support in different settings, and suggests that staff training and development is a priority. The document is also intended to promote discussion on the subject, on which examples of good practice are sought. Appendices include the competencies from the NICE guidance, 'Spiritual and religious care competencies for specialist palliative care'; and draft quality markers for spiritual support, on which the Department of Health (DH) is to consult in Autumn 2010. (RH)

ISBN: 1898915850

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](mailto:enquiries@ncpc.org.uk) Website: [www.ncpc.org.uk](http://www.ncpc.org.uk)

## **RESEARCH**

204/108

Reflecting on user-involvement and participatory research; by Sheila Peace, Jonathan Hughes, Centre for Policy on Ageing - CPA; Centre for Ageing and Biographical Studies (CABS), Open University. London: Centre for Policy on Ageing, 2010, 79 pp (The representation of older people in ageing research series, no 10).

User involvement is considered as the "sine qua non" of good practice in health and social welfare in this collection of papers originally presented at a seminar held at the Centre for Policy on Ageing (CPA) in 2008, and organised jointly by CPA and the Open University's Centre for Ageing and Biographical Studies (CABS). Contributors are concerned with the involvement and experience of older people in both research and citizen engagement; and they demonstrate how professional researchers can adopt ways of working with older people that better recognise their potential contributions. In 'Participative or patronising? An evaluation of the role and purpose of research undertaken with older people', Anthony Gough and Jonathan Hughes consider research organisations' selection, use, involvement and effectiveness of older people in carrying out research. Sandra Vegeris draws on the 2007 Policy Studies Institute and Better Government

for Older People report, 'Beyond the tick box' (PSI /BGOP, 2007). Her paper, 'A different viewpoint: learning from a study of older citizens' participation in local government', looks at involvement by the "buddy researcher". Sam Taylor's 'Older people's involvement in research: a European perspective' reports on the work of ERA-AGE (European Research Area on Ageing). In 'Tales of the unexpected: involving older carers as co-researchers', Ethna Parker talks about a qualitative case study of an oft excluded group in a qualitative case study; a range of research methods was used, including diaries, focus group meetings and participant observation. Lastly, Josephine Tetley (from CABS) reflects on 'The pearls, perils and pitfalls of user involvement'. (RH)

Price: £10.00 + p&p

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

## **RESIDENTIAL AND NURSING HOME CARE**

(See Also 204/43)

204/109

In home or at home? How collective decision making in a new care facility enhances social interaction and wellbeing amongst older adults; by Craig Knight, S Alexander Haslam, Catherine Haslam.

*Ageing and Society*, vol 30, part 8, November 2010, pp 1393-1418.

Benevolent, long-term care can threaten older adults' sense of autonomy in a residential home environment. Increasing reliance on a hotel style of living has been seen to erode social identity, life satisfaction and even survival or lifespan. Drawing on evidence from both gerontological and social psychological literature, this paper examines the links between the empowerment of residents and their subsequent quality of life in the context of a move into a new care facility in a medium-sized town in South-West England. A longitudinal experiment was conducted during which 27 residents on one floor of a new facility were involved in decisions surrounding its décor, while those on another floor were not. The residents' attitudes and behaviour were monitored at three points over five months (four weeks pre-move, four weeks post-move, and four months post-move). Consistent with the social identity literature, members of the empowered group reported increased identification with staff and fellow residents in the new home, displayed enhanced citizenship, reported improved wellbeing, and made more use of the communal space. Moreover, the staff found the empowered residents to be more engaged with their environment and the people around them, to be generally happier, and to have better health. These patterns were observed one month after the move and remained four months later. Some implications for theory and practice are discussed. (RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso> doi: 10.1017/S0144686X10000656

204/110

Need fulfillment in caring relationships: its relation with well-being of residents in somatic nursing homes; by Annette F J Custers, Gerben J Westerhof, Yolande Kuin (et al): Taylor & Francis.

*Ageing & Mental Health*, vol 14, no 6, August 2010, pp 731-739.

Quality of life and well-being in nursing homes are becoming more important in research and practice. Based on self-determination theory, the objective of this study is to examine the contribution of need fulfillment in the caring relationship to residents' subjective well-being. It was expected that the relation of need fulfillment in the caring relationship with well-being is mediated by need fulfillment in general. During interviews with 88 residents (age 50-97, mean age 78.6) of somatic nursing homes in the Netherlands, perceptions of need fulfillment in the caring relationship, need fulfillment in general, and two components of subjective well-being - i.e. depressive feelings and life satisfaction - were measured. The hypotheses were tested using hierarchical multiple regression analyses and mediational analysis. As expected, the results indicated that need fulfillment in the caring relationship was related to lower levels of depressive feelings and more life satisfaction. Need fulfillment in general mediated the relation of need fulfillment in the caring relationship with depressive feelings. As suggested by the results, it can be concluded that high-quality caring relationships contribute to the need fulfillment of residents

and their well-being. The quality of caring relationships is thus an important topic for further research. The field may especially benefit from longitudinal studies and studies that use observations of the caring relationship in addition to self-reports. (KJ/RH)

ISSN: 13607863

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

DOI: 10.1080/13607861003713133

204/111

Self-funders in care homes: should they be offered an annual review of their placement from their local authority?; by Peter Scourfield.

Working with Older People, vol 14, issue 2, June 2010, pp 17-22.

Older care home residents who are assisted financially by their local authority have to have their placements reviewed at least annually. Such reviews provide an opportunity for the older person and their relatives to comment on the care that they receive. One of the themes that emerged from a recent study into the care home review system in one local authority was that older people who self-fund do not have this opportunity and that this was inequitable. This paper discusses the possible benefits of extending the review system to include self-funders, together with some of the issues that this might raise. (KJ/RH)

ISSN: 13663666

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

doi: 10.5042/wwop.2010.0263

## **SEXUALITY**

204/112

Aging and sexual orientation: a 25-year review of the literature; by Karen I Fredriksen-Goldsen, Anna Muraco.

Research on Aging, vol 32, no 3, May 2010, pp 372-413.

In a review of 58 articles published between 1984 and 2008, this article synthesizes recent social research on older lesbian, gay male and bisexual adults in order to summarize existing knowledge about these groups, to guide future research on ageing, and to identify the substantive issues affecting their lives. Based on a life-course perspective, the primary research domains identified include the interplay of lives and historical times and linked and interdependent lives. After reviewing the literature in each of these areas, the article presents an examination of the strengths and limitations of the body of knowledge and an outline of a blueprint for future research. (KJ/RH)

ISSN: 01640275

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

doi: 10.1177/0164027509360355

204/113

A lesbian older adult managing identity disclosure: a case study; by David Jenkins, Charles Walker, Harriet Cohen (et al).: Routledge.

Journal of Gerontological Social Work, vol 53, issue 5, 2010, pp 402-420.

The aim of this study was to explore the experience of an older lesbian in managing the disclosure of her sexual identity. Specifically, the team wanted to better understand the ways she managed her identity in an assisted living facility. Using a qualitative case study methodology, 2 in-depth interviews were conducted. The following 5 themes were identified in the data: keeping her own counsel, maintaining "family" connection, celebrating second chances, living outside the L box, and staying morally centred. Practice and research implications are offered and the case study is used to expand understanding of disclosure management and resiliency theory. (KJ/RH)

ISSN: 01634372

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

<http://www.taylorandfrancis.com>

DOI: 10.1080/01634372.2010.488280

## SOCIAL CARE

- 204/114 Adult social care: a consultation paper; by Law Commission.: Law Commission, 24 February 2010, 193 pp (Consultation paper, no 192).  
The legislative framework for adult residential care, community care, adult protection and support for carers is inadequate, often incomprehensible and outdated. To this day, it remains a confusing patchwork of conflicting statutes enacted over a period of 60 years. There is no single, modern statute to which service providers and service users can look to understand whether (and, if so, what kind of) services can or must be provided. The overall aim of the project is to provide a clearer, modern and more cohesive legislative framework relating to adult social care in England and Wales. The project has been split into three phases. The first was the publication of a scoping report setting out the scope of the project and provide it with a detailed agenda for reform. The second stage is the substantive law reform project, consisting of the publication of this consultation paper, undertaking a broad public consultation, analysing the responses and publishing a final report. The third stage consists of production of a draft bill to implement the recommendations of our final report.  
For further information about the Law Commission's project, see weblink: ([http://www.lawcom.gov.uk/adult\\_social\\_care.htm](http://www.lawcom.gov.uk/adult_social_care.htm)) (KJ/RH)  
From : Download from website (06/07/10): <http://www.lawcom.gov.uk/docs/cp192.pdf>

- 204/115 Slicing up the pie: allocation of central government funding of care of older people; by Robin Darton, Julien Forder, Ann Netten (et al).  
Social Policy & Administration, vol 44, no 5, October 2010, pp 529-553.  
The allocation of central government funds is a critical element in the equitable provision of local authority-commissioned and -provided services. A variety of approaches to allocating funding for social services for older people have been used over the years, most recently founded on 'needs-based' formulae. In 2004, the Department of Health (DH) commissioned research to help inform the improvement and updating of the formula. The results of individual-level analyses were compared with the results obtained from analyses of small area (ward-level) data on service users. Both analyses were affected by problems of data availability, particularly the individual-level analysis, and the Department of Health and the (then) Office of the Deputy Prime Minister (ODPM) decided that the formula calculations should be based on the results of the small area analysis. However, despite the differences in approach, both methods produced very similar results. The correlation between the predicted relative needs weights for local authorities from the two models was 0.982. The article discusses the strengths and weaknesses of each approach and developments that could allow a normative approach that would incorporate future policy objectives into formulae that, to date, have inevitably been based on historical data and service patterns. (KJ/RH)  
ISSN: 01445596  
From : <http://www.interscience.wiley.com/journals>  
DOI: 10.1111/j.1467-9515.2010.00728.x

## SOCIAL EXCLUSION

(See Also 204/104)

- 204/116 Social inclusion affects elderly suicide mortality; by Andriy Yur`yev, Louri Leppik, Liina-Mai Tooding (et al).  
International Psychogeriatrics, vol 22, no 8, December 2010, pp 1337-1343.  
National attitudes towards older people and their association with suicide mortality in the old in 26 European countries were assessed, and Eastern and Western European countries compared. For each country, mean age-adjusted, gender-specific older people's suicide rates in the last five years for which data had been available were obtained from the World Health Organization (WHO) European Mortality Database. Questions about citizens' attitudes towards older people were taken from the European Social Survey. Correlations between attitudes and suicide rates were analysed using Pearson's test. Differences between mean scores for Western and Eastern

European attitudes were calculated, and data on labour market exit ages were obtained from the EUROSTAT database. The perception of older people as having higher status, recognition of their economic contribution and higher moral standards, and friendly feelings towards and admiration of them are inversely correlated with suicide mortality. Suicide rates are lower in countries where older people live with their families more often. Older suicide mortality and labour market exit age are inversely correlated. In Eastern European countries, older people's status and economic contribution are seen as less important. Western Europeans regard older people with more admiration, consider them more friendly, and more often have older relatives in the family. The data also show gender differences. Society's attitudes influence elderly suicide mortality; attitudes towards the elderly are more favourable among Western European citizens; and extended labour market inclusion of older people is a suicide protective factor. (RH)

ISSN: 10416102

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

doi: 10.1017/S1041610210001614

## **SOCIAL POLICY AND THEORY**

204/117

The Peter Townsend reader: edited by the Policy Press; by Alan Walker, David Gordon, Ruth Levitas (eds)(et al). Bristol: The Policy Press, 2010, 696 pp.

Peter Townsend, who died in June 2009, had a long career researching an exceptional range of topics within the social sciences and campaigning against social inequalities. This reader brings together for the first time a collection of his most distinctive work, allowing readers to review changes and continuities over the past six decades, and to reflect on social issues that have returned to the fore today. Seven editors edit eight themed sections: Sociology and social policy; From welfare state to international welfare; Poverty; Inequality and social exclusion; Health inequalities and health policy; Older people; Disability; and Social justice and human rights. A particular feature of the volume is in tracing the links between empirical evidence and both social theory and social policy, and how those disciplines intersect. This reader will provide a teaching and learning resource for students in different disciplines of the social sciences, and will also provide an insight into the development of one social scientist's entire intellectual approach. It is hoped it will be a fitting memorial to Peter Townsend's life and work. (KJ/RH)

Price: £24.99 (pbk); (hdbk £70)

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

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

## **SOCIAL SERVICES**

204/118

The adult social care market and the quality of services: technical report; by Care Quality Commission - CQC. London: Care Quality Commission - CQC, November 2010, 49 pp (Technical report).

The adult social care market comprises care homes, home care agencies, shared lives schemes (formerly known as adult placement schemes), and nursing agencies. This report is based on information held by the Care Quality Commission (CQC) about the services that it regulates. Information on performance against the national minimum standards notes the extent to which the standards have been met or exceeded.

The weblink [http://www.cqc.org.uk/newsandevents/newsstories.cfm?FaArea1=customwidgets.content\\_view\\_1&cit\\_id=36858](http://www.cqc.org.uk/newsandevents/newsstories.cfm?FaArea1=customwidgets.content_view_1&cit_id=36858) refers to this and two related reports. (RH)

From : [http://www.cqc.org.uk/\\_db/\\_documents/Adult\\_social\\_care\\_market\\_and\\_quality\\_TECH\\_REPORT.pdf](http://www.cqc.org.uk/_db/_documents/Adult_social_care_market_and_quality_TECH_REPORT.pdf)

204/119

Bournemouth, Dorset and Poole Total Place pilot: services and support for older people; by Tom Bracey.

Working with Older People, vol 14, issue 2, June 2010, pp 31-37.

Since August 2009, the Bournemouth, Dorset and Poole sub-region has been one of 13 areas in England working on a pilot project called Total Place. This government-funded initiative is

focused on understanding how services can be improved and provided at less cost by bringing together all public sector partners in an area around a specific theme. The Bournemouth, Dorset and Poole pilot was the only one that focused exclusively on older people. This paper details how the project worked and some of the findings to date. (KJ/RH)

ISSN: 13663666

From : <http://www.pierprofessional.com> doi: 10.5042/wwop.2010.0265

204/120

Market profile, quality of provision and commissioning of adult social care services: briefing; by Care Quality Commission - CQC. London: Care Quality Commission - CQC, November 2010, 24 pp (Briefing).

This briefing provides an overview and commentary on trends in the adult social care market over recent years. It is based on responsibilities of the Care Quality Commission (CQC) under the Care Standards Act 2000, which came to an end on 30 September 2010. The overview therefore gives a final definitive report on evidence gathered under this legislation. It looks only at the regulated adult social care market. This includes care homes, home (domiciliary) care services, nursing agencies and shared lives schemes (formerly known as adult placement schemes). The briefing concludes that: providers of services have improved the quality of care over time; there is stability in provision, but further growth will be needed to meet future care needs; people are increasingly being supported to live independently and in their own homes; and year-on-year, councils are commissioning better care homes and home care services. The weblink [http://www.cqc.org.uk/newsandevents/newsstories.cfm?FaArea1=customwidgets.content\\_view\\_1&cit\\_id=36858](http://www.cqc.org.uk/newsandevents/newsstories.cfm?FaArea1=customwidgets.content_view_1&cit_id=36858) refers to this and two related reports. (RH)

From : [http://www.cqc.org.uk/\\_db/\\_documents/Adult\\_social\\_care\\_market\\_BRIEFING.pdf](http://www.cqc.org.uk/_db/_documents/Adult_social_care_market_BRIEFING.pdf)

204/121

Practical approaches to market and provider development; by Sam Bennett, Personalisation Team, Social Care Policy Division, Department of Health - DH. London: Department of Health, 16 November 2010, 20 pp (Gateway ref: 14847).

Alongside 'A vision for adult social care: capable communities and active citizens' and the renewed partnership agreement between government and the social care sector, 'Think local, act personal', this briefing explores what is meant by market shaping and proposes a simple framework for understanding and planning market shaping activity. It sets out a range of practical approaches that local authorities and their partners can take to shaping local markets of care and support. It illustrates examples of innovative practice in market shaping and provider development; and describes delivery mechanisms that enable greater flexibility and choice and control within commissioned services. The intention is to support the wider application of best practice models and approaches by local commissioners and providers of social care in both the third and independent sectors. The document should be read alongside a series of papers developed by the National Market Development Forum (NMDF) that examine some of these issues in greater detail. (RH)

From : [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_121670.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121670.pdf) Contact: Abigail Merrett, Social Care Policy Division, Room 116, 133-155 Waterloo Road, London SE1 8UG.

204/122

The quality of care services purchased by councils - 2010: technical report; by Care Quality Commission - CQC. London: Care Quality Commission - CQC, November 2010, 46 pp (Technical report).

Councils spend nearly £8 billion net each year on residential care and home care (over 70% of all their expenditure on adult care services). Over three-quarters of a million adults receive these services through councils each year. Approximately half of all places in care homes are occupied by adults whose care is funded in some measure by councils. This report provides detailed analysis of the findings of returns from councils for April to September 2009 against the most recent quality ratings (May 2010). The data shows some variation in the quality of services purchased by councils, though this has been reducing over time. As at September 2009, councils purchased care for 230,000 adults in care homes. More than eight out of 10 (86%) of these adults were living in care homes rated "good" or "excellent". The percentage was lower for those in homes offering nursing care for older people (82%). The weblink

[http://www.cqc.org.uk/newsandevents/newsstories.cfm?FaArea1=customwidgets.content\\_view\\_1&cit\\_id=36858](http://www.cqc.org.uk/newsandevents/newsstories.cfm?FaArea1=customwidgets.content_view_1&cit_id=36858) refers to this and two related reports. (RH)  
From : [http://www.cqc.org.uk/\\_db/\\_documents/Quality\\_of\\_adult\\_social\\_care\\_purchased\\_by\\_councils\\_2010\\_TECH\\_REPORT.pdf](http://www.cqc.org.uk/_db/_documents/Quality_of_adult_social_care_purchased_by_councils_2010_TECH_REPORT.pdf)

## SUICIDE

204/123

A replication of the relationship between elderly suicide rates and the human development index in a cross-national study; by Ajit Shah.

International Psychogeriatrics, vol 22, no 5, August 2010, pp 727-732.

A recent cross-national study demonstrated a curvilinear (inverted U-shaped curve) between elderly male suicide rates and the Human Development Index (HDI) fitting the quadratic equation  $y = a + bx - cx^2$  where  $y$  is the elderly male suicide rate,  $x$  is the HDI and  $a$ ,  $b$  and  $c$  are constants). This study used only one-year cross-sectional data on suicide rates, and suicide rates can randomly fluctuate year on year. A study designed to replicate this curvilinear relationship between suicide rates of older people and the HDI was undertaken by: (i) using one-year average of five years data on suicide rates; and (ii) using more recent data on both older suicide rates than used in the previous study. Data were ascertained from the World Health Organization (WHO) and the United Nations (UN). There was a significant curvilinear (inverted U-shaped curve) relationship between suicide rates in males aged 65-74 years, males aged 75+ years, females aged 65-74 years and the HDI fitting the quadratic equation  $y = a + bx - cx^2$ . A similar curvilinear relationship was observed in females aged 75+ years, but the significance level only approached 0.05 level. The replication of the curvilinear (inverted U-shaped curve) relationship between older suicide rates and the HDI by using one-year average of five years data on suicide rates suggests that the observed relationship is robust and accurate. (KJ/RH)

ISSN: 10416102

From : <http://www.journals.cambridge.org/ipg>  
doi: 10.1017/S1041610210001110

204/124

Suicide and deliberate self-harm in older Irish adults; by Paul Corcoran, Udo Reulbach, Ivan J Perry (et al).

International Psychogeriatrics, vol 22, no 8, December 2010, pp 1327-1336.

Hospital-treated deliberate self harm and suicide among older adults have rarely been examined at a national level. The Irish Central Statistics Office provided suicide and undetermined death data for 1980-2006. The National Registry of Deliberate Self Harm collected data relating to deliberate self harm presentations made in 2006-2008 to all 40 Irish hospital emergency departments. Rates of female suicide among older adults (age 55+) were relatively stable in Ireland during 1980-2006, whereas male rates increased in the 1980s and decreased in more recent decades. Respectively, the annual male and female suicide and undetermined death rate was 22.1 and 7.6 per 100,000 in 1997-2006. Male and female deliberate self harm was 3.0 and 11.0 times higher at 67.4 and 83.4 per 100,000, respectively. Deliberate self harm and suicide decreased in incidence with increasing age. Deliberate self harm generally involved drug overdose (male: 72%; female 85%) or self-cutting (male: 15%; female 9%). The most common methods of suicide were hanging (41%) and drowning (29%) for men, and drowning (39%) and drug overdose (24%) for women. City and urban district populations had the highest rates of hospital-treated self harm. The highest suicide rates were in urban districts. Older Irish adults have high rates of hospital-treated deliberate self harm, but below average rates of suicide. Drowning was relatively common as a method of suicide. Restricting availability of specific medications may reduce both forms of suicidal behaviour. (RH)

ISSN: 10416102

From : <http://www.journals.cambridge.org/ipg>  
doi: 10.1017/S1041610210001377

## VOLUNTEERING

204/125

Supporting a stronger civil society: an Office for Civil Society consultation on improving support for frontline civil society organisations; by Office for Civil Society, Cabinet Office. London: Office for Civil Society, Cabinet Office, 2010, 21 pp.

David Cameron's Big Society encompasses a long-term vision for change around these three areas: promoting social action; empowering local communities; and opening up public sector contracts. Civil society organisations (charities, social enterprises and voluntary groups) will need to embrace new skills, partnerships and organisational methods, if they are to seize the opportunities of the Big Society agenda. This consultation document includes information from the National Survey of Third Sector Organisations (now renamed the National Survey of Charities and Social Enterprises) indicating the value of such organisations. The consultation seeks responses to Question 9 (How can central Government best work with national infrastructure to support and deliver the Big Society?) by 25 November 2010. For other questions and proposals on improving the efficiency and effectiveness of support and advice for frontline civil society groups, responses should be made by 6 January 2011 online or by post (to The Consultation Support Team, FREEPOST (RRGR-AKAL-HLBT), Capacitybuilders, 77 Paradise Circus, Birmingham B1 2DT).

Copies of this consultation in alternative formats (e.g. larger print or Braille) can be supplied on request from the Helpline 0121 288 6559 or email ([info@strongercivilsociety.org.uk](mailto:info@strongercivilsociety.org.uk)). The website <http://www.strongercivilsociety.org.uk/> has links to other information relating to Supporting a Stronger Civil Society. (RH)

From : Office for Civil Society, Cabinet Office, Admiralty Arch, The Mall, London SW1A 2WH.  
<http://www.strongercivilsociety.org.uk/>

204/126

Volunteering in 'old' Europe: patterns, potentials, limitations; by Karsten Hank, Marcel Erlinghagen.

Journal of Applied Gerontology, vol 29, no 1, February 2010, pp 3-20.

This article aims at providing an overview of patterns, potentials, and limitations of formal volunteering among older Europeans. Based on data from the 2004 Survey of Health, Ageing and Retirement in Europe (SHARE), the authors first describe cross-national variations in formal voluntary engagement and report on recent research investigating societal determinants of volunteering. Discussion follows of general issues related to policies and programmes promoting older people's voluntary engagement. This is complemented by some critical remarks on the current "productive ageing" debate in Europe. Pointing out limitations of volunteering in the older population, the authors conclude by suggesting a broad concept of ageing, which encompasses both productive and consumptive elements, as an appropriate model for our ageing societies. (KJ/RH)

ISSN: 07334648

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

DOI: 10.1177/0733464809333884



# CALENDAR OF COURSES AND CONFERENCES

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

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

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

1 December 2010

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

*Organised by:* NSA hosted by NWEFGG, 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

2 December 2010

**Working in Partnership to Tackle Financial  
Exclusion and Improve Financial Capability**

The government has shown its commitment to reducing financial exclusion and poverty with its recent appointment of the Rt. Hon Frank Field MP, former minister for welfare reform, as their chairman of the Review on Poverty and Life Chances. He will conduct an independent review into UK poverty, and report back to the government on his findings. The current period of economic turbulence and uncertainty has highlighted the unfairness, scope of the challenge and the depth of the divide between the majority of people who have access to a range of financial products and services, and those who are

financially excluded. The case for tackling financial exclusion and improving financial capability is clear: currently, in the UK, around 1.5 million adults do not have access to a bank account; 7.8 million people in the UK are unable to access mainstream credit; and people on benefits borrow an estimated £330 million a year on home credit, paying £140 million in interest.

*Organised by:* Inside Government

*Venue:* central London

*Location :* central London, England

*Tel :* 0845 666 0664

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

### **Active Ageing: Economic and Civic Responses in the North West**

An evening of debate, discussion and dining by invitation only.

*Venue:* Burton Manor, The Village

*Location :* Burton, Neston, Cheshire

*Details :* Elsa Clare, Project Administrator, Centre for Labour Market Development, University of Chester, Parkgate Road, Chester CH1 4BJ

*Tel :* +44 (0)1244 511817, Motion: During a time of economic recession the Active Ageing agenda should no longer be central to economic or civic policies and activities., On the 8th December a day's conference is to be held on the same topic.

7 December 2010

### **Delivering the Modernisation and Transformation of Social Care for Disabled Adults: Joint working between the voluntary and statutory sectors for best outcomes in tough times**

This is an unprecedented time of change for professionals who work to promote the care of disabled adult service users. The effect of the current fiscal situation is still unclear to the sector

and on the delivery of services to those who depend on it. Professionals are preparing for lean times ahead and at the same time, working to deliver on the modernisation of adult care provision to support the outcomes that service users with a disability want. Adult social care needs to redesign itself if it intends to meet the increasing demands of demographics and develop a sustainable and robust market offer that will effectively benefit service users. Community Care's Delivering the Modernisation and Transformation of Social Care for Disabled Adults conference will address the challenges facing professionals in the provision of adult care support. It will explore how voluntary sector providers as stakeholders can add value to the public sector in a meaningful collaboration that is cost effective and maximises local capacity to deliver choice and control to disabled service users through quality, flexible services.

*Speakers:* Chair: Bronagh Miskelly (Group Editor, Community Care)

*Organised by:* Community Care Conferences

*Venue:* tba

*Location :* London, England

*Details :* Quadrant House, The Quadrant, Sutton, Surrey, SM2 5AS

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

### **Achieving a Good Death with Dementia**

Keynote speaker: Professor Alistair Burns, National Clinical Director for Dementia.

*Organised by:* National Council for Palliative Care - NCPC; Dementia UK; Alzheimer's Society

*Venue:* 15 Hatfields

*Location :* London, England

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

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

8 December 2010

### **Learning Disability Today**

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

*Venue:* Business Design Centre

*Location :* London, England

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

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

9-10 December 2010

### **Changing Intergenerational Relationships as Europe and Asia Age**

The Oxford Institute of Ageing will host a workshop entitled Changing Intergenerational Relationships as Europe and Asia Age, funded by the Asia-Europe Foundation and the European Alliance for Asian Studies. Keynote speakers will include Prof. Alfred Chan (New Territories Lingnan University, Hong Kong) and Prof. Kurt Luscher (University of Constance) in addition to invited presentations on intergenerational relationships in both Asian and European nations. Please note that due to space constraints, those who register soonest will have priority. We would ask you to contribute £10 towards the lunch and refreshments, but otherwise there is no cost involved.

*Organised by:* Oxford Institute of Ageing

*Location :* Oxford, England

*Details :* Kate Hamblin, Oxford Institute of Ageing, University of Oxford, 66 Banbury Road, Oxford, OX2 6PR

*Tel :* +44 (0)1865 612800

January 2011

### **Managing Medicines 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 :* Gillian Crosby, 25-31 Ironmonger Row, London, EC1V 3QP

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

10-14 January 2011

### **Introduction to Qualitative Research Methods**

This one week course is aimed at health professionals, researchers and postgraduate students with little or no understanding of qualitative research methods. It aims to provide hands on practical experience of different qualitative methods including in-depth interviewing, focus groups and ethnography. It is particularly suited for people who are starting work on a project with a qualitative dimension, doctoral students at the beginning of their projects or those who are thinking about using qualitative research methods. Cost: £975

*Organised by:* Health Experiences Research Group, University of Oxford

*Venue:* Department of Primary Health Care, University of Oxford

*Location :* Oxford, England

*Details :* Francie Smee, Health Experiences Research Group, University of Oxford, Old Road Campus, Headington, Oxford OX3 7LF

*Tel :* +44 (0)1865 289328

13 January 2011

### **Working with Coroners**

*Organised by:* Pavilion

*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

19 January 2011

### **End of Life Care : Implementing the National QIPP Workstream**

*Speakers*: Chair: Tom Hughes-Hallett; Dr Teresa Tate; Eve Richardson.

*Organised by*: Healthcare Events

*Venue*: Manchester Conference Centre

*Location* : Manchester, England

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

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

26 January 2011

### **Living longer: should we try to live forever?**

We are pleased to announce the fourth seminar in the ESRC funded Seminar Series: The 'New' Ageing Populations: Mapping identities, health, needs and responses across the lifecourse.

*Speakers*: Bryan S Turner (The Graduate Center, The City University of New York). Aubrey de Grey (Chief Scientific Officer, SENS Foundation).

*Organised by*: Led by the Institute of Gerontology, King's College London, is co-hosted with the Division of Research Strategy UCL, University of Surrey and BioCentre

*Venue*: Lecture Theatre 1, New Hunt's House, London SE1

*Location* : London, England, Medical sciences rarely consider the social and economic consequences of a radical life extension project. What are the implications of gerontological and demographic changes for housing, employment, pensions, retirement and the environment? Without radical social reform, the life extension project will intensify social inequality and increase intergenerational conflict. Gerontological sciences cannot help us distinguish between mere existence and life, and hence cannot provide a convincing account of the severe boredom that might accompany indefinite longevity. The populations of the affluent North will continue to age steeply with no real policies to cope with this outcome. The Japanese re-locate their elderly populations to geriatric holiday camps in Thailand & Malaysia, and the British translate their surplus elderly to Spain & Portugal. However, following Jonathan Swift's Modest Proposal (1729), I propose more radically that governments address the geriatric

surplus by creating large storage facilities to house the cryonically frozen in anticipation of further medical discoveries to postpone disability and death indefinitely and to restore them to active participation in society., de Grey's topic is: Longevity as a Side-Benefit of Truly Good Health: What's the Problem?

27 January 2011

### **Planning for an ageing population**

With an increasingly ageing population meaning a soaring demand for care services, Paul Burstow, Minister of State for Care Services, has said that the "urgent reform of the social care system is at the top of our agenda". The new coalition government has made clear its intention to focus on reducing the budget deficit, and while the Spending Review has pledged an extra £2 billion for social care budgets by 2014-15, this may not be enough. What is the way forward for later life care? In the autumn of this year, the Department of Health will publish a vision for social care reform, setting out ambitions for greater independence and choice for users of social care. The report from the Commission on the Funding of Care and Support will aim to answer the key question of how health and social care for the elderly should be paid for. Value for money is, of course, paramount. At this conference, the future of health and social care for our elderly population will be considered by key speakers from across the sectors.

*Organised by*: PSCA International

*Venue*: The Barbican

*Location* : London, England

*Details* : PSCA International Ltd, Ebenezer House, Ryecroft, Newcastle-under-Lyme, Staffordshire, ST5 2UB

*Tel* : +44 (0)161 832 7387

2 February 2011

### **The future of regulation in healthcare - the changing roles of the Care Quality Commission and Monitor**

This timely seminar will reflect on key issues surrounding regulation and structural reform of healthcare, as raised in the White Paper Equity and excellence: Liberating the NHS and the Government's recent review into arm's-length bodies. Sessions will examine the practicalities and challenges of expanding Monitor's role so that it becomes an economic regulator of health and social care, and will explore what can be done to smooth the transition towards strengthening and

streamlining the Care Quality Commission as a quality inspectorate.

*Speakers:* Dr David Bennett (Interim Chief Executive, Monitor); Cynthia Bower (Chief Executive, Care Quality Commission).

*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, Discussion will bring together policy makers with key industry stakeholders and other interested parties to discuss some of the central emerging issues on the roles of the Care Quality Commission and Monitor and the new closer relationship between the two regulators.

9 February 2011

### **Meeting the Housing Needs of an Ageing Population**

With the number of over 60 year-olds projected to increase by 7 million over the next 25 years and much of the UK's existing housing stock inaccessible or unsuitable, housing our ageing population is a top priority. Good quality housing for older people in accessible neighbourhoods can bring considerable benefits, not only to the lives of older people, but in contributing to inclusive, safer, sustainable communities and supporting older people to live healthy and active lives, which can potentially mean longer-term efficiencies across housing, health and care service. In 'The Coalition: Our Programme for Government,' the government outlined its commitment to help elderly people live at home for longer through solutions such as home adaptations and community support programmes. The government will also lead a review in to the future of funding for long term care.

*Speakers:* Chair for morning: Lord Richard Best (President, Local Government Association).

*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, With the population of pensionable age predicted to grow by 3.8 million over the next 25 years and the number of oldest old, those over 85, likely to more than double, it is crucial the government works with all partners in the statutory, voluntary and community, and private sectors, and especially with older people themselves to deliver the necessary housing provisions for older people. This forum will offer delegates the

opportunity to discuss how we can design and build homes that meet the changing needs, expectations and increasing health and care needs of our ageing society., Chairpersons for afternoon: Bruce Moore (Chief Executive, Hanover Housing Association) and , Professor David Oliver (National Clinical Director for Older People, Department of Health).

10 February 2011

### **Equality and Diversity in the UK: Towards a Fair and Equal Society**

The government has signalled a commitment to improving equality in society by pressing ahead with the implementation of the Equality Act. Taking effect on the 1st of October, the act consolidates existing anti-discrimination legislation into one piece of over-arching policy and extends legislation to include the provision of goods, services and facilities. However, fears remain over the impact of public expenditure cuts following the comprehensive spending review on Wednesday and the planned reductions to services. Sessions at this forum will discuss how the Equality Act is working in practice and what further measures are needed to close equality gaps. Speakers will discuss how equality can be delivered in a time of spending cuts and how reductions in expenditure can be delivered fairly.

*Speakers:* John Wadham (Group Director, Legal, Equality and Human Rights Commission. Professor Jonathan Wolff (Director, Centre for Philosophy, Justice and Health, University College London). Barry Mussenden (Deputy Director, Equality and Partnerships, Health Inequalities and Partnerships Division, Policy and Strategy Directorate, Department of Health).

*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

10 February 2011

### **Social Care Reform - the next steps**

With the Commission on the Funding of Care and Support due to publish their report on future funding models next summer, this seminar will examine the future of social care in the United Kingdom. The seminar will also examine the implications of the Spending Review and the £2 billion worth of extra spending that has been made available.

*Speakers:* Chair: Lord Lipsey. David Behan

*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, (Director General for Social Care, Local Government and Care Partnerships, Department of Health).

15 February 2011

### **Regulation of Health and Social Care Providers**

*Speakers:* Chair: Sarah Ellson (Field Fisher Waterhouse LLP). Cynthia Bower; Judge John Aitken; Frances Patterson QC; Frank Ursell; and others.

*Organised by:* Butterworths Conferences part of Lexis Learning

*Venue:* central London

*Location :* London, England

*Details :* LexisNexis Conferences, Halsbury House, 35 Chancery Lane, London, WC2A 1EL

*Tel :* +44 (0)20 7347 3573, *Fax :* +44 (0)20 7347 3576

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

1 March 2011

### **Working with advocates, personalisation and safeguarding where do you fit?**

This interactive workshop will help you clarify your role, understand the importance of personalisation and safeguarding in your practice and explain how you can work alongside advocates. This workshop encourages input of personal case studies; please send yours anonymised to the address below at least 3 weeks before the training date. This training event is for those providing housing related support for any client group who wish to clarify, reflect on and improve their role in supporting their clients voice to be heard. £149 including a delegate pack, refreshments and a buffet lunch.

*Organised by:* Centre for Housing and Support (CHS)

*Venue:* tba

*Location :* London , England

*Details :* Elgar House, Shrub Hill Road, Worcester, WR4 9EE

*Tel :* +44 (0)1905 727271, The same event will be available in Manchester on 22nd March 2011.

2 March 2011

### **Understanding the Mental Capacity Act and your role in working with Independent Mental Capacity Advocates**

Despite the fact that the Act came into force some time ago people are still muddled about what it means for them on a day to day basis. This training day will help you better understand the Mental Capacity Act, the accompanying Codes and Guidance and how it applies to your role and in working with the Independent Mental Capacity Advocate (IMCA).

*Organised by:* Centre for Housing and Support (CHS)

*Venue:* tba

*Location* : London , England

*Details* : Elgar House, Shrub Hill Road, Worcester, WR4 9EE

*Tel* : +44 (0)1905 727271, We will use lively case studies and group work to bring to life the Act and encourage you to use your skills. Those who should attend provide housing related support for people who may lack capacity to make certain decisions and who wish to clarify, reflect on and wish to improve their role in relation to the Mental Capacity Act 2005. , 149 including a delegate pack, refreshments and a buffet lunch., The same event will be available in Manchester on 23rd March 2011.

8 March 2011

### **Agenda for Later Life 2011 : Challenges and Solutions for Our Ageing Nation**

We will have lively debates on the key challenges and solutions for our ageing society, bringing together our shared expertise and passion.

*Speakers*: Chair: John Stapleton (Broadcaster and journalist).

*Organised by*: Age UK

*Venue*: Victoria Park Plaza Hotel, London

*Location* : London, England

*Details* : Events Department, Public Affairs, Age UK, Astral House, 1268 London Road, London SW16 4ER

*Tel* : +44 (0)20 8765 7602, You will be able to tailor your day with our exciting parallel plenary sessions. And whatever your area of interest, you will have the chance to listen, participate and explore solutions with your fellow delegates in our inclusive discussion seminars., You will receive your own free copy of Agenda for Later Life 2011, launched at the conference. This definitive annual publication sets out the challenges facing people in later life and the direction public policy must follow.

10-11 March 2011

### **Introduction to Qualitative Interviewing**

This two day course is aimed at researchers who have little or no experience of qualitative interviewing. Everyone is welcome, regardless of research background. Previous courses have attracted researchers from the health service, clinicians and social scientists. The only requirements are an interest in qualitative interviewing and the desire to conduct better interviews. The course aims to provide hands on practical experience of different qualitative interviewing. Course also run on: 15-16 September

2011. Cost: £390

*Organised by*: Health Experiences Research Group, University of Oxford

*Venue*: Department of Primary Health Care, University of Oxford

*Location* : Oxford , England

*Details* : Francie Smee, Health Experiences Research Group, University of Oxford, Old Road Campus,, Headington, Oxford OX3 7LF

*Tel* : +44 (0)1865 289328

11-12 March 2011

### **The Retirement Show**

Additional dates are set for: 15/16 July in London Olympia Grand Hall and 11-12 November in Glasgow SECC.

*Organised by*: Retirement Show

*Venue*: Manchester Central

*Location* : Manchester, England

*Details* : PRo Global Media, First Floor, Adelphi Court, 1 East Street, Epsom, Surrey, KT17 1BB

*Fax* : +44 (0)1372 743838

14-15 March 2011

### **Social Care Association Annual Seminar - Investing in Relationships : The building blocks of 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

22-23 March 2011

### **Older People's Congress**

This comprehensive congress and exhibition event will provide the learning and networking platform for those tasked with providing high quality health and social care services to older people in the UK.

*Organised by*: Emap

*Venue*: tbc

*Location* : Manchester, England

*Details* : Greater London House, Hampstead Road, London, NW1 7EJ

*Tel* : 0845 056 8339

31 March - 1 April 2011

### **2011 AAG Rural Conference : Across the divide: lessons on care from urban and rural communities**

*Organised by:* Australian Association of Gerontology NSW Division  
*Venue:* Cessnock Performing Arts Centre, Cessnock NSW  
*Location :* Cessnock, NSW, Australia  
*Details :* East Coast Conferences, PO Box 848, Coffs Harbour, NSW, 2450, Australia

28-29 April 2011

### **Analysing Qualitative Interviews**

This two day course is aimed at researchers who are planning to undertake or manage qualitative research using in-depth or semi structured interviews or those who have already collected qualitative interview data which they are unsure how to analyse. Course also runs: 3-4 November 2011. Cost: £390

*Organised by:* Health Experiences Research Group, University of Oxford  
*Venue:* Department of Primary Health Care, University of Oxford  
*Location :* Oxford , England  
*Details :* Francie Smee, Health Experiences Research Group, University of Oxford, Old Road Campus,, Headington, Oxford OX3 7LF  
*Tel :* +44 (0)1865 289328

6 May 2011

### **Introduction to Focus Groups**

This one day course is aimed at health professionals, researchers and postgraduate students who want to develop skills in organising and facilitating focus groups and in analysing focus group data. The course is suitable for those with little or no understanding of focus group method as well as those wishing to review and broaden existing skills. Course also runs: 31 October 2011. Cost: £195

*Organised by:* Health Experiences Research Group, University of Oxford  
*Venue:* Department of Primary Health Care, University of Oxford  
*Location :* Oxford , England  
*Details :* Francie Smee, Health Experiences Research Group, University of Oxford, Old Road Campus,, Headington, Oxford OX3 7LF  
*Tel :* +44 (0)1865 289328

10 May 2011

### **Ageing Population 2011**

Ageing Population 2011 brings together a unique gathering of high-profile speakers. Over 350 key

decision makers from across the UK will be present from government, social care, the NHS and the voluntary sector. The result is an unparalleled opportunity to discuss the response necessary to the challenges of an ageing society.

*Organised by:* GovNet Communications  
*Venue:* Queen Elizabeth II Conference Centre, Broad Sanctuary, Westminster  
*Location :* London, England  
*Details :* Adam Wiltshire

*Tel :* +44 (0)20 7484 5242, By 2030, people over 50 will comprise almost a third of the workforce and almost half the adult population, according to research by the Department for Work and Pensions. The public, private and third sectors alike need to plan now for this increase in pressure on social care and health services. Together, action is needed to make sure as more people live longer, they can do so with dignity and independence.

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