

New Literature on Old Age

EDITOR

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ABUSE

- 185/1 Cleaned out by the ones you trust: [financial abuse by family members and home care workers]; by Natalie Valios.
Community Care, issue 1688, 30 August 2007, pp 24-25.
About £2.1 million was stolen in 2006 from older people in financial scams often involving family members and home care workers. This article reports and comments on the findings on financial abuse in the 'UK study of abuse and neglect of older people' (National Centre for Social Research - NatCen, 2007). The role of the police, banks and social workers in recognising incidents of abuse and their perpetrators is highlighted. (RH)
ISSN: 03075508 From : <http://www.communitycare.co.uk>
- 185/2 The long-term impact of war experiences and evacuation on people who were children during World War Two; by Melinda J Waugh, Ian Robbins, Stephen Davies (et al).
Aging & Mental Health, vol 11, no 2, March 2007, pp 168-174.
During World War Two, 1.9 million people were evacuated from British cities where the risk of bombing was perceived to be highest. 1.5 million of these were children who, often unaccompanied, were sent to live with strangers. 245 people who were evacuated as children were compared with 96 of similar age who did not experience evacuation. Within this self-selected sample, significant numbers of the evacuees were found to have experienced abuse and neglect. Pre-evacuation abuse made continued abuse likely during evacuation, while abuse during evacuation led to continued likelihood of abuse on their returning home. Abuse during evacuation led to increased scores on the Impact of Event Scale (IES) and General Health Questionnaire (GHQ), and to insecure attachment patterns. The role of evacuation and abuse in the maintenance of long-term psychological problems is discussed. (RH)
ISSN: 13607863 From : <http://www.tandf.co.uk/journals>

ADVOCACY

- 185/3 Short-term contracts hamper take off for advocacy services; by Sally Gillen, Caroline Lovell.
Community Care, issue 1692, 27 September 2007, pp 4-5.
Exclusive report on the current state of play with regard to independent mental capacity advocacy services across England. A poll of 28 councils across England revealed that 14 contracts for Independent Mental Capacity Advocate (IMCA) services were for one year only, while seven had been awarded three year contracts. This is making it difficult to fully develop such services. Department of Health guidance does not stipulate the length of such contracts but a governmental third sector review is quoted as saying "that three-year funding relationships between the state and the voluntary sector should become the "norm rather than the exception"." These findings are pertinent in the light of the implementation of much of the Mental Capacity Act 2005 on 1 October 2007. The IMCA service, which was introduced under the act, was implemented early in April 2007. See IMCA website: (<http://tinyurl.com/yqlk51>) (KJ)
ISSN: 03075508 From : <http://www.communitycare.co.uk>

AGE DISCRIMINATION

(See Also 185/80)

- 185/4 How bias starts at 65: [age discrimination in mental health services for older people]; by Gordon Lishman.
Community Care, issue 1688, 30 August 2007, pp 30-31.
The Director General of Age Concern England (ACE) examines findings on older people's experience of mental health services, that much must be done if age discrimination is to be eradicated. The final report of the UK inquiry into mental health and well-being in later life (ACE; Mental Health Foundation, 2007) has ending discrimination as one of five main areas for action, and this article also considers indirect forms of discrimination. (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>

AGEING (GENERAL)

- 185/5 Ageing in society: European perspectives on gerontology; by John Bond, Sheila Peace, Freya Dittmann-Kohli (et al) (eds), British Society of Gerontology - BSG. 3rd ed London: SAGE Publications, 2007, 364 pp.
The two previous editions (1993 and 1990) had the title 'Ageing in society: an introduction to social gerontology'. This new edition has been extensively rewritten to reflect new trends in European gerontology. It has been developed with sponsorship from the British Society of Gerontology (BSG) to fulfil the need for an authoritative introduction to social gerontology. The first five chapters focus on disciplinary approaches to studying ageing: biological, psychological, sociological, and the research evidence base. Chapters 6-10 consider specific aspects of the lives of older people as a group: health, financial security, work, personal relationships, and the context in which they live. Later chapters consider individualistic, psychological perspectives: social attitudes and personal identities; competence and cognition; and the self and life management. Last, is the editors' view of how they see the future of ageing. (RH)
Price: £20.99 (pbk)
From : Sage Publications Ltd, 1 Oliver's Yard, 55 City Road, London EC1Y 1SP.
www.sagepublications.com

ALCOHOL AND DRUG MISUSE

(See Also 185/105)

- 185/6 Alcohol-related deaths by occupation, England and Wales, 2001-05; by Ester Romeri, Allan Baker, Clare Griffiths.
Health Statistics Quarterly, no 35, Autumn 2007, pp 6-12.
This article continues a long tradition of examining alcohol-related deaths by occupation in England and Wales. Results are presented for men and women (aged 20-64) which show those occupations with the highest and lowest indicators of alcohol-related mortality for 2001-2005. For both sexes, many of the occupations with the highest alcohol-related mortality were found among those working in the drinks industry, including publicans and bar staff. Low indicators of alcohol-related deaths were found for men who worked as farmers and drivers, and women who worked with children. (RH)
ISSN: 14651645
From : <http://www.statistics.gov.uk>
- 185/7 Staffs' perceptions of alcohol misuse in older people; by Malcolm Stephenson, Fiona Fraser, Kristina Askew.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, January 2007, pp 17-21.
PSIGE Newsletter, no 97, January 2007, pp 17-21.
Alcohol misuse within the older population has received increasing attention in recent years. Due to population increases within this cohort, together with recent government guidelines, this issue has become an important issue in healthcare provision for older people. This study explores health care professionals' knowledge and practices with respect to older people's alcohol use and misuse. Three specific areas are considered: the extent to which staff perceive alcohol misuse to be an issue; specialist knowledge and training; and clinical practice. A survey of all health care professionals working in an integrated older people's service was undertaken. The results showed that the issue was not routinely addressed as part of the assessment process, and thus its incidence was probably being under-reported. Staff also reported limited knowledge and training experience, and most felt that the profile of alcohol misuse should be raised within the service. These results have implications for service development at both a service and clinical level. (RH)
ISSN: 13603671
From : <http://www.psige.org.uk>

ALTERNATIVE THERAPIES

- 185/8 Acupuncture as an adjunct to exercise based physiotherapy for osteoarthritis of the knee: randomised controlled trial; by Nadine E Foster, Elaine Thomas, Panos Barlas (et al).

British Medical Journal, vol 335 no 7617, 1 September 2007, pp 436-440.

Participants were 352 adults aged 50+ with a clinical diagnosis of knee osteoarthritis at 37 physiotherapy centres accepting referrals from general practitioners in the Midlands. 116 received advice and exercise, 117 received advice and exercise plus true acupuncture, and 199 received advice and exercise plus non-penetrating acupuncture. The primary outcome was changes in scores on the Western Ontario and McMaster Universities osteoarthritis index pain sub-scale at 6 months. Follow-up rate at 6 months was 94%. The mean baseline pain score was 9.2. At 6 months mean reductions in pain were 2.28 for advice and exercise, 2.32 advice and exercise plus true acupuncture, and 2.53 for advice and exercise plus non-penetrating acupuncture. The addition of acupuncture to a course of advice and exercise for osteoarthritis of the knee delivered by physiotherapists provided no additional improvement in pain scores. Small benefits in pain intensity and unpleasantness were observed in both acupuncture groups, making it unlikely that this was due to acupuncture needling effects. (RH)

ISSN: 09598138

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

ARTS AND MUSIC

(See 185/82)

ASSESSMENT

185/9 Carers Assessment of Difficulties Index (CADI): psychometric properties for use with carers of people with dementia; by G M Charlesworth, X M Tzimoula, S P Newman.

Aging & Mental Health, vol 11, no 2, March 2007, pp 218-225.

Burden is a commonly recognised phenomenon in family caring. The Carers Assessment of Difficulties Index (CADI) was developed as a clinical tool for assessing the multiple dimensions of carer burden. It has been used with a number of caring cohorts, but its psychometric properties have not been explored specifically with carers of people with dementia. The 30-item CADI was administered to 232 carers of people with dementia, with the aim of assessing the suitability of the frequency scale for clinical and research use with this population. The psychometric properties were examined, including descriptive data, a principal components analysis (PCA), and a reliability analysis on the resultant components. All items were experienced by some participants, but no item was experienced by all. An 8-factor solution from the PCA explained 59% of the variance. Eight sub-scales were established with good internal consistency. The CADI is suitable for both clinical and research use with carers of people with dementia. (RH)

ISSN: 13607863

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

185/10 Screening tools for older people at risk of adverse outcomes; by Ian Philp, Emily Hoyle, Emma O'Brien (et al).

Geriatric Medicine, vol 37, no 8, August 2007, pp 10-13.

This study highlights the use of short screening tools for primary care assessment of older people at high risk of hospital admission, institutionalisation or death. The authors give an overview of the advantages and disadvantages of six such assessment tools. In future, standardised assessment systems in primary care could generate individual risk profiles, by inclusion of some of the risk factor items from these short screening instruments. (RH)

ISSN: 0268201X

ASSISTIVE TECHNOLOGY

(See Also 185/75)

185/11 Older adults' use of, and satisfaction with, electric powered indoor/outdoor wheelchairs; by Subhadra Evans, Andrew O Frank, Claudius Neophytou (et al).

Age and Ageing, vol 36, no 4, July 2007, pp 431-435.

Research documenting the experiences of electric powered indoor/outdoor wheelchairs (EPIOC) users has generally failed to take into account older people's specific needs and concerns. This

study sought to qualitatively examine older EPOIC users' satisfaction with the chair and service providers. 8 women and 9 men aged 60-81 (mean age 69) were recruited through a specialist wheelchair service database. All had severe mobility disabilities. Participants reported a variety of EPOIC uses, including shopping and some social contact. Moderate satisfaction with the chair was reported. Use was compromised by indoor and outdoor environmental barriers, or not meeting users' needs. Accidents were rare, but many users still experienced insecurity in the chair. High levels of satisfaction with the service were reported, although concern was expressed over length of waiting times. While EPOICs proved useful to most older people with disabilities, nonetheless some reservations were expressed. Service providers should be aware that older EPOIC users may require extra support and the provision of timely adjustments to increase chair use. (RH)

ISSN: 00020729

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

ATTITUDES TO AGEING

(See 185/112)

BIOLOGY OF AGEING

185/12 Factors associated with decline in physical functional health in a cohort of older women; by David W Sibbritt, Julie E Byles, Cathy Regan.

Age and Ageing, vol 36, no 4, July 2007, pp 382-388.

Participants were women from the Australian Longitudinal Study on Women's Health (ALSWH), who responded to surveys conducted in 1996 (when they were aged 70-75), 1999 and 2002. Using data from these surveys, three categories were generated which described current physical health-related quality of life and future physical decline as measured by the physical component summary score (PCS) of the MOS SF-36 quality of life survey. Bivariate analyses reported a large number of variables significantly associated with physical decline, including age, falls, number of diagnoses, symptoms, doctor visits and medications, days spent in hospital, body mass index (BMI), living arrangements and social support. Multivariate analyses, using decision tree analysis, identified three items which accurately predicted 76% of the women who would exhibit physical decline according to the authors' definition: being less than satisfied with physical ability; foot problems; and using five or more medications. (RH)

ISSN: 00020729

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

BLACK AND MINORITY ETHNIC GROUPS

185/13 Involving Chinese older people in policy and practice; by Joseph Rowntree Foundation Findings, 1974, January 2007, 4 pp.

This study builds on two previous projects, the first being "The caring needs of Chinese older people" (1997-1999). The second, "Shared expectations, shared commitment", an action-oriented and older people-led study, took place from 2003 to 2005. The project team worked with Chinese older people to influence local practices or specify policy areas. Three local groups were set up in South Yorkshire, Manchester and London. These findings comment on the project's participant-focused qualities with regard to older people as a service provider (South Yorkshire), older people working in partnership (Manchester), and older people as researchers (London). The full report, "The involvement of Chinese older people in policy and practice: aspirations and expectations", by Ruby C M Chau, is published by the Joseph Rowntree Foundation (JRF). (RH)

ISSN: 09583084
From : York Publishing Services, 64 Hallfield Road, Layerthorpe, York YO31 7ZQ. (ISBN-13: 9781859354513) PDF download available - <http://www.jrf.org.uk> Alternative formats from Communications Department, Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Email: info@jrf.org.uk

185/14 Older people from white-British and Asian-Indian backgrounds and their expectations for support from their children; by Chih Hoong Sin.
Quality in Ageing, vol 8, no 1, March 2007, pp 31-41.

The importance of ties between older people and their children has been widely documented as a fundamental component in the provision and receipt of support. Most existing British research on the family support of older people has concentrated on those from the white-British majority, with little cross-group comparison. This article reports on in-depth qualitative research with 17 and 21 older people from white-British and Asian-Indian backgrounds respectively. It demonstrates how gender, ethnicity, migration history and a range of other factors interweave in complex manners to affect individuals' expectations for support from their adult children. The findings reveal commonalities and differences within and between groups and demonstrate that the association between expectations of support and resultant sense of well-being is complicated and is often conditional. Stereotypes within and across groups need to be examined, given the observation that white familial norms may be played out differently in different cultural contexts, individuals make sense of and rationalise their expectations to support to take into account the dynamics of changing structures and attitudes. (RH)

ISSN: 14717794

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

CARE MANAGEMENT

185/15 Care management and care provision for older relatives amongst employed informal care-givers; by Carolyn J Rosenthal, Anne Martin-Matthews, Janice M Keefe.

Ageing and Society, vol 27, part 5, September 2007, pp 755-778.

Care management or 'managerial care' is a type of informal care for older people that has been relatively neglected by researchers. While previous research has acknowledged that care-giving may involve tasks other than direct 'hands-on' care, the conceptualisation of managerial care has often been vague and inconsistent. This study is the first to explicitly investigate managerial care in a large sample for carers. The authors conceptualise care management to include care-related discussions with other family members or the care recipient about the arrangements for formal services and financial matters, doing relevant paperwork, and seeking information. The study examines the relevance of this type of care, the circumstances under which it occurs, its variations by caregiver characteristics, and its impact on carers. The authors draw on the Canadian Aging Research Network (CARNET) Work and Family Survey, a sub-sample of 1847 full-time employed individuals who were assisting older relatives. The analysis shows that managerial care is common, distinct from other types of care, a meaningful construct, and that most caregivers provide both managerial and direct care. Care management includes both the orchestration of care and financial and bureaucratic management. Providing managerial care generates stress amongst women and interferes with work amongst men; but the aspect that generates the greatest personal and job costs amongst both men and women is the orchestration of care. (RH)

ISSN: 0144686X

From : http://www.journals.cambridge.org/jid_ASO

185/16 Exploring influences on community-based case managers' advance care planning practices: facilitators or barriers?; by Kathy Black, Janice Fauske.

Home Health Care Services Quarterly, vol 26, nos 2, 2007, pp 41-58.

Community-based geriatric case managers work with an increasingly frail older population in need of advance care planning throughout the end of life. This qualitative study used four focus groups to explore 27 case managers' perceptions of facilitators and barriers to advance care planning practices. Themes from this study suggest that case managers view five key influences that appear to either assist or impede practices, depending on case managers' perceptions and experiences. Themes include: paradox of case management and programmatic realities; extent of family preference and involvement; level of proficiency in advance care planning; degree of client receptivity or planning; and limited communication with providers. The findings suggest that case managers vary in their advance care planning practices by differing perceptions regarding clients, families, professional expertise, programme effects, and communication within the network of providers. More research is needed to clarify the factors associated with case managers' divergent advance care planning practices in order to enhance professional practice in this area. (RH)

ISSN: 01621424

From : Haworth Document Delivery Service, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA. <http://www.HaworthPress.com>

- 185/17 Managing working time in live-in care: A UKHCA position statement; by United Kingdom Home Care Association - UKHCA.
Homecarer, July 2007, 4 page insert.
UKHCA is the national representative association for member organisations providing care, including nursing care, to people in their own home. This position statement addresses live-in care services. UKHCA believes that homecare workers providing 'live-in' care services undertake their role on an "unmeasured work" basis for the purposes of the Working Time Regulations 1998 and the National Minimum Wage Regulations 1999. The Association is aware that a minority of personal injury solicitors argue that live-in care should be treated in the same way as shift work in residential settings. UKHCA believes that such an approach misinterprets the Regulations. Were this approach to be followed, it could make live-in care prohibitively expensive for the vast majority of self-funding service users and restrict both choice and capacity in the sector. UKHCA recommends that live-in care services should be categorised as "unmeasured work", managed with a "daily average hours" agreement. This interpretation should be clarified by Government and enforced by the courts. (KJ)
From : <http://www.ukhca.co.uk/positionstatements.aspx>

CARERS AND CARING

(See Also 185/47)

- 185/18 Older carers in ageing societies: an evaluation of a respite care program for older carers in Western Australia; by Peter J Hancock, Jayne A Jarvis, Tanja L'Veena.
Home Health Care Services Quarterly, vol 26, nos 2, 2007, pp 59-84.
The Australian Red Cross Older Carers Programme was developed in 2003 to support the unique needs of "older carers" aged 65+ (50 if indigenous) who care for a person (a care recipient, usually a family member) aged 18+ with a permanent disability. The programme's aim was to provide intensive care planning, management and volunteer support that would assist older carers to more readily access respite and continue the caring role in the home. To help achieve this end, ongoing individual and holistic assistance involving older carers in decision making was an integral component of the Older Carers Programme, as was the use of regular home visits by programme staff. The Older Carers Programme evaluation was both a process and outcome evaluation. Much of the evaluation research focused on the extent to which it had met its stated aims and objectives. However, because the programme was quite new and innovative, there was a significant further focus on its processes and activities. At the time the evaluation was conducted (May 2005), the programme had been in operation for 22 months. The population group was identified as those people (older carers) who had been part of the programme between July 2003 and March 2005. Of the 96 older carers who had access the programme during that time, 62 agreed to participate in the research. The methodology consisted of an audit of the Programme database, in-depth interviews with older carers, and contextual data collection involving programme staff and other stakeholders. (RH)
ISSN: 01621424
From : Haworth Document Delivery Service, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.
<http://www.HaworthPress.com>

- 185/19 Valuing carers: calculating the value of unpaid care; by Lisa Buckner, Sue Yeandle, Carers UK; University of Leeds. London: Carers UK, September 2007, 13 pp.
The economic value of the contribution made by carers in the UK is estimated at £87 billion a year. This report updates the estimate of the value of unpaid care published in 2002 by Carers UK in 'Without us ...? Calculating the value of carers' support'. For the first time, data at local as well as national level is included, comprising numbers of carers (from the 2001 Census), the value of care in 2002 and 2007, and how this has changed: overall the latest figure is 52% higher than in 2002. Recommendations are made on properly costing the value of care and the need to increase carers' incomes significantly. The work for this report has been funded by the European Social Fund under its Equal Community Initiative programme and was undertaken by researchers at the University of Leeds. A forthcoming report by Carers UK and the University of Leeds will explore

the social contract made between society and carers - that is, what the state, employers and communities provide, and what carers contribute. (RH)

ISBN: 1873747322

From: <http://www.carersuk.org/Newsandcampaigns/Valuingcarers/Fullreport>

Carers UK, 20/25 Glasshouse Yard, London EC1A 4JT. CarersLine 0808 808 7777 (Wed/Thurs only 10-12 and 2-4)

185/20 What are the stressors of carers for older people with dementia: a literature review; by Jonathan Hutchins.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, Spring 2007, pp 29-33.

PSIGE Newsletter, no 99, Spring 2007, pp 29-33.

This literature review comments on research since 1997 that has highlighted problems encountered by carers: emotional or cognitive behavioural difficulties; the level of disability; personal factors (e.g. whether the carer worked); social and depressive stress; the complexity of the carer-client relationship; the services available and whether they are effective in reducing carer stress; and the carer's loss of companionship because of diminished quality of communication. The author comments on the need for further research, maybe using qualitative and quantitative methods to assess the effectiveness of psychological interventions for carers. (RH)

ISSN: 13603671 From : <http://www.psige.org.uk>

185/21 Women, disability, care: good neighbours or uneasy bedfellows?; by Clare Beckett.

Critical Social Policy, vol 27, no 3, issue 92, August 2007, pp 360-380.

Disabled activists and feminist thinkers both lay claim to ownership of "care". To the disabled people's movement, care is a necessity on the road to equal rights and citizenship. To women, care relationships are premised in capitalist economic and family relationships and can be both oppressive, and, conversely, sources of personal identity claim. The two perspectives are different, and conflict. Oppositional claims are sited in practical resource giving decisions, and state resources have implications for the individuals concerned. Resource relationships between the state and individuals affect both practical help given and the location of the resourced group to the wider society. It is argued that these claims are fundamentally oppositional and result in oppression. The relationship, when mediated by provision of care, inevitably becomes disempowering. Care provision is a function of a welfare state, and care policy will effectively empower one or other group. This oppressive dyad can be altered by fundamental re-assessment of disabled theorization and feminist action, carried through into state provision and reflecting feminist perspectives of ethical care. (KJ/RH)

ISSN: 02610183 From : <http://csp.sagepub.com>

CONTINENCE

185/22 National audit of continence care for older people: management of faecal incontinence; by Jonathan Potter, Penny Peel, Sarah Mian (et al).

Age and Ageing, vol 36, no 3, May 2007, pp 268-273.

Continence care quality standards were previously subject to a pilot audit in primary, secondary care and care homes, to allow providers to compare the care delivered by their service to others and to monitor the development of integrated continence services as set out in the National Service Framework for Older People (NSF). This study reports the results of the national audit. Data were returned by 141 primary care sites, 159 secondary care trusts (involving 198 hospitals), and 29 care homes. Data on the care of 3,059 patients or residents with bowel problems were analysed. 58% of primary care trusts (PCTs), 48% of hospitals and 74% of care homes reported that integrated continence services existed in their areas. Whilst basic provision of care appeared to be in place, the audit identified deficiencies in the organisation of services and in the assessment and management of faecal incontinence. The audit's results indicate that the NSF's requirement for integrated continence services have not yet been met. Basic assessment and care by the professionals directly looking after older people is often lacking. There is an urgent need to re-establish the fundamentals of continence care into the daily practice of medical and nursing staff, and for truly integrated, quality services to be established in this neglected area of practice. (RH)

ISSN: 00020729 From : <http://www.ageing.oupjournals.org>

- 185/23 Promoting attitude change: staff training programme on continence care; by Ian A James, Petra Carlsson-Mitchell, Jenny Ellingford (et al).: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, January 2007, pp 11-16.
PSIGE Newsletter, no 97, January 2007, pp 11-16.
This paper presents findings of a survey conducted during a continence training programme for 92 staff working in care homes and in-patient wards. The survey was conducted as part of an experiential exercise within a workshop designed to promote attitude change. It required staff to indicate whether or not they employed any ritualistic habits when using public toilets (e.g. hovering over the toilet seat without making contact). It was envisaged that asking staff to reflect on their own toileting habits would make them more empathic about residents' potential anxieties concerning use of toilets in care settings. Feedback from the training suggested that the survey was an effective vehicle for initiating attitude change. The paper also presents data on the perceived value of the training programme from a sub-set of 11 participants. (RH)
ISSN: 13603671
From : <http://www.psig.org.uk>

DEATH AND DYING

- 185/24 The after-death call to family members: a clinical perspective; by S Loboprabhu, V Molinari, J Pate (et al).
Aging & Mental Health, vol 11, no 2, March 2007, pp 192-196.
The authors discuss the value of an after-death telephone call made by the treating mental health clinician to family members after the death of a geriatric patient with a psychiatric disorder. They outline the process of the after-death call, including the optimal method, nature and content. They note the psychotherapeutic value of an after-death telephone call in dealing with complex emotions, and helping the family to cope with bereavement. They also discuss institutional, legal and ethical ramifications. They conclude that an after-death telephone call may be of sufficient benefit to be considered as a 'best practice' approach in the care of every patient. (RH)
ISSN: 13607863
From : <http://www.tandf.co.uk/journals>
- 185/25 The social context of death in old age.
Working with Older People, vol 11, issue 3, September 2007, 42 pp (whole issue).
This edition is about death and dying : it explores what constitutes a good death, includes the best practice frameworks for palliative care in the UK and Ireland; and, looks at older people's attitudes towards dying and the importance of spirituality in the end stages of life. Amongst other topics, is a post-death perspective, namely, what the relatives who are left behind do with their loved ones' ashes and the impact this has on the grieving process. (KJ)
ISSN: 13663666
From : <http://www.pavpub.com>

DELAYED DISCHARGE

- 185/26 Organisation and features of hospital, intermediate care and social services in English sites with low rates of delayed discharge; by Matt Baumann, Sherill Evans, Margaret Perkins (et al).
Health and Social Care in the Community, vol 15, no 4, July 2007, pp 295-305.
The establishment of the Health and Social Care Change Agent Team, implementing the Community Care (Delayed Discharge) Act 2003, and new investment are key policy elements in tackling delayed discharge from hospital. Whilst the problem of delays has been widespread, some authorities have managed to tackle delays successfully. This qualitative study investigated discharge practice and the organisation of services at sites with consistently low rates of delay, to identify factors supporting such good performance. Six 'higher performing' English sites (each including a hospital trust, a local authority and a primary care trust, PCT) were identified using a statistical model. 42 interviews were conducted with health and social care services staff involved in discharge arrangements. The authors also tried to investigate patients' experiences, to examine whether there was a cost to patient care and outcomes of discharge arrangements in these sites, but sufficient patient participation could be secured. Whilst acknowledging the lack

of patient experience and outcome data, a range of service elements was identified at the sites that contribute to the avoidance of delays, either through supporting efficiency within individual agencies or enabling more efficient joint working. Sites still struggling with delays should benefit from knowledge of this range. The government's reimbursement scheme seems to have been largely helpful in the study sites, prompting efficiency-driven changes to the organisation of services and discharge systems, but further focused research is needed to provide clear evidence of its impact nationally, and in particular how it affects staff, and patients and their families. (RH)
ISSN: 09660410

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

DEMENTIA

(See Also 185/20, 185/45, 185/59, 185/77, 185/89, 185/124, 185/131)

- 185/27 Access to diagnostic evaluation and treatment for dementia in Europe; by Gunhild Waldemar, Kieu T T Phung, Alistair Burns (et al).
International Journal of Geriatric Psychiatry, vol 22, no 1, January 2007, pp 47-54.
Access to facilities for diagnosis and treatment of dementia is insufficient in most European countries, and this paper reviews and discusses the barriers to access. The barriers to care are manifold, being present at all levels in each society and between countries in Europe. Multilevel and multifaceted strategies are needed to improve diagnosis and treatments for all patients with cognitive complaints. A multidisciplinary approach based on close collaboration between GPs and specialist memory clinics may be the ideal model for early accurate diagnosis and subsequently early pharmacological and psychosocial interventions. For all healthcare professionals, there should be specialised training in dementia and frequently updated practice guidelines to provide the framework for standards of care. Culture-sensitive strategies to promote public knowledge and destigmatise dementia are essential. Policy-makers and authorities should be made aware of the benefits of early access to diagnosis and treatment. The authors conclude that treatment rates for Alzheimer's disease (AD) vary considerably across Europe. They draw attention to the role of the European Dementia Consensus Network (EDCON), which recommends appropriate legal, educational, administrative and economic measures to improve the access to diagnosis and treatment. (RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com>
- 185/28 Alzheimer's & dementia; by Parliamentary Office of Science and Technology - POST. London: Parliamentary Office of Science and Technology, February 2007, 4 pp (POSTnote number 278). In the UK, an estimated 750,000 people suffer from Alzheimer's and other dementia disorders. Dementia makes independent living either difficult or impossible in the later stages. As the UK population ages, the number of cases are predicted to rise over the next two decades placing a significant demand on health and social services. This POSTnote reviews current understanding of the causes of dementia, the hopes for interventions, and the UK's current position in terms of handling future demand for services. Data is drawn from existing government statistical sources, social policy and medical research. The briefing was researched by Dr Walraj Gosal. (The Parliamentary Office of Science and Technology, POST, is an office of both Houses of Parliament charged with providing independent and balanced analysis of public policy issues related to science and technology to inform parliamentary debate). (KJ/RH)
From: http://www.parliament.uk/parliamentary_offices/post/pubs2007.cfm
- 185/29 Dementia UK: a report into the prevalence and cost of dementia: prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society: summary of key findings; by Martin Knapp, Martin Prince (et al), Personal Social Services Research Unit (PSSRU), London School of Economics; Institute of Psychiatry, King's College London; Alzheimer's Society. London: Alzheimer's Society, 2007, 12 pp (Code 821).
In 2006, the Alzheimer's Society commissioned the London School of Economics and the Institute of Psychiatry at King's College London to produce a report providing the most up-to-date evaluation of the numbers of people with dementia in the UK, projections of future numbers, and

explaining the financial cost of dementia. This summary report defines the different types of dementia: Alzheimer's disease, vascular dementia, fronto-temporal dementia, and dementia with Lewy body. It estimates that there are 683597 people with dementia in the UK (for simplicity the Alzheimer's Society will use the figure 700000), forecast to increase to 940110 by 2021 and 1735087 by 2051 (an increase of 154% in the next 45 years). It details prevalence by age and sex: whereas early-onset is more common in men, late onset is marginally more prevalent in women. It includes a review of current evidence on the services and treatments currently provided to support people with dementia, and estimates that the total cost of dementia is £17.03 billion. The report makes seven recommendations: make dementia a national priority; increase funding for dementia research; improve dementia care skills; develop community support; guarantee carer support packages; hold a national debate on who pays for care; and develop integrated, comprehensive dementia care models. (RH)

From : Alzheimer's Society, Gordon House, 10 Greencoat Place, London SW1P 1PH. Website: www.alzheimers.org.uk

185/30

Dementia UK: a report into the prevalence and cost of dementia: prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society: the full report; by Martin Knapp, Martin Prince (et al), Personal Social Services Research Unit (PSSRU), London School of Economics; Institute of Psychiatry, King's College London; Alzheimer's Society. London: Alzheimer's Society, 2007, 189 pp (Code 820).

In 2006, the Alzheimer's Society commissioned the London School of Economics and the Institute of Psychiatry at King's College London to produce a report providing the most up-to-date evaluation of the numbers of people with dementia in the UK. This main report describes the Dephi consensus approach used to arrive at new prevalence estimates for the UK, and gives the estimated numbers of people with dementia, broken down by various subgroups. A chapter on service development sets out the policy, funding and organisational contexts for dementia care in the UK, and includes an account of old age mental health services. The new way of mapping key services data relating to the support of older people with dementia - effective in pinpointing variations in provision - is described. Graphs, statistical tables and maps throughout indicate levels of provision for all older people. The financial costs of dementia in the UK are estimated at \$17.03 billion. Recommendations are offered, built on the report's evidence base. These are: make dementia a national priority; increase funding for dementia research; improve dementia care skills; develop community support; guarantee carer support packages; hold a national debate on who pays for care; and develop integrated, comprehensive dementia care models. (RH)

From : Download (20/9/07): <http://www.alzheimers.org.uk>

Alzheimer's Society, Gordon House, 10 Greencoat Place, London SW1P 1PH.

185/31

Driving and dementia; by David A Breen, David P Breen, John W Moore (et al).

British Medical Journal, vol 334 no 7608, 30 June 2007, pp 1365-1369.

Patients continue to drive after dementia has been diagnosed. However, as the disease progresses the ability to drive safely is eventually lost. The authors carried out a literature search from 1966 to April 2007 of electronic databases including Medline, PubMed, CINAHL, Embase and the Cochrane Library. The references generated were checked for relevance on the basis of their title and abstract; other references from the papers identified were also followed up. Other avenues for obtaining information included a Google search of the internet, and contacting major stakeholder agencies. The resulting article discusses decisions on medical fitness to drive, including the role of the Driver and Vehicle Licensing Agency (DVLA) which should be informed of all new diagnoses of dementia. (RH)

ISSN: 09598138

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

185/32

Improving life with dementia; by Graham Hopkins.

Community Care, issue 1687, 23 August 2007, pp 34-35.

About 6% of people aged 65+ will develop some degree of dementia, increasing to about 20% over the age of 85. Not unsurprisingly, the percentage of older people in care homes with dementia is substantially higher - as much as 75%. This article looks at three schemes that aim to preserve the safety and dignity of people with dementia in care homes and the community: the

Safely Home Scheme, Torbay; the Dining with Dignity training programme run by Anchor Trust's Specialist Dementia Team (SDT); and Trinity Lodge, a specialist dementia care home built by Anchor Trust. (RH)

ISSN: 03075508

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

- 185/33 Insight in coping with dementia: listening to the voice of those who suffer from it; by R M Dröes. *Aging & Mental Health*, vol 11, no 2, March 2007, pp 115-118.
A literature review citing items published since the mid-1980s on coping with dementia, this editorial prefaces three new studies which should help us to better understand what causes coping difficulties for people with dementia and their carers. (RH)
ISSN: 13607863
From : <http://www.tandf.co.uk/journals>
- 185/34 Investigating the ways that older people cope with dementia: a qualitative study; by Laura Preston, Ann Marshall, Romola S Bucks.
Aging & Mental Health, vol 11, no 2, March 2007, pp 131-143.
Understanding how older people cope with dementia has important implications for the enhancement of their well-being and quality of life. In this qualitative study, semi-structured interviews were conducted with 12 older people with early-stage dementia. Interpretative phenomenological analysis (IPA) was used to identify the shared themes in participants' accounts. Three major themes emerged: meaning and identity in relation to dementia; making sense of dementia; and coping strategies and mechanisms. This latter theme divided into everyday, individual struggles, coping in relation to others, and personal attitude or approach. There were two further themes in relation to process issues, both of which were evident across all themes: issues of conflict and control, and individuality and the importance of 'context' in coping with dementia. These findings are discussed in relation to previous research in this field, and suggestions for further research and clinical practice are outlined. (RH)
ISSN: 13607863
From : <http://www.tandf.co.uk/journals>
- 185/35 Living with dementia from the perspective of older people: is it a positive story?; by Els Steeman, Jan Godderis, Mieke Grypdonck (et al).
Aging & Mental Health, vol 11, no 2, March 2007, pp 119-130.
Even at an early stage, dementia may pose problems and challenge one's quality of life. Having accurate knowledge of what one experiences when living with dementia is important for developing proactive care for people with dementia and their families. This Grounded Theory study explores what it means for older people to live with early-stage dementia. 20 Belgians with probable mild dementia and their family members were interviewed. Living with dementia was often presented as a positive narrative, one that told of only minor problems and which stressed abilities and contentment with life. Being valued, rather than losing one's cognition or identity was central in their experience. More in-depth analyses of participants' narratives revealed, however, that they were constantly balancing their feelings of value and worthlessness, struggling to remain someone of value. This struggle was prompted by threats posed by dementia and by a person's interactions with others. Superficially, a positive narrative may be understood as a lack of awareness of as denial due to cognitive loss. The findings suggest, though, that we should look beyond this superficial view and seek to understand the narrative as an expression of one's attempts to counterbalance devaluation. (RH)
ISSN: 13607863
From : <http://www.tandf.co.uk/journals>
- 185/36 Person-centred dementia services are feasible, but can they be sustained?; by J R F Gladman, R G Jones, K Radford (et al).
Age and Ageing, vol 36, no 2, March 2007, pp 171-176.
A specialist community-based dementia service operated by Rushcliffe Primary Care Trust (PCT) in Nottinghamshire was evaluated, to establish whether high quality care was being delivered and the conditions for doing so. The service comprised an assessment team of an occupational therapist, a community psychiatric nurse and a community care officer, supported by 235 hours

per week delivered by a team of specially trained community care workers. A qualitative study was performed using non-participant observation, semi-structured interviews and focus groups, and analysed using a thematic framework approach. There were 2 focus groups involving staff, 11 interviews of staff and stakeholders, and interviews of 15 carers of people with dementia. The care provided was appreciated by carers, and the service was approved by staff and stakeholders. Care was delivered using a rehabilitative style that aimed to maintain personhood, rather than to promote independence. Clients were usually referred with the object of preventing unwanted admission to institutional care but, over time, moving into an institution ceased to be a uniformly undesirable outcome. The service's resources were reduced during the evaluation period, in part to meet mental health needs in intermediate care services. An appropriately resourced and constructed specialist service using an adaptive rehabilitation approach aimed at maintaining personhood can deliver good individualised care to people with dementia, but specific and appropriate commissioning for these services is needed to nurture them. (RH)

ISSN: 00020729

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

185/37

Poor care for people with dementia; by Jill Manthorpe.

Community Care, issue 1688, 30 August 2007, pp 32-34.

The National Audit Office (NAO) report, "Improving services and support for people with dementia" (TSO, 2007) examined a range of evidence presented in other recent reports about care services for people with dementia. This article reviews the NAO report, noting that while it cites many health care examples, more information should have been gathered on social care, if disparities of service provision in England were to be proved. (RH)

ISSN: 03075508

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

185/38

Prevalence of dementia in intellectual disability using different diagnostic criteria; by A Strydom, G Livingston, M King (et al).

British Journal of Psychiatry, vol 191, August 2007, pp 150-157.

The Becoming Older with Learning Disability (BOLD) memory study is a two-stage epidemiological survey of adults with intellectual disability but not Down syndrome aged 60+ and living in five London boroughs, with comprehensive assessment of those who screen positive. Dementia was diagnosed according to ICD-10, DSM-IV and DC-LD criteria. The aim of the study was to describe the clinical features and prevalence of dementia and its subtypes, and to compare the concurrent validity of dementia criteria in older people with intellectual disability. The DSM-IV dementia criteria were more inclusive. Diagnosis using ICD-10 excluded people with even moderate dementia. Clinical subtypes of dementia can be recognised in adults with intellectual disability. Alzheimer's dementia was the most common, with a prevalence of 8.6%, almost three times greater than expected. (RH)

ISSN: 00071250

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

185/39

Progress with dementia: moving forward: addressing palliative care for people with dementia. London: National Council for Palliative Care - NCPC, 2007, 23 pp.

In recognition of the need to expand the work that followed publication of "Exploring palliative care for people with dementia" in 2006, the National Council for Palliative Care (NCPC) has been given funding by Lloyds TSB Foundation to implement this new dementia project. "Progress with dementia" has been developed for all those involved in caring for people with dementia. It summarises the key issues in palliative care for people with dementia; describes the development of NCPC's new dementia project (for example, mapping current palliative care provision); and outlines NCPC's early findings. Among developments noted are that the Department of Health (DH) has adapted its guidance on end-of-life care using the "Exploring palliative care" document. (RH)

ISBN: 1898915555

Price: £12

From : NCPC, The Fitzpatrick Building, 188-194 York Way, London N7 9AS.

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

- 185/40 Respect for the person with dementia: fostering greater user involvement in service planning; by Maria Lorentzon, Karen Bryan.
Quality in Ageing, vol 8, no 1, March 2007, pp 23-30.
Respect for people with dementia and their involvement in service planning is explored, based on selected research publications and policy papers, mainly for the Department of Health (DH) and the Alzheimer's Society. This article supports the inclusion of people with dementia care in service planning as part of person-centred care. Necessary adjustments to research methods and ethnics committee procedures for gaining informed consent are discussed, as is the importance of ethical policy formation and implementation, in order to achieve person-centred care. This will ensure a high degree of active involvement by people with dementia, enhancing self-respect and responding to the needs of this often marginalised population. (RH)
ISSN: 14717794
From : <http://www.pavpub.com>
- 185/41 Staff's experiences of fearful situations when caring for people with dementia: will this interfere with the delivery of person-centred care?; by Sylvia Rutledge, Ian A James.
PSIGE Newsletter, no 97, January 2007, pp 31-37.
Staff working in older adult care settings are dealing with people with highly complex clinical presentations. Unfortunately, despite this level of complexity, the staff employed in this area are often poorly trained and ill-prepared emotionally to deal with the challenging situations that are frequent occurrences. The idea for the present research emerged from a series of workshops conducted by the Newcastle Challenging Behaviour Service (NCBS) in "Delivering person-centred care". A common comment from the participants during the training was that it was often difficult to be "empathic" towards a resident when you are fearful of him/her. This was the impetus for this research programme which attempts to examine staffs' fears and their impact in relation to working practices. This article presents the qualitative data from a 16-item survey, which serves as a pilot for a larger study to be conducted in the Antrim/Ballymena area within the Northern Health and Social Service Board, Northern Ireland. (RH)
ISSN: 13603671
From : <http://www.psige.org.uk>
- 185/42 Tagging for people with dementia; by John Wattis, Stephen Curran.
Geriatric Medicine, vol 37, no 5, May 2007, pp 57-58.
In April 2007, Science Minister Malcolm Wicks suggested that monitoring tags could help families or carers track older people with illnesses such as dementia. This is because the symptoms of dementia can often include memory loss or confusion, making the sufferer more vulnerable to wandering. In considering this news story, the authors draw attention to the principles laid down in the Mental Capacity Act code of practice. They hope that the Department of Health (DH) will fund research that will provide information to inform the debate started by the minister. (RH)
ISSN: 0268201X
- 185/43 Translating policy and practice: day care for people with dementia in Kerala, India; by Louise McCabe.
Global Social Policy, vol 7, no 2, August 2007, pp 203-222.
Global influences and demographic changes are leading policy makers in less developed countries to look to more developed regions for policy and service ideas. Policy and services ideas may then be "borrowed" via processes such as policy transfer (Dolowitz and Marsh, 1996). This article explores the establishment of day care for people with dementia in Kerala, India. During the development of this service policy, information and practice ideas were transferred from different countries, particularly the UK. During the transfer of information and also within the following processes of implementation and enactment of policy, translation processes take place. In order to understand these translation processes, this article describes the development of day care in Kerala and compares its current functioning with that of similar day care centres in the UK. The concept of translation is found to illuminate and explain the process of service development in Kerala and could be used elsewhere to explain examples of policy and practice development. (KJ/RH)
ISSN: 14680181 From : <http://www.sagepublications.com>

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 185/29, 185/30, 185/126)

- 185/44 World economic and social survey 2007: Development in an ageing world; by Department of Economic and Social Affairs, United Nations - UN. 60th ed New York: United Nations, 2007, 180 pp.
Greater longevity is an indicator of human progress in general. At the same time, major changes in the population structure worldwide are being brought about by increased life expectancy and lower fertility rates. This 2007 edition of the World economic and social survey analyses the challenges and opportunities associated with ageing populations, in furtherance of the Madrid Plan of Action on Ageing adopted at the Second World Assembly on Ageing on 12 April 2002. The survey uses statistical tables, graphs and charts to illustrate and examine the demographics of an ageing world population; older people's living arrangements, roles and participation in a changing society; the economic and social consequences of population ageing; income security in old age through pension systems; and health and long-term care. Attention is drawn to concepts such as 'ageing in place' and the provision of home-based health care. The survey argues that the challenges of ageing are not insurmountable, but that societies everywhere need to put in place the policies required to confront these challenges effectively, and to ensure an adequate standard of living while also recognising the contribution and participation of all. (RH)
Price: £38.00
From : TSO, PO Box 29, Norwich NR3 1GN. www.tsoshop.co.uk

DEPRESSION

- 185/45 Adapting CBT using a compassionate mind approach with older people who experience dementia and depression; by Paul Green..
PSIGE Newsletter, no 99, Spring 2007, pp 5-8.
Cognitive behavioural therapy (CBT) may be adapted in various ways to meet the needs of older people who are depressed. The author illustrates his formulation of CBT with a case study of a man aged 81 with depression following a diagnosis of dementia who attended his day clinic in Dewsbury, West Yorkshire. The compassionate mind approach used in conjunction with CBT aims to persuade the client to challenge the negative perceptions he has of himself and to make use of his abilities. Although largely anecdotal, this article outlines points covered in therapy sessions, also the setting up of the Gentlemen's Club. Among themes that emerged from this informal group for men with memory problems were the acceptance of losses and of help, and being "normal". (RH)
ISSN: 13603671
From : <http://www.psige.org.uk>

DIGNITY

- 185/46 Caring for dignity: a national report on dignity in care for older people while in hospital; by Healthcare Commission. London: Healthcare Commission, September 2007, 62 pp.
The Healthcare Commission report "Living well in later life" (2006) highlighted dignity and respect for older people as an area of concern for improving services. This 2007 report presents key findings from a targeted inspection programme assessing the extent to which NHS trusts are meeting standards regarding dignity in care for hospital inpatients. Key aspects observed were: the ward environment, including privacy issues; mealtime activity; and behaviour of staff. The report focuses on five main themes: involving older people in their care; delivering personal care in a way that ensures dignity (and nutritional needs) for the patient; having a workforce that is equipped to deliver good quality care; strong leadership at all levels; and a supportive ward environment. Case studies illustrative of good practice are included. (RH)
From : Healthcare Commission, Finsbury Tower, 103-105 Bunhill Row, London EC1Y 8TG.
www.healthcarecommission.org.uk
Helpline: 0845 601 3012.

185/47 Dignity and the essence of medicine: the A, B, C, and D of dignity conserving care; by Harvey Chochinov.
British Medical Journal, vol 335 no 7612, 28 July 2007, pp 184-187.
Kindness, humanity and respect - the core values of medical professionalism - are too often being overlooked in the time pressured culture of modern health care. The A, B, C, and D of dignity conserving care - attitude, behaviours, compassion and dialogue - can reinstate these essential qualities. This A, B, C, and D of dignity conserving care has as its origin a paper in 1927, "The care of the patient" by Francis Peabody. (RH)
ISSN: 09598138
From : <http://www.bmj.com>

DIRECT PAYMENTS

185/48 Champions can leap hurdles: [obstacles to uptake of direct payments]; by Paul Swift.
Community Care, issue 1689, 6 September 2007, pp 32-33.
Direct payments were introduced eleven years ago, but few people who are eligible to use them do so. The author analyses the obstacles to higher uptake of direct payments from the points of view of professionals and users, and suggests ideas for good practice in access. The possibility of direct payment "champions" who can speak up for and represent the needs of particular care groups is suggested. (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>

DISABILITY

(See Also 185/21)

185/49 In Focus: Caring for older deafblind people: [three separate articles]; by Jim Lewis, Colin Anderson.
Talking Sense, vol 51, no 2, Summer 2007, pp 20-27.
These three separate articles consider different aspects of deafblindness in older people - the challenges facing family carers; the role of carers who offer residential and domiciliary care; and how Marcelle Holden (a woman of 80 who is deafblind) has adjusted to a new life living with her daughter in a rural village, West Buckland, in Somerset. (KJ)
ISSN: 13674064
From : <http://www.sense.org.uk/tsarticles>

185/50 Profiling disability within nursing homes: a census-based approach; by Marianne Falconer, Desmond O'Neill.
Age and Ageing, vol 36, no 2, March 2007, pp 209-212.
Information from the 2002 Irish National Census was used to examine the prevalence of disability in nursing home residents compared to its prevalence among older people in the community in Ireland. Disability was measured using a 6-item questionnaire embedded in the Census form. Prevalence of disability was quantified among the general population and nursing home residents aged 65+. Comparisons were made by sex, and number and type of disabilities between nursing home residents and their age-matched peers living in the community. A high level of disability was found in nursing homes, with almost 90% having a recorded disability compared with less than 30% of those aged 65+ living in the community. Nursing home residents had on average 4.5 disabilities, ranging from hearing and visual problems to difficulties remembering and concentrating. Thus, there is a very high level of physical, sensory and cognitive disability among nursing home residents. Strategic health and functional questions in national censuses may be helpful in planning appropriate services for older people in residential care, as well as tracking trends in disability. (RH)
ISSN: 00020729
From : <http://www.ageing.oupjournals.org>

EPIDEMIOLOGY

- 185/51 Health survey for England 2005: The health of older people: Summary of key findings; by Joint Health Surveys Unit - National Centre for Social Research; The Information Centre (IC), Department of Health - DH; Department of Epidemiology and Public Health, Royal Free and University College Medical School. London: Electronic format (National Centre for Social Research), 2007, 19 pp (set of 5 vols).

The Health Survey of England is an annual survey since 1991. The Health Survey series is part of an overall programme of surveys commissioned by the Department of Health (DH), and designed to provide regular information on various aspects of the nation's health. The main focus of the 2005 survey was on the health of older people, defined as age 65+. Older people were asked questions on core topics such as general health, smoking and fruit and vegetable consumption. They were asked about their use of health, dental and social care services, cardiovascular disease (CVD), chronic diseases and quality of care, disabilities, falls and mental health. Several measurements were taken by specially trained nurses including height and weight, and blood pressure. Tests of physical function were performed and blood samples taken in order to measure conditions such as anaemia. Measures of social capital were included, for example participation in organised associations and contact with friends and family. Several measures of health were included for the first time: measures of function ie grip strength, walking impairment and ability to balance and a measure of geriatric depression. This summary presents the key findings on General health; Disabilities and incontinence; Nutrition; Physical performance; Falls; Chronic diseases; Hypertension; Social capital; Health service use; and, Mental Health.(KJ)

From : <http://www.ic.nhs.uk/webfiles/publications/hseolder/HSESummary.pdf>

ETHICAL ISSUES

(See 185/64, 185/65)

EXERCISE

(See 185/8)

EXTRA-CARE HOUSING

(See Also 185/70)

- 185/52 Promoting social well-being in extra care housing; by Simon Evans, Sarah Vallyelly, Joseph Rowntree Foundation - JRF.

Findings, 2115, August 2007, 2 pp.

Since the 2005 general election, there has been a renewed emphasis on older people's housing issues, largely because an increasing proportion of the electorate is aged over 50. These findings outline a project, part of the Joseph Rowntree Foundation's (JRF) research and development programme, by authors at the University of West of England and Housing 21. Data was collected through 36 in-depth interviews with extra care residents and managers from six extra care schemes in England. Themes emerging as important to social well-being were: friendship and social interaction; the provision of facilities; design, location and layout; the philosophy of care; engagement with the local community; and the role of family caregivers. The full report, 'Social well-being in extra care housing' is available as a free download on the JRF website. (RH)

ISSN: 09583084

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Findings and full report available as free downloads from <http://www.jrf.org.uk>

FALLS

- 185/53 "Faster counting while walking" as a predictor of falls in older adults; by Oliver Beauchet, Véronique Dubost, Gilles Allali (et al).

Age and Ageing, vol 36, no 4, July 2007, pp 418-423.

Participants were 187 people aged 73-100 (mean age 84.5) living independently in 27 housing

developments for older people in Saint-Étienne, France. During enrolment, they were asked to count aloud backwards from 50, both at rest and while walking, and then divided into two groups according to counting performance. Information on incident falls during the following year were collected monthly. Faster counting while walking was strongly associated with falls, suggesting that better performance in an additional verbal counting task while walking might represent a new way to predict falls in older people. Despite the development of dual-task based fall risk assessment tests, findings about the relationship between dual-task-related gait changes and falls remain controversial. (RH)

ISSN: 00020729

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

185/54

Assessing falls in older people; by Graham MacIntosh, Jane Joy.

Nursing Older People, vol 19, no 7, September 2007, pp 33-37.

For an older person in hospital a fall can have devastating consequences, prolonging hospital stay and leading to loss of confidence. Falls cost the NHS between £5340 and £12500 per patient in delayed discharge, and can cause nurses to question their own practice and blame themselves. Further, the efforts of clinicians and researchers implementing falls prevention interventions are hampered because of inconsistencies in assessing risk. The use of falls risk assessment tools varies throughout the UK. In Scotland some hospitals use them while others do not. Unlike England and Wales, Scotland has no national guidelines. To deal with this problem, the authors conclude that it is important to develop an evidence-based guideline that covers the whole of the UK. (KJ)

ISSN: 14720795

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

185/55

Flooring as an intervention to reduce injuries from falls in healthcare settings : an overview; by Amy Drahota, Diane Gal, Julie Windsor.

Quality in Ageing, vol 8, no 1, March 2007, pp 3-9.

The ageing population is generating increasing concern over the occurrence and associated costs of falls in healthcare settings. Supplementary to the investigation of strategies to prevent falls is the consideration of ways to reduce the number of injuries resulting from falls in these settings. A comprehensive literature search, carried out in conjunction with a Cochrane Systematic review on hospital environments for patient health-related outcomes, identified the available evidence. Search were also conducted in Medline and Scopus specifically to identify studies on flooring types, falls and injuries. Reference lists of relevant studies and reviews were scanned and relevant authors were approached for further information. Flooring should be considered as a possible intervention for reducing injuries from falls. However, more rigorous and higher quality research is needed to identify the most appropriate material for use. (RH)

ISSN: 14717794

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

185/56

Mind your step!: a falls prevention programme designed to reduce falls in those over 75 years; by Lorna Conn.

Quality in Ageing, vol 8, no 1, March 2007, pp 10-22.

Falls among older people cause significant mortality and morbidity, presenting a serious issue for older people and health and social care professionals alike. The simple occurrence of a fall conceals the range of physical, psychological, social and environmental factors which can contribute to this event. Research advocates that professionals should engage with health promotion and develop individualised programmes of different interventions. In this Northern Ireland study, a multidisciplinary falls prevention initiative was developed with older people who had recently fallen. The initiative started with a common assessment but was followed by a variable individualised programme of different interventions. The older people involved were assessed pre- and post-intervention using a questionnaire checklist on several different dimensions associated with falling. Outcomes were assessed in terms of reduction in risk and the incidence in falls, both of which were found to be statistically significant in several of the identified dimensions post-intervention. Consequently, it could be estimated that approximately 44 falls were prevented through this 9-month initiative. This study would support the integration of this falls prevention initiative into routine community care practice through the existing over-75 health check and the development of a specialised falls team. Further research would be beneficial to

follow up whether the reduction in the incidence of falling is sustained over time. Enhanced participation of user, carer, voluntary and community partners is recommended as this would allow older people themselves to play an active role in improving their own well-being and that of others. (RH)

ISSN: 14717794

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

185/57

Multifactorial and functional mobility assessment tools for fall risk among older adults in community, home-support, long-term and acute care settings; by Vicky Scott, Kristine Votova, Andrea Scanlan (et al).

Age and Ageing, vol 36, no 2, March 2007, pp 130-139.

A systematic review of published studies testing the validity and reliability of fall-risk assessment tools for use with older people in community, home support, long-term and acute care settings was conducted. EbscoHost and MEDLINE were searched for studies in English published between January 1980 and July 2004, where the primary or secondary purpose was to test the predictive value of one or more fall assessment tools on people aged 65+. The tool must have had as its primary outcome fall, falls-related injury, or gait and balance. Only studies that used perspective validation were considered. 34 articles testing 38 different tools met the inclusion criteria. The community setting represents the largest number of studies (14) and tools (23) tested, followed by acute (12 studies and 18 tools), long-term care ((6 studies and 10 tools), and home support (4 studies and 4 tools). 11 of the 38 tools are multifactorial assessment tools (MAT) that cover a wide range of fall-risk factors and 27 are functional mobility assessment tools (FMA) that involve measures of physical activity related to gait, strength and balance. Fall risk assessment tools exist that show moderate to good validity and reliability in most areas of health service delivery. However, few tools were tested more than once or in more than one setting. Thus, no single tool can be recommended for implementation in all settings or for all sub-populations within each setting. (RH)

ISSN: 00020729

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

FAMILY AND INFORMAL CARE

(See Also 185/15)

185/58

"The hard thing is the changes": the importance of continuity for older men caring for their wives; by Jonas Sandberg, Henrik Eriksson.

Quality in Ageing, vol 8, no 2, June 2007, pp 5-15.

Few studies have been conducted into the contextual and relational aspects of male caregiving that includes analysis by gender and family relationships. A narrative approach was adopted for this Swedish study, the aim of which was to gain understanding of the experience of older men as caregivers for an ill spouse. Interviews were conducted with three older men aged between 65 and 78 who had been caring for their wives for between one and 12 years. Two main categories emerged: taking on a new and unfamiliar role; and learning to live with the new role. The results also show how men seek to maintain continuity in their relationships with the wives they are caring for. The findings can be understood in the light of a major life transition of how older men providing care for a spouse create new roles and how they cope with the changes in the marital relationship. A sense of continuity in the process of caring is important for men to help them find the strength to continue as caregivers. (RH)

ISSN: 14717794

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

185/59

Social networks, befriending and support for family carers of people with dementia; by Georgina Charlesworth, Xanthippe Tzimoula, Paul Higgs (et al).

Quality in Ageing, vol 8, no 2, June 2007, pp 37-44.

Social networks are seen to influence the use of health and social care services. In a secondary analysis of data from the Befriending and Cost of Caring (BECCA) project, a longitudinal study of befriending of carers of people with dementia, the authors studied the relationship between network type and support from family or friends, voluntary sector befriending, and residential or

nursing care. Using Wenger's typology of social network, findings suggest that the pattern of support use varies by differences in the structure of networks. It is recommended that questions on social networks should be widely incorporated into carers' assessments to help identify need for social support interventions and to enable the sensitive selection of appropriate types of carer support to be provided. (RH)

ISSN: 14717794

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

GOVERNMENT AND POLICY

185/60

All our futures: planning for a Scotland with an ageing population: Vol 1,2,3; by Social Inclusion and Voluntary Issues Division, Scottish Executive. Edinburgh: Scottish Executive, March 2007, 29 pp.

"All our futures" is the title given to the strategy for older people in Scotland, published near the end of the former Labour administration's term of office. This summary presents background and some detail regarding action on the strategy's priority areas, the first being to improve opportunities for older people, by removing barriers and creating more chances for older people to participate and be involved. Other priorities are: forging links between the generations; continuing to act to improve older people's health and quality of life; improving care and support specifically tailored to those who need it; ensuring that housing, transport and planning meets the needs of all ages; and offering learning opportunities through life. (RH)

From : Scottish Executive, Development Department, Social Inclusion and Voluntary Issues Division, Area 2-F (South), Victoria Quay, Edinburgh EH6 6QQ. Copies from: Blackwell's Bookshop, 53 South Bridge, Edinburgh EH1 1YS. email: business.edinburgh@blackwell.co.uk
Weblink: <http://www.scotland.gov.uk/Topics/People/Equality/18501/Experience>

185/61

Older people and public policy: the impact of devolution: an independent report commissioned for Age Concern Cymru, Age Concern England, Age Concern Northern Ireland, Age Concern Scotland; by Alan Trench, Charlie Jeffery. London: Age Concern, July 2007, 35 pp.

The report looks at how the process of devolution from 1998 to 2007 has affected ageing policy. While its content pre-dates many of the most recent political developments in Scotland, Wales and Northern Ireland, it provides the context for influencing the new administrations following the 2007 elections. The report discusses the demographic situation underlying the policy environment in different parts of the UK, and the distribution of policy functions to and across UK jurisdictions following devolution. It looks at the broader structural features of devolution: the appendix lists the territorial division of those functions as they relate to ageing. The report sets out the policy directions on ageing and older people pursued by the devolved administrations and prospects for any changes. The report is thus an important resource for organisations with an interest in older people in England, since it explains the links between English and 'reserved' UK policy, and describes how policy-making in England interacts with processes in the rest of the UK. (RH)

Price: £10.00

From : Policy Team, Age Concern England, Astral House, 1268 London Road, London SW16 4ER. E-mail: policy@ace.org.uk

Download document: <http://www.ace.org.uk/AgeConcern/Documents/Devolution.pdf>

GRANDPARENTS

185/62

Parents once again: [evaluation of support for grandparents]; by Robert Bullard.

Community Care, issue 1680, 5 July 2007, pp 28-29.

Some grandparents have to relearn parenting skills as they take on full-time care of their grandchildren. The author evaluates the support available for grandparents in this position from organisations such as the Grandparents Association, Grandparents Plus, and the more recently formed Grandparents as Parents (GaP). The article also notes discrepancies in the financial help that is - or rather is not - available to this group of carers. (RH)

ISSN: 03075508

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

- 185/63 Patterns of intergenerational support in grandparent-grandchild and parent-child relationships in Germany; by Andreas Hoff.
Ageing and Society, vol 27, part 5, September 2007, pp 643-666.
This paper focuses on intergenerational support relations between grandparents and their grandchildren in Germany, and how they have changed from 1996 to 2002. There is a brief review of the literature on functional aspects of the grandparent-grandchild relationship, after which the research hypotheses about intergenerational support in the relationship are elaborated. Following a description of the data source, the German Ageing Survey and its samples and measures, the evidence on the patterns of grandparents' provision and receipt of intergenerational support to and from their grandchildren are presented and compared with parent-child support patterns. The analysis also considers variations by age groups and birth cohorts and changes over time. The main empirical finding is that there was a greater likelihood of financial transfers to grandchildren in 2002 than six years earlier. Nevertheless, the grandparents' relationships with their grandchildren remained imbalanced or asymmetrical, at the older generation's expense. It was found that financial and instrumental support patterns between grandparents and grandchildren were best explained using an 'intergenerational stake' hypothesis rather than one of 'intergenerational solidarity'; the latter is more consistent with parent-child support patterns. (KJ) ISSN: 0144686X
From : http://www.journals.cambridge.org/jid_AS0

HEALTH CARE

- 185/64 The human rights of older people in healthcare: eighteenth report of session 2006-07, House of Lords, House of Commons, Joint Committee on Human Rights: Vol 2: Oral and written evidence; by Andrew Dismore (chairman), Joint Committee on Human Rights, House of Lords / House of Commons. London: TSO, 14 August 2007, 105 pp (HL 2006/07 156-II; HC 2006/07 278-II).
The Joint Committee on Human Rights examine where human rights concerns arise, as with this report on the treatment of older people in healthcare. The Committee's terms of reference called for evidence on how human rights principles could be applied by healthcare providers and inspectorates alike, to ensure that older people are treated with greater dignity and respect when being cared for. This volume comprises evidence submitted to the Committee (March-June 2007) on this subject from organisations including Help the Aged, Age Concern England (ACE), the Residents & Relatives Association, the Healthcare Commission, the Commission for Health and Social Care Inspection (CSCI), the National Institute for Health and Clinical Evidence (NICE), Action on Elder Abuse, the Alzheimer's Society, the British Geriatrics Society, the Association of Directors of Adult Social Services (ADASS), and the Department of Health (DH). (RH)
Price: £21.50
From : TSO, PO Box 29, Norwich NR3 1GN. www.tsoshop.co.uk

- 185/65 The human rights of older people in healthcare: eighteenth report of session 2006-07, House of Lords, House of Commons, Joint Committee on Human Rights: Vol 1: Report and formal minutes; by Andrew Dismore (chairman), Joint Committee on Human Rights, House of Lords / House of Commons. London: TSO, 14 August 2007, 105 pp (HL 2006/07 156-I; HC 2006/07 278-I).
The Joint Committee on Human Rights examine where human rights concerns arise, as with this report on the treatment of older people in healthcare. The Committee's terms of reference called for evidence on how human rights principles could be applied by healthcare providers and inspectorates alike, to ensure that older people are treated with greater dignity and respect when being cared for. Palliative care and domiciliary care were not considered. This report outlines the evidence received of the nature and scale of the problem, considers older people's treatment in hospitals and care homes; and explains the Committee's understanding of the application of human rights standards to the treatment of older people in healthcare and its benefits. The report considers the roles of the Department of Health (DH), service providers, health and social care inspectorates, the National Institute for Health and Clinical Evidence (NICE), and staff in protecting human rights. The barriers to older people in raising human rights concerns and complaints, and the role of human rights in overcoming these problems are considered too. Recommendations are made on these matters, and with regard to concerns on poor treatment, neglect, abuse, discrimination and ill-considered discharge. Overall, an entire culture change and

legislative changes are needed. (RH)

Price: £15.50

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

HEALTH SERVICES

- 185/66 Establishing the evidence base for an evaluation of free personal care in Scotland; by David Bell, Alison Bowes, Alison Dawson (et al), Social Research, Scottish Executive; University of Stirling. Edinburgh: Electronic format only (Scottish Executive), 2007, 150 pp.
Free personal and nursing care were introduced in Scotland in July 2002, and the aim of this study is to consider the baseline against which development of the policy can be evaluated. The report identifies key policy developments in social care and health, housing, benefits and pensions, and citizenship and rights that have affected or may affect continuation of the free personal care policy. Next, it examines baseline data on demography, household structure and health in old age. It reviews specific aspects of how the policy is working: the balance of care (that is, the relative importance of different care settings); unmet need; costs and finances; and the experiences and views of service users. The report concludes by summarising gaps found in the evidence base and suggesting improvements. Appendices include the study methods used, and an outline of the self-funding rules. (RH)
Price: FOC
From : Available only on Scottish Executive Social Research website: <http://www.scotland.gov.uk/socialresearch>
Other enquiries: Scottish Executive Social Research, 4th floor West Rear, St Andrew's House, Regent Road, Edinburgh EH1 3DG.
- 185/67 Family doctor survey 2007; by Bristol Older People's Forum (BOPF). Bristol: Bristol Older People's Forum, September 2007, 57 pp (BOPF Opinion research survey, no 7).
A postal questionnaire was sent to 2665 members of Bristol Older People's Forum (BOPF) in April 2007. 693 were completed (26.3%); 30 deaths or removals were also reported by return. The survey's purpose was to assess the opinions of older people in Bristol about the services and treatments provided by their family doctor, on issues such as accessibility; convenience and availability; courtesy, kindness and attention; and transfers and referrals. Appendices include the questionnaire, the preliminary report, and responses on unfair discrimination and what one thing would improve the service. (RH)
Price: £5.00
From : Bristol Older People's Forum, c/o Age Concern Bristol, Canningford House, 38 Victoria Street, Bristol BS1 6BY. E-mail: bopf@ageconcernbristol.org.uk
- 185/68 Rapid access centre: is it the answer for our ageing population?; by Ashraf Nasim, Bhaskar Mandal.
Geriatric Medicine, vol 37, no 7, July 2007, pp 15-19.
Given the UK's rapidly ageing population, there is likely to be a substantial increase in the prevalence of chronic diseases, and which could have a severe impact on already scarce health resources. This article discusses how a rapid access centre at Ashford Hospital, Middlesex has significantly improved healthcare services for older people in Surrey, provided by the Ashford and St Peter's Hospitals NHS Trust. (RH)
ISSN: 0268201X

HISTORY OF AGEING

- 185/69 Old age in Byzantine society; by Chris Gilleard.
Ageing and Society, vol 27, part 5, September 2007, pp 623-642.
The status afforded to old age in the Byzantine Empire is examined. Frequently neglected in accounts of state formation or comparative history, this Christian imperial state transformed the moral ordering of the lifecourse. In contrast to both classical Greek and Roman society, old age acquired a distinct moral authority in Byzantine society. The economic vulnerability, physical frailty and social marginality accompany old age conferred an equal moral claim upon society that the state actively addressed. A mix of institutionalised and individual charities created a prototype

'welfare state' within which provision for old age played a significant part. Despite its neglect by most social historians of old age, the Byzantine Empire is of considerable historical significance in the development of the contemporary constructions of old age. Just as the Byzantine Empire helped erode the practice of slavery that had been widespread in ancient Greek and Roman societies, so too did it help to create a prototype welfare state in which individual enterprise was tempered by a collective sense of inclusive Christian responsibility. The consideration extended by Byzantine society to old age, to its weakness as well as to its wisdom and authority, instituted a step change from earlier classical traditions. (KJ/RH)

ISSN: 0144686X

From : http://www.journals.cambridge.org/jid_ASO

HOME CARE

185/70

Personal assistance; by Martin Kitchener (ed).

Journal of Aging & Social Policy, vol 19, no 3, 2007, 1-97 pp.

Five articles on the topic "personal assistance" which in the United States is a term that emerged from the disability community to describe the help that people with self-care limitations need on a regular basis; in the United Kingdom this is usually described as social care or live-in care. This journal issue looks at how personal assistance in the US operates, particularly in comparison with similar care provision provided in Sweden and in England. Articles on the Swedish and English care provision are included in this issue. (KJ)

ISSN: 08959420

From : Haworth Document Delivery Service, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA. <http://www.HaworthPress.com>

185/71

Using older home care user experiences in performance monitoring; by Karen Jones, Ann Netten, Jennifer Francis (et al).

Health and Social Care in the Community, vol 15, no 4, July 2007, pp 322-331.

Home care services play a fundamental role in England in supporting older and disabled people to live in their own home. In order to identify and monitor the degree to which these services are providing good quality services, in 2003 the government required all councils with social services responsibilities (CSSR) to undertake user experience surveys among older service users. The questionnaire was required to include questions, two of which were designed to be used as a Best Value Performance Indicator (BVPI) reflecting the quality of home care for older people. 34 local authorities participated in an extension study providing data from 21350 home care users. The study's aim was to answer three questions. First, do the performance indicators reflect home care quality? Second, are the performance indicators using the most appropriate cut-off points? Third, what are the underlying constructs of home care quality? Evidence was found to support two of the performance indicators and the current cut-off point being used for the satisfaction indicator. Factor analysis identified indicators of important dimensions of quality that were associated with overall satisfaction. (RH)

ISSN: 09660410

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

HOSPITAL SERVICES

(See Also 185/46)

185/72

People admitted to hospital with physical disability have increased length of stay: implications for diagnosis related group re-imburement in England; by Ian Carpenter, Jacqui Bobby, Elena Kulinskaya (et al).

Age and Ageing, vol 36, no 1, January 2007, pp 73-77.

Different degrees of physical and cognitive impairment of patients in some Healthcare Resource Groups (HRGs, the basis of tariff-based reimbursement in England) results in wide variation in the actual costs of their care. The author report a study of 1942 consecutive emergency admissions to hospitals in East Kent from March to July 2004, with one or more of six presenting conditions (stroke, hip fracture, myocardial infarction, acute respiratory infection, chronic obstructive airways disease and falls). Patients with high dependency in activities of daily living (ADLs) had

longer lengths of stay (40% longer) when compared to those with lower dependency after excluding effects of HRG and other covariates. These patients, presenting with conditions common in older patients, would have incurred estimated annual costs of £1.9 million in excess of their HRG tariff-based reimbursement. Physical function measures should be used to better define HRGs and reduce financial risk under case-mix based reimbursement. (RH)

ISSN: 00020729

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

185/73

Proactive care of older people undergoing surgery ("POPS"): designing, embedding, evaluating and funding a comprehensive geriatric assessment service for older elective surgical patients; by Danielle Harari, Adrian Hopper, Jugdeep Dhesi (et al).

Age and Ageing, vol 36, no 2, March 2007, pp 190-196.

Older people undergoing elective surgery have high levels of preoperative co-morbidity, and multiple potentially preventable post-operative problems delaying hospital discharge. In a "before and after" study, preoperative comprehensive geriatric assessment incorporating prediction of adverse outcomes combined with targeted interventions reduced post-operative medical complications (including delirium and pneumonia) and length of stay in elective orthopaedic patients aged 65+. There were also improvements in areas reflecting multidisciplinary practice including pressure sores, pain control, early mobilisation and inappropriate catheter use. The MRC framework for complex interventions proved useful for evaluating a new service development and creating a business plan with a view to obtaining long-term NHS funding. A randomised controlled trial informed by the present study is ongoing. (RH)

ISSN: 00020729 From : <http://www.ageing.oupjournals.org>

HOUSING

185/74

Better futures for social housing in England: looking forward, aiming higher; by Joseph Rowntree Foundation - JRF Neighbourhood Programme. York: Joseph Rowntree Foundation - JRF, March 2007, 6 pp (ref: 2043).

In June 2006, Ruth Kelly, Secretary of State for Communities and Local Government, announced that Professor John Hills would carry out an independent assessment of the future role of social housing in England. In order to support the review and widen the debate, the Joseph Rowntree Foundation (JRF) asked Professor Duncan MacLennan to look at the current state of the social housing sector and suggest areas where change was needed and the issues that the newly announced Communities England would face. This is an outline of the Hills review, which states that such housing must be adequate, accessible and affordable, and that its organisation must be economic, efficient and effective. The full report, "Ends and means: the future roles of social housing in England" is published in 2007 as CASEreport 34 by the ESRC Research Centre for Analysis of Social Exclusion (CASE), London School of Economics and Political Science. (RH)

Price: (Full report £16.95)

From : York Publishing Services, 64 Hallfield Road, Layerthorpe, York YO31 7ZQ PDF download available - <http://www.jrf.org.uk>

185/75

Better outcomes, lower costs: implications for health and social care budgets of investment in housing adaptations, improvements and equipment: a review of the evidence: a report of research carried by the School for Policy Studies, University of Bristol on behalf of the Office for Disability Issues, Department for Work and Pensions; by Frances Heywood, Lynn Turner, London: Office for Disability Issues, 2007, 118 pp.

The Audit Commission report, "Fully equipped" (2000) commented on the potential effectiveness of NHS and local authority equipment services. This research report confirms and builds on that evidence, using two methods. The main one was to search databases including ISI Web of Knowledge, ASSIA, Sociological Abstracts, Medline, Dissertation Abstracts and SIGLE. Supplementary to that was a request to occupational therapists in England, Wales and Northern Ireland for local evidence not otherwise found by a literature search. Attention is also drawn to the researchers' definitions for assistive technology, cost benefits, and saving. The report presents evidence discovered as follows: savings through falls prevention; other health care cost savings; savings in home care; saving the cost of residential care; better quality of life for the same expenditure; saving the health of carers; and preventing waste. Assessment of each research item's

quality of evidence is summarised for transparency of methodology, quality of sampling, objectivity, reasonableness of assumptions, reliability of findings, financial soundness and accuracy, and transferability of findings. An executive summary (6 pp) is also available. (RH)
From : Office for Disability Issues, 6th Floor, Adelphi, 1-11 John Adam Street, London WC2N 6HT. E-mail: office-for-disability-issues@dwp.gsi.gov.uk
Website: www.officefordisability.gov.uk/publications

- 185/76 Life round the atrium: [independent living and an award-winning housing scheme]; by David Callaghan.
Community Care, issue 1679, 28 June 2007, pp 34-35.
An award-winning housing scheme providing independent living for older people makes bold use of architecture to create a strong neighbourhood identity. This article describes some features of the Cefn Glas extra-care housing project which is managed by the Charter Housing Association in partnership with Caerphilly Council. (RH)
ISSN: 03075508 From : <http://www.communitycare.co.uk>

INTERMEDIATE CARE

(See 185/26)

INTERNATIONAL AND COMPARATIVE

(See 185/43, 185/63, 185/83, 185/91, 185/115)

INVOLVEMENT

- 185/77 A consumer group: reflections on experience of involving users and carers in the work of the Faculty of Old Age Psychiatry; by Yong Lock Ong, Susan Benbow, Sarah Black (et al).
Quality in Ageing, vol 8, no 2, June 2007, pp 45-49.
The Royal College of Psychiatrists' Faculty of Old Age Psychiatry has been involving users and carers in its work since 2002. The model that has been developed involves regular meetings of a consumer group, which was set up in partnership with the Alzheimer's Society and Age Concern, and which meets with officers of the Faculty. This development is in line with a number of recent policy initiatives and has had considerable influence on the Faculty's work. (RH)
ISSN: 14717794
From : <http://www.pavpub.com>

- 185/78 Engaging older citizens: a study of London boroughs; by Sandra Vegeris, Helen Barnes, Verity Campbell-Barr (et al), London Councils; Policy Studies Institute - PSI; Better Government for Older People - BGOP. London: Electronic format only, March 2007, 53 pp.
As part of a wider national study on engagement partnerships between older people and their local authorities, the Policy Studies Institute (PSI) with Better Government for Older People (BGOP) carried out research in 2005 and 2006 into how older Londoners are being involved in developing council policies and services. The research draws on a survey of London boroughs about their engagement with older citizens, and this report presents survey findings based on responses from 22 councils (64% response), on what helps and hinders engagement activities with older citizens. The report also presents findings of three qualitative case studies on specific local engagement. 24 interviews were conducted with 1 council representative, 3 representatives from partner agencies, and 4 older citizens from each of the London Boroughs of Hammersmith and Fulham, Islington, and Sutton. The independent forum, the supported group, and the older citizens' panel are identified as the three main models that structure engagement partnerships; each have distinctive strengths and weaknesses. The report has examples of active engagement and key messages on community involvement in decision making about services and policies. A summary report is available at www.londoncouncils.gov.uk/socialpolicypublications (RH)
From : London Councils, 59½ Southwark Street, London SE1 0AL.
Download from website: <http://www.londoncouncils.gov.uk/bgop>

- 185/79 Older people's involvement; by Jill Manthorpe.
Community Care, issue 1680, 5 July 2007, pp 36-38.
How are councils engaging older people in the creation and development of services? The author reviews research from London local authorities that has been undertaken with Better Government for Older People (BGOP), and published as "Engaging older citizens: a study of London boroughs". Although the report has a London focus, the coverage of issues such as cultural diversity and social inclusion may also be of interest to other localities. (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>
- 185/80 User involvement, research and health inequalities: developing new directions; by Peter Beresford.
Health and Social Care in the Community, vol 15, no 4, July 2007, pp 306-312.
Placed in the context of broader discussions and developments about service user involvement in research and evaluation, this paper looks at the role that user involvement research may play in health inequalities research. It examines the pressures for and against such user involvement research its different expressions and ideological relations, and what particular contribution it may have to offer in researching health inequalities. In considering how it may help in developing substantive understanding of these issues and the role it may play in the future, particular attention is paid to the issue of enabling the diverse involvement of service users in order not to reinforce existing exclusions and barriers in research, policy and practice. (RH)
ISSN: 09660410
From : <http://www.blackwellpublishing.com/hsc>
- 185/81 User participation in developing services; by Social Care Institute for Excellence - SCIE.
Community Care, issue 1689, 6 September 2007, pp 34-36.
This contribution to SCIE's series analysing research findings on specific social work practices provides annotations for five items relating to recognising the rights of service users to actively participate in developing social care. If users' needs are to be met, then an organisation's culture and working methods must change at all levels. As well as suggesting sources of further information, the article provides annotations for five recent publications and articles. (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>
- LEISURE**
- 185/82 Let me entertain you: [changing musical tastes at day centres]; by Janet Snell.
Community Care, issue 1689, 6 September 2007, pp 26-27.
This article has been prompted by the sudden popular rise of The Zimmers - who are singing their version of The Who's "My Generation" and takes a lighthearted look at the changing musical tastes that will probably occur in older people's day centres given that the Baby Boomers were the rock n' roll generation. The important point being made is that staff should not make assumptions about what people will like or dislike and the value of silence. (KJ)
ISSN: 03075508
From : <http://www.communitycare.co.uk>
- 185/83 The outdoor mobility and leisure activities of older people in five European countries; by Cristina Gagliardi, Liana Spazzafumo, Fiorella Marcellini (et al).
Ageing and Society, vol 27, part 5, September 2007, pp 683-700.
Although outdoor activities and mobility promote good health in old age, both decrease with increasing age as people lose physical and mental functions. This paper examines the outdoor and indoor leisure activities of 3950 older adults and their variations by personal and environmental characteristics in Germany, Finland, Hungary, The Netherlands and Italy. The main dimensions of activity were established by factor analysis, and in all countries four factors were found: home activities, hobbies, social activities, and sports activities. Both similar and distinctive pursuits characterised each dimension among the five countries. 'Home activities' mainly comprised indoor activities, but the other three dimensions involved more physical mobility. The scores of various socio-environmental characteristics on the factors enabled participants' attributes to be profiled.

Sports activities and hobbies were performed more often by younger men, by those with good physical functioning, and by those who drove cars. Social activities were performed more by women and those who used public transport. Home activities were more frequently performed by those with low physical function and by women. (KJ/RH)

ISSN: 0144686X

From : http://www.journals.cambridge.org/jid_ASO

- 185/84 Trekking into trouble?: the elderly abroad; by Michael Townend.
Geriatric Medicine, vol 37, no 6, June 2007, pp 17-24.
An increasing proportion of the UK's population holidaying abroad are aged over 65. Although many older travellers will remain healthy while abroad, it is important to remember that this group as a whole are at increased risk of health problems. The author reviews the potential health issues that the older traveller might face. (RH)
ISSN: 0268201X

LIFE-LONG LEARNING

- 185/85 U3Alogy; the thinking behind the U3A in the UK: The Frank Glendenning Memorial Lecture 2007 by Dr Eric Midwinter, 23 March 2007 at Birkbeck College, London.
A summary of this lecture prepared by Jo Walker appears in the Life Academy journal, Review, volume 7, issue 1 (July/August 2007).
From : Download from website: <http://www.cpa.org.uk/aea>

LONG TERM CARE

- 185/86 Distributional effects of reform in long-term care; by Martin Karlsson. Oxford: Oxford Institute of Ageing, 2007, pp 33-41.
Ageing Horizons, 2007, no 6, 2007, pp 33-41.
Population ageing will intensify the distributional dilemmas related to provision and funding of long-term care (LTC). Several OECD countries have recently reformed their LTC systems, but as yet there is a paucity of evidence on how different reform options affect the financial position of different socioeconomic groups. Another neglected issue is how individuals adapt to changes as a result of LTC policy reform. One complication in the analysis of LTC reform is the great uncertainty in projections, largely due to the long planning horizon needed and the nature of LTC services themselves. This paper reviews two contrasting contributions to the literature: "Paying for long-term care for older people in the UK: modelling the costs and distributional effects of a range of options" by Ruth Hancock et al (LSE PSSRU discussion paper 2336, 2006); and "Future costs for long-term care: cost projections for long-term care for older people in the United Kingdom", by Karlsson et al (Health Policy, 80, 2007). Particular emphasis is placed on the policy implications of their findings. (RH)
From : Download only from: <http://www.ageing.ox.ac.uk/ageinghorizons>

- 185/87 Financing long-term care for older people in England; by Raphael Wittenberg, Juliette Malley. Oxford: Oxford Institute of Ageing, 2007, pp 28-32.
Ageing Horizons, 2007, no 6, 2007, pp 28-32.
During a decade of debate on how to fund long-term care, British analysts have focused more on policy developments in other countries than ever before. This paper discusses criteria for appraising opinions to argue that the objectives of the financing system must be considered in the light of the objectives for the long-term care system as a whole. The types of funding mechanisms discussed are private insurance (including private/public partnerships), tax-funded and social insurance models. Social insurance with hypothecation of funds is no longer part of the current debate, which now focuses on three types of options whose properties are described: free personal care (adopted in Scotland); the retention of means-tested arrangements in some form; and a partnership model as recommended in the Wanless Report. This paper agrees with Wanless that all three have strengths and weaknesses. Decision-makers have a window of opportunity to make reforms before the baby-boomers reach old age. (RH)
From : Download only from: <http://www.ageing.ox.ac.uk/ageinghorizons>

- 185/88 How can funding of long-term care adapt for an ageing population?: practical examples and costed solutions; by Sue Collins, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, June 2007, 6 pp.
Solutions: lessons for policy and practice, 2093, June 2007, 6 pp.
The current model of funding for long-term care in the UK is unfair, not clear, and is unlikely to be sustainable in the future. As part of research for the Joseph Rowntree Foundation (JRF) Paying for Long Term Care Programme, detailed costs have been drawn up on the following possibilities for improving the present system: equity release; higher capital limits for care home fees; doubling the personal expenses allowance for people living in care homes supported by local authorities; and free personal care for more people in nursing homes. A more radical long-term change is also suggested: a constant rate of co-payment for individuals and the State. This paper also notes examples of practice which have been implemented by the Joseph Rowntree Housing Trust (JHRT): a social insurance scheme; a bonds scheme; and a loan stock scheme. The paper also draws on another major piece of work by JRF, 'Caring choices: who will pay for long-term care?'. (RH)
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.
<http://www.jrf.org.uk>
- 185/89 Long-term care and dementia services: an impending crisis; by Alastair Macdonald, Brian Cooper. Age and Ageing, vol 36, no 1, January 2007, pp 16-22.
Since the transfer of long-stay care to the independent sector, provision of places in care homes in the UK has varied in response to market trends, and has shown a constant fall in the past 10 years. People with dementia constitute the largest diagnostic group affected by these changes, and are also likely to be the group that will determine future need. The authors set out to estimate, from institutional and prevalence survey data, what proportion of people with dementia in the UK are in long-stay care. Despite a falling trend in the number of places available in care homes, just over half of all such cases are to be found in care homes. Taking the proportion of 50% as standard, they estimated future need for places in care homes on the basis of the rising figures for dementia and three different projection scenarios from 2005 to 2023. The present trend indicates an increase of around 50%, a policy shift of 10% in favour of community care could reduce this to around 35%, and combining the community care with increased specialisation in the homes for dementia care further reduces it to 20%. They suggest the latter 20% limited increase could prove sufficient, but only if better regulation, staff training and support in dementia care for homes are provided. (RH)
ISSN: 00020729
From : <http://www.ageing.oupjournals.org>
- 185/90 Long-term care policy: the difficulties of taking a global view; by Kenneth Howse. Oxford: Oxford Institute of Ageing, 2007, pp 3-11.
Ageing Horizons, 2007, no 6, 2007, pp 3-11.
What should governments do about the provision of long-term care for frail older people in ageing societies? This paper considers some of the difficulties of taking a global view on this matter. It examines differences and similarities in policy context between developed and developing countries, and asks to what extent and in what way the problems of policy-making for long-term care are problems of fairness. (RH)
From : Download only from: <http://www.ageing.ox.ac.uk/ageinghorizons>
- 185/91 Long-term care reform in Spain; by Joan Costa-Font, Anna Garcia Gonzalez.: LSE Health; European Observatory on Health Systems and Policies, 2007, pp 20-22.
Eurohealth, vol 13, no 1, 2007, pp 20-22.
Public funding of long-term care services in Spain has been limited; traditionally there has been a reliance on family members to provide informal unpaid care. The ageing of the population, coupled with changing family structures, have raised the issue of long-term care up the policy agenda. A new law, guaranteeing the right to long-term care services, funded through taxation but subject to means testing has now come into effect. While increasing public coverage for long-term care services, this new legislation raises challenges in respect of coordination and deliver of services within and across the seventeen Autonomous Communities that are responsible for the provision of social care services. (KJ)

ISSN: 13561030

From : <http://www.lse.ac.uk/LSEHealth>
eurohealth@lse.ac.uk

- 185/92 Power and autonomy of older people in long-term care: cross-national comparison and learning; by Hengliem Lisa Chen, Social Policy Association. Bristol: The Policy Press, 2007, pp 175-199. IN: Social Policy Review, 19, Chapter 9, 2007, pp 175-199.
It is argued in this chapter that older people who need long-term care are most likely to be physically or mentally frail, requiring involvement of multiple care services. It is for this reason that the power and autonomy of dependent older people is essential to ensure that quality of care is maintained. This chapter explores some solutions, focusing on the entire long-term care framework; England, the Netherlands and Taiwan are selected as representative of different welfare arrangements. It also highlights older people's experiences of social and personal barriers that are inhibiting them from becoming more actively socially and politically while in care. Further, it seeks to understand how their experiences of autonomy have affected their care and well-being. (RH)
From : The Policy Press, University of Bristol, Fourth floor, Beacon House, Queen's Road, Bristol BS8 1QU.

MEDICAL ISSUES

- 185/93 Are hip protectors correctly positioned in use?; by R J Minns, A-M Marsh, A Chuck (et al). Age and Ageing, vol 36, no 2, March 2007, pp 140-144.
The design of hip protectors ranges from small elliptical shaped hard shell designs to large circular soft pads. They are held in position usually by being contained in a close-fitting pocket on a garment that patients wear all the time they are at risk of sustaining a fracture of the hip if they fall onto the area of the greater trochanter (GT). The purpose of this study was to determine where the GT was in relation to the anterior superior iliac crest (ASIC), where various designs of hip protectors and their associated garments were positioned relative to the GT which is the area needing maximum protection from impact forces generated from a sideways fall. (RH)
ISSN: 00020729
From : <http://www.ageing.oupjournals.org>
- 185/94 Long term results of compression therapy alone versus compression plus surgery in chronic venous ulceration (ESCHAR): randomised controlled trial; by Manjit S Gohel, Jamie R Barwell, Maxine Taylor (et al).
British Medical Journal, vol 335 no 7610, 14 July 2007, pp 83-87.
The effect of surgery and compression on healing and recurrence (ESCHAR) study aimed to assess outcomes for patients with chronic leg ulceration. This study of 500 patients (500 legs) with open or recently healed leg ulcers and superficial venous reflux found that healing rates over 3 years were 89% for the compression group and 93% for the compression plus surgery group. Rates of ulcer recurrence at 4 years were 56% for the compression group and 31% for the compression plus surgery group. Thus, surgical correction in addition to compression bandaging does not improve ulcer healing, but reduces the recurrence of ulcers at 4 years, and results in a greater proportion of ulcer-free time. (RH)
ISSN: 09598138
From : <http://www.bmj.com>
- 185/95 Main morbidities recorded in the women's international study of long duration oestrogen after menopause (WISDOM): a randomised controlled trial of hormone replacement therapy in postmenopausal women; by Madge R Vickers, Alastair H MacLennan, Beverley Lawton (et al).
British Medical Journal, vol 335 no 7613, 4 August 2007, pp 239-244.
Participants were postmenopausal women aged 50-69, patients at 384 general practices in the UK, 91 in Australia and 24 in New Zealand. At early closure of the trial, 56583 had been screened, 8980 entered run-in and 5692 (26% of target of 22300) had started treatment. This trial was prematurely closed during recruitment after a median follow-up of 11.9 months (total of 6498 women years) in those enrolled, after publication of early results from the women's health initiative study. The mean age of randomised women was 62.8 years. When combined hormone

therapy (n=2196) was compared with placebo (n=2189) there was a significant increase in the number of major cardiovascular events and venous thromboembolisms. There were no statistically significant differences in numbers of breast or other cancers, cerebrovascular events, fractures and overall deaths. Comparison of combined hormone therapy versus oestrogen therapy (n=815) outcomes revealed no significant differences. Hormone replacement therapy (HRT) increases cardiovascular and thromboembolic risk when started many years after the menopause. The results are consistent with findings of the women's health initiative study and secondary prevention studies. Research is needed to assess the long term risks and benefits of starting HRT near the menopause, when the effect may be different. (RH)

ISSN: 09598138

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

185/96 Managing the non-motor symptoms of Parkinson's disease; by Doug MacMahon, Simon McIntosh.

Geriatric Medicine, vol 37, no 5, May 2007, pp 43-49.

Non-motor symptoms such as depression, sleep disturbance or hallucinations are common in Parkinson's disease (PD), but often these are under-recognised and poorly treated. The frequency of non-motor symptoms usually increases with severity of disease, and are thus more likely to affect older patients, many of whom may have PD for 15 years or more. The authors discuss the major non-motor symptoms. (RH)

ISSN: 0268201X

185/97 Pain management in older people; by Dylan Harris.

Geriatric Medicine, vol 37, no 7, July 2007, pp 23-25.

Pain in older people is under-reported, under-recognised and untreated. This has significant potential consequences such as reduced quality of life, depression, social isolation and loss of function. Effective pain management for older people is complex and should include pharmacological and non-pharmacological strategies. This article discusses assessment and management. (RH)

ISSN: 0268201X

185/98 Parkinson's disease; by C E Clarke.

British Medical Journal, vol 335 no 7617, 1 September 2007, pp 441-445 (Clinical review).

Parkinson's disease should be suspected in someone with tremor, stiffness, slowness, balance problems, or gait disorders. This article appears in the light of recently published guidelines from the National Institute for Health and Clinical Excellence (NICE), which advises that all patients with suspected Parkinson's disease should be referred to an expert in secondary care for an accurate diagnosis and management of the condition. The aim of the article is to alert the non-expert to the features of the disease to ensure rapid referral. (RH)

ISSN: 09598138

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

185/99 Psychosocial factors associated with fall-related hip fractures; by Nancye M Peel, Roderick J McClure, Joan K Hendrikz.

Age and Ageing, vol 36, no 2, March 2007, pp 145-150.

Cases of fall-related hip fracture in people aged 65+ living in the community were recruited from hospital admissions in Brisbane, Australia in 2003-2004. 387 participants were matched with at least two controls per case who were recruited via electoral roll sampling. A questionnaire assessing psychosocial factors, identified as determinants of healthy ageing, was administered at face-to-face interviews. The study found that psychosocial factors having a significant independent protective effect on hip fracture risk included being currently married, living in present residence for 5 years or more, having private health insurance (PHI), resilience in response to stress, having a higher level of life satisfaction, and engagement in social activities in older age. The study suggests that fall injury among older people may be prevented or reduced by implementing healthy ageing strategies involving community-based approaches to enhance their psychosocial environments. (RH)

ISSN: 00020729

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

- 185/100 Screening versus routine practice in detection of atrial fibrillation in patients aged 65 or over: cluster randomised controlled trial; by David A Fitzmaurice, F D Richard Hobbs, Sue Jowett (et al).
British Medical Journal, vol 335 no 7616, 25 August 2007, pp 383-386.
As part of the screening for atrial fibrillation in the elderly (SAFE) study, the authors of this article tested whether screening was more effective than routine care in detecting atrial fibrillation in the community. Participants in this study were 14802 patients aged 65+ in the Midlands in 25 intervention general practices and 25 control practices. Patients in intervention practices were randomly allocated to systematic screening (invitation for electrocardiography) or opportunistic screening (pulse taking and invitation for electrocardiography if the pulse was irregular). Screening took place over 12 months in each practice from October 2001 to February 2003. No active screening took place in control practices. The detection rates of new cases of atrial fibrillation was 1.63% a year in the intervention practices and 1.04% in the control practices. Systematic and opportunistic screening detected similar numbers of new cases (1.62% vs 1.64%). Active screening for atrial fibrillation detects additional cases over current practice. The preferred method of screening in patients aged 65+ in primary care is opportunistic pulse taking with follow-up electrocardiography. (RH)
ISSN: 09598138
From : <http://www.bmj.com>

MEDICATION

- 185/101 Home-based medication review in a high risk elderly population in primary care: the POLYMED randomised controlled trial; by Elizabeth Lenaghan, Richard Holland, Alison Brooks.
Age and Ageing, vol 36, no 3, May 2007, pp 292-297.
Home-based medication review by pharmacists does not appear to reduce hospital admissions. In this study, 136 patients aged 80+ living at home, taking four or more medications and with at least one medication-related risk factor were recruited from a dispensing general practice with 9 general practitioners (GPs) in rural North Norfolk. The intervention comprised two home visits by a community pharmacist who educated the patient/carer about their medicines, noted any pharmaceutical care issues, assessed need for an adherence and, subsequently met with the local GP to agree on actions. After 6 months, 20 of the intervention group and 21 controls had been admitted to hospital; nor was there much difference in care home admissions and deaths between groups. There was a small (non-significant) decrease in quality of life in the intervention group. There was a statistically significant reduction in the mean number of medicines prescribed (-0.87) to intervention group members. No positive impact on clinical outcomes or quality of life were demonstrated; however, this intervention did appear to reduce prescribing. This is in line with other evidence and suggests that this form of intervention may not have a clear health gain, but may lead to modest savings in terms of reduced prescribing. Medication review services in primary care should focus on at-risk populations rather than older people in general. (RH)
ISSN: 00020729
From : <http://www.ageing.oupjournals.org>

- 185/102 Polypharmacy and the elderly; by Richard Fitzgerald, Munir Pirmohamed.
Geriatric Medicine, vol 37, no 7, July 2007, pp 41-45.
The accumulation of prescribed medicines is a recognised effect of ageing. Polypharmacy is an important issue when treating the older patient, as it is one the main reasons why this age group has a higher frequency of adverse drug reactions compared younger age groups. The authors discuss how polypharmacy can occur and how to reduce the pill burden for the older patient. (RH)
ISSN: 0268201X

MENTAL HEALTH

(See Also 185/2, 185/38, 185/130)

- 185/103 Assessing late-onset stress symptomatology among aging male combat veterans; by Lynda A King, Daniel W King, Kristin Vickers (et al).

Aging & Mental Health, vol 11, no 2, March 2007, pp 175-191.

Late-onset stress symptomatology (LOSS) is a phenomenon observed in ageing combat veterans who were exposed to highly stressful combat events in their early adult years and have functioned successfully during midlife with no history of chronic stress-related disorders, but begin to register increased combat-related thoughts, feelings and reminiscences commensurate with the changes and challenges of ageing. This study's aim was to develop a measure of LOSS with older male combat veterans from World War II, the Korean War and the Vietnam War. A 44-item LOSS scale was developed that demonstrate a high degree of internal consistency and reliability. Scores were stable over brief intervals but were sensitive to developmental change over an extended period. Factor analysis suggested a single LOSS factor. Bivariate associations between LOSS score and other variables (e.g. indicators of contemporary life stressors, resilience, quality of life) were consistent with hypotheses, and there was support for the incremental validity of LOSS vis-à-vis post-traumatic stress symptoms and symptoms of general distress. Discussion of the potential uses of the scale, future directions for psychometric research, and suggestions for generalising the LOSS construct for other trauma populations are provided. (RH)

ISSN: 13607863

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

185/104

How to assess capacity to make a will; by Robin Jacoby, Peter Steer.

British Medical Journal, vol 335 no 7611, 21 July 2007, pp 155-157.

Increases in longevity, dementia and personal wealth are leading to more contested wills. Much litigation in the UK and elsewhere could be avoided if doctors correctly assessed the capacity of person to make a will. An old age psychiatrist and a solicitor explain how to assess capacity using legal tests. (RH)

ISSN: 09598138

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

185/105

Moderate alcohol consumption in older adults is associated with better cognition and well-being than abstinence; by Ian Lang, Robert B Wallace, Felicia A Huppert (et al).

Age and Ageing, vol 36, no 3, May 2007, pp 256-261.

There is evidence of a U-shaped association between alcohol consumption and physical health outcomes in older people, such that moderate drinking is associated with better outcomes than abstinence or heavy drinking. Whether moderate drinking in older people is associated with better cognition and mental health than non-drinking has not been explored. The relationship between drinking and cognitive health was assessed for 6,500 individuals aged 50+ who participated in Wave 1 of the English Longitudinal Study of Ageing (ELSA) and who were not problem drinkers. Cognitive function, subjective well-being and depressive symptoms were examined; and the risks associated with having never drunk alcohol, having quit drinking, and drinking at 1, 2 and >2 drinks per day were compared. For both men and women, better cognition and subjective well-being, and fewer depressive symptoms were associated with moderate levels of alcohol consumption than with never having drunk any. In middle-aged and older men and women, moderate levels of alcohol consumption are associated with better cognitive health than abstinence. (RH)

ISSN: 00020729

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

MENTAL HEALTH SERVICES

(See Also 185/77)

185/106

Cure or contain?: attachment theory as a baseline model to understand resistance to success - or why people don't want to get better; by Louisa J Shirley.

PSIGE Newsletter, no 97, January 2007, pp 22-27.

Attachment theory is a useful model within which to begin to understand some clients' reluctance to be discharged from mental health services. In 'Attachment and loss', John Bowlby suggests that certain behaviours - such as proximity seeking or clinginess, designed to elicit or maintain involvement of an attachment figure - are likely to appear at times when a person feels under threat and/or perceives the absence of an attachment figure. In older adulthood, people often

experience both the loss of attachment figures, and the perception of threat (to their physical self or to their identities), and we could expect to see the emergence of attachment-seeking behaviour during these crises. For a small number of older people, their early experiences might prompt more extreme or desperate attachment-eliciting behaviour. This article discusses the possibility that people with early attachment difficulties, who become part of mental health services, may form relationships with staff or with the unit that resemble attachment relationships, and which prompt attachment-seeking behaviour when the relationship is threatened by discharge from the service. It is suggested that we need to know more about the willingness or reluctance of staff to form meaningful relationships with older people in mental health services and how much relationships can be supported. (RH)

ISSN: 13603671

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

185/107

Improving services and support for older people with mental health problems: the second report from the UK Inquiry into Mental Health and Well-being in Later Life; written by Michele Lee, Project Manager, on behalf of the Inquiry Board; London: Age Concern England, 2007, 119 pp. Age Concern England (ACE) and the Mental Health Foundation launched this UK Inquiry (chaired by June Crown) in 2003. This second and final report draws on evidence from older people, carers, organisations and professionals on the very wide range of mental health problems that can be experienced in later life: depression, anxiety, suicide, self-harm, delirium (acute confusion), dementia, schizophrenia and other severe mental health problems, and alcohol and drug misuse. The report presents facts, figures and policy issues, and identifies five main areas for action. First, ending discrimination: older people with mental health problems suffer from stigma and "invisibility" as well as age discrimination. Second, prioritising prevention, by reducing risk factors such as social isolation. Third, enabling older people to help themselves and each other through: meaningful activity; support from friends, family or carers; and information and advocacy. Fourth, improving current services: housing, primary care, social care, specialist mental health services, acute hospitals, and care homes. Lastly, facilitating change, by workforce development, education and training; in addition, the Comprehensive Spending Review (CSR) is setting priorities for the next few years. Each chapter includes examples of services and projects, and lists things which could make a difference. The Inquiry makes 35 recommendations for action, and lists the recommendations from the first report. (RH)

Price: £10.00

From : Age Concern England, Policy Unit, Astral House, 1268 London Road, London SW16 4ER.

<http://www.mhilli.org>

185/108

Smoking ban lights up human rights conflict: [the ban in relation to service users and staff]; by Helen McCormack.

Community Care, issue 1679, 28 June 2007, pp 12-13.

Enforcing the smoking ban in social care will pose significant challenges around competing rights of service users and staff. This article considers the issue as it affects mental health services, psychiatric wards, domiciliary care and care homes. (RH)

ISSN: 03075508

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

MIGRATION

185/109

Migration, older people and social policy; by Anthony M Warnes, Social Policy Association. Bristol: The Policy Press, 2007, pp 293-316.

IN: Social Policy Review, 19, Chapter 14, 2007, pp 293-316.

One of the themes in this Social Policy Review is migration and social policy. The challenges to social welfare and immigration policy that older migrants present are the focus of this chapter, which is in five sections. First, it further discusses the effects that large numbers of immigrants and emigrants have on established systems of state-supported and managed welfare in Western European countries. Next, it describes the major types of 'older foreign migrants', who are more diverse than is popularly understood. The third section is a selective guide to recent research about older migrants, which also summarises the latest evidence on numbers of UK state pensioners

resident in foreign countries. Fourth, the processes by which healthcare and welfare policies are 'harmonised' among European Union (EU) member states are considered. The potential of current policies for achieving the required radical reform are evaluated. The final section argues that the pressures for reform in certain underlying principles of 'social insurance' and issues of entitlement will continue to grow, and will require a new kind of 'welfare contract for migrants of different ages. (RH)

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

MONITORING AND EVALUATION

(See 185/71)

OLDER OFFENDERS

185/110 Frontal lobes and older sex offenders: a preliminary investigation; by Seena Fazel, Ian O'Donnell, Tony Hope (et al).

International Journal of Geriatric Psychiatry, vol 22, no 1, January 2007, pp 87-89.

It has been hypothesised that older men sustain age-related brain changes that may precipitate offending behaviour, particularly sexual offences. The authors tested the hypothesis that frontal lobe changes are associated with sexual offending in older men. Frontal lobe tests were administered to 50 older men incarcerated for sex crimes and to 50 older controls in prison for other crimes; all were aged 60+ and in 15 prisons in England and Wales. No evidence was found to support this hypothesis, but nor does that disprove the hypothesis either. Rather, a more representative sample of older sex offenders is required and a control group with fewer violent (non-sexual) offenders, who may have equally been associated with frontal lobe dysfunction. (RH)

ISSN: 08856230

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

OLDER WOMEN

(See Also 185/21, 185/113)

185/111 Becoming and being gendered through the body: older women, their mothers and body image; by Laura Hurd Clarke, Meridith Griffin.

Ageing and Society, vol 27, part 5, September 2007, pp 701-718.

Following West and Zimmerman's (1987) theoretical understanding of how gender identities are created and maintained, this paper examines the ways in which older women learned from their mothers how 'to do gender' through their bodies and specifically their physical appearance. Extracts from semi-structured interviews with 44 women aged 50 to 70 years (most born in Canada) have been drawn upon to identify and discuss the ways in which women perceive, manage and present their bodies using socially-constructed ideals of beauty and femininity. More specifically, three ways that women learned 'to do gender' are examined: from their mothers' criticisms and compliments about their appearance at different stages of the lifecourse; from their mothers' attitudes towards their own bodies when young and in late adulthood; and from the interviewees' own later life experiences and choices about 'beauty work'. Interpretative feminism is employed to analyse how the women exercised agency while constructing body image meanings in a social context that judges women on their ability to achieve and maintain the prevailing ideal of female beauty. The study extends previous research into the influence of the mother-daughter relationship on young women's body image. The findings suggest that mothers are important influences on their daughters' socialisation into body image and beauty work, and exert, or are perceived to exert, accountability across the life-course. (KJ/RH)

ISSN: 0144686X

From : http://www.journals.cambridge.org/jid_ASO

PENSIONS AND BENEFITS

(See Also 185/117)

- 185/112 Charity or entitlement?: generational habitus and the welfare state among older people in north-east England; by Suzanne Moffat, Paul Higgs.
Social Policy & Administration, vol 41, no 5, October 2007, pp 449-464.
Current UK policies aimed at reducing pensioner poverty involve targeting those in greatest need by supplementing their incomes with means-tested welfare benefits. It is believed that such policies provide more resources for those in greatest need. However, non-uptake of state welfare benefits by many older UK citizens exacerbates the widening income gap between the richest and poorest pensioners. The underlying beliefs and discourses are examined among those currently in retirement who lived through a time when welfare programmes had more a putative abstract universalism than is now the case. Based on the narratives of people aged over 60 in north-east England, the collective forces of structure and individual practice are shown in relation to welfare accumulate over a lifetime and influence the ways in which people interact with the welfare system in later life. It is found that the reasons for the apparent lack of agency among older people in relation to claiming benefit entitlements are linked to the particular social, economic and political circumstances which have prevailed at various points prior to and since the inception of the UK welfare state. It is argued that the failure of some older citizens to operate as citizen consumers can be conceptualised in terms of a generational welfare "habitus", the consequences of which are likely to exacerbate inequalities in later life. (KJ/RH)
ISSN: 01445596
- 185/113 Closing the gender gap in retirement income : what difference will recent UK pension reforms make?; by Debora Price.
Journal of Social Policy, vol 36, part 4, October 2007, pp 561-584.
The second report of the Pensions Commission sought to establish a framework for a sustainable pension system for future generations of pensioners in the UK. The framework has been largely accepted by government in their recent White Paper, "Security in retirement: towards a new pension system" (2006). Legislation will follow. The Commission and the government have made a number of claims about how their proposals will benefit women. Reforms have been welcomed by women's lobby groups. This article presents a gendered analysis of the Pensions Commission proposals using unpublished data generated by Pensim2, a pensions' simulator developed by the Department for Work and Pensions. Substantial improvements for women will be in the long term only, and will depend heavily on the extent to which gendered patterns of work and family change in future. For women who follow traditional paths of combining part-time work with looking after children and kin, outcomes will depend on partnering arrangements. If they are married or cohabiting, they will be better off; but if they live alone in later life, the principal advantage of the proposals will be a reduction in means testing rather than an improvement in levels of income. (KJ)
ISSN: 00472794
From : <http://www.journals.cambridge.org>
- 185/114 The impact of occupational pensions on retirement age; by Sepideh Arkani, Orla Gough.
Journal of Social Policy, vol 36, part 2, April 2007, pp 297-318.
European countries, including the UK, have been focusing on attention on retirement age. This article contributes to the debate on retirement age and the extent to which occupational pensions influence the decision to retire. It uses data from the Labour Force Survey (LFS) from 1984 to 1991 and the Quarterly Labour Force Survey from 1992 to 2003 to review changes in actual average retirement age in the UK during the period 1983 to 2003 by gender and ethnicity. The article investigates the link between occupational pension schemes and men's and women's actual retirement ages. It uses the English Longitudinal Survey of Ageing (ELSA, 2002-2003) to explore the impact of pension type on employees' expected retirement age and the decision to take early retirement. (RH)
ISSN: 00472794
From : <http://www.journals.cambridge.org>

- 185/115 Pension reforms in Europe and life-course politics; by Robert Maier, Willibrord de Graaf, Patricia Frericks.
Social Policy & Administration, vol 41, no 5, October 2007, pp 487-504.
In recent years, somewhat drastic pension reforms have taken place in all European countries. The pension systems developed in the last century are no longer considered to be suited to the changing demographic constellations in European countries, and the financial sustainability of these systems is under threat. Moreover, the changing political and economic set-up in European countries is also used to justify reforming the different pension systems. Different reasons can be given to explain the various pension reform measures without, however, there being any integrated coherence. It is suggested that a politics of social policy, and of pension policy in particular, based on a life-course perspective, facilitates the understanding of the whole range of pension reform measures. Such a life-course perspective integrates sequences of learning, working and caring considered necessary for the polity. In other words, it is based on a conception of human potential, and it integrates, to some extent, the previously separate domains of labour market policy, education policy, care policy and pension policy. However, recent theoretical and empirical studies of the life course lead to a critical evaluation of the new standard biography, with the conclusion that the new standard is one-sided and scientifically unsound, entailing challenges for social policy. (KJ/RH)
ISSN: 01445596

PERSON CENTRED CARE

(See Also 185/36, 185/41)

- 185/116 Person-centred care: the Holy Grail or a muddled and misguided goal; by Ian A James.
PSIGE Newsletter, no 99, Spring 2007, pp 9-13.
Standard 2 of the National Service Framework for Older People (NSF) and the NICE dementia guidelines (2006) both appear to endorse person-centred care (PCC) as being synonymous with good practice. PCC has also become a major non-pharmacological treatment strategy. The author of this article queries why PCC has acquired this importance, explores some reasons why it has achieved such status, and examines problems associated with the concept. PCC should be better defined and include improving communication strategies, such that people with dementia feel more positive about their interactions with other people. This aspect has been incorporated into the work of the Newcastle Challenging Behaviour Service (NCBS) team. (RH)
ISSN: 13603671
From : <http://www.psige.org.uk>

POVERTY

- 185/117 Pensioner poverty over the next decade: what role for tax and benefit reform?; by Mike Brewer, James Browne, Carl Emmerson (et al), Institute for Fiscal Studies - IFS. London: Institute for Fiscal Studies, July 2007, 109 pp (IFS commentary 103).
What are the prospects for pensioner poverty in the next ten years, and how much difference will the proposals in the 2006 White Paper, "Security in retirement" (Cm 6841) make? This report examines these questions under a variety of alternative tax and benefit policies, by using data from the British Household Panel Survey (BHPS), the English Longitudinal Study of Ageing (ELSA), the Family Resources Survey, the ONS Longitudinal Study, and mortality data from the Government Actuary's Department. This is done by modelling the future demographic structure and incomes of the pensioner population up to 2017/18, by simulating mortality, health, receipt of disability benefits and labour market outcomes for people aged 50+ in England in 2002/03. Different tax and benefits systems are then applied to this simulated pensioner population to examine their effects on future pensioners' net incomes, and hence future pensioner poverty. The research finds that recent falls in poverty amongst those aged 65+ are unlikely to continue after 2007-08, even after the implementation of the proposals outlined in the White Paper. The research for this report was funded by Help the Aged, and co-funded by the Economic and Social Research Council through the ESRC research grant Inequalities in Health in an Ageing Population (RES-000-23-0590) and the Centre for Microeconomic Analysis of Public Policy at the Institute for Fiscal Studies (IFS). (RH)

Price: £15 (IFS members); £30 (non-members)

From : The Institute for Fiscal Studies, 7 Ridgmount Street, London WC1E 7AE. Link to download: http://www.ifs.org.uk/publications.php?publication_id=3991

PREVENTION

- 185/118 On a tight leash: [preventive low cost community services]; by Deborah Klee. Community Care, issue 1687, 23 August 2007, pp 32-33.
As long-term care costs continue to rise, preventive, low cost community services to support older people are needed. The author suggests and examines the sorts of schemes that are required: partnerships with the voluntary sector; healthy eating; and "telephone trees", a form of support network that ensures that those living alone are well. (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>
- 185/119 Preventive health care in elderly people needs rethinking; by Dee Mangin, Kieran Sweeney, Iona Heath.
British Medical Journal, vol 335 no 7614, 11 August 2007, pp 285-287.
Preventive health care aims to delay the onset of illness and disease and to prevent untimely and premature deaths. However, concerns about equity in access to treatments have focused on ageism. This can result in preventative interventions being encouraged regardless of age, which can be harmful to the patient and expensive for the health service. The authors of this article call for an urgent reappraisal of the relationships between age discrimination, distributive justice, quality, and length of life. A more sophisticated model is needed to assess the benefits and harms of preventive treatments for older people. (RH)
ISSN: 09598138
From : <http://www.bmj.com>

QUALITY OF LIFE

- 185/120 Quality of life among older people with poor functioning: the influence of perceived control over life; by Ann Bowling, Sharon Seetai, Richard Morris (et al).
Age and Ageing, vol 36, no 3, May 2007, pp 310-315.
The apparently incongruous coupling of poor physical functioning with high quality of life (QoL) was investigated. A random sample of 999 people aged 65+ from the Office for National Statistics (ONS) Omnibus Survey of Britain were interviewed in 2000 and 2001. 21% of respondents reported fairly to very severe levels of functional difficulty, and 62% of these rated their QoL as "good". Better self-rated health, lower burden of chronic disease, not having fallen, higher social engagement and higher levels of perceived control over life, distinguished between people who had difficulties with physical functioning and who perceived their QoL to be "good" rather than "not good". The open-ended survey responses broadly supported the quantitative findings. To conclude, people with difficulties with physical functioning, who perceived their QoL to be "not good", as opposed to "good", were adversely affected by a higher burden of disease and having fewer socio-psychological resources to help them to cope effectively. (RH)
ISSN: 00020729
From : <http://www.ageing.oupjournals.org>

RESEARCH

- 185/121 Co-constructed inquiry: a new approach to generating, disseminating and discovering knowledge in qualitative research; by John Keady, Sion Williams.
Quality in Ageing, vol 8, no 2, June 2007, pp 27-36.
Co-constructed inquiry (CCI) has been built in partnership with specialist nurse practitioners, university-based researchers (with a clinical background in stroke and dementia care) and people with long-term conditions. CCI introduces the language of drama and theatre into the theory building and reporting process, and consists of three stages: building the set; performing the production; and bringing down the curtain. People with long-term conditions represent subjective experience through the production of a life story script, a personal theory and, eventually, a

collective theory. The personal theory is usually presented as a series of diagrams. CCI sheds new light on participative methods of inquiry and in the development of co-constructed grounded theory. (RH)

ISSN: 14717794

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

- 185/122 *Critical perspectives on ageing societies*; by Miriam Bernard, Thomas Scharf (eds). Bristol: The Policy Press, 2007, 186 pp (Ageing and the lifecourse series).
Contributions from British and American academics offer a critical gerontological perspective that reviews and updates our understanding of ageing research over the last 25 years. Ten papers are arranged in three parts. In Part 1, on historical, theoretical and policy contexts, the editors introduce critical perspectives on an ageing society. Three further papers consider critical gerontology; using human rights to defeat ageism (and dealing with policy-induced "structured dependency"); and the re-medicalisation of later life. Part 2 - on forms of knowing and participatory approaches - includes papers of particular interest to narrative gerontologists, feminists and those involved with older people participating in research. A chapter on revisiting "The Last Refuge" outlines a follow-up study of what has happened to the 173 homes visited by Peter Townsend in his research in 1962. In "The road to an age-inclusive society", contributors from the Centre for Ageing and Biographical Research (CABS) at the Open University (OU) look at methods for examining age discrimination and ageism. The two papers in Part 3, on future considerations, look at justice between generations and progress in gerontology since 1987. (RH)
Price: £24.99 (hdbk £65.00)
From : Marston Book Services, PO Box 269, Abingdon, Oxon OX14 4YN.
Email: direct.orders@marston.co.uk
Website: <http://www.policypress.org.uk>

- 185/123 Review of methods for estimating life expectancy by social class using the ONS Longitudinal Study; by Brian Johnson, Louisa Blackwell.
Health Statistics Quarterly, no 35, Autumn 2007, pp 28-37.
Changes are proposed in methods for estimating life expectancy by social class using the Office for National Statistics' (ONS) Longitudinal Study (LS), which this article reviews. First, computational changes, including revised methods for age-specific mortality rates, more precise survival duration calculations and increased social class attribution through the inclusion of updated information. Second, extension of the criteria used to exclude LS members from the analysis using information on presence in the 2001 Census. Lastly, the use of Health Authority deregistration data to approximate unrecorded emigration, together with information from the 2001 Census, to reduce a potential source of bias in mortality calculation. The impact on existing results is quantified and it is proposed that these methods are used in the updating of the published series. (RH)
ISSN: 14651645
From : <http://www.statistics.gov.uk>

RESIDENTIAL AND NURSING HOME CARE

(See Also 185/50, 185/108)

- 185/124 "You can get in alright but you can't get out": social exclusion and men with dementia in nursing homes: insights from a single case study; by Ruth Bartlett.
Quality in Ageing, vol 8, no 2, June 2007, pp 16-26.
The social exclusion of people with dementia is a problem. Older men with dementia in nursing homes are at considerable risk of social exclusion due to factors associated with age, gender, mental health status and this setting. It is not known whether older men in this situation experience it as social exclusion or not. This paper draws on a detailed case study of a male participant involved in a larger study on social exclusion to highlight and explore masculine experience of, and responses to, nursing home life. In this single case study, it was found that social exclusion was experienced in an economic, spatial and emotional sense, and the participant aligned himself with other men in the home and with masculine behaviours, perhaps to deal with that. Implications for home care practice and research are discussed. The paper concludes that

more attention needs to be paid to the influence of gender and, in particular, the different needs and experiences of older men with dementia in receipt of care generally. (RH)
ISSN: 14717794
From : <http://www.pavpub.com>

- 185/125 Managing the care home closure process: care managers' experiences and views; by Jacquetta Williams, Ann Netten, Patricia Ware.
British Journal of Social Work, vol 37, no 5, July 2007, pp 909-924.
Little research has focused on the way in which care homes for older people are closed in England, or what those involved think about the process. This paper reports the activities and views of care managers directly involved in helping older people to relocate from independent care homes that were closed by their owners. During such closures, residents and their families have no choice but to move, usually to a deadline, and with little control over the process. Care managers have a responsibility to help arrange alternative care for those current residents who are publicly funded, and to offer information and support to those funding their own care (the 'self-funded'). Closure-related activities could involve considerable staff time. Care management arrangements - including the organisation of teams and provision of needs assessment - varied across authorities. The care managers described drawing on emotional counselling and inter-personal skills, as well as practitioner knowledge and experience, particularly when offering support and advice about finding appropriate new homes. Tensions between aims, constraints on their action and views of good practice are identified. (RH)
ISSN: 00453102
From : <http://www.bjsw.oxfordjournals.org>

- 185/126 Socio-demographic variations in moves to institutional care 1991-2001: a record linkage study from England and Wales; by Emily Grundy, Mark Jitlal.
Age and Ageing, vol 36, no 4, July 2007, pp 424-430.
Only a minority of older people in England and Wales live in institutional care, but among those aged 80+, this minority is large. While disability is the main reason for admissions, socio-demographic factors are also relevant. Understanding more about the influence of these is important for planning long-term care. This record linkage study investigated the effects of socio-demographic factors, including housing tenure, household type, marital status and number of children on the proportion of older people who had made a transition from living in the community in 1991 to living in institutional care in 2001. Data were from the ONS Longitudinal Study (LS) for 36650 people aged 65+ living in the community in 1991 and still alive in 2001. 19000 women aged 75-89 in 2001 were included in additional analyses of effects of parity (number of children borne). Bivariate and multivariate analyses found that 4.3% of men and 9.3% of women in the surviving sample then aged 75+ were in institutional care in 2001. Older age, living in rented accommodation, living alone in 1991 and being unmarried in 2001, as well as long-term illness, were associated with higher proportions making the transition. Women had higher risks than men. Childless women aged 64-79 in 1991 had a 25% higher risk than women with children of being in institutional care in 2001. Socio-demographic factors continue to influence risks of entry to institutional care in England and Wales. (RH)
ISSN: 00020729
From : <http://www.ageing.oupjournals.org>

RETIREMENT

(See Also 185/114)

- 185/127 Does early retirement lead to longer life?; by Howard Litwin.
Ageing and Society, vol 27, part 5, September 2007, pp 739-754.
It has been claimed, but not empirically supported, that early retirement leads to longer life. The present investigation addressed this question using data from a 1997 Israeli national household survey of adults aged 60+ linked to mortality records from the national death registry for 2004. The study examined the association between early retirement and seven-year all-cause mortality among the population of older Jewish Israelis who were employed prior to or at baseline (N=2374). Both the timing of retirement and the reasons for exit from the labour force were

considered in the analysis. The initial hazard regression models, adjusted by gender and reason for retirement including poor health, showed that early retirees indeed had lower mortality risk ratios than respondents who had retired 'on time'. When additional variables were controlled in the final analytic model, however, the association between early retirement and mortality was not supported. Older age, male gender, and having been diagnosed with one or more of five major illnesses were all associated with greater risk for mortality. Medium level education and being employed at baseline were associated with lesser mortality risk. Nevertheless, the timing of retirement, viz early versus normative exit from the workforce, was not related to survival. In sum, the respondents who had prematurely left the labour force did not benefit from disproportionately longer lives when compared with the respondents who retired 'on time'. (KJ/RH)

ISSN: 0144686X

From : http://www.journals.cambridge.org/jid_ASO

185/128

Does gradual retirement have better outcomes than abrupt retirement?: results from an Australian panel study; by David de Vaus, Yvonne Wells, Hal Kendig (et al).

Ageing and Society, vol 27, part 5, September 2007, pp 667-682.

Conventional wisdom promotes gradual retirement rather than an abrupt end to the working life. This paper uses data from an Australian panel study to compare the outcomes of abrupt and gradual retirement one and three years after the transition to retirement began. The outcomes included changes in health, positive and negative affect, wellbeing and marital cohesion. For many outcomes, there was no difference between gradual and abrupt retirements, but those who retired abruptly were more likely to rate their health as having deteriorated and more likely to report better adjustment to retirement. Control over retirement decisions was also explored; it emerged as a more important factor in retirement wellbeing than whether the transition was gradual or abrupt. The absence of interaction or additive effects between the retirement pathway and the level of control over the process confirmed this result. Thus there is no simple answer to the question in the title. Retiring gradually allows time for people to make changes to their lifestyle, but having control over the timing and manner of leaving work had a greater positive impact on psychological and social wellbeing, and this persisted three years after retirement. The findings suggest that policies and employment practices that promote employees' control of their retirement decisions will enhance wellbeing in later life and facilitate longer workforce participation. (KJ/RH)

ISSN: 0144686X

From : http://www.journals.cambridge.org/jid_ASO

RISK

185/129

Risk and older people; by Bob Hudson.

Community Care, issue 1686, 16 August 2007, pp 28-30.

Two studies are examined that find social care professionals assess risk for older people on the basis of experience rather than evidence or theory. The first, 'Risk management in health and social services for professional decision making on the long term care of older people' by Brian Taylor of the University of Ulster, is in British Journal of Social Work, 36, 2006 (www.bjsw.oxfordjournals.org). He identifies six frameworks (or "paradigms") used by health and social services staff. These are: identifying and meeting needs; minimising situational hazards; balancing benefits and harms; accounting for resources and priorities; and wariness of lurking conflicts. The second, 'Standing secure amidst a failing world? Practitioner understandings of old age in responses to a case vignette', is by Sally Richards and colleagues at the University of Reading and St Georges Hospital Medical School, is in the Journal of Interprofessional Care (vol 21, no 3, 2007) (www.tandf.co.uk/journals/titles/13561829.asp). While the two articles indicate similar conclusions, Richards and colleagues look more at theory and evidence. (RH)

ISSN: 03075508

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

SEXUALITY

185/130

"I can't ask that!": promoting discussion of sexuality and effective health service interactions with older non-heterosexual men; by Adrian Lee, Social Policy Association. Bristol: The Policy Press,

2007, pp 127-150.

IN: Social Policy Review, 19, Chapter 7, 2007, pp 127-150.

Older gay men and the ways in which their sexual identity affects their lives in provision of and access to health care are analysed. The author focuses on his recent work investigating healthcare decision-making among older gay men, their interaction with healthcare settings, and the active or passive disclosure of their sexuality. He suggests that the manner of this disclosure and their subsequent experiences colours the fairness of access they experience as citizens. He suggests that there is a need for inclusiveness and a "greater sense of comfort" for older gay men. He proposes some pragmatic solutions for local service provision within primary care trusts (PCTs), for health policy generally, and more widely for the 'Opportunity age' and the National Service Framework for Older People (NSF) agendas. (RH)

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

185/131

Sexuality and dementia; by Walter Pierre Bouman.

Geriatric Medicine, vol 37, no 5, May 2007, pp 35-42.

The onset of dementing illness does not erase sexuality, but may alter sexual behaviour and expression in many patients. This can be most distressing for both patient and partner. Carers, too, may have difficulty coping. In this context, the author discusses sexual issues pertaining to people suffering with dementia, with regard to both new and established relationships. (RH)

ISSN: 0268201X

SLEEP

185/132

Beyond the usual suspects : approaching sleep in elderly people: sleep and sleep disorders in older persons: guest editorial; by Suzanne Lesage, Steven M Scharf.

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 62A, no 1, January 2007, pp 53-54.

The editors introduce three further articles in this issue of Journals of Gerontology (Series A) on older people's sleep and sleep disorders. They comment on findings in other recent articles in the sleep research field. The association between poor sleep quality and falls in older people should be reason enough to evaluate sleep problems rather than to regard the matter as a consequence of ageing. Equally, the use of hypnotics in dealing with nocturnal sleep problems should not be overlooked. (RH)

ISSN: 10795006

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

SOCIAL CARE

185/133

Free personal care in Scotland: recent developments; by David Bell, Alison Bowes, Alison Dawson, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, July 2007, 4 pp.

Findings, 2101, July 2007, 4 pp.

There has been a Scotland-wide increase in demand for care at home. These findings outline a study which reviewed the Scottish Executive's policy of free personal care for older people since its introduction in 2002. The research updates work completed in 2005 looking at the impact of the policy on the demand for and delivery of care, with particular reference to issues faced by local authorities. Perceptions of the impact of free personal care in Scotland between 2002 and 2006 were explored through interviews with representatives of 11 local authorities and with the Scottish Commissioner for the Regulation of Care. Quantitative analysis of Scottish Executive Community Care Statistics and the Family Resources Survey, and data held by the Government Actuary's Department, the General Register Office Scotland and the Department for Work and Pensions (DWP) was also conducted. The project is part of the Joseph Rowntree Foundation's (JRF) research and development programme, and the authors' full report (same title) is available as a free download on the JRF website. (RH)

ISSN: 09583084

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Findings and full report available as free downloads from <http://www.jrf.org.uk>

- 185/134 A journey through the years: ageing and social care; by Ray Jones. Oxford: Oxford Institute of Ageing, 2007, pp 42-54.
Ageing Horizons, 2007, no 6, 2007, pp 42-54.
The paper analyses the history of English social care philosophy, policy and institutions since the late 1970s and the challenges of today which they have helped to shape. Guiding principles changed in fundamental ways that required and caused profound cultural and structural changes, not always with the intended mix of consequences. The paper covers: the growth of residential care; the advent of "care management"; reform of community care following "Community care agenda for action" (the Griffiths report, 1988), the "Caring for people" White Paper (1989) and the NHS and Community Care Act 1990; the move from service provision to planning and purchasing of services; and direct payments and the extent to which the policy promotes choice and control. From 1998, policy was designed to accelerate and secure greater consistency in development based on the national principles through performance management including rewards and incentives. From 2005, the challenge has been defined more in terms of improving the broad well-being of older people and finding new ways of contributing to it, particularly in ways which would reduce the subsequent need for services. Pressures on public budgets have been and continue to be a major concern of field agencies. (RH)
From : Download only from: <http://www.ageing.ox.ac.uk/ageinghorizons>
- 185/135 Safe as houses?: what drives investment in social care?; by Commission for Social Care Inspection - CSCI. London: Commission for Social Care Inspection, September 2007, 32 pp (CSCI 209).
Private equity firms and banks invest in social care organisations. This report focuses on how bankers and others view investment in social care, and raises some of the implications for the future development of personalised care. The focus is on investment decisions in social care services for older people, but there are care implications for all care services for adults. Included are the key issues discussed at two seminars in December 2006 and March 2007, one attended by corporate providers, analysts, investors and national policy makers, the other with members of a regional care association. The seminars explored what encouraged investors to put their money into social care services. The report includes comments from the seminars on the present and future extent to which investors might contribute to social care provision - which is cautiously. (RH)
From : Download (21/9/07): http://www.csci.gov.uk/pdf/safe_as_houses.pdf CSCI, Strategy Directorate, 2nd floor, 33 Greycoat Street, London SW1P 2OF. Free copies from: Admail 3804, Newcastle NE99 1DY. Orderline: 0870 240 7535 E-mail: enquiries@csci.gsi.gov.uk
- 185/136 Securing good care for older people: taking a long-term view; by Bleddyn Davies. Oxford: Oxford Institute of Ageing, 2007, pp 12-27.
Ageing Horizons, 2007, no 6, 2007, pp 12-27.
Two key features of "Securing good care for older people" (the Wanless report) are explained and evaluated. One is the new elements for the methodology for evaluating the alternatives, which Davies considers focuses attention on what are really the core issues: the means and ends which are the unique foci of long-term care, and estimates of the consequences of the alternatives. By doing so, the report faces politicians, policy analysts and research communities with a formidable challenge: to master and contribute to the development of the new framework and evidence. Failure to meet the challenge will increase the risk that the policy system will reinforce rather than weaken causes of gross inequity and inefficiency caused by the under-funding of long-term care seemingly unanswerably demonstrated by the report. The second key feature is the type of funding model Wanless recommends, given expected changes in the balance between demands and public expenditure. Davies argues that the report's analysis as successfully transforms the state of the argument about this as much as about the framework, methodology and evidence in evaluating alternatives demonstrating the relative weaknesses of models advocated a decade ago. (RH)
From : Download only from: <http://www.ageing.ox.ac.uk/ageinghorizons>

SOCIAL SERVICES

185/137

Patient views of social service provision for older people with advanced heart failure; by Merryn Gott, Sarah Barnes, Sheila Payne (et al).

Health and Social Care in the Community, vol 15, no 4, July 2007, pp 333-342.

Levels of social service provision, the barriers to receiving these services, and the experiences of social service provision among older people with heart failure are explored. 542 people aged 60+ with heart failure were recruited from general practices in four areas of the UK, and these subjects completed quality of life and service use questionnaires every 3 months for 24 months, or until death. 40 patients participated in in-depth interviews. Data collection was conducted between September 2003 and March 2006. Only 127 (24%) of the 460 participants who had provided information about social services contact reported having received social services during the past 24 months. Significant associations between the level of social service contact and participant characteristics were identified, with women, those aged 75+, those living alone, and those with two or more comorbidities being more likely to report receipt of social services. The qualitative data identified key barriers to using social services, including access problems, not wanting additional help, the negative experience of friends, and carers substituting for statutory services. The few participants interviewed who had received social services reported mixed experiences, including problems with inappropriate and insufficient services. This study indicates that only a minority of older people with heart failure have contact with social services. Improving provision for this group involves tackling the barriers to access identified above, as well as insuring that their views influence service planning and delivery. (RH)

ISSN: 09660410

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

STATISTICS

(See 185/6, 185/44)

STROKE

185/138

Access to stroke care in England, Wales and Northern Ireland: the effect of age, gender and weekend admission; by A G Rudd, A Hoffman, C Down (et al).

Age and Ageing, vol 36, no 3, May 2007, pp 247-255.

246 hospitals in England, Wales and Northern Ireland took part in the 2004 National Sentinel Stroke Audit. These sites audited the care of 8,718 patients. Overall standards of care for cases of stroke were found to be low. Older patients are less likely to be treated in a stroke unit than younger patients (risk ratio comparing 85+ years with those aged 65 0.82). 72% of patients under 65 were scanned within 24 hours compared to 51% aged 85+. Older patients were also less likely than younger ones to receive secondary prevention and some aspects of rehabilitation, especially around higher functioning. Standards were consistently better for patients of all ages managed in stroke units compared to general wards. At weekends, patients were less likely to be admitted directly to a stroke unit (risk ratio 0.77), and brain imaging was performed less often for patients aged 85+ (weekday 56%, weekends 40%). There was little evidence of differences in standards of care between males and females. There is clear evidence of an age effect to the delivery of stroke care in England, Wales and Northern Ireland, with older patients being less likely to receive care in line with current clinical guidelines. Quality of acute care is also less good for patients admitted at weekends. No systematic evidence for sexism was identified. (RH)

ISSN: 00020729

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

TRANSPORT

(See 185/31)

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.

5-7 November 2007

UK Dementia Congress

The UK's largest dementia-focused event.

Organised by: Hawker Publications

Venue: International Centre, Harrogate

Location : Harrogate, England

Details : Shital Patel, Hawker Publications, 2nd Floor, Culvert House, Culvert Road, London, SW11 5DH

Tel : +44 (0)20 7720 2108, *Fax :* +44 (0)20 7493 3023

6 November 2007

Age Discrimination Advice Conference

The one day conference will review the impact of the implementation of the age discrimination regulations on advice agencies and legal practices.

Organised by: Age Concern, Cloisters and the Age and Advice Network

Venue: Goodenough College, close to Russell Square Underground Station

Location : London, England

Details : Mark Tomlinson, National Development Officer, Age Concern England, Astral House, 1268 London Road, London, SW16 4ER

Tel : +44 (0)20 8765 7200, *Fax :* +44 (0)20 8764 6594, The conference will consider: how the age discrimination law is working in practice, one year on; aspects of case law; developments in policy on age discrimination; the role of the new Commission for Equality and Human Rights; the demand for and supply of advice on age discrimination; , the impact of the regulations on both younger and older people;, Continuing Professional Development points will be available to solicitors and lawyers attending this event.

6 November 2007

NHS Continuing Care Responsibilities

An accredited one day course with Trainer: Jean Gould.

Organised by: Carers UK Training

Venue: London

Location : central London, England

Details : Carers UK Training Unit, Ruth Pitter House, Carers UK, 20-25 Glasshouse Yard, London , EC1A 4JT

Tel : +44 (0)20 7566 7632, *Fax :* +44 (0)20 7490 8824

6 November 2006

The 2007 Annual Homecare Conference

Keynote presentation: Ivan Lewis MP, Parliamentary Under Secretary of State for Care Services

Speakers: Chair: Bill McClimont, Vice-President and recent Chairman of UKHCA

Organised by: Laing & Buisson

Venue: Thistle Hotel

Location : London, England

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

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

6-8 November 2007

The National Telecare and Telehealth Conference 2007

Organised by: Telecare Services Association

Venue: The Holland House Hotel

Location : Cardiff, Wales

Details : 10 Railway Street, Chatham, Kent, ME4 4JL

Tel : +44 (0)1634 846209, *Fax :* +44 (0)1634 818746

8 November 2007

Carers UK : AGM and Carers Summit 2007

Organised by: Carers UK

Venue: Clifford Chance, The Auditorium

Location : London, England

Details : Chris Smith

Tel : +44 (0)20 7566 7622

8 November 2007

DLF Communications Awareness Day

Open day 11 am to 3 pm to demonstrate the latest communication products available for older and disabled people. Lunch and refreshments served.

Organised by: Disabled Living Foundation (DLF)

Venue: DLF, Harrow Road

Location : London W9, England

Details : Rishu Aggarwal

Tel : +44 (0)20 7432 8003

8 November 2007

What Works? Making Care Systems Better for People and Communities : towards world class commissioning

Richard Kramer, Director, Centre of Excellence for Connected Care, Turning Point will be launching Turning Point's new centre for Excellence for Connected Care.

Speakers: Chair: Professor Gerald Wistow (Chair of Steering Group for the Centre of Excellence in Connected Care and Visiting Professor in Social Policy, LSE).

Organised by: Neil Stewart Associates supported by Turning Point; Integrated Care Network; Policy Review Magazine

Venue: Royal College of Obstetricians and Gynaecologists

Location : London, England

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

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

13 November 2007

Ageing Well in Late Old Age: Is Social Interaction the Key?

social interaction and participation.

Speakers: London School of Hygiene & Tropical Medicine and will consider what it

Organised by: ILC-UK and the Actuarial Profession

Venue: Staple Inn Hall, High Holborn

Location : London, England

Details : Louise Tasker, ILC-UK, 22-26 Albert

Embankment, London , SE1 7TJ

Tel : +44 (0)207 735 7565, If you would like to attend, please email Louise Tasker. The event runs from 16.30 to 18.30 followed by drinks., The increasing proportion of very old people in the population means, that how to 'age well', even in later old age, is now an important issue, *Fax :* for policymakers and researchers, as well as for older people, themselves. The key question is how 'ageing well' is best achieved., Early evidence suggested that physical activity, mental health and, social engagement were all important components of 'ageing well', but

13 November 2007

Sense Annual Lecture : Genes and the senses

Speakers: Dr Steve Jones (Academic, author and broadcaster) on "Nature, nurture or neither" and Dr Maria Bitner-Glindzicz (Reader and Honorary Consultant in Clinical Genetics, IoCH). Lecture begins at 7.30 pm.

Organised by: Sense

Venue: The Institute of Child Health, 30 Guildford Street

Location : London, England

Details : Sense

Tel : +44 (0)20 7561 3384, *Fax :* +44 (0)20 7272 9648

15 November 2007

A Practical Guide to Safeguarding Vulnerable Adults

Speakers include: Professor Hilary Brown (Consultant, Centre for Applied Social and Psychological Development); Daniel Blake (AEA Policy Development Manager); Bill Nicol (Suffolk Vulnerable Adults Protection Committee) and others.

Speakers: Chair: Mervyn Eastman (UK Director Better Government for Older People and President of Practitioner Alliance against Abuse of Vulnerable Adults).

Organised by: Healthcare Events

Venue: Manchester Conference Centre

Location : Manchester, England

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

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

15-16 November 2007

Third SEN@ER (Silver Economy Network of European Regions) Conference

The Seville Conference shall serve as an international forum to discuss, exchange ideas and

get inspired on the Silver Economy's challenges to improve the quality of life and independence of the Silver Generation and seize opportunities for economic growth, employment and regional competitiveness.

Organised by: The Ministry of Equality and Social Welfare of the Junta de Andalusia (Andalusian Regional Government)

Location : Seville, Spain

Details : Pablo Amian del Pino, Secretaria de la Conferencia SEN@ER Sevilla , Avda. San Francisco Javier 24, 4 B, E-41018 Sevilla, Spain
Tel : +34 691 443 481 (Mon to Fri 9:00 to 14:00)

21-23 November 2007

British Geriatrics Society Autumn Meeting

Speakers: Numerous speakers.

Organised by: British Geriatrics Society (BGS)

Venue: Harrogate International Centre

Location : Harrogate, England

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

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

27 November 2007

Engaging the Hard-to-Reach

Making public consultations accessible to everyone is a huge challenge! More often than not, Local Authorities and public bodies - and even the Voluntary Sector, find themselves talking to the same usual suspects and the public debate fails to reach all the voices that need to be heard.

Speakers: *Siobonne Brewster of the RNIB on how to involve partially-sighted and blind people

Organised by: Consultation Institute

Venue: Holiday Inn, Kings Cross Road, London

Location : Sandy, Bedfordshire, England

Details : The Consultation Institute, Programme & Research Unit, 21A High Street, Sandy, Beds. , SG19 1AG

Tel : 01414 160 790 or 01767 689 600, Many of these groups are typically called hard-to-reach - though in truth a better label would be the seldom-heard! Getting to grips with this issue is an important priority for those engaged in community involvement of every kind., With speakers representing several of the more significant seldom-heard communities, excellent best practice case studies and a Research perspective from MORI, it will be particularly relevant to Local Authorities, Police, NHS and other public bodies in the South of England, and of interest to staff responsible for consultation or community involvement as well as Equality and Diversity

specialists., * Emma Christie of the National Treatment Agency on involving carers supporting drug users * John Azar from Kingston Racial Equality Council on linking into BME Groups, *Fax :* * Micah McGuire of the Food Standards Agency with a case study on Food safety with young people * Laura Juett of the Greater London Authority has a case study on Engaging women affected by alcohol and drugs * Dave Eldridge of the London Borough of Camden on Engaging adults with learning disabilities.

22 November 2007

Data or Die : Information needs in the brave new world of health care

Organised by: National Council for Palliative Care - NCPC

Location : London, England

Details : Mridu Rana, Fitzpatrick Building, 188-194 York Way, London, N7 9AS

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

22 November 2007

The Invisible Older Woman : Do Women Disappear at 50?

Our exciting programme includes a monologue performance by Anni Rhodes and the opportunity to work with other women to create an audio diary about your experiences as an older woman.

Organised by: Hillcroft College (Ransackers)

Venue: Hillcroft College - the residential college for women

Details : South Bank, Surbiton, KT6 6DF

Tel : +44 (0)20 8399 2688, *Fax :* +44 (0)20 8390 9171

27 November 2007

Improving Dementia Services

Keynote address: Ivan Lewis MP - Implementing the National Dementia Strategy

Speakers: Chair: Professor June Andrews (Director, DSDC Stirling)

Organised by: Gatehouse in partnership with DSDC, University Stirling

Venue: Central London

Location : London, England

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

Tel : +44 (0)20 7347 3575, *Fax :* +44 (0)20 7347 3578

27 November 2007

Person-centred Services and Achieving Holistic Outcomes in Supported Housing and Adult Social Care : a full and free life for vulnerable people

Organised by: SupportActionNet (Lemos & Crane)
Venue: RIBA, Portland Place
Location : London, England
Details : Central Conference Consultants (CCC) Limited, 23 Barratt Lane, Nottingham, NG9 6AD
Fax : +44 (0)115 916 3106

28 November 2007

Adult Social Care Researchers Day: Focus on Methods

There will be a one-day seminar on social care research methods on 28 November in London. Speakers are drawn from the DH-supported social care units. The focus is on accessible methods that can inform policy and practice discussion and development. View the programme at the website.
Organised by: PSSRU, LSE
Venue: Guy's Hospital
Location : London, England
Details : Anji Mehta, Personal Social Services Research Unit, London School of Economics and Political Science, Houghton Street, London, WC2A 2AE *Tel :* +44(0)20 7955 6238

28-29 November 2007

Involvement to Impact Conference

Speakers: Chair: Polly Toynbee on the first day (The Guardian)
Organised by: Neil Stewart Associates; NHS National Centre for Involvement
Venue: New Connaught Rooms
Location : London, England
Details : PO Box 39976, 2nd Floor, 1 Benjamin Street, London, EC1M 5YT
Tel : +44 (0)20 7324 4330, *Fax :* +44 (0)20 7490 8830

28 November 2007

Palliative Care Conference - fifth national LCP conference

Download a PDF copy of the conference registration form:
www.mcpcil.org.uk/education/conferences
Organised by: Liverpool Care Pathway
Venue: Royal Society of Medicine
Location : London, England

30 November 2007

End of Life Care Conference 2007

Speakers: Chair: Vicky Robinson (St Christopher's Hospice and Consultant Editor, Jnl of End of Life Care). Janet Street Porter; Esther Rantzen; Barbara Monroe; Professor the Baroness Iora Finlay of Landaff; Dr Rob George; and others.
Organised by: St Christopher's Hospice
Venue: Olympia
Location : London, England
Details : Conference Solutions by Expotel, Freepost RRAB-GKXK-RGLH, St James House, 192 Wellington Road North, Stockport, SK4 2RZ
Tel : 0845 054 8422, *Fax :* 0870 758 0299

30 November 2007

Visual Methods in Gerontological Research

Seminar 10 in the Representation of Older People in Ageing Research Series. The seminars are directed at those interested in issues of current methodological innovation. This seminar is an introduction to the use of visual methods and visual sources in social gerontology. Cost of seminar is £30 (£20 for students) which includes a sandwich lunch.
Speakers: Introduction by Julia Johnson (OU). Gillian Rose (OU); Jon Prosser (Snr Lecturer, U.of Leeds); Andrew Blaikie (Professor of Historical Sociology, U.of Aberdeen); Sheena Rolph (Snr Research Fellow, Faculty of Health and Social Care, OU).
Organised by: Centre for Policy on Ageing - CPA; Centre for Ageing and Biographical Studies, Open University (OU)
Venue: CPA (lower ground floor office) at 19-23 Ironmonger Row
Location : London, England
Details : Angela Clark, 25-31 Ironmonger Row, London, EC1V 3QP
Tel : +44 (0)20 7553 6500, *Fax :* +44 (0)20 7553 6501.

December 2007 - January 2008

Intergenerational Network Opportunities

21st January 2008 London
Speakers: At each meeting there will be opportunities for organisations to present their work to provide learning and discussion, plus networking. A nominal charge of between £10 and £15 is required to cover costs of venue and refreshments, volunteers may attend free of charge; a registration form must be completed for each person attending.
Organised by: Centre for Intergenerational Practice, Beth Johnson Foundation *Venue:* various

Location : various, England

Details : Louise Middleton, Coordinator, CIP, Beth Johnson Foundation, Parkfield House, 64 Princes Road, Hartshill, Stoke on Trent, ST4 7JL
Tel : +44 (0)1782 844036, *Fax* : +44 (0)1782 746940, The Centre for Intergenerational Practice invites you to take part in its forthcoming network meetings. In response to practitioners requests to facilitate opportunities to meet with others interested in intergenerational work, the Centre has put together a schedule of meetings to assist this and support the development of intergenerational practice in England. Previously, we have promoted these meetings as regional meetings but this has been seen as too restrictive as everyone is welcome to attend any of the meetings, irrespective of where they are based., 3rd December 2007 Birmingham , 5th December 2007 Chesterfield, Derbyshire

4 December 2007

Commissioning Care for Older People

This one-day conference will investigate changes in funding for social care and how to plan sustainable strategies to support an ageing population. How do we best look after our older people? What opportunities are

Speakers: Neil Hunt, Chief Executive, Alzheimer's Society; Ivan Lewis, Care Services Minister, Department of Health; Dame Denise Platt, Chair, Commission for Social Care Inspection; Sir Derek Wanless, author, Securing Good Care for Older People.

Organised by: SocietyGuardian, with marketing partners: NCF, CSCI, BSG, Alzheimer's Society, CPA, Counsel & Care.

Venue: Savoy Place, London

Location : London, England

Details : Guardian Conference team

Tel : +44 (0)1462 744054, being created by Our Health, our care, our say, and what is the, impact on users of services and carers on the frontline? You decide, as we invite you to join the Guardian in discussing and drawing the, *Fax* : new landscape for the next generation of care provision for older, people. Registration online.

4 December 2007

Live Long and Prosper? Ageing in the 21st Century

The event will bring together academics and thought leaders from the University and beyond to discuss ageing-related issues. We are delighted to announce that Baroness Sally Greengross will open the seminar. Baroness Greengross is a crossbench (independent) member of the House of Lords and was Director General of Age Concern England for

13 years. This event will give you the opportunity to hear the results of the latest Cambridge research that could significantly impact the future. Following the seminar, there will be further networking opportunities at the Horizon Christmas Drinks Reception.

Organised by: University of Cambridge Horizon Seminar

Venue: University of Cambridge

Location : Cambridge, England

Details : Eileen Downham (Main contact), Research Services Division, 16 Mill Lane, Cambridge CB2 1SB

Tel : +44 (0)1223 764793, *Fax* : +44 (0)1223 332988

4-5 December 2007

The Commissioning Challenge - Sustainable HIA Services? The Home Improvement Agency Annual Conference 2007

The National Strategy for Housing in an Ageing Society will be published later this year. The Strategy is expected to call for service providers to work closer together and to be more innovative in the way they deliver services across the housing, health and social care agenda. It is also likely to raise the challenge of recent demographic and environmental changes and the impact of these on the ways that services are commissioned and delivered. Procuring services to support older and disabled people living in private sector housing must not only be value for money, but also meet a wider range of agendas than ever before. In addition, service users themselves are becoming more empowered to choose services that are right for their individual needs. This year's conference aims to challenge agencies to see their services from a commissioners' perspective:

Organised by: Foundations : the National Co-ordinating Body for Home Improvement Agencies

Venue: Holiday Inn, Stratford upon Avon

Location : Stratford upon Avon, Coventry, England

Details : Foundations, Bleaklow House, Howard Town Mills, Glossop, SK13 8HT

Tel : +44 (0)1457 891909

5-6 December 2007

NICE 2007 : Evidence into practice

Organised by: National Institute for Health and Clinical Excellence - NICE

Venue: Manchester Central Convention Complex

Location : Manchester , England

Details : Health Links, Windsor House , 11 High Street, Kings Heath, Birmingham, B14 7BB

Fax : 0121 248 3399

6 December 2007

Delivering the Future of Housing for Older People and an Ageing Population

In the context of the Government's "National Housing Strategy for an Ageing Society" this conference will bring together a senior level audience from the housing, planning, health and social care sectors. The event will explore how to plan and deliver housing strategies which meet the needs of the UK's ageing population. Delegates will examine how to ensure the independence and well-being of older people are met in the delivery of the Government's planning, housing and service reform agendas.

Speakers: Chair:

Organised by: Neil Stewart Associates supported by the DWP, DH, CSIP; sponsored by EAGA; supported by Counsel & Care

Venue: Inmarsat Conference Centre

Location : London, England

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

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

10 December 2007

Fourth Telecare and Assistive Technology Conference

Keynote presentation invited: Ivan Lewis MP, Parliamentary Under Secretary of State for Care Services

Speakers: Chair: David Hinchcliffe (past Chairman of the Commons Health Select Committee)

Organised by: Laing & Buisson

Venue: The Cavendish Conference Centre

Location : London, England

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

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

16 January 2008

Nursing Older People on the Wards

A practical one day conference providing guidance on improving practice in nursing older people.

Speakers: Chair: Jonathan Webster (Consultant Nurse, Older People, University College London). Speakers come from a range of healthcare settings.

Organised by: Healthcare Events

Venue: 20 Cavendish Square

Location : London, England

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

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

17 January 2008

A Single Equality Bill For Great Britain: Fairness For Older People

This exclusive event will look at new anti-discrimination proposals and how they look to extend existing equality procedures to the provision of goods, facilities and services. This highly significant bill will seek to bring age discrimination in line with current legislations covering race, sexism and disablism.

Organised by: Inside Government in association with Help the Aged

Venue: One Great George Street - London

Location : London, England

Details : Matthew Chaudhry, Inside Government, Golden Cross House, 8 Duncannon Street, London, WC2 4JF

Tel : +44 (0)207 484 5491

23 January 2008

A Practical Guide to Improving Dignity in Care on the Wards

Keynote speaker: Ivan Lewis MP (Parliamentary Under Secretary of State for Care Services DH).

Speakers: Chairman: Pauline Ford (Gerontological Nursing Advisor and Dignity Project Lead RCN).

Organised by: Healthcare Events

Venue: Manchester Conference Centre

Location : Manchester, England

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

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

29 January 2008

Direct Payments

A one day course with Trainer: Luke Clements.

Organised by: Carers UK Training

Venue: London

Location : central London, England

Details : Carers UK Training Unit, Ruth Pitter House, Carers UK, 20-25 Glasshouse Yard, London, EC1A 4JT

Tel : +44 (0)20 7566 7632, *Fax :* +44 (0)20 7490 8824

20 February 2008

NCVO Annual Conference 2008 - Working with Government : challenges for civil society

Organised by: NCVO

Venue: The Brewery, Chiswell Street

Location : central London, England

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

Tel : +44 (0)20 7713 6161, Fax : +44 (0)20 7713 5635

25 - 27 February 2008

Leading Dementia Training

Workshop will consider key aspects of person-centred care and the importance of preparation and planning of the learning event as well as to identify ways of implementing training and supporting learning within a work setting.

Organised by: Dementia Services Development Centre, University of Stirling

Venue: DSDC Stirling

Location : Stirling, Scotland, N Ireland

Details : The Dementia Services Development Centre , Iris Murdoch Building , University of Stirling , Stirling FK9 4LA

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

28 February 2008

Charging for Community Care

A one day course with Trainer: Pauline Thompson.

Organised by: Carers UK Training

Venue: London

Location : Central London, England

Details : Carers UK Training Unit, Ruth Pitter House, Carers UK, 20-25 Glasshouse Yard, London , EC1A 4JT

Tel : +44 (0)20 7566 7632, *Fax :* +44 (0)20 7490 8824

4-6 March 2008

National Care Homes Congress 2008

Organised by: Hawker Conferences

Venue: tba

Location : Birmingham, England

Details : Culvert House, Culvert Road, London , SW11 5DH

Tel : +44 (0)20 7720 2108 x202

4 March 2008

'Pass the patient' : Streamlining the handover of care from hospital to community providers with better information

This event aims to cover all aspects of electronic patient-discharge summaries and focus on integration between community and hospital services. In particular, it will give an up-to-date overview of current methods, examine some of the local and national difficulties that need to be overcome and consider ways in which major improvements can be made.

Organised by: BJHC Limited

Venue: Lakeside Conference Centre, Aston University

Location : Birmingham, England

Details : BJHC Events, 45 Woodland Grove, Weybridge, Surrey, KT13 9BR

Tel : +44 (0)1932 821723, *Fax :* +44 (0)1932

820305, A series of keynote presenters, case histories and practical sessions will, *discuss and review clinical pathways and information flows to provide truly joined-up, patient-centred care. , *examine realistic solutions from healthcare providers that are successfully using ICT to integrate and produce effective and timely electronic discharge summaries.

5-6 March 2008

Ageing and Dementia

Two day workshop : To gain an understanding of the difficulty for people with dementia in carrying out Activities of Daily Living as a result of the ageing process and to identify how workers can improve the life experience of those they care for by acknowledging age-related change.

Speakers: Colin MacDonald (Workshop Leader)

Organised by: Dementia Service Development Centre (DSDC)

Venue: Iris Murdoch Building, University of Stirling

Location : Stirling, Scotland

Details : Conference Secretary, Dementia Services Development Centre, University of Stirling, Stirling, FK9 4LA, Scotland

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

12 March 2008

Falls Prevention in Older People : Minimising risk and focusing on active healthy lifestyles

Keynote introduction : Falls prevention in older people - Ivan Lewis MP, Minister for Care Services (DH)

Speakers: Chaired by Professor Chris Todd.

Organised by: Healthcare Events

Venue: 76 Portland Place

Location : London, England

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

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

17-20 March 2008

2008 Joint Conference of NCOA and the American Society on Ageing

Organised by: NCOA/ASA

Venue: Smith Center, Washington, D.C., District of Columbia

Location : Washington DC, USA

6 - 8 May 2008

1st International Conference: The Dementia Services Development Centre - Northern Ireland - Embracing the Challenge: Citizenship and Dementia

Northern Ireland has been innovative in its use of assistive technologies to support people with dementia. In addition to a specific symposia, we are calling for submissions, to showcase new technologies within a designated demonstration area throughout the duration of the conference.

Organised by: Dementia Services Development Centre, University of Stirling

Venue: Stormont Hotel, Belfast

Location : Belfast, N Ireland

Details : Jemma Galbraith, The Dementia Services Development Centre , Iris Murdoch Building , University of Stirling , Stirling FK9 4LA

Tel : 01786 467740, *Fax :* 01786 466846, The Dementia Services Development Centre - Northern Ireland operates as branch of The Dementia Services Development Centre, University of Stirling.

2-4 July 2008

PSIGE Annual Conference : Extending the Boundaries

Choice of workshops on one day and two days of four parallel academic streams. Keynote speaker: Steven Zarit, Professor of Human Development, Penn State University.

Organised by: PSIGE - Psychologists' Special Interest Group Working with Older People

Venue: University of York

Location : York, England

Details : BPS Conference office, BPS, St Andrews House, 48 Princess Road East, Leicester, LE1 7DR

Tel : +44 (0)116 252 9555, *Fax :* +44 (0)116 255 7123

