

Centre for Policy on Ageing  
Information Service

Selected Readings

**Older People from Black  
and minority ethnic  
groups**

November 2018

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## Centre for Policy on Ageing

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2018

Dementia, human rights and BAME communities; by David Truswell.: Hawker Publications, January-February 2018, pp 22-23.

Journal of Dementia Care, vol 26, no 1, January-February 2018, pp 22-23.

Attempts to embed human rights into health care have failed to dislodge the medical model of service evaluation in the NHS. The author argues that renewed effort is required to protect and promote health care rights, particularly where migrant and black and minority ethnic (BAME) communities are concerned. (RH)

ISSN: 13518372

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

Do community-dwelling Maori and Pacific peoples present with dementia at a younger age and at a later stage compared with NZ Europeans?; by Sarah Cullum, Katherine Mullin, Irene Zeng (et al).: Wiley, August 2018, pp 1098-1104.

International Journal of Geriatric Psychiatry, vol 33, no 8, August 2018, pp 1098-1104.

Ethnicity may affect presentation to clinical services in people with dementia, however no studies have examined this in Maori or Pacific peoples in New Zealand (NZ). The objective of this study was to examine routinely collected clinical data from a memory assessment service in South Auckland to examine the presentation of dementia in the major NZ ethnic groups. A total of 360 patients presenting to a memory service with a new diagnosis of dementia were included in this study. Demographic data (age, sex and ethnicity) and dementia sub-type and severity were analysed. There were 142 NZ European, 43 Maori, 126 Pacific and 49 other ethnicities presenting with a new diagnosis of dementia. After adjustment for gender and dementia subtype, Maori and Pacific patients were 8.5 and 5.3 years younger than NZ European patients. Pacific peoples tended to present with more advanced dementia after adjustment for age and gender. There was little difference in the subtypes of dementia between ethnic groups. Overall, Maori and Pacific peoples with dementia presented to an NZ memory service at a younger age than NZ Europeans, and Pacific peoples presented with more advanced dementia. A population-based epidemiological study is critical to determine whether Maori and Pacific peoples have indeed a higher risk of developing dementia at a younger age. (JL)

ISSN: 08856230

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

Ethnic inequality in retirement income: a comparative analysis of immigrant-native gaps in Western Europe; by Jan Paul Heisig, Bram Lancee, Jonas Radl.: Cambridge University Press, October 2018, pp 1963-1994.

Ageing and Society, vol 38, no 10, October 2018, pp 1963-1994.

Previous research unequivocally shows that immigrants are less successful in the labour market than the native-born population. However, little is known about whether ethnic inequality persists after retirement. The authors use data on 16 Western European countries from the European Union Statistics on Income and Living Conditions (EU-SILC, 2004-2013) to provide the first comparative study of ethnic inequalities among the population aged 65 and older. The focus is on the retirement income gap (RIG) between immigrants from non-European Union countries, magnitude of which is compared with country differences in welfare state arrangements. Ethnic inequality after retirement is substantial: after adjusting for key characteristics including age, education and occupational status, the average immigrant penalty across the 16 countries is 28 per cent for men and 29 per cent for women. Country-level regressions show that income gaps are smaller in countries where the pension system is more redistributive. The authors also find that easy access to long-term residence is associated with larger RIGs, at least for men. There is no clear evidence that immigrants' access to social security programmes, welfare state transfers to working-age households, or the strictness of employment protection legislation affect the size of the RIG. (RH)

ISSN: 0144686X

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

The IDEMCare Study - improving dementia care in Black African and Caribbean groups: a feasibility cluster randomised controlled trial; by Moise Roche, Naaheed Mukadam, Simon Adelman, Gill Livingston.: Wiley, August 2018, pp 1048-1056.

International Journal of Geriatric Psychiatry, vol 33, no 8, August 2018, pp 1048-1056.

The present study aimed to evaluate the feasibility and acceptability of a tailored evidence-based intervention consisting of a leaflet and a letter to encourage timely help-seeking for dementia and memory problems in Black African and Caribbean older adults. Participating GP surgeries were randomised to send either the intervention or a control leaflet about ageing well to Black patients aged 50 years and above without known dementia. Patients were then interviewed two weeks later about the intervention's acceptability using closed and open-ended questions and they completed a Theory-of-Planned-behaviour questionnaire about what they would do if

they developed memory problems, which they also completed four months later. Five of 26 surgeries approached agreed to invite patients. 65 patients responded, of whom 61 (93.8%) agreed to participate. At two weeks the authors consented and interviewed 47/61 (77%) patients, of whom 24 received the intervention. At four months 43/47 (91.5%) of these patients were followed up. At two weeks 44/47 (93.6%) found either intervention acceptable to receive by post, including 23/24 of the intervention. 19 of 24 (79.2%) reported reading the intervention leaflet compared with 13/23 (56.5%) controls. The intervention leaflet made 16/24 (66.7%) think about visiting their doctor for memory problems and led four to help-seeking behaviour. It was calculated that 191 patients and 24 surgeries were required for an efficacy trial. Given the intervention is acceptable, inexpensive and unlikely to cause harm, it would be appropriate to disseminate it without a full-scale trial. Recruitment attainment, retention and projected sample size calculation would indicate feasibility for a larger trial. (JL)

ISSN: 08856230

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

Prevalence and trends in morbidity and disability among older Mexican Americans in the Southwestern United States, 1993-2013; by Marc A Garcia, Adriana M Reyes.: Sage, April 2018, pp 311-339.

Research on Aging, vol 40, no 4, April 2018, pp 311-339.

This study examines the prevalence of morbidity and disability among older Mexican Americans using 5-year age groups. Twenty-year panel data from the Hispanic Established Populations for the Epidemiological Study of the Elderly (H-EPESE) are used to make detailed comparisons by nativity and gender. Results show that prevalence rates for most chronic conditions for both males and females do not vary by nativity. For disabilities, nativity is a significant predictor of increased instrumental activity of daily living (IADL) disability for foreign-born females, and reduced activity of daily living disability for US-born males. Additionally, results show significant interactions between nativity and age cohorts, with the gap increasing with age for males and decreasing with age for females. These results have important implications for health services and health policy. Given the rapid ageing of the Mexican American population, the prevention and treatment of medical conditions, particularly among the foreign-born, should be a major public health priority to reduce dependence from disabilities. (RH)

ISSN: 01640275

From : <http://www.journals.sagepub.com/home/roa>

Profile of ethnicity, living arrangements and loneliness amongst older adults in Aotearoa New Zealand: a national cross-sectional study; by Hamish A Jamieson, Helen M Gibson, Rebecca Abey-Nesbit (et al.): Wiley, March 2018, pp 68-73.

Australasian Journal on Ageing, vol 37, no 1, March 2018, pp 68-73.

The aim of this New Zealand based study was to explore the patterns of living arrangements, ethnicity and loneliness amongst older adults aged 65 years and above living at home. National interRAI-HC (International Residential Assessment Instrument-Home Care) assessments conducted between 1 September 2012 and 31 January 2016 were analysed. The analyses focused on the associations between loneliness, ethnic groups and living arrangements. There were 71,859 eligible participants with an average age of 82.7 years, comprising Maori (5%), Pasifika (3%), Asian (2%) and European/Other (89%) ethnic identification. Most stated that they were not lonely (79%), but those living alone were more likely to be lonely (29%) than those living with others (14%). Amongst those living alone, significant differences in the likelihood of being lonely emerged between ethnic groups. Ethnic identification and living arrangements were significantly associated with the likelihood of loneliness for those having an interRAI-HC assessment. Efforts to reduce the negative impacts of loneliness need a nuanced approach. (JL)

ISSN: 14406381

From : <http://wileyonlinelibrary.com/journal/ajag>

Psychosocial risk factors and processes impeding adaptive capacities and contributing to psychosocial distress among later-life Egyptian immigrants; by Ihab Girgis.: Taylor and Francis, May-June 2018, pp 350-374.

Journal of Gerontological Social Work, vol 61, no 4, May-June 2018, pp 350-374.

This qualitative study explored and described the transactional and cumulative psychosocial stressors that later-life Egyptian immigrants encountered upon coming to the United States, and how they impeded their adaptive capacities, hindered their adjustment efforts and impacted their psychosocial wellbeing. Such stressors were more pronounced among those who immigrated to the United States from Egypt after reaching the retirement age of 60 for two reasons. Firstly they experienced pre-immigration stressors that forced or expedited their departure from Egypt under duress, thus incurring numerous financial and symbolic losses. Secondly, in the last developmental stage, when age-related losses were triggered, they were concomitantly exposed to a starkly different lifestyle, language, cultural norms, living and financial arrangements, roles and relationships. All such

circumstances contributed to a sense of confusion, guilt, shame and being a burden on others, which culminated in withdrawal, isolation and distress. The findings of this study can be used to inform psychosocial and therapeutic interventions and guide the development of appropriate social work programmes, services and policies for later-life Egyptian immigrants in particular and older Arabic-speaking immigrants in general. (JL)  
ISSN: 01634372

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

Relationship between speaking English as a second language and agitation in people with dementia living in care homes: results from the MARQUE (Managing Agitation and Raising Quality of life) English national care home survey; by C Cooper, R Rapaport, S Robertson (et al).: Wiley, March 2018, pp 504-509.

International Journal of Geriatric Psychiatry, vol 33, no 3, March 2018, pp 504-509.

Not speaking English as a first language may lead to increased difficulties in communication with staff and other residents. In this study the authors tested the primary hypothesis that care home residents with dementia speaking English as a second language experience more agitation and overall neuropsychiatric symptoms. A secondary aim of the study was to explore qualitatively how staff consider that residents' language, ethnicity and culture might impact on how they manage agitation. Between 2014 and 2015 staff, residents with dementia themselves and their family carers from 86 care homes were interviewed about residents' neuropsychiatric symptoms, agitation, life quality and dementia severity. 25 staff were also qualitatively interviewed. 71 out of 1,420 (5%) of care home residents with dementia interviewed spoke English as a second language. After controlling for dementia severity, age and sex, and accounting for care home and staff proxy clustering, speaking English as a second language compared with as a first language was associated with significantly higher Cohen-Mansfield Agitation Inventory and Neuropsychiatric inventory scores. Staff narratives described how linguistic and culturally isolating being in a care home where no residents or staff share one's culture or language could be for people with dementia, and how this sometimes caused or worsened agitation. Considering a person with dementia's need to be understood when selecting a care home and developing technology resources to enable dementia-friendly translation services could be important strategies for reducing distress of people with dementia from minority ethnic groups who live in care homes. (JL)

ISSN: 08856230

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

Risk factors for falls among older Aboriginal and Torres Strait Islander people in urban and regional communities; by Caroline Lukaszuk, Kylie Radford, Kim Delbaere (et al).: Wiley, June 2018, pp 113-119.

Australasian Journal on Ageing, vol 37, no 2, June 2018, pp 113-119.

The objective of this study was to examine associations between fall risk factors identified previously in other populations and falls among Aboriginal people aged 60 years and older, living in New South Wales, Australia. Interviews were conducted with older Aboriginal people in five urban and regional communities. Associations between past falls and 22 fall predictor variables were examined using linear and multiple regression analyses. Of the 336 participants, 80 people (24%) reported at least one fall in the past year, and 34 (10%) reported two or more falls. Participants had an increased fall risk if they were female; used three or more medications; had arthritis, macular degeneration, depression, history of stroke; were unable to do their own housework; or were unable to do their own shopping. In all, falls were experienced by one-quarter of study participants. Fall risk factors identified for older Aboriginal people appear to be similar to those identified in the general population. Understanding of fall risk factors may assist with the development of appropriate and effective community-led fall prevention programmes. (JL)

ISSN: 14406381

From : <http://www.wileyonlinelibrary.com/journal/ajag>

Understanding socioenvironmental contributors to racial and ethnic disparities in disability among older Americans; by Allison B Brenner, Philippa J Clarke.: Sage, February 2018, pp 103-130.

Research on Aging, vol 40, no 2, February 2018, pp 103-130.

Our understanding of the mechanisms through which racial or ethnic disparities in disability in older adults develop and are maintained is limited. The authors examined the role of physical impairment, socioeconomic factors and health for racial/ethnic disparities in activities of daily living (ADL), and the modifying role of the indoor home environment. Using data for 5,640 participants from the United States National Health and Aging Trends Study (NHATS), negative binomial regression models were specified separately for men and women. Blacks and Hispanics reported more ADL difficulty than Whites. Living in homes with clutter was associated with higher rates of ADL difficulty, but it was not related to racial/ethnic disparities. Racial/ethnic differences were explained by physical impairment for men, but not for women. Socioeconomic factors and health accounted for remaining disparities for Black, but not for Hispanic women. Attention to individual and

environmental factors is necessary to fully understand and address race/ethnic disparities in disability in older Americans. (RH)

ISSN: 01640275

From : <http://www.journals.sagepub.com/home/roa>

Understanding the barriers facing BAME communities; by Jasmine Martinez, Naomi Wynne-Morgan.: Hawker Publications, March/April 2018, pp 28-31.

Journal of Dementia Care, vol 26, no 2, March/April 2018, pp 28-31.

The authors report on the findings of a research project to investigate the barriers to black, Asian and minority ethnic (BAME) communities attending memory services, with the aim of identifying interventions to increase referrals and attendance. The project used online questionnaires which gathered the views of 24 GPs (14% response rate) and 11 interpreters. In addition, interviews were conducted with 55 people aged 36-86 from BAME communities. The interviews identified two overarching themes: service awareness (issues such as language, travel and money); and cultural differences in perception and attitudes towards dementia. (RH)

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

## 2017

Aging experiences of older immigrant women in Quebec (Canada): from deskilling to liberation; by Michele Charpentier, Anne Quenart.: Taylor and Francis, 2017, pp 437-447.

Journal of Women and Aging, vol 29, no 5, 2017, pp 437-447.

Older immigrant women's experiences of ageing are examined using data from qualitative research conducted in Quebec, Canada with 83 older women from different ethnocultural backgrounds (Arab, African, Haitian, Japanese, Chinese, Portuguese, Romanian, etc). Results are presented on how such immigrant women deal with material conditions of existence such as de-skilling, ageing alone, being more economically independent, and the combined effects of liberation from social and family norms associated with age and gender in the light of the migration route. For the majority, migration opened up possibilities for personal development and self-affirmation. The findings demonstrate the relevance of the intersectional approach in understanding the complexity and social conditionings of women's experiences of ageing. (RH)

ISSN: 08952841

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

Assessing satisfaction with social care services among black and minority ethnic and white British carers of stroke survivors in England; by Nan Greenwood, Jess Holley, Theresa Ellmers (et al).: Wiley, September 2017, pp 1571-1580.

Health and Social Care in the Community, vol 25, no 5, September 2017, pp 1571-1580.

Overall satisfaction levels with social care are usually high, but lower levels have been reported among black and minority ethnic (BME) service users in England. Reasons for this are poorly understood. This qualitative study therefore explored satisfaction with services among informal carer participants from five different ethnic groups. Fifty-seven carers (black Caribbean, black African, Asian Indian, Asian Pakistani and white British) were recruited from voluntary sector organisations and a local hospital in England, and took part in semi-structured interviews using cognitive interviewing and the critical incident technique. Interviews took place from summer 2013 to spring 2014. Thematic analysis of the interviews showed that participants often struggled to identify specific 'incidents', especially satisfactory ones. When describing satisfactory services, participants talked mostly about specific individuals and relationships. Unsatisfactory experiences centred on services overall. When rating services using cognitive interviewing, explicit comparisons with expectations or experiences with other services were common. Highest satisfaction ratings tended to be justified by positive personal characteristics among practitioners, trust and relationships. Lower level ratings were mostly explained by inconsistency in services, insufficient or poor care. Lowest level ratings were rare. Overall, few differences between ethnic groups were identified, although white British participants rated services higher overall, giving more top ratings. White British participants also frequently took a more overall view of services, highlighting some concerns but still giving top ratings, while South Asian carers in particular focused on negative aspects of services. Together, these methods provide insight into what participants mean by satisfactory and unsatisfactory services. Cognitive interviewing was more challenging for some BME participants, possibly a reflection of the meaningfulness of the concept of service satisfaction to them. Future research should include comparisons between BME and white participants' understanding of the most positive parts of satisfaction scales and should focus on dissatisfied participants. (RH)

ISSN: 09660410

From : <http://wileyonlinelibrary.com/journal/hsc>

Being lonely later in life: a qualitative study among Albanians and Moroccans in Italy; by Eralba Cela, Tineke Fokkema.: Cambridge University Press, July 2017, pp 1197-1226.

Ageing and Society, vol 37, no 6, July 2017, pp 1197-1226.

This study focuses on the social well-being of older migrants in Italy, an important yet neglected topic in Italian political and scholarly debate. Knowledge about the lived experience of loneliness and its perceived causes was gathered by means of 34 in-depth interviews with Albanian and Moroccan migrants aged 50+ living in the Marche region. The findings show that the participants are surrounded by family, and are largely satisfied with the contact they have with relatives; this protects them from social isolation, but not from loneliness. Although they rarely express this to their spouse and friends (men) or their children (men and women), feelings of loneliness are widely experienced among the participants. The root of their loneliness largely relates to a lack of meaningful relationships with non-related age peers - having a chat, remembering old times, socialising with others when family members are busy, talking about intimate matters they cannot or will not share with relatives - which supports the argument of loneliness scholars that different types of relationships serve different functions and fulfil different needs. Having more contact with people outside the family circle, especially with co-ethnic peers, could reduce these feelings of loneliness substantially, but factors such as discrimination and lack of Italian language proficiency, free time, financial resources and nearby contact facilities are hindrances. These factors offer clues for public loneliness interventions. (RH)

ISSN: 0144686X

From : [cambridge.org/aso](http://cambridge.org/aso)

A collaborative exploration of the reasons for lower satisfaction with services among Bangladeshi and Pakistani social care users; by Margaret Blake ... (et al.): Wiley, May 2017, pp 1090-1099.

Health and Social Care in the Community, vol 25, no 3, May 2017, pp 1090-1099.

This study explored underlying reasons for the expression of dissatisfaction with services among Bangladeshi and Pakistani social care users in England and investigated, using a collaborative approach, how these could be addressed. In-depth interviews were conducted in Birmingham, Leeds and London during 2012-2013 with 63 Bangladeshi, Pakistani and white British service users and 24 social care managers, social workers and care workers. A further 34 cognitive interviews were conducted within the same study. Following data analysis, three collaborative workshops involving service users and providers were held to validate the findings and to draw out policy and practice recommendations. Analysis of the cognitive interviews showed that higher dissatisfaction among Bangladeshi and Pakistani service users reported in social care surveys was not due to questionnaire design. Instead in-depth interviews showed that dissatisfaction across all three groups was expressed along the social care journey, including accessing care, communication with social workers and the nature of care received. While many issues were common to all three groups, cultural differences also emerged as affecting experiences of social care. These included misunderstandings about family roles in care; gender issues, especially relating to women; language and communication barriers, alongside the need for a more nuanced approach to ethnic 'matching'; and continuing limited cultural understanding among care workers. The collaborative workshops identified practical actions that could address some of the issues identified. These covered raising awareness of services within communities; improving support for informal carers; service user input to assessments; consistent and ongoing sharing of information; improving access; and more efforts to diversify and appropriately train the social care workforce. In conclusion, the paper presents the reality of dissatisfaction among these groups and argues for more action involving communities and service providers to address these persistent issues collaboratively. (JL)

ISSN: 09660410

From : [wileyonlinelibrary.com/journal/hsc](http://wileyonlinelibrary.com/journal/hsc)

Community care for indigenous older people: an update; by Melissa A Lindeman, Kate Smith, Dina LoGiudice, Mark Elliott.: Wiley, June 2017, pp 124-127.

Australasian Journal on Ageing, vol 36, no 2, June 2017, pp 124-127.

This brief paper highlights some important messages in the literature pertaining to community care for older Aboriginal Australians. Such literature has been scarce until relatively recently. These key messages are particularly important as aged care sector reforms are implemented. The authors highlight significant research findings concerning health, care preferences and service delivery challenges for the provision of community care for this population group. In order to be successful, they argue, a service needs to be relevant. To be relevant, services need to take a community development approach in their development and ongoing management. (JL)

ISSN: 14406381

From : <http://www.wileyonlinelibrary.com/journal/ajag>

Community demographics, socio-economic and health status among older Australian residents of Japanese origin living in New South Wales, Australia; by Yuriko Watanabe, Kazuma Honda.: Wiley, September 2017, pp 238-242.

Australasian Journal on Ageing, vol 36, no 3, September 2017, pp 238-242.

This study aimed to describe demographic and socio-economic characteristics and to assess baseline health status and care needs among Japanese residents aged 60 years and over living in New South Wales, Australia. A postal questionnaire was used to survey older community-dwelling Japanese residents recruited from a number of different sources. 82 residents responded to the questionnaire (mean age: 70.5 years, range 60\_85), and 56 (68.3%) were female. The respondents appeared to be socio-economically comfortable. While 63.4% of respondents noticed reduced strength and balance, and 45% had at least one chronic medical condition, the majority did not require help with personal care or domestic chores. However there were respondents who were considered at risk of subsequent development of major mobility limitations. Overall the respondents in the study demonstrated good function. There may be a role for interventional programmes aimed at maintaining functional independence. (JL)

ISSN: 14406381

From : <http://www.wileyonlinelibrary.com/journal/ajag>

The conceptualization of mistreatment by older American Indians; by Lori L Jervis, William Sconzert-Hall, Shielding American Indian Elders Project Team.: Taylor and Francis, January-February 2017, pp 43-58.

Journal of Elder Abuse and Neglect, vol 29, no 1, January-February 2017, pp 43-58.

The problem of how to conceptualise elder mistreatment goes back several decades, and is especially important for ethnic minority populations, who may have perspectives that differ from the dominant society. This community-based participatory research study, which examined perceptions of mistreatment by family among 100 urban and rural older American Indians, permits a rare glimpse into how Native elders themselves understand this issue. Here, good treatment was conceptualised in terms of being taken care of, having one's needs met, and being respected. The authors found relatively high standards for how elders should be treated, such as the belief that an elder's needs should be anticipated and met without the elder needing to ask. This finding was despite widespread accounts of the mistreatment of elders within the community, largely through various acts of financial exploitation and neglect. Substance abuse and culture loss were blamed for much of the elder mistreatment that occurred in contemporary Native communities. (RH)

ISSN: 08946566

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

Culture and ethnicity: a community of practice; by Julia Botsford.: Hawker Publications, July/August 2017, pp 18-20.

Journal of Dementia Care, vol 25, no 4, July/August 2017, pp 18-20.

"Communities of practice" are a popular way to promote mutual learning. The author and colleagues describe how the activities of the Culture and Ethnicity Community of Practice are making a difference to the work of Admiral Nurses. (RH)

ISSN: 13518372

From : [www.careinfo.org](http://www.careinfo.org)

The development of Attitudes of People from Ethnic Minorities to Help-seeking for Dementia (APEND): a questionnaire to measure attitudes to help-seeking for dementia in people from South Asian backgrounds in the UK; by Julia Hailstone, Nasheed Mukadam, Tamsin Owen, Claudia Cooper, Gill Livingston.: Wiley Blackwell, March 2017, pp 288-296.

International Journal of Geriatric Psychiatry, vol 32, no 3, March 2017, pp 288-296.

People from South Asian backgrounds present to dementia services relatively late, often responding to crises. The authors aimed to devise and validate a theory of planned behaviour questionnaire to measure attitudes that predict medical help-seeking for UK-based South Asian people, to assess the effectiveness of future interventions promoting earlier help-seeking. Focus groups were used to establish the content validity of culturally relevant questionnaire items, then participants were asked to complete the questionnaire. The authors analysed reliability and validity and established the concurrent validity of questionnaire attitudes through correlation with willingness to seek help from a doctor for memory problems. They also correlated the scale with knowledge of dementia. The strongest predictor of willingness to seek help was perceived social pressure from significant others around help-seeking; these attitudes were associated with beliefs about the views of family members and embarrassment around help-seeking. Willingness to seek help was also strongly associated



with attitudes about the benefits of seeing a doctor for memory problems, attitudes that were related to specific beliefs about what doctors can do to help. Attitudes in the questionnaire predicted 77% of variance in willingness to seek help, but no relationship was found with dementia knowledge. The authors present the Attitudes of People from Ethnic Minorities to Help-Seeking for Dementia (APEND) questionnaire, a valid and reliable measure of attitudes that influence help-seeking for dementia in people from South Asian backgrounds, which could assess the impact of intervention studies. It is suggested that interventions target attitudes specified here, rather than dementia knowledge. (JL)

ISSN: 08856230

From : [www.orangejournal.org](http://www.orangejournal.org)

Discrimination and psychiatric disorders among older African Americans; by Dawne M Mouzon, Robert Joseph Taylor, Verna M Keith (et al.): Wiley Blackwell, February 2017, pp 175-182.

International Journal of Geriatric Psychiatry, vol 32, no 2, February 2017, pp 175-182.

This study examined the impact of everyday discrimination (both racial and non-racial) on the mental health of older African Americans. This analysis was based on the older African American subsample of the National Survey of American Life. The authors examined the associations between everyday discrimination and both general distress and psychiatric disorders as measured by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Six dependent variables were examined: lifetime mood disorders, lifetime anxiety disorders, any lifetime disorder, number of lifetime disorders, depressive symptoms as measured by the 12-item Center for Epidemiological Scale of Depression (CES-D), and serious psychological distress as measured by the Kessler 6 (K6). Overall racial and non-racial everyday discrimination were consistently associated with worse mental health for older African Americans. Older African Americans who experienced higher levels of overall everyday discrimination had higher odds of any psychiatric disorder, any lifetime mood disorder, any lifetime anxiety disorder and more lifetime DSM-IV disorders, in addition to elevated levels of depressive symptoms and serious psychological distress. These findings were similar for both racial discrimination and non-racial discrimination. This study documents the harmful association of not only racial discrimination, but also non-racial (and overall) discrimination with the mental health of older African Americans. Specifically, discrimination is negatively associated with mood and anxiety disorders as well as depressive symptoms and psychological distress. (JL)

ISSN: 08856230

From : [www.orangejournal.org](http://www.orangejournal.org)

Ethnic elders and pension protection in the United Kingdom; by Athina Vlachantoni, Zhixin Feng, Maria Evandrou, Jane Falkingham.: Cambridge University Press, May 2017, pp 1025-1049.

Ageing and Society, vol 37, no 5, May 2017, pp 1025-1049.

Pension receipt in later life is determined by the way in which individuals' pension contributions and circumstances over the life-course interact with eligibility rules. Within the British context, such pensions relate to sources such as the State Pension, an occupational or private pension, and Pension Credit. Existing research shows that membership of certain ethnic groups is associated with a lower likelihood of receiving occupational or private pensions. Data from Understanding Society (a longitudinal survey) allows us to build on existing evidence, by examining the factors associated with the receipt of three different kinds of pension income - State, occupational or private, and Pension Credit - among older men and women from separate Black and Minority Ethnic (BME) groups. The results show that belonging to certain BME groups reduces one's chances of receiving the State Pension, or an occupational or private pension, but increases the chance of receiving Pension Credit. The gender-specific analysis shows that these results hold true for many BME groups of men, whereas among women, only Pakistani women are less likely than White British women to receive an occupational or private pension. Such findings provide up-to-date empirical evidence that ethnic inequalities in pension protection are still evident, and contribute to the increasingly important debate in the United Kingdom and elsewhere regarding migrants' social security and welfare over the life-course and in later life. (RH)

ISSN: 0144686X

From : [cambridge.org/aso](http://cambridge.org/aso)

The experiences of reciprocity among Filipino older adults in Canada: intergenerational, transnational, and community considerations; by Ilyan Ferrer, Shari Brotman, Amanda Grenier.: Taylor and Francis, May-June 2017, pp 313-327.

Journal of Gerontological Social Work, vol 60, no 4, May-June 2017, pp 313-327.

The aim of this study was to illustrate the concept of reciprocity in the context of immigrant families. The authors recommend that the definition of reciprocity should account for exchanges beyond the immediate family, and render visible the simultaneous location of older people as care recipients and providers, and care arrangements across generations, borders, community and time. Adopting a critical ethnographic study on the

ageing and care experiences of older Filipinos in Canada, this article analyses data from extended observations and in-depth semi-structured interviews with 18 older people, 6 adult children and 13 community stakeholders. Findings highlight the unique configurations of care among the Filipino community whereby older people engage in care exchange as active participants across intergenerational, transnational and fictive kin networks. (JL)

ISSN: 01634372

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

Forgotten but not gone: older Irish with dementia in England; by Mary Tilki.: Hawker Publications, May/June 2017, pp 30-31.

Journal of Dementia Care, vol 25, no 3, May/June 2017, pp 30-31.

The specific needs of Irish people in England are often overlooked. What does this mean for culturally sensitive dementia care? This article reviews literature which seems to confirm the "invisibility" of the Irish in England. As memory declines, a culturally appropriate Irish environment (including religious settings) become more important to this population. (RH)

ISSN: 13518372

From : [www.careinfo.org](http://www.careinfo.org)

The impact of intensive grandchild care on depressive symptoms among older Koreans; by Juyeong Kim, Eun-Cheol Park, Young Choi (et al.): Wiley, December 2017, pp 1381-1391.

International Journal of Geriatric Psychiatry, vol 32, no 12, December 2017, pp 1381-1391.

The aim of this study was to investigate the impact of intensive grandchild care on depressive symptoms among grandparents. The study used data from 2008 to 2012 of the Korea Longitudinal Study of Aging. Using the data from 2008 at baseline, data included 5,129 individuals aged 50 years and more without depression with at least one grandchild. A generalised estimating equation was used to investigate the impact of intensive grandchild care on depression. Investigated factors included the intensity of grandchild care, measured by hours spent caring for a grandchild per week: (i) none (0 h); (ii) non-intensive grandchild care (1-39 hours per week); and intensive grandchild care (40 hours or more per week). Depressive symptoms were measured using the 10-item Center for Epidemiological Studies Depression scale. Among the participants 3.0% were providing non-intensive grandchild care, and 1.9% were providing intensive grandchild care. Compared with grandparents providing no grandchild care, those who provided intensive grandchild care experienced reduced depression. Men providing intensive grandchild care experienced a greater reduction in depression compared with women providing grandchild care. Grandparents who were receiving financial support from adult children were more likely to experience reduced depression than those receiving no such support. The results of this study reveal that intensive grandchild care is associated with lower levels of depression among older adults, particularly men. The findings emphasise the importance of encouraging older adults to participate in grandchild care, regardless of gender. (JL)

ISSN: 08856230

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

The impact of personalisation on people from Chinese backgrounds: qualitative accounts of social care experience; by Fiona Irvine ... (et al.): Wiley, May 2017, pp 878-887.

Health and Social Care in the Community, vol 25, no 3, May 2017, pp 878-887.

The purpose of this study was to provide an opportunity to hear the voices of people from Chinese backgrounds and their experiences of personalisation, with a particular focus on personal budgets. The study used individual semi-structured interviews and focus groups to collect data from physically disabled people from Chinese backgrounds who lived in England, were aged between 18 and 70, and received social care. Data were analysed using an iterative and thematic approach, with early analysis informing the subsequent analytical rounds. The findings revealed that personalisation has the potential to transform the lives of people from Chinese backgrounds, especially when tailored support is available for people to understand and access personal budgets and put them to creative use. However the impact of personalisation is barely evident because few eligible individuals access personal budgets or participate in co-production. This is related to a lack of encouragement for service users to become genuine partners in understanding, designing, commissioning and accessing a diverse range of social care services to meet their cultural and social care needs. (JL)

ISSN: 09660410

From : [wileyonlinelibrary.com/journal/hsc](http://wileyonlinelibrary.com/journal/hsc)

Interventions for healthy aging among mature Black lesbians: recommendations gathered through community-based research; by Kristie L Seelman, Mary Anne Adams, Tonia Poteat.: Taylor and Francis, 2017, pp 530-542. *Journal of Women and Aging*, vol 29, no 6, 2017, pp 530-542.

Black lesbians have unique needs for gerontological services that reflect their experiences of intersectional oppression and resilience. Yet there is a major knowledge gap about interventions that promote healthy ageing in this population, as voiced by Black lesbians themselves. To address this need, 100 Black lesbians, ranging in age from 41 to 91, participated in focus groups in Atlanta, Georgia, to discuss their experiences of ageing, health needs, and recommendations for interventions. Through thematic analysis, the authors identified six themes related to suggested approaches for healthy aging interventions. They discuss implications of these findings for ageing practice and future research. (RH)

ISSN: 08952841

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

Perceptions of dementia and use of services in minority ethnic communities: a scoping exercise; by Sahdia Parveen, Carol Peltier, Jan R Oyeboode.: Wiley Blackwell, March 2017, pp 734-742.

*Health and Social Care in the Community*, vol 25, no 2, March 2017, pp 734-742.

Despite the rapidly ageing population and a predicted sevenfold increase in the prevalence of dementia in minority ethnic communities, people from these communities remain under-represented in specialist dementia services. Leventhal's Model of Self-Regulation suggests perceptions of illness facilitate help-seeking behaviours such as the use of services. This scoping exercise uses the model to explore perceptions of dementia in British Indian, African and Caribbean, and East and Central European communities in the United Kingdom. Between August 2013 and April 2014, culturally specific dementia awareness roadshows were attended by people living with dementia, carers and members of the public. During the roadshows, 62 British Indian, 50 African and Caribbean, and 63 East and Central European attendees participated in discussion groups and a dementia knowledge quiz. Thematic and framework analysis were conducted on the discussion group data. Three main themes are presented: perceptions of dementia, awareness of dementia in the wider family and community, and awareness and use of services. The findings suggest that although groups attributed a biological basis for memory loss, a number of misconceptions prevailed regarding the cause of dementia. Groups also made use of religion, as opposed to medical healthcare services, as a form of personal and treatment control. Seeking help from healthcare services was hindered by lack of awareness of services, and culturally specific barriers such as language. The findings have a number of implications for policy and practice, including the development of public health interventions and the need to focus further on reducing barriers to accessing services. (RH)

ISSN: 09660410

From : [wileyonlinelibrary.com/journal/hsc](http://wileyonlinelibrary.com/journal/hsc)

Predictors of suicidal ideation in Korean American older adults: analysis of the Memory and Aging Study of Koreans (MASK); by Peter J Na, Kim B Kim, Su Leon Lee-Tauler (et al): Wiley, December 2017, pp 1272-1279.

*International Journal of Geriatric Psychiatry*, vol 32, no 12, December 2017, pp 1272-1279.

The aim of this study was to investigate the prevalence and predictors of suicidal ideation among Korean American older adults and assess the self-rated mental health of Korean American older adults with suicidal ideation with or without depression. The Memory and Aging Study of Koreans was a cross-sectional, epidemiologic study of community-dwelling Korean American older adults living in the Baltimore-Washington area. Participants were interviewed using the Korean version of the Patient Health Questionnaire (PHQ-9K). In addition demographic information, self-rated mental health and self-rated physical health status were obtained. 14.7% of Korean American older adults reported suicidal ideation. Predictors of suicidal ideation included living alone, major or minor depression (diagnosed by the PHQ-9K), shorter duration of residency in the US and poorer self-rated mental health. Of those who reported suicidal ideation 64% did not have depression. However their self-rated mental health was as poor as that of those with major or minor depression but without suicidal ideation. Suicidal ideation without depression was common among Korean American older adults. For this group of elders with poor self-rated mental health future studies should look to improving early detection of suicide risks and developing feasible suicide prevention interventions. (JL)

ISSN: 08856230

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

Resilience in low-income African American women living and aging with HIV; by Sailaja Subramaniam, Lizeth M Camacho, Marsha T Carolan (et al): Taylor and Francis, 2017, pp 543-550.

*Journal of Women and Aging*, vol 29, no 6, 2017, pp 543-550.

Women are living with HIV into middle and older age and are likely to face multiple comorbidities and stressors as they age. This study focused on understanding how women who experience multiple forms of oppression and

ongoing adversity are still able to adapt and stand strong. Using a theoretical framework of resilience and a feminist research ideology, interviews of eight middle-aged and older African American women living with HIV were analysed. Despite experiences of HIV-related discrimination, trauma and violence, these women demonstrated a remarkable ability to adapt and maintain support. Implications for research and practice are discussed. (RH)

ISSN: 08952841

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

Role of art centres for Aboriginal Australians living with dementia in remote communities; by Melissa Lindeman, Paulene Mackell, Xiaoping Lin ... (et al.): Wiley, June 2017, pp 128-133.

*Australasian Journal on Ageing*, vol 36, no 2, June 2017, pp 128-133.

The objective of this study was to explore the role art centres in remote communities play for Aboriginal and Torres Strait Islander Australians living with dementia. A comprehensive literature search was undertaken with no restrictions on articles regarding year of publication. Art programmes were found to be of benefit to both people living with dementia and their carers, particularly when programmes were administered in environments that were culturally revered. Findings indicated that remote art centres play a key role in maintaining traditions, culture and practices unique to Aboriginal and Torres Strait Islanders, but there is a gap in knowledge regarding how they cater for the needs of people with dementia. Addressing this gap will be helpful in remote areas where prevalence of dementia is up to five times that of non-Aboriginal people, and there are limited health and support services. Further research is required to explore strengths and gaps of current practices. (JL)

ISSN: 14406381

From : <http://www.wileyonlinelibrary.com/journal/ajag>

Special issue: advancing minority aging research; by Roland J Thorpe Jr, Keith E Whitfield (eds): Sage, April 2017, pp 471-475.

*Research on Aging*, vol 39, no 4, April 2017, pp 471-475.

America is undergoing a number of demographic transitions that will impact on society. By 2050 it is projected that there will be a decline in the proportion of White people but an increase in the proportion of Black, Asian and Hispanic people. As a result, these population projections will yield an increase in the number of ethnic older adults. These shifts require that minority ethnic ageing be placed at the forefront of research, practice and policy agendas at the local, state and national levels. This special issue contains an introduction followed by four articles which between them aim to stimulate discourse about minority ageing using a life-course perspective. Topics covered include: African American families' responses to mild cognitive impairment; biopsychosocial risk factors for falls among older African Americans; Black-White differences in pathways to late-life functional limitations; and variability in late-life functional limitations among White, Black and Hispanic older adults. (JL)

ISSN: 01640275

From : [journals.sagepub.com/home/roa](http://journals.sagepub.com/home/roa)

Support networks for Chinese older immigrants accessing English health and social care services: the concept of Bridge People; by Xiayang Liu, Glenda Cook, Mima Cattan.: Wiley Blackwell, March 2017, pp 667-677.

*Health and Social Care in the Community*, vol 25, no 2, March 2017, pp 667-677.

As Chinese immigrants in the United Kingdom age, they experience an increasing need to access health and care services. However, it has been reported that older Chinese immigrants have difficulties in accessing these services. This study explored the experiences of this population in using health and care services and the strategies that they adopted to address their difficulties. A grounded theory method with a two-staged research design was used. Stage 1 explored the participants' experiences of ageing and use of health and social care services through focus group interviews. Stage 2 investigated the strategies individuals used to support access to and use of services through individual interviews. Forty-four older Chinese people and 15 supporters participated in interviews during August 2011 and May 2013. These older Chinese immigrants were challenged in knowing about and in accessing services. Their difficulties were attributed to language barriers, lack of information and instrumental support, and emotional and cultural issues regarding use of health and care services. Their supporters facilitated access to services and acted as a bridge between the service and the user; therefore, they were given the title 'Bridge People'. Bridge People have different backgrounds: family and friends, public sector workers and staff from community-based Chinese organisations. The defining attributes of these supporters were: bilinguality, bicultural, multifunctionality and accessibility. There is no charge for this support; and the relationship between the Bridge Person and recipient involves trust and influence over decisions regarding use of health and care services. Bridge People should be recognised and identified by health, social care and housing services to promote engagement and use of services by older immigrant Chinese people. (RH)

ISSN: 09660410

From : [wileyonlinelibrary.com/journal/hsc](http://wileyonlinelibrary.com/journal/hsc)

Targeting workforce strategies: understanding intra-group differences between Asian migrants in the Australian aged care workforce; by Linda Isherwood, Debra King.: Policy Press, June 2017, pp 191-207.

International Journal of Care and Caring, vol 1, no 2, June 2017, pp 191-207.

Migrants are an important component of the Australian aged care workforce, and workers from Asia are the fastest-growing migrant cohort in the sector. The authors differentiate between migrants from South-East, North-East and Southern Asia and comparing them to other migrants and Australian-born workers, by using data from the 2012 National Aged Care Workforce Census and Survey to examine experiences of working in aged care, including working arrangements, job satisfaction and future work plans. The findings provide a basis for developing more targeted and nuanced workforce strategies that could help attract and retain Asian-born workers and assist in their settlement and integration. (RH)

ISSN: 23978821

From : <http://policypressco/journals/international-journal-of-care-and-caring>

Well-being of older Aboriginal Australians: the importance of 'keeping spirit strong'; by Kate Smith, Lianne Gilchrist.: Wiley, June 2017, pp 112-113.

Australasian Journal on Ageing, vol 36, no 2, June 2017, pp 112-113.

This article briefly examines Aboriginal Australian world views on spirituality and well-being, particularly where the ageing population are concerned. (JL)

ISSN: 14406381

From : <http://www.wileyonlinelibrary.com/journal/ajag>

## 2016

American Indian/Alaska native elders: a growing demographic that is changing how we view aging; by Jordan P Lewis.: Taylor and Francis, May-June 2016, pp 277-280.

Journal of Gerontological Social Work, vol 59, no 4, May-June 2016, pp 277-280.

Today, American Indian and Alaska native (AIAN) Elders are more actively engaged in their families and communities, encouraging the development of intergenerational programmes, language and cultural revitalisation, being stewards in research conducted in their communities, as well passing on their knowledge and experiences on how to live as healthy Native people. Elders have traditionally been quiet and observant of their environment. However, the current and future cohorts of Elders are advocates, leaders, and culture bearers for their families and communities, and they are now in positions of leadership. Western society acknowledges the value of traditional knowledge; and AIAN Elders are viewed as exemplars of healthy ageing, and their lessons and experiences can be attributed to our own lives. This commentary highlights the paradigm shift in how society views older adults, specifically AIAN Elders and their role in health and well-being. It is one of four articles in this issue of Journal of Gerontological Social Work which focus on indigenous Elders. (RH)

ISSN: 01634372

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

Collaborating with service users to form a culturally tailored intervention: Punjabi Cognitive Stimulation Therapy; by Serena Sharma, Ian Scott.: British Psychological Society, January 2016, pp 32-39.

Psychology of Older People: The FPOP Bulletin, no 133, January 2016, pp 32-39.

Following service user requests, a culturally adopted version of Cognitive Stimulation Therapy (CST, A L Spector et al, 2001) was delivered in Punjabi at Slough Memory Clinic between May and August 2014. As far as the authors know, this was the first time CST had been delivered in a non-English language within a UK memory clinic (S Sharma, 2014). In a live, symbiotic manner, Punjabi group members led the adaptation process of the CST programme to suit their cultural requirements. This article highlights the importance of service user involvement in both the planning and adaptation stages of Punjabi CST. (RH)

ISSN: 20528914

From : <http://www.bps.org.uk/newtworks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

Communities can't be left to 'look after their own'; by David Truswell.: Hawker Publications, November-December 2016, pp 26-28.

Journal of Dementia Care, vol 24, no 6, November-December 2016, pp 26-28.

Black and minority ethnic (BAME) families are known to play a key role in providing social support and care for their older relatives: they 'look after their own'. There is evidence, though, that there are higher rates of

vascular dementia and early onset dementia in this population, compared with UK White people. The author and colleagues describe how the organisation Culture Dementia UK works to raise awareness about dementia in the Afro-Caribbean and other UK minority ethnic communities, and to improve support through partnership working. (RH)

ISSN: 13518372

From : [www.careinfo.org](http://www.careinfo.org)

Dementia among gypsies and travellers; by Mary Tilki.: Hawker Publications, July/August 2016, pp 12-14.

Journal of Dementia Care, vol 24, no 4, July/August 2016, pp 12-14.

This is the first of two articles looking at the impact of dementia on gypsies and travellers. It looks at the difficulties and challenges for services, which include: a shortage of sufficient, decent traveller sites; a culture of self-reliance; negative experience of trying to obtain social care; and barriers to access to health and social care services in general for this group. (RH)

ISSN: 13518372

From : [www.careinfo.org](http://www.careinfo.org)

The experiences of Indian migrant care home staff working with people with dementia: a pilot study exploring cultural perspectives; by Brandon Ow Yong, Jill Manthorpe.: Emerald, 2016, pp 3-13.

Working with Older People, vol 20, no 1, 2016, pp 3-13.

Little is known about migrant Indian care workers working in long-term care facilities for people with dementia in England. In the light of political interest in immigration to the UK and continued staff shortages in parts of the social care sector, this paper aims to remedy such lack of information. This pilot study investigated the experiences of workplace acculturation among 12 migrant Indian care workers who were employed in English care homes. Qualitative face-to-face interviews were conducted in 2013. Analysis of the interviews was conducted using principles of interpretative phenomenological analysis. Five themes emerged from the analysis along an acculturation timeline. First, during the first six months of their employment, the migrant care workers recalled feeling vulnerable, seemingly marked by a sense of insecurity and an overwhelming state of cognitive burden within an unfamiliar cultural context. Second, simultaneously, the migrants felt perturbed about their new role as direct care workers. Third, few had been able to draw on their networks of friends and relatives to build up knowledge of their new work environments before starting care home employment. Fourth, two years into the work, although they reported feeling better adapted, psychological and socio-cultural adjustments were still thought to be needed. Fifth, most participants retained their ambition to be recognised as a qualified nurse in the UK, and to pursue a nursing career outside the social care sector. As this is a pilot study in which 12 migrant Indian care home workers were interviewed, further interviews might provide a greater range of views and experiences. The care homes that participated in this research were in the London region, where staff shortages are common in dementia services such as care homes. The findings suggest a need for employers and human resource managers to respond to the specific needs of Indian and other migrants working with older people resident in care homes. Such responses should reflect the timeline of their acculturation; and employers need also to acknowledge and address aspirations to move on to NHS work. To the best of the authors' knowledge, this study is unique in considering Indian care workers specifically as a substantial part of the migrant care workforce in the UK. It offers information about their perceptions, and suggests practical human response and managerial initiatives. (RH)

ISSN: 13663666

From : [www.emeraldgroupublishing.com/wwop.htm](http://www.emeraldgroupublishing.com/wwop.htm)

Haudenosaunee grandmothers caring for their grandchildren: the process of assuming the caregiving role; by Lori Hill.: Taylor and Francis, May-June 2016, pp 281-295.

Journal of Gerontological Social Work, vol 59, no 4, May-June 2016, pp 281-295.

This grounded theory study aims to understand the processes, motivations and reasons for Aboriginal grandmothers in Canada assuming the full-time caregiving role for their grandchildren. Fifteen Haudenosaunee grandmothers who were from the Six Nations community (an area some 25km southwest of Hamilton, Ontario) participated in this study. The results indicate that a series of complex factors, circumstances and processes contributed to them caring for their grandchildren. Of particular significance is that, prior to assuming their full-time caregiving roles, they had intermittently cared for their grandchildren as a means of preventing family breakdown. Many of them were accustomed to this type of care arrangement, as over half of the grandmothers had been cared for by their grandmothers or great-grandmothers. Ultimately, they cared for their grandchildren as a means of "keeping the state's hands off" their grandchildren and avoiding child welfare involvement. Furthermore, the women in this study served important, vital roles for healing in Aboriginal families and communities. This is one of four articles in this issue of Journal of Gerontological Social Work which focus on indigenous Elders. (RH)

ISSN: 01634372

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

The health of older Aboriginal and Torres Strait Islander peoples; by Dina LoGiudice.: Wiley, June 2016, pp 82-85.

Australasian Journal on Ageing, vol 35, no 2, June 2016, pp 82-85.

The health of Aboriginal Australians is poorer than that of all other Indigenous cultures in developed nations, and recent studies suggest high rates of dementia and other conditions that are common in old age. This has implications for health promotion, provision of services and planning for older age in these communities. This article provides an overview on the health of older Aboriginal Australians. (JL)

ISSN: 14406381

From : <http://www.wileyonlinelibrary.com/journal/ajag>

Indigenous elder insights about conventional care services in Alaska: culturally charged spaces; by Jean E Balestrery.: Taylor and Francis, May-June 2016, pp 296-315.

Journal of Gerontological Social Work, vol 59, no 4, May-June 2016, pp 296-315.

Indigenous peoples around the world endure health and social disparities. In the United States, such disparities are typically ameliorated through conventional care services and organisations. This ethnographic multi-site study was conducted over 12 months of fieldwork across urban, rural and remote village sites in Alaska, to examine points of tension that characterise culturally pluralistic care services in the United States, specifically Alaska, within context of Indigenous colonial histories. This work incorporates relational and participatory action research principles with Alaska Native Elders. Ethnographic evidence was collected through multiple methods, including field notes, documents and interviews, with ethnographic analysis involving atlas.ti. Alaska Native Elders describe salient points of tension that characterise Alaska's conventional care services through the following insights: generational curses - a pain; prejudice on both sides - wounded; and value-systems clash - fighting. This article concludes with discussion about collective anxieties and implications for care services. This is one of four articles in this issue of Journal of Gerontological Social Work which focus on indigenous Elders. (RH)

ISSN: 01634372

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

Life after stroke: coping mechanisms among African Caribbean women; by Calvin R Moorley, Sharon Cahill, Nova T Corcoran.: Wiley, November 2016, pp 769-778.

Health and Social Care in the Community, vol 24, no 6, November 2016, pp 769-778.

In the UK, stroke is the third most common cause of death for women, and the incidence in African Caribbean women is higher than that in the general population. Stroke burden has major consequences for the physical, mental and social health of African Caribbean women. In order to adjust to life after stroke, individuals affected employ a range of strategies which may include personal, religious (church) or spiritual support (i.e. prayer), individual motivation or resignation to life with a disability. This study explored these areas through the coping mechanisms that African Caribbean women utilised post stroke, in the context of stroke recovery and lifestyle modification efforts needed to promote healthy living post-stroke. A qualitative approach using interpretative phenomenological analysis was adopted. Seven women were recruited to the study. Semi-structured, in-depth interviews were audio recorded and were transcribed verbatim. Data were analysed using a four-stage framework: familiarisation, sense making, developing themes, and data refinement and analysis. Three main themes on coping emerged: the need to follow medical rules to manage stroke; strength and determination; and the use of religion and faith to cope with life after stroke. These findings illustrate both a tension between religious beliefs and the medical approach to stroke, and highlight the potential benefits that religion and the church can play in stroke recovery. Implications for practice include acknowledgement and inclusion of religion- and church-based health promotion in post-stroke recovery. (RH)

ISSN: 09660410

From : [wileyonlinelibrary.com/journal/hsc](http://www.wileyonlinelibrary.com/journal/hsc)

Mother-child relations in adulthood within and across national borders: non-Western immigrants in the Netherlands; by Ilse N Rooyackers, Helga A G de Valk, Eva-Maria Merz.: Cambridge University Press, November 2016, pp 2000-2035.

Ageing and Society, vol 36, no 10, November 2016, pp 2000-2035.

The authors examined structures of (trans)national mother-child relationships in adulthood among non-Western immigrants in the Netherlands, and assessed the impact of acculturation on these intergenerational ties. Turkish, Moroccan, Surinamese and Antillean respondents to the Netherlands Kinship Panel Study (NKPS) were selected, whose mother lived in the Netherlands (N = 360) or abroad (N = 316). First, extending a previous

typology of immigrant mother-child relations in the Netherlands, Latent Class Analysis was conducted for transnational relations. As expected, combining information about given and/or received emotional and financial support resulted in an emotional-interdependent and detached transnational mother-child relationship. Second, acculturation effects were estimated by using relationship assignment as a dependent variable, performing Logistic Regressions on the uni-national and transnational sample. Findings were mixed, suggesting acculturation impacts differently on family relations within and across borders. Overall, the results demonstrate the importance of reciprocal affective ties in a transnational context (also in the absence of financial or practical support), and show the relevance of distinguishing different facets of acculturation. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Parent-child relationships among older Chinese immigrants: the influence of co-residence, frequent contact, intergenerational support and sense of children's deference; by Man Guo, Ling Xu, Jinyu Liu (et al.): Cambridge University Press, August 2016, pp 1459-1482.

Ageing and Society, vol 36, no 7, August 2016, pp 1459-1482.

Immigration disrupts the bonding process in families. Maintaining close relationships with adult children can be an important protective factor for older immigrants' health and well-being. This quantitative study examined factors associated with close parent-child relationships in a purposive sample of 236 older Chinese immigrants in Los Angeles who provided information regarding 365 children. Two-level regression models were estimated to investigate factors contributing to cohesive parent-child relationships among these older adults. The findings showed that co-residence, a characteristic that distinguishes immigrant families from most non-immigrant families, was associated with lower parent-child relationship quality. Frequent contact was associated with closer relationships. While receiving instrumental and monetary support from children was associated with favourable ratings of relationships with children, providing such support to children was not related to parents' assessment of relationship quality. Parental perceptions of children being respectful was also associated with better relationship quality ratings. Overall, the findings demonstrate how family-related changes in the immigration context shape parent-child relationships in later life. Implications for future research and practice are provided. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Quality of life for diverse older adults in assisted living: the centrality of control; by Sharon D Koehn, Atiya N Mahmood, Sarah Stott-Eveneshen.: Taylor and Francis, October-December 2016, pp 512-536.

Journal of Gerontological Social Work, vol 59, nos 7-8, October-December 2016, pp 512-536.

This pilot project asked, 'How do ethnically diverse older adult residents of assisted living (AL) facilities in British Columbia (BC) experience quality of life? And, what role, if any, do organisational and physical environmental features play in influencing how quality of life is experienced?' The study was conducted at three AL sites in BC: two ethnoculturally targeted and one non-targeted. Environmental audits at each site captured descriptive data on policies, fees, rules, staffing, meals, activities, and the built environment of the AL building and neighbourhood. Using a framework that understands the quality of life of older adults to be contingent on their capability to pursue 5 conceptual attributes - attachment, role, enjoyment, security and control - the authors conducted 3 focus groups with residents (1 per site) and 6 interviews with staff (2 per site). Attributes were linked to the environmental features captured in the audits. All dimensions of the environment - especially organisational - influence tenants' capability to attain the attributes of quality of life, most importantly control. Although many tenants accept the trade-off between increased safety and diminished control that accompanies a move into AL, more could be done to minimize that loss. Social workers can advocate for the necessary multi-sectoral changes. (RH)

ISSN: 01634372

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

Reaching out effectively to gypsies and travellers; by Mary Tilki.: Hawker Publications, September-October 2016, pp 12-14.

Journal of Dementia Care, vol 24, no 5, September-October 2016, pp 12-14.

In the second of two articles on the impact of dementia on gypsies and Traveller communities, the author and colleagues look at how service commissioners and providers can reach out effectively. The article draws attention to the available evidence and suggests other useful information resources. (RH)

ISSN: 13518372

From : [www.careinfo.org](http://www.careinfo.org)



Risk and protective factors for depressive symptoms among indigenous older adults: intimate partner violence (IPV) and social support; by Soonhee Roh, Catherine E Burnette, Kyoung Hag Lee (et al.): Taylor and Francis, May-June 2016, pp 316-331.

Journal of Gerontological Social Work, vol 59, no 4, May-June 2016, pp 316-331.

Research on depression and intimate partner violence (IPV) experienced by Indigenous older adults is virtually non-existent. Given the associations between IPV and depression and their disproportionately high rates among Indigenous peoples in a context of historical oppression, this inquiry examines how IPV and social support are associated with depressive symptoms for Indigenous older adults. The authors expand the knowledge base on IPV in later life, which primarily focuses on female samples, by including older men. It was predicted that: IPV will be positively associated with depressive symptoms; and levels of social support will be negatively associated with depressive symptoms. Hierarchical regression analyses of data from a sample of Indigenous older adults (N = 233) in the Upper Midwest of the US indicated that physical aggression (but not psychological aggression, sexual coercion, injury or negotiation) was positively associated with depressive symptoms, whereas social support was negatively associated with depressive symptoms. This is one of four articles in this issue of Journal of Gerontological Social Work which focus on indigenous Elders. (RH)

ISSN: 01634372

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

Satisfaction with social care services among South Asian and White British older people: the need to understand the system; by Rosalind Willis, Priya Khambhaita, Pathik Pathak, Maria Evandrou.: Cambridge University Press, August 2016, pp 1364-1387.

Ageing and Society, vol 36, no 7, August 2016, pp 1364-1387.

National surveys show that people from minority ethnic groups tend to be less satisfied with social care services compared with the white population, but do not show why. Research indicates that barriers to accessing services include lack of information, perceptions of cultural inappropriateness, and normative expectations of care. Less research has examined the experience of minority ethnic service users after they access services. This study conducted in-depth interviews with 82 South Asian and White British service users and family carers, the majority of whom were older people. Thematic analysis was used. The key theme was understanding the social care system. Participants with a good understanding of the system were more able to adapt and achieve control over their care. Participants with a poor understanding were uncertain about how to access further care, or why a service had been refused. More White British than South Asian participants had a good understanding of the system. There was more in common between the South Asian and White British participants' experiences than might have been expected. Language was an important facilitator of care for South Asian participants, but ethnic matching with staff was less important. Recommendations include better communication throughout the care process to ensure service users, and carers should have a clear understanding of social care services and hence a better experience. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Upon learning from the community: surveying dementia awareness in South East Asian communities; by Ian Scott, Faye Barrow, Serena Sharma.: British Psychological Society, January 2016, pp 50-57.

Psychology of Older People: The FPOP Bulletin, no 133, January 2016, pp 50-57.

The Department of Health (DH) has highlighted the need to increase early diagnosis of dementia, increase the uptake of intervention following diagnosis, and reduce stigma of this debilitating condition (National dementia strategy, DH, 2009). Further, previous authors have highlighted the need to deliver culturally tailored services (C M Geibel et al, 2014; V Seabrooke & A Milne, 2004). An opportunity arose to learn about the perspective of dementia from a cross-section of the local Punjabi community who were attending a Dementia Information Group. Over a 5-week programme, the authors conducted a short dementia survey to members of the local Punjabi community. Results indicate that respondents hold some positive constructions of dementia and services, although some perspectives reflecting stigma and concerns about help-seeking were evident. Limitations of this study and recommendations for further research are briefly discussed. (RH)

ISSN: 20528914

From : <http://www.bps.org.uk/newtworks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

What keeps you strong?: A systematic review identifying how primary health-care and aged-care services can support the well-being of older Indigenous peoples; by Carol Davy, Elane Kite, Graham Aitken ... (et al): Wiley, June 2016, pp 90-97.

Australasian Journal on Ageing, vol 35, no 2, June 2016, pp 90-97.

The objective of this systematic review was to identify primary health care or aged care strategies that have or could support the well-being of older Indigenous peoples, with a particular focus on Australia and Canada. A search was undertaken of relevant databases in which papers which reported on the perspectives of older Indigenous peoples, community members and provider participants were included. Findings were pooled using a meta-aggregative approach. Three high-level synthesised findings – maintaining Indigenous identity, promoting independence and delivering culturally safe care – were believed to be important for supporting the well-being of older Indigenous peoples. As physical independence often diminishes with age, having the support of culturally safe primary health care and aged care services that understand the importance of maintaining an Indigenous identity and promoting independence will be crucial for the well-being of older Indigenous peoples. (JL)

ISSN: 14406381

From : <http://www.wileyonlinelibrary.com/journal/ajag>

"You don't know what you are saying 'Yes' and what you are saying 'No' to": hospital experiences of older people from minority ethnic communities; by Jo Ellins, Jon Glasby.: Cambridge University Press, January 2016, pp 42-83.

Ageing and Society, vol 36, no 1, January 2016, pp 42-83.

Improving responsiveness to the needs of older people from minority ethnic communities has been emphasised as a goal in England since the publication of the National Service Framework for Older People (NSF) in 2001. Despite this, people from minority ethnic groups consistently give poorer ratings of their health services than 'majority' populations, both in England and across many other health-care systems. Language barriers have been shown to play a particularly important role, and appear to be a stronger predictor of perceived quality of care than ethnic origin per se. This paper reports findings from a larger study exploring older people's experiences of care transitions, focusing on the findings from one case study area which explored the hospital and discharge experiences of older people from minority ethnic communities. A participatory approach was adopted, with older people from the local area collaborating in the design, delivery and analysis of the research as 'co-researchers'. Twenty-four in-depth narrative interviews were carried out with people who had experienced a recent hospital stay as a patient or a family member providing care and support. Our findings show that many aspects of the hospital experience, including the desire for personalised and humanistic approaches to care, are important to older people irrespective of ethnic background. However, older people from minority ethnic communities can also face language and cultural barriers which negatively affect the quality and experience of care. People who had limited English proficiency struggled to understand, communicate and participate in their care. Where professional services were not available or requested, interpreting was provided informally by other patients, family members, hospital staff in clinical and domestic roles, or not at all. We conclude that targeted strategies are required to ensure appropriate and effective hospital services for a multicultural population. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

## 2015

The (mis)matching of resources and assessed need in remote Aboriginal community aged care; by Di Bell, Melissa A Lindeman, John Binda Reid.: Wiley, September 2015, pp 171-176.

Australasian Journal on Ageing, vol 34, no 3, September 2015, pp 171-176.

The aim of the present study was to examine processes of aged care needs assessment for Aboriginal people in remote central Australia to assist development of appropriate models of aged care. This was a qualitative study involving 11 semistructured interviews with aged care assessors and two focus groups with Aboriginal community members. The study reported four major themes concerning how needs assessments relate to realities of service delivery: cultural perspectives on aged care, context of service delivery, equity and access to services, and programme (mis)alignments. Disparities were found to exist between assessment recommendations and service availability, with a potential mismatch between Aboriginal understandings of needs, interpretations by individual assessment staff and programme guidelines. Incorporating a conceptual framework, such as the International Classification of Functioning, Disability and Health, into service guidelines to ensure structured consideration of a person's holistic needs may assist, as will building the capacity of communities to provide the level and type of services required. (JL)

ISSN: 14406381

From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

Barriers to access and minority ethnic carers' satisfaction with social care services in the community: a systematic review of qualitative and quantitative literature; by Nan Greenwood, Ruth Habibi, Raymond Smith, Jill Manthorpe.: Wiley Blackwell, January 2015, pp 64-78.

Health and Social Care in the Community, vol 23, no 1, January 2015, pp 64-78.

As populations age, the numbers of carers overall and numbers of carers from minority ethnic groups in particular are rising. Evidence suggests that carers from all sections of the community and particularly carers from minority groups often fail to access care services. This may relate to barriers in accessing services and service dissatisfaction. The aim of this systematic review was to identify and summarise minority ethnic carers' perceptions of barriers to accessing community social care services and their satisfaction with these services if accessed. The following databases were searched from their start until July 2013: Social Care Online, Social Policy and Research, Scopus, PsychINFO, HMIC, ASSIA, MEDLINE, Embase, CINAHL Plus and AMED. Thirteen studies met the inclusion criteria. Most investigated either barriers to access or satisfaction levels, although 12 studies reported perceived barriers to accessing services. Few studies compared minority ethnic carers' perceptions with majority ethnic groups, making it difficult to identify issues specific to minority groups. Most barriers described were potentially relevant to all carers, irrespective of ethnic group. They included attitudinal barriers such as not wanting to involve outsiders, or not seeing the need for services and practical barriers such as low awareness of services and service availability. Issues specific to minority ethnic groups included language barriers and concerns about services' cultural or religious appropriateness. Studies investigating satisfaction with services reported a mixture of satisfaction and dissatisfaction. Barriers common to all groups should not be underestimated; and a better understanding of the relationship between perceived barriers to accessing services and dissatisfaction with services is needed before the experiences of all carers can be improved. (RH)

ISSN: 09660410

From : [wileyonlinelibrary.com/journal/hsc](http://wileyonlinelibrary.com/journal/hsc)

Bridging the gap: strengthening relations between hospices and Muslims of Britain; by Sughra Ahmed, Naved Siddiqi, Woolf Institute; Hospice UK; Together for Short Lives. Cambridge: Woolf Institute, 2015, 45 pp.

Hospice UK and Together for Short Lives commissioned this report with the aim of learning how hospices and British Muslim communities can mutually strengthen engagement, so that hospices may provide the support needed by children and adults. Using research carried on over a 6-month period, the report looks at what is important to Muslims towards the end of life, and the barriers to engagement between hospices and Muslims in Britain. It also covers learning from national workshops, from the data, and from examples of best practice. Recommendations focus on three core areas. First, hospices and service providers should include information on religion and ethnicity in their records, to be used at registration of death and in preparing burial services. Second, hospices need to communicate and engage with local Muslim organisations, for example through community radio and television. Third, hospices, service providers and clinicians should seek specialist training programmes to better understand the "last journey" protocols and services. Joint training with mosques and Muslim burial services would also help in understanding what is needed from when a patient dies to the completion of burial rites of passage. (RH)

From : <https://www.hospiceuk.org/what-we-offer/publications?kwrd=Bridging%20the%20gap>

Care managers' experiences of cross-cultural needs assessment meetings: the case of late-in-life immigrants; by Emilia Forssell, Sandra Torres, Anna Olaison.: Cambridge University Press, March 2015, pp 576-601.

Ageing and Society, vol 35, no 3, March 2015, pp 576-601.

Research on care managers' experiences of the needs assessment process is scarce, even though the literature on needs assessment practice is relatively extensive. One of the research areas that has not received attention yet is the way in which care managers experience the challenges that are presumably posed by increased ethnic, cultural, linguistic and religious diversity among prospective elder care recipients. This article addresses this research gap. It is based on a project that aims to shed light on care managers' experiences of the needs assessment process in general and cross-cultural needs assessment meetings in particular. The data derive from focus group interviews with 60 care managers in Sweden (N=60). This article focuses on care managers' experiences of needs assessment with older people who have immigrated late in life, who come from cultures considered different from the Swedish one and who have not mastered the Swedish language. This was the group of older people that the care managers mostly thought of when asked to describe their experiences of cross-cultural needs assessment meetings. The interviewed care managers discussed the challenges that these meetings present, which were related to communication due to language barriers, different demands and

expectations, insecurity regarding what is customary in such meetings, as well as perceived passivity among late-in-life immigrants. The article discusses the contributions of the findings to research on care management practices in general, as well as to needs assessment practice in particular. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Contracts and commissioning: what's happening to social care services for black and minority ethnic older people; by Valerie Lipman.: Emerald, 2015, pp 85-93.

Working with Older People, vol 19, no 2, 2015, pp 85-93.

This paper reports a mixed method study exploring current provision of targeted social care services for the growing populations of black and minority ethnic (BME) older people in England and Wales. Following a review of the policy and research literature, 12 semi-structured interviews were undertaken in 2013/2014. Most participants were recruited from BME policy and service provider organisations and organisations focusing on older people. There is some evidence that BME voluntary organisations are experiencing disproportionately greater funding cuts than mainstream voluntary service providers. Moreover, some mainstream providers reported reducing services targeted at BME older people, while others expressed the view that choices for BME older people are likely to become more limited following recent health and equalities policy changes. Practitioners should therefore contribute to data collection about protected characteristics, such as race/ethnicity to establish whether older BME people's needs are being assessed equitably; whether access to care and support is easy; and how market-shaping at local levels can ensure a range of providers. This study provides an overview of voluntary sector provision for the growing numbers of BME older people in need of care and support, which should be useful to practitioners and service commissioners. (RH)

ISSN: 13663666

From : [www.emeraldgroupublishing.com/wwop.htm](http://www.emeraldgroupublishing.com/wwop.htm)

Development of a culture sensitive prevalence study on older adults violence: qualitative methods contribution; by Ana Paula Gil, Ana Joao Santos, Irina Kislaya.: Emerald, 2015, pp 126-138.

Journal of Adult Protection, vol 17, no 2, 2015, pp 126-138.

The purpose of this paper was to reflect on how qualitative approaches can improve a prevalence study on older adults' violence. The paper describes how qualitative data can help frame a complex and multidimensional problem, such as older adults' violence, within the culture where it happens and therefore prevent two risks present in prevalence studies: underestimation and overestimation. In order to measure violence and violent behaviours accurately, the authors first conducted four focus groups with the target population \_ older adults aged 60 and over \_ and 13 in-depth interviews with older adult victims of violence. Through content analysis of focus groups and in-depth interviews the authors sought to understand how violence is perceived, defined and limited by the general population and by victims. By employing qualitative methods the authors were able to operationalise violence and then decide upon and select specific behaviours to measure, rephrase questions and develop strategies to approach the general population through telephone interviews. These qualitative approaches helped reduce participant bias in the prevalence study and therefore to minimise the risks of underestimation and overestimation. (JL)

ISSN: 14668203

From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)

Ethnic/racial minority older adults and recovery: integrating stories of resilience and hope in social work; by Atsuko Karin Matsuoka.: Oxford University Press, December 2015, pp i135-i152.

British Journal of Social Work, vol 45, supplement 1, December 2015, pp i135-i152.

Although a recovery approach is relevant to older adults, a significant gap exists in social work literature regarding mental health recovery among ethnic/racial minority older adults. This paper explores the meaning of 'recovery' and the applicability of the Wellness Recovery Action Plan (WRAP), a recovery-based programme, to Japanese-Canadian older adults through qualitative data collected as part of an evaluation of two WRAP workshop series in a metropolitan city in Canada, 2010-12. All eight workshop participants (two male and six female, all Japanese speakers, aged 64-89 years) took part in the study. A strength-based critical social work approach, which incorporates the understanding of resilience and hope and the intersectionality of oppression, was used to facilitate the programme. Qualitative data analysis identified key themes of the participants' workshop experiences, including reaffirming self-worth, being positive (hope), being self-reflective and mindful, supporting each other and advocating for themselves. The participants experienced positive changes in line with Jacobson and Greenley's (2001) internal and external conditions for recovery. In particular, it found an unexpected long-term outcome: the formation of a peer support group by participants. Social work practice in recovery is discussed. (RH)

ISSN: 00453102

From : [www.bjsw.oxfordjournals.org](http://www.bjsw.oxfordjournals.org)

Ethnicity and occupational pension membership in the UK; by Athina Vlachantoni, Zhixin Feng, Maria Evandrou, Jane Falkingham.: Wiley Blackwell, December 2015, pp 801-823.

Social Policy and Administration, vol 49, no 7, December 2015, pp 801-823.

Using data from the UK Household Longitudinal Study, this article explores patterns of employment and the odds ratios of membership in an employer's pension scheme among working-age individuals from minority ethnic groups and the White British population, taking into account factors such as migration history and public or private sector employment. Findings show that ethnicity remains a strong determinant of a person's pension protection prospects through being in paid work, being an employee and working for an employer who offers a pension scheme. However, for those working for an employer who does offer a pension scheme, the effect of ethnicity on their odds of being a member of that scheme reduces, except among Pakistani and Bangladeshi people for whom the differentials remain. Information is also given on the pension protection of Polish workers. (NH)

ISSN: 01445596

From : <http://wileyonlinelibrary.com/journal/spol>

Expanding the gerontological imagination on ethnicity: conceptual and theoretical perspectives; by Sandra Torres.: Cambridge University Press, May 2015, pp 935-960.

Ageing and Society, vol 35, no 5, May 2015, pp 935-960.

The globalisation of international migration has increased the ethnic diversity of most ageing populations across the Western world. This has implications for gerontological research, policy and practice, and puts our understandings of ethnicity to the test. This paper presents the different perspectives that inform ethnicity scholarship (the essentialist/primordial perspective, the structuralist/circumstantialist perspective and social constructionism). It suggests that the way in which we regard ethnicity has implications for how gerontological research is designed, how policies for old age are formulated, and how gerontological practice is shaped. Through a review of contemporary gerontological research on ethnicity published in some of gerontology's main journals, the paper discusses some of the trends observed, and concludes that most research seems to be informed by essentialism and structuralism. This suggests that the gerontological imagination on ethnicity has yet to be informed by the latest developments in ethnicity scholarship. The author urges gerontologists to broaden their understanding of ethnicity, and suggests that much could be gained if we were to let the social constructionist perspective on ethnicity and the notion of intersectionality be sources of inspiration for the gerontological imagination on ethnicity. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Exploring gender, age, time and space in research with older Pakistani Muslims in the United Kingdom: formalised research 'ethics' and performances on the public/private divide in 'the field'; by Maria Zubair, Christina Victor.: Cambridge University Press, May 2015, pp 961-985.

Ageing and Society, vol 35, no 5, May 2015, pp 961-985.

Reflecting on the authors' experiences of undertaking fieldwork for the Economic and Social Research Council (ESRC) New Dynamics of Ageing study of 'Families and Caring in South Asian Communities', this paper maps out the key methodological and ethical challenges for researching ageing ethnic minority populations. The paper highlights the importance of developing socially appropriate research methodologies and ethical frameworks for carrying out research. Using a reflexive approach, the paper explores the significance of gender, age, time and space to the fieldwork processes and 'the field' relationships formed at various stages of the research process. In particular, it focuses on three key emergent issues which presented particular challenges for the authors and their older Pakistani Muslim participants: (a) structuring of time in daily life; (b) gendered use of public and private spaces; and (c) orality of informal social contexts and relationships. Using illustrations from fieldwork and performativities of public/private identities, the authors highlight important tensions between formalised ethical and methodological dimensions of conducting funded research and the realities of being in 'the field'. The paper concludes by emphasising the need to explore further not only the ways in which researchers can adopt more socially and culturally sensitive data collection processes and methodologies at the micro level of their interactions with research participants, but also contextualising the particular challenges experienced by researchers and their participants in terms of the wider research frameworks and agendas as well as the broader social contexts within which they live and work. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Grannies, elders, and friends: aging Aboriginal women in Toronto; by Cyndy Baskin, Caitlin J Davey.: Taylor and Francis, January 2015, pp 46-65.

Journal of Gerontological Social Work, vol 58, no 1, January 2015, pp 46-65.

The term elder, when used in the Aboriginal context, describes an older person who is a cultural and spiritual guide and has insights and understanding to transmit the wisdom of previous generations. Aboriginal seniors also have important roles in their communities, albeit without the special status awarded to elders. Both Aboriginal seniors and elders are a growing population in Canada and their numbers are expected to increase. The aim of the present study, based in Toronto, was to highlight the strengths and resiliency of 12 female Aboriginal elders and seniors as they aged together. For these women, being actively involved in their families and the Aboriginal community gave them a solid grounding in who they were, what their roles were and how they contributed to the whole. Of particular significance was the support and friendship the women offered each other through their commonalities, activities and sense of humour. (JL)

ISSN: 01634372

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

'Health is their heart, their legs, their back': understanding ageing well in ethnically diverse older men in rural Australia; by Harriet Radermacher, Susan Feldman.: Cambridge University Press, May 2015, pp 1011-1031.

Ageing and Society, vol 35, no 5, May 2015, pp 1011-1031.

Older men from ethnic minority communities living in a regional town in Australia were identified by a government-funded peak advocacy body as failing to access local health and support services and, more broadly, being at risk of not ageing well. A qualitative study was undertaken to explore the health and well-being of ethnic minority men growing older in a rural community, and to identify the barriers they faced in accessing appropriate services from a range of different perspectives. Individual interviews were conducted with key informants (service providers and community leaders), followed by focus groups with older men from four ethnic minority communities. The men in this study showed signs that they were at risk of poor mental and physical health, and experienced significant barriers to accessing health and support services. Furthermore, environmental, technological, social and economic changes have brought challenges for the older men as they age. Despite these challenges, this study demonstrated how work, family and ethnic identity was integral to the lives of these older men, and was, in many ways, a resource. Key informants' perspectives mostly confirmed the experiences of the older men in this study. The discrepancies in their views about the extent of health-promoting behaviour indicate some key areas for future health intervention, services and research. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

The impact of migration experiences and migration identities on the experiences of services and caring for a family member with dementia for Sikhs living in Wolverhampton, UK; by Karan Jutla.: Cambridge University Press, May 2015, pp 1032-1054.

Ageing and Society, vol 35, no 5, May 2015, pp 1032-1054.

This article is based on qualitative research carried out with members of the Sikh community caring for a person with dementia. The aim of the research was to explore how migration experiences and life histories affect perceptions and experiences of caring for a family member with dementia for Sikhs living in Wolverhampton in the West Midlands. The research sought to provide an in-depth understanding of the experiences of Sikhs caring for their family member with dementia using narrative interviews. Twelve Sikh carers of a family member with dementia were interviewed. The findings highlight that migration experiences and migration identities are important for understanding participants' experiences of services and experiences of caring for a family member with dementia. Person-centred dementia care as a model for practice highlights the importance of understanding life histories to support people to live well with dementia, including their family carers. This paper reinforces this message, demonstrating the impact of specific migration experiences on the experiences of caring for a family member with dementia. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Inuit elderly: a systematic review of peer reviewed journal articles; by Balvinder K Somogyi, Melanie Barker, Calvin Maclean, Pamela Grischkan.: Taylor and Francis, July 2015, pp 484-502.

Journal of Gerontological Social Work, vol 58, no 5, July 2015, pp 484-502.

Over the last century Inuit have experienced rapid social changes that have greatly impacted their way of life, health and intergenerational traditions. Although there is a growing body of research concerning Inuit youth, relatively little is known about older Inuit. In an effort to bridge this knowledge gap, a systematic review of peer-reviewed journal articles was conducted. This review identified a dearth of research on older Inuit and

highlighted limitations in service provision to this primarily rural and isolated population. Implications for policy and practice and recommendations for future research are also discussed. (JL)

ISSN: 01634372

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

The language needs of residents from linguistically diverse backgrounds in Victorian aged care facilities; by Susannah J Runci, Barbara J Eppingstall, Eva S van der Ploeg ... (et al.): Wiley, September 2015, pp 195-198.

*Australasian Journal on Ageing*, vol 34, no 3, September 2015, pp 195-198.

The present study aimed to investigate the language needs of residents of aged care facilities within the State of Victoria, Australia, and to determine what language resources were accessible to them. Postal questionnaires were sent to 586 aged care facilities, enquiring about residents' and staff members' languages and language-specific resources. The response rate was 38%. The majority of facilities had residents who spoke non-English languages, and 55 different languages were represented. Three-quarters of the facilities employed staff members who spoke to residents in non-English languages and employed language-specific resources. The metropolitan and ethnospecific facilities had a greater presence of non-English-speaking residents and staff and more commonly used language-specific resources in comparison with regional and mainstream facilities. Overall the study found a large number of languages used by many residents from non-English-speaking backgrounds, with evidence of a large unmet language resource need. Unmet need was greatest in rural areas. (JL)

ISSN: 14406381

From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

Living arrangements and loneliness of South Asian immigrant seniors in Edmonton, Canada; by Cheuk Fan Ng, Herbert C Northcott.: Cambridge University Press, March 2015, pp 552-575.

*Ageing and Society*, vol 35, no 3, March 2015, pp 552-575.

This paper examines the relationships between self-reported loneliness and living arrangements. A structured questionnaire with some open-ended questions was administered face-to-face in English, Hindi or Punjabi to a sample of 161 South Asian immigrants aged 60+ living in Edmonton, Alberta, Canada in 2003. The majority of respondents said that they never felt lonely. More than one in three (37.3%) respondents indicated that they felt lonely occasionally, frequently or all of the time. Those living alone were significantly more likely to report feeling lonely at least occasionally than were those living with others, especially those living with their spouse in an extended family. The fact that South Asian immigrant seniors typically lived with others, often in an extended family with or without their spouse, and rarely lived alone protected them to some extent from loneliness. However, the findings showed that among those living with others, it was the amount of waking time spent alone at home and the quality of family relationships rather than living arrangement per se that significantly predicted self-reported loneliness. Nevertheless, living in a larger household was associated with spending less time alone. The authors discuss plausible influences of culture on expectations regarding family and social relationships and on the meaning of being alone, as well as practical implications for addressing loneliness in a multi-cultural society. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Mental health and service issues faced by older immigrants in Canada: a scoping review; by Sepali Guruge, Mary Susan Thomson, Sadaf Grace Seifi.: Cambridge University Press, December 2015, pp 431-444.

*Canadian Journal on Aging*, vol 34, no 4, December 2015, pp 431-444.

An ageing population and immigration-based population growth necessitate research, practice and policy focusing on the mental health of older immigrants in Canada, especially, because their mental health appears to deteriorate over time. This review focuses on what is known about the social determinants of mental health for older immigrants in Canada, and what are the barriers they face in accessing mental health services? Findings reveal, first, that the key social determinants of mental health are culture, health services and gender. Second, older immigrants use fewer mental health services than their Canadian-born counterparts, due to cultural beliefs, lack of culturally and linguistically-appropriate services, financial difficulties, and ageism. Third, regardless of the subcategories within this population, older immigrants experience mental health inequities. The research evidence provides a clear message that addressing mental health service gaps for older immigrants should be a policy and practice priority for Canada's health care system. (RH)

ISSN: 07149808

From : [journals.cambridge.org/cjg](http://journals.cambridge.org/cjg)

Modelling disparities in health services utilisation for older Blacks: a quantile regression framework; by Andy Sharma.: Cambridge University Press, September 2015, pp 1657-1683.

Ageing and Society, vol 35, no 8, September 2015, pp 1657-1683.

With the on-going ageing of the United States population, resolving health disparities continues to be a prominent and worthwhile goal, particularly in the areas of promoting minority health and reducing racial/ethnic disparities. This analysis employs the 2004 and 2005 Household Component records from the Medical Expenditures Panel Survey (MEPS), which correspond to data files H89 and H97, to examine utilisation by race across the entire distribution function. More specifically, the analysis applies the behavioural model of health services utilisation, and employs a Quantile Regression (QR) framework. This is a noteworthy contribution, because the conditional mean may not be the best approximation for a skewed-location distribution. In contrast, QR is robust to outliers and scale effects, since the estimation minimises least absolute deviation. The sample consists of 2,525 older adults at least 65 years of age, with 303 corresponding to Black and 2,222 corresponding to White. Results suggest older Blacks continue to utilise health services (i.e. office or clinic visits with a physician or medical provider) at lower levels, and this is more pronounced at and below the median quantile (i.e. below the 50th cut-off). Usual source of care (USC) continues to play an important role. Beliefs surrounding the need for insurance and medical intervention are also significant and explain some of the racial disparities. Although utilisation disparities persist for older Blacks, collaborative and flexible models of care can reach this group. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Perspectives on ageing, later life and ethnicity: ageing research in ethnic minority contexts; by Maria Zubair, Meriel Norris.: Cambridge University Press, May 2015, pp 897-916.

Ageing and Society, vol 35, no 5, May 2015, pp 897-916.

This special issue of Ageing and Society focuses broadly upon questions and themes relating to the current conceptualisations, representations and use of 'ethnicity' (and ethnic minority experiences) within the field of social gerontology. Among its aims is to explore the issue of 'otherness' within the predominant existing frameworks for researching those who are ageing or considered aged, compounded by the particular constructions of their ethnicity and ethnic 'difference'. The range of theoretical, methodological and empirical papers included in this collection provides some critical insights into particular facets of the current research agendas, cultural understandings and empirical focus of ethnic minority ageing research. The main emphasis is on highlighting the ways in which ethnic cultural homogeneity and 'otherness' is often assumed in research involving older people from ethnic minority backgrounds, and how wider societal inequalities are concomitantly (re)produced, within (and through) research itself - for example, based on narrowly defined research agendas and questions; the assumed age and/or ethnic differences of researchers vis-à-vis their older research participants; the workings of the formalised ethical procedures and frameworks; and the conceptual and theoretical frameworks employed in the formulation of research questions and interpretation of data. The papers examine and challenge the simplistic categorisations and distinctions often made in gerontological research based around research participants' ethnicity, age and ageing and assumed cultural differences. The papers presented reveal instead the actual complexity and fluidity of these concepts, as well as the cultural dynamism and diversity of experiences within ethnic groups. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Placing ethnicity at the centre of studies of later life: theoretical perspectives and empirical challenges; by Chris Phillipson.: Cambridge University Press, May 2015, pp 917-934.

Ageing and Society, vol 35, no 5, May 2015, pp 917-934.

Research on minority ethnic ageing remains a neglected area within mainstream race and ethnicity studies as well as that of social gerontology. This paper examines the background and reasons for this, arguing that a focus on minority ethnic issues provides a reminder of the complexity of the lifecourse, and of the diversity of ageing as a cultural, economic and social construction. The discussion reviews definitions of ethnicity and their relevance to work in social gerontology. The paper provides an account of early studies of minority ethnic ageing, identifying the strengths and limitations of this research. Later work is then considered, notably that which focuses on issues connected with the rise of transnational communities and the changing character of neighbourhoods in urban environments. The paper argues that developing research on minority ethnic ageing has become especially important for understanding the impact of globalisation on re-defining communities, relationships and identities, within and beyond nation states. It is suggested that globalisation can be seen as a product of the movement of ethnic groups. Equally, ethnic groups are themselves transformed by the possibilities created by global change. The paper concludes with suggestions for embedding work on ethnicity within research in social gerontology. (RH)



ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

South Asian older adults with memory impairment: improving assessment and access to dementia care; by Clarissa M Giebel, Maria Zubair, David Jolley ... (et al): Wiley Blackwell, April 2015, pp 345-356.

International Journal of Geriatric Psychiatry, vol 30, no 4, April 2015, pp 345-356.

With increasing international migration, the mental health care of migrants and ethnic minorities is a public health priority. South Asian older adults experience difficulties in accessing services for memory impairment, dementia and mental illness. This review aimed to examine barriers and facilitators in the pathway to culturally appropriate mental health care. A literature search of appropriate databases was carried out covering the period from 1984 through to 2012. 18 studies met the eligibility criteria for the review. South Asians and health professionals highlighted several difficulties which deterred help seeking and access to care: a lack of knowledge of dementia and mental illness and of local services; stigma; culturally preferred coping strategies; and linguistic and cultural barriers in communication and decision making. To improve access for these groups, service users and providers need to be better informed: services need to be more culturally tailored, sometimes employing staff with similar cultural backgrounds; health professionals can benefit from dementia education and knowledge of local services. These factors are key to the delivery of the National Dementia Strategy in England. (JL)

ISSN: 08856230

From : [www.orangejournal.org](http://www.orangejournal.org)

Working with interpreters in a dementia care setting; by Julia Botsford, Karen Harrison Denning.: Hawker Publications, November/December 2015, pp 18-19.

Journal of Dementia Care, vol 23, no 6, November/December 2015, pp 18-19.

Communicating well with people from ethnic minorities who have dementia is essential. The authors discuss how interpreters can help and hinder. They offer some guidelines on working with interpreters in a dementia care setting regarding when to use an interpreter; and things to consider before booking an interpreter, and before, during and after the appointment. Maintaining patient confidentiality and having an interpreter who can be impartial throughout (so not a family member) is essential. The authors conclude that attention to guidelines for working with interpreters can ensure that such interactions are both effective and culturally sensitive. (RH)

ISSN: 13518372

From : <http://www.careinfo.org/journal-of-dementia-care/>

## **2014**

Facilitating advance care planning with ethnically diverse groups of frail, low-income elders in the USA: perspectives of care managers on challenges and recommendations; by Jung Kwak, Eunjeong Ko, Betty J Kramer.: Wiley Blackwell, March 2014, pp 169-177.

Health and Social Care in the Community, vol 22, no 2, March 2014, pp 169-177.

This study examined care managers' perspectives on facilitating advance care planning (ACP) with ethnically diverse older people enrolled in Wisconsin Family Care, a care programme that coordinates medical and long-term care for frail, poor older people. Seven in-depth interviews and two focus groups were conducted with 24 lead supervisors and care managers of care management teams between July and August 2008; data were analysed with qualitative thematic analysis method. Participants identified four main sources of challenges: death and dying are taboo discussion topics; the dying process is beyond human control; family and others hold decision-making responsibility; and planning for death and dying is a foreign concept. Participants' recommendations coping with these challenges were to: develop trust with elders over time; cultivate cultural knowledge and sensitivity to respect value orientations; promote designating a healthcare proxy; recognise and educate families and community leaders as critical partners in ACP; and provide practical support as needed throughout the illness experience. These findings suggest important practice implications for care managers working with increasingly diverse cultural groups of older people at the end of life. (RH)

ISSN: 09660410

From : [wileyonlinelibrary.com/journal/hsc](http://wileyonlinelibrary.com/journal/hsc)

Families and caring in South Asian communities; by Christina R Victor, New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2014, 4 pp (NDA Findings 25).

The Bangladeshi and Pakistani communities are characterised by high levels of morbidity, deprivation and social exclusion compared with both other minority groups and the more general population. Participants in this project had moved to the UK for either work (men) or marriage (women). Most never anticipated 'growing old'

in the UK, but only a few intended to return to Bangladesh/Pakistan when they retired. The 110 participants were 60 Pakistani (60) and 50 Bangladeshi (50 men and 60 women, all aged 50+). Data were collected by in-depth interviews lasting about an hour; only 5 interviews were conducted in English. Strong links with the local community were found to be the norm, providing vital resources in coping with growing old in a foreign land, a focus for social engagement, and support in times of celebration (weddings) or stress (bereavement). Expectations of their children providing care for old age were strong and 'state' care services were viewed as being used only as a last resort. However, some participants were uncertain if their expectations would be realised in the future; and others were ambivalent about having such expectations of their children. (RH)

From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. [www.newdynamics.group.shef.ac.uk](http://www.newdynamics.group.shef.ac.uk)

Familismo and its impact on the family caregiving of Latinos with Alzheimer's Disease: a complex narrative; by Caroline Rosenthal Gelman.: Sage, January 2014, pp 40-71.

Research on Aging, vol 36, no 1, January 2014, pp 40-71.

Despite the long-held view that Latinos' value and reliance on family leads to greater involvement of extended family in caring for sick members and reduced perception of burden, some research reports low levels of social support and high levels of distress among Latino caregivers. The author explores this seeming discrepancy in a qualitative study of 41 Latino caregivers of family members with Alzheimer's disease (AD) interviewing them regarding the role of familism in their caregiving experience. For some it facilitates caregiving in the traditional, expected manner. Other caregivers disavow its current relevance. Yet others feel a contrast between familism, which they may value in a general, abstract way and more personal, immediate negative feelings they are experiencing from caregiving. The author discusses these complex, multidimensional findings, the variation among caregivers, and presents implications for practice, policy, and research. (RH)

ISSN: 01640275

From : [roa.sagepub.com](http://roa.sagepub.com)

Home-making of older Antillean migrants in the Netherlands; by Louise Meijering, Debbie Lager.: Cambridge University Press, May 2014, pp 859-875.

Ageing and Society, vol 34, no 5, May 2014, pp 859-875.

A group of 141,345 immigrants from the Netherlands Antilles, a former Dutch colony in the Caribbean, live in the Netherlands. An increasing number of these migrants are at or above retirement age; and for them, the question of where they want to grow old becomes relevant. It is important for people to age in a place where they feel at home, as attachment to place increases well-being in old age. In this article, the authors discuss how older Antillean migrants in the Netherlands make their house and immediate living environment into a home. The article focuses on home-making practices in a broader cultural context, and in relation to well-being. These topics are examined by drawing on qualitative life-history interviews with Antillean older people who live in a co-housing community for older adults. It turns out that objects which remind the participants of their home country play an important role in making a home. Also, the community, with people from similar backgrounds, contributes to a sense of home. Finally, the presence of children and other family members is a key motivation for a participant's decision to age in the Netherlands. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Multicultural voices: attitudes of older adults in the United States of America about elder mistreatment; by Susan M Enguidanos, Marguerite Deliema, Iris Aguilar (et al).: Cambridge University Press, May 2014, pp 877-903.

Ageing and Society, vol 34, no 5, May 2014, pp 877-903.

Despite international growth in policies to increase the identification and response to elder abuse and neglect, there remain considerable barriers to treating the problem. Some of these barriers may be attributed to how older adults from different racial/ethnic backgrounds define, experience and seek to remedy elder mistreatment. Using focus group discussions based on case vignettes, this paper examines how older adults from different racial and ethnic backgrounds in the United States of America perceive elder mistreatment. Five focus groups were conducted with African Americans, English-speaking Latinos, Spanish-speaking Latinos, non-Latino Whites, and African American care-givers for older adults. While similar definitions and meanings of elder abuse were expressed across the different racial/ethnic groups, Latino participants introduced additional themes of machismo, respect, love and early intervention to stop abuse, suggesting that perceptions or beliefs about elder mistreatment are determined by culture and degree of acculturation in addition to race/ethnicity. Most differences in attitudes occurred within groups, demonstrating that perceptions vary by individual as well as by culture. In identifying scenarios that constitute elder mistreatment, some participants felt that certain cases of abuse are actually the persistence of intimate partner violence into old age. Participants also indicated that

victims may prefer to tolerate mistreatment in exchange for other perceived benefits (e.g. companionship, security); and out of fear that they could be placed in an institution if mistreatment is reported. Findings suggest the need for person-centred intervention and prevention models that integrate the cultural background, care needs and individual preferences of older adults. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Perceived barriers and facilitators to implement elder abuse intervention for victims and perpetrators: views from US Chinese older adults; by XinQi Dong, E-Shien Chang, Esther Wong, Melissa A Simon.: Emerald, 2014, pp 307-321.

Journal of Adult Protection, vol 16, no 5, 2014, pp 307-321.

The purpose of this paper was to explore US Chinese older adults' views regarding elder abuse interventions in order to understand barriers to and facilitators of help-seeking behaviours. The study design was qualitative, using a grounded theory approach to data collection and analysis. A community-based participatory research approach was implemented to partner with the Chicago Chinese community. A total of 37 community-dwelling Chinese older adults aged 60 and above participated in focus group discussions. Participants viewed many benefits of intervention programmes. Perceived barriers were categorised under cultural, social and structural barriers. Facilitators to implement interventions included increasing education and public health awareness, integrating social support with existing community social services, as well as setting an interdisciplinary team. Perpetrator intervention strategies were also discussed. This study has wide policy and practice implications for designing and deploying interventions with respect to elder abuse outcomes. Modifying the cultural, social and structural barriers that affect the health behaviour of Chinese older adults contribute to the salience of elder abuse interventions in this under-served population. (JL)

ISSN: 14668203

From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)

Prevalence and psychosocial correlates of the fear of crime in older Chinese; by Nan Qin, Elsie Yan.: Emerald, 2014, pp 264-275.

Journal of Adult Protection, vol 16, no 5, 2014, pp 264-275.

The purpose of this paper was to examine the prevalence and psychosocial correlates of fear of crime in an older Chinese population. An attempt was made to test a theoretical model which integrated the vulnerability model, 'broken windows' theory, victimisation theory and risk interpretation model. A cross-sectional survey was conducted with 453 older adults from a representative sample recruited from the city of Kunming using stratified sampling methods. More than half of the study participants reported fear of one or more types of depicted common crime. By comparison, a smaller percentage reported fear of domestic violence (FDV). Correlational analysis indicated different correlates for fear of common crime (FCC) and FDV. Female gender, a younger age, poor financial and health statuses, perception of greater social instability and neighbourhood disorder, direct and/or indirect victimisation and perception of a higher risk of victimisation were significantly associated with higher levels of FCC. Limited social networks, perception of greater neighbourhood disorder, direct and/or indirect victimisation and perception of a higher risk of victimisation were salient correlates of FDV. The results of hierarchical regression analyses showed that the integrated model explained 37 and 43 percent of the variance in FCC and FDV, respectively. This study found diverse patterns in terms of the prevalence and risk factors for FCC and FDV. The findings have important implications for policy, practice and research. (JL)

ISSN: 14668203

From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)

Understanding elder abuse and neglect in aging Chinese immigrants in Canada; by Daniel W L Lai, Gabrielle D Daoust, Lun Li.: Emerald, 2014, pp 322-334.

Journal of Adult Protection, vol 16, no 5, 2014, pp 322-334.

The purpose of this paper was to review and discuss existing literature and available research findings related to understanding elder abuse and neglect in culturally diverse communities, particularly the Chinese immigrant community in Canada. The conceptual understandings of elder abuse were examined, based upon the socio-cultural context and challenges faced by ageing Chinese immigrants. Previous literature and research publications related to elder abuse and neglect related to Chinese in Canada were reviewed and synthesised. Findings showed that from a culturally diverse perspective, influence of race, ethnicity, immigrant status and cultural norms on the recognition, identification, prevention and intervention of elder abuse and neglect are important to consider. A key message for professionals working with the ageing population, particularly older immigrants from ethno-cultural minority backgrounds, is that understanding the social cultural context in which elder abuse or neglect emerges is critical. For many of the ageing Chinese immigrants in Canada, the socio-

cultural circumstances that they have experienced, their social environment, and various barriers and challenges further prevent them from being aware of this emerging concern. Cultural norms and practices have played a critical role in their access to preventive and intervention services. This paper is a first attempt in the research community to synthesise a few critical issues related to elder abuse and neglect in the ageing Chinese immigrant community in Canada. In order to provide culturally competent services, service providers should be aware of cultural differences in attitudes towards elder mistreatment, including the ways in which specific types of abuse (e.g. financial abuse) are defined within ethno-cultural communities. (JL)

ISSN: 14668203

From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)

## 2013

Access and acceptability of community-based services for older Greek migrants in Australia: user and provider perspectives; by Catherine Hurley, Georgia Panagiotopoulos, Michael Tsianikas ... (et al.): Wiley, March 2013, pp 140-149.

Health and Social Care in the Community, vol 21, no 2, March 2013, pp 140-149.

In most developed nations, ageing migrants represent a growing proportion of the older population. Policies that emphasise care in the community depend on older migrants having access to formal services along with informal support, yet little is known about how older migrants experience community-based formal services. By examining the views of both Greek elders in Australia and those of formal service providers, this research fills an important gap in the literature around access to and acceptability of formal community-based services for older migrants. A research team including two Greek background researchers used existing social groups and a snowball sampling method to conduct face-to-face interviews and focus groups with 70 older Greeks in Adelaide, Australia. In addition, 22 community-based service providers were interviewed over the telephone. Results from users and providers showed that while many older Greeks experience service access issues, they also relied heavily on family for support and assistance at home. Reliance on family was both in preference to formal services or where formal services were used, to locate, negotiate and monitor such services. Common barriers identified by both groups included cost, transport and availability, but additional challenges were posed by language, literacy and cultural attitudes. Demographic changes including greater employment mobility and female workforce participation among adult children would have implications for both formal and informal care providers. Formal service providers need to ensure that services are promoted and delivered to take account of the important role of family in informal support while also addressing the access challenges posed by language and literacy. Research conducted by researchers from the same cultural background in the respondent's native language can further advance knowledge in this area. (JL)

ISSN: 09660410

From : [www.wileyonlinelibrary.com/journals/hsc](http://www.wileyonlinelibrary.com/journals/hsc)

The accommodation experiences of older gypsies and travellers: personalisation of support and coalition policy; by Nicky Hodges, Sarah Cemlyn.: Cambridge University Press, April 2013, pp 205-219.

Social Policy and Society, vol 12, no 2, April 2013, pp 205-219.

This article reports on a study exploring the accommodation experiences of older Gypsies and Travellers and how specialist Supporting People services can enhance their wellbeing and social inclusion. The findings suggest that through development of pro-active, culturally appropriate services, flexible tailored support and joint working, these services have contributed to their users' wellbeing. Cuts to Supporting People funding pose a serious threat, especially in the context of loss of other services and changes to accommodation policy under the banner of localism. Targeted funding to sustain these specialist services could be important to redress risks of further marginalisation of Gypsy/Traveller communities. (JL)

ISSN: 14747464

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

The ageing of the ethnic minority populations of England and Wales: findings from the 2011 census: a briefing paper; by Nat Lievesley, Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, June 2013, 8 pp.

The purpose of this briefing is to examine the ageing of the ethnic minority populations of England and Wales as revealed by the 2011 Census. It complements the 2010 CPA/Runnymede report, 'The future ageing of the ethnic minority population of England and Wales', which used the 2001 Census as a base, to project ethnic minority ageing for England and Wales to 2051. The ageing characteristics of individual ethnic groups are examined and compared through key statistics and 'population pyramids' for each group. (RH)

From : Download available at:

<http://www.cpa.org.uk/information/reviews/theageingoftheethnicminoritypopulationsofenglandandwales-findingsfromthe2011census.pdf>

Australian-Chinese families caring for elderly relatives; by Lia Bryant, Suzane Lim.: Cambridge University Press, November 2013, pp 1401-1421.

Ageing and Society, vol 33, no 8, November 2013, pp 1401-1421.

Caring for older relatives has predominately been explored from the standpoint of the needs and experiences of the hegemonic culture in multicultural countries like Australia, Canada and the United States of America. Australia, in particular, has paid scant attention to cultural and linguistically diverse groups in relation to caring for the aged. In this paper, the authors focus on Chinese-Australian families caring for ageing relatives. They explore the traditional value of filial piety which is said to underpin social norms and beliefs about caring for aged parents in Chinese cultures. Specifically, they draw on four in-depth interviews with Chinese-Australian care-givers of older relatives to identify meanings of filial piety and practices of filial piety. Findings indicate that while filial piety is still an important value in caring for the aged, meanings about how to practise filial piety are changing and vary across families. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Care relationships, quality of care and migrant workers caring for older people; by Kieran Walsh, Isabel Shutes.: Cambridge University Press, April 2013, pp 393-420.

Ageing and Society, vol 33, no 3, April 2013, pp 393-420.

Migrant care workers make a substantial contribution to older adult care in Ireland and the United Kingdom (UK). However, little is known about the relational aspects of care involving migrant care workers and older people. Given that the care relationship is closely linked to quality of care, and that the Irish and UK sectors are increasingly restricted by economic austerity measures, the lack of information is a concern for care practice and policy. This paper explores the relationship between migrant care workers (in this instance registered nurses and care assistants) and older people in Ireland and the UK. It draws on data collected in both countries, including focus groups with older people (n=41), interviews with migrant care workers (n=90) and data from a survey of and interviews with employers. The findings illustrate the complexity of the migrant care workers-older person relationship; the prevalence of need-orientated, friendship and familial-like, reciprocal, and discriminatory interlinking themes; and the role of the individual structural and temporal factors in shaping these relationships. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Coping strategies and social support-seeking behaviour among Chinese caring for older people with dementia; by Alma Au, Steven M Shardlow, Yue Teng (et al).: Cambridge University Press, November 2013, pp 1422-1441.

Ageing and Society, vol 33, no 8, November 2013, pp 1422-1441.

The study reviewed coping and help-seeking behaviour among Hong Kong Chinese family care-givers of older people diagnosed with dementia. A convenience sample of those caring for family members with dementia (N=11) was recruited in Hong Kong. Semi-structured interviews were conducted, transcribed and analysed using NVivo. The study found evidence of distinct Chinese coping strategies that focused on internal self-regulation, forbearance and family obligations. In terms of help-seeking behaviour, these care-givers expressed great concern about bothering their family members. When there is a desperate need for help, they turn to community services. Results are discussed in the context of both traditional Chinese cultural values as well as the modern transformations of Chinese society. In particular, Eastern philosophical teachings tend to focus on changing personal inner perception and thoughts rather than attempting to change the environment. Although family obligations have been traditionally upheld, many parts of modern Chinese society are undergoing social and demographic changes, resulting in marked decline in multi-generational households. These findings can have applications not only for Chinese cities, but also may have implications to the West as strong well-established Chinese communities are widespread. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Cross-cultural differences in dementia: the Sociocultural Health Belief Model; by Philip Sayegh, Bob G Knight.: Cambridge University Press, April 2013, pp 517-530.

International Psychogeriatrics, vol 25, no 4, April 2013, pp 517-530.

Many minority ethnic (ME) older adults face several culturally associated and systemic barriers to timely dementia diagnoses that may result in delays to dementia care-seeking. The present study aimed to develop and propose a model illustrating variables that influence dementia care-seeking among ME older adults. The authors conducted a literature review on the effects of these barriers on diagnostic delays and impairment levels at initial evaluation. They also aimed to provide a basis for the Sociocultural Health Belief Model (SHBM) to guide future research and service planning pertaining to culture and dementia care-seeking. Study findings revealed consistent evidence that ME older adults with dementia tended to have greater diagnostic delays and higher levels of cognitive impairment and behavioural and psychological symptoms of dementia at initial evaluation than their non-Hispanic White counterparts. Also several barriers to dementia care-seeking were found among ME groups. These barriers included lower levels of acculturation and accurate knowledge about dementia, more culturally associated beliefs about dementia, such as the perception of memory loss as normal ageing and stigma associated with dementia, and health system barriers. The SHBM provides an empirically based conceptual framework for examining cross-cultural differences in dementia care-seeking among diverse groups. The authors outline recommendations for future research, such as the need for research with more diverse ethnic subgroups and the examination of group-specific cultural values. The study concludes with a discussion of the clinical and service implications of this review, including potential interventions aimed at facilitating timely dementia diagnoses among ME older adults. (JL)

ISSN: 10416102

From : [journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)

Dementia does not discriminate: the experiences of black, Asian and minority ethnic communities; by Sally Greengross (chair), All-Party Parliamentary Group on Dementia. London: All-Party Parliamentary Group on Dementia, July 2013, 44 pp.

This inquiry brings together evidence and understanding about the experience of people with dementia from black, Asian and minority ethnic (BAME) communities. It finds that high quality services are few and far between, and many people receive too little support from the National Health Service (NHS) or local authorities. Service providers need to be sensitive to the cultural needs of communities who are assumed to "look after their own". An appendix provides case studies illustrating good practice examples of services that have been tailored to the needs of people with dementia from BAME communities. (RH)

From : All-Party Parliamentary Group on Dementia, House of Commons, London SW1A 0AA. E-mail: [appg@alzheimers.org.uk](mailto:appg@alzheimers.org.uk)

Ethnicity and cultural diversity in dementia care: a review of the research; by Karan Jutlla.: Hawker Publications, March/April 2013, pp 33-39 (Research review).

Journal of Dementia Care, vol 21, no 2, March/April 2013, pp 33-39 (Research review).

In this review, the author identifies research which could offer insights into the challenges and experiences of people living with dementia and their family carers for black and minority ethnic (BME) communities. The article highlights evidence to support good practice for staff working these individuals and their families. (RH)

ISSN: 13518372

From : [www.hawkerpublications.com](http://www.hawkerpublications.com)

Mental health services for black and minority ethnic elders in the United Kingdom: a systematic review of innovative practice with service provision and policy implications; by Sarmishtha Bhattacharyya, Susan Mary Benbow.: Cambridge University Press, March 2013, pp 359-373.

International Psychogeriatrics, vol 25, no 3, March 2013, pp 359-373.

The proportion of older people from black and minority ethnic (BME) groups in the United Kingdom is increasing steadily as the population ages. The numbers with dementia, depression and other mental health problems are predicted to increase. Government policy documents have highlighted gaps in services for BME elders and/or the need to develop culturally appropriate services in order to prevent people from BME communities from becoming socially excluded and finding services hard to access. This paper reviews published examples of innovative services and key learning points from them. Sixteen relevant papers and reports were identified and were analysed to identify learning points and implications for clinical practice and policy. Commissioning issues included were forward planning for continuing funding and mainstreaming versus specialist services. Provider management issues included were employing staff from the communities of interest, partnership and removing language barriers. Provider service issues included were education for service provider staff on the needs of BME elders, making available information in relevant languages, building on carers' and users' experiences and addressing the needs of both groups. A model for structuring understanding

of the underutilisation of services by BME elders is suggested. The main emphasis in future should be to ensure that learning is shared, disseminated and applied to the benefit of all communities across the whole of the UK and elsewhere. Person-centred care is beneficial to all service users. (JL)

ISSN: 10416102

From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

Nutrition and older indigenous Australians: service delivery implications in remote communities. A narrative review; by Kellie Schouten, Melissa A Lindeman, John Reid.: Wiley Blackwell, December 2013, pp 204-210.

*Australasian Journal on Ageing*, vol 32, no 4, December 2013, pp 204-210.

The objective of the present study was to describe the nutritional status of older Indigenous Australians, barriers to achieving optimal nutrition and the effectiveness of programmes aimed at improving nutrition in older Indigenous people in remote communities. A comprehensive literature review was undertaken including grey literature. Findings indicated that there is a scarcity of representative data on nutritional status and risk in older Indigenous people, and nutrition support programmes have not been evaluated. The study concludes that older Indigenous Australians suffer from poorer overall health and higher levels of overweight and obesity, and are at increased risk of poor nutritional status and malnutrition than the general population. This risk may be higher in remote areas. More representative data are needed to determine the nutritional status of older Indigenous people, including levels of malnutrition. Support programmes also need to be evaluated. (JL)

ISSN: 14406381

From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

Palliative and end of life care for Black, Asian and minority ethnic groups in the UK: demographic profile and the current state of palliative and end of life care provision; by Natalia Calanzani, Jonathan Koffman, Irene J Higginson, Cicely Saunders Institute, King's College London. London: Marie Curie Cancer Care; Public Health England; King's College London, June 2013, 77 pp.

The End of Life Care Strategy highlights that inequalities still exist in the care that different groups of people receive at the end of life. This report uses data from the 2001 and 2011 Censuses to look at the current and projected profile of Black, Asian and Minority Ethnic (BAME) populations living in the UK by ethnicity, religion, language and characteristics of the foreign born population. Figures are provided separately for England, Wales, Scotland and Northern Ireland. The report examines the extent to which the BAME populations are expected to increase and grow older in the next few decades according to the most recent population projections. The report then draws on a review of the current literature on the state of palliative and end of life care provision for BAME groups. The focus is on access to, and receipt of care; also a recognition of the importance of social inequalities when analysing unmet needs. The report was commissioned by Marie Curie Cancer Care and Public Health England to provide evidence for key stakeholders and policy makers planning future care for BAME groups, and it makes recommendations accordingly. (RH)

From : [https://www.mariecurie.org.uk/globalassets/media/documents/who-we-are/diversity-and-inclusion-research/palliative-care-bame\\_full-report.pdf](https://www.mariecurie.org.uk/globalassets/media/documents/who-we-are/diversity-and-inclusion-research/palliative-care-bame_full-report.pdf)

Re-examining ethnic differences in concerns, knowledge, and beliefs about Alzheimer's disease: results from a national sample; by Liat Ayalon.: Wiley Blackwell, December 2013, pp 1288-1295.

*International Journal of Geriatric Psychiatry*, vol 28, no 12, December 2013, pp 1288-1295.

This study aimed to evaluate ethnic group differences in concerns, knowledge and beliefs about Alzheimer's disease (AD) in three ethnic groups of older adults - i.e. white, latino and black. The study was part of the Health and Retirement Study, a US national representative study of older adults over the age of 50 years and their spouse of any age. The study was based on the 2010 wave. Analysis was based on data from 939 white, 120 latino and 171 black respondents who completed a special module about AD concerns, knowledge and beliefs. There were significant ethnic differences on seven of 13 items. However after adjustment for education, gender, age, having a family member with AD, depressive symptoms and medical comorbidity, only four items showed significant ethnic group differences. Relative to white respondents, black respondents were less likely to report that having a parent or a sibling with AD increased the chance of developing AD and that genetics was an important risk for AD. In addition, relative to white respondents, both black and latino respondents were more likely to perceive stress as a potential risk for AD. Latino respondents were less likely to perceive mental activity as a protective factor. The study found limited ethnic group differences, with most items showing a similar pattern across groups. Nevertheless the nature of the ethnic group differences found might be associated with a differential pattern of health service use. (JL)

ISSN: 08856230

From : [www.orangejournal.org](http://www.orangejournal.org)

Revealing the shape of knowledge using an intersectionality lens: results of a scoping review on the health and health care of ethnocultural minority older adults; by Sharon Koehn, Sheila Neysmith, Karen Kobayashi (et al).: Cambridge University Press, April 2013, pp 437-464.

Ageing and Society, vol 33, no 3, April 2013, pp 437-464.

The authors use an intersectionality theoretical lens to interrogate selected findings of a scoping review of published and grey literature on the health and healthcare access of ethnic minority older adults. Their focus was on Canada and countries with similar immigrant populations and healthcare systems. Some 3,300 source documents were reviewed covering the period 1980-2010, of which 816 met the eligibility criteria; 183 were Canadian. Summarised findings were presented to groups of older adults and care providers for critical review and discussion. In this article, the authors discuss the extent to which the literature accounts for the complexity of categories such as culture and ethnicity. They recognise the compounding effects of multiple intersections of inequity that include social determinants of health, as well as the specificities of immigration; and they place the experience of these inequities within the context of systematic oppression. They found that Canada's two largest immigrant groups - Chinese and South Asians - had the highest representation in Canadian literature; but, even for these groups, many topics remain unexplored and the heterogeneity within them is inadequately captured. Some qualitative literature - particularly in the health promotion and cultural competency domains - essentialises culture at the expense of other determinants and barriers, whereas the quantitative literature suffers from oversimplification of the variables and their effects, often due to the absence of proportionally representative data that captures the complexity of experience in minority groups. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Spiritual perspectives of Black Caribbean and White British older adults: development of a spiritual typology in later life; by Euan Sadler, Simon Biggs, Karen Glaser.: Cambridge University Press, April 2013, pp 511-538.

Ageing and Society, vol 33, no 3, April 2013, pp 511-538.

Spirituality is positively linked to health and well-being in later life, particularly among older adults of black ethnic groups. However, definitions of spirituality in the literature have largely been theoretically informed, rather than based on the views of older people themselves. The authors examined the spiritual perspectives of Black Caribbean and White British older adults based on in-depth interviews with 34 individuals aged between 60 and 95 years. Their aim was to develop a spiritual typology to add to an understanding of the process of spirituality in later life. Findings showed that Black Caribbean older individuals mostly defined spirituality in relation to their belief in a transcendent God, whereas White British older individuals tended to draw upon a wider range of spiritual, religious or secular notions. A spirituality typology in later life captured four categories of relationship, between 'God to self', 'self to God', 'self to universe', and 'self to life'. The typology highlights the central role of ethnicity in shaping spiritual perspectives in later life, and identifies the multidimensional nature of spirituality among older adults, reflecting in part a developmental process, albeit a process which is socially and culturally constructed. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

## 2012

Cultural diversity and the mistreatment of older people in black and minority ethnic communities: some implications for service provision; by Alison Bowes, Ghizala Avan, Sherry Bien Macintosh.: Taylor and Francis, July/September 2012, pp 251-274.

Journal of Elder Abuse and Neglect, vol 24, no 3, July/September 2012, pp 251-274.

Previous research on mistreatment of older people in black and minority ethnic communities has identified limited service responses and the need to consider mistreatment as an issue not only for individuals but also for families, communities and institutions. This study included qualitative interviews conducted with 28 service providers and with 58 people from a wide range of BME communities in Scotland. Following analysis of these interviews, a series of 7 focus groups involving community members and one involving service providers were conducted to explore the fit and gaps between the service providers' views and the community experiences. The findings show that clear gaps exist between service provision and people experiencing mistreatment due to structural and contextual factors; cultural factors had a relatively minor impact. (RH)

ISSN: 08946566

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



Culturally sensitive, personalised approach in increasing awareness; by Linda Cornelia.: Hawker Publications, September/October 2012, pp 28-30.

Journal of Dementia Care, vol 20, no 5, September/October 2012, pp 28-30.

The author reports on the challenges and small breakthroughs of working with the south Asian community in Surrey, to increase awareness and understanding of dementia. The Friends with Dementia began at the Bradbury Resource Centre in Woking in 2009. (RH)

ISSN: 13518372

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

Dementia in black and minority ethnic communities in Hampshire: development of a Time to Change campaign; by Thomas Richardson, Ann Marshall.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, January 2012, pp 16-19.

PSIGE Newsletter, no 118, January 2012, pp 16-19.

The authors review evidence indicative of the lack of awareness about dementia in black and minority ethnic (BME) communities. This lack of awareness appears to prevent help-seeking and for BME communities to be under-represented in dementia services. The Time to Change campaign ([www.time-to-change.org.uk](http://www.time-to-change.org.uk)) is a national campaign launched in 2007 that aims to reduce stigma against mental health problems. The Older People's Mental Health service in Hampshire has been working with the campaign to target older adults, and has been developing ideas on how to tackle stigma and attitudes towards dementia and memory problems in the county's largest BME group, South Asians. (RH)

ISSN: 13603671

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

Diversity in older people and access to services: an evidence review; by Jo Moriarty, Jill Manthorpe, Age UK.: Age UK, 2012, 97 pp.

Age UK commissioned the Social Care Workforce at King's College London to complete a literature review on equality and diversity issues relevant to older people and access to services in the UK. The review was structured around the experiences of older people in terms of their protected characteristics as defined by the Equality Act 2010. The report covers the following service areas: falls prevention, home from hospital services, handyperson schemes, befriending and day opportunities. Each service area looks at equalities legislation and discrimination in relation to age and ageism, disability, gender reassignment, race, religion, gender and sexual orientation. The key conclusion of this scoping review is that despite the longstanding nature of equalities legislation in terms of sex, race and disability, the number of studies specifically designed to measure inequality in terms of these characteristics remains small. (JL)

From : Download report: [http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Equalities\\_Evidence\\_Review\\_Moriarty\\_2012.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Equalities_Evidence_Review_Moriarty_2012.pdf?dtrk=true)

Doing what's important: valued activities for older New Zealand Maori and non-Maori; by Valerie A Wright-St Clair, Mere Kapa, Stefanie Hoenie ... (et al).: Wiley-Blackwell, December 2012, pp 241-246.

Australasian Journal on Ageing, vol 31, no 4, December 2012, pp 241-246.

This project explored the usability of the World Health Organisation, International Classification of Functioning, Disability and Health (ICF) for describing older Maori and non-Maori people's self-nominated important activities. Within a feasibility-for-cohort study, 112 participants, 33 Maori, aged 75\_79 years, and 79 non-Maori, aged 85 years, nominated their three most important activities. Verbatim responses were coded using the ICF classifications and described using non-parametric statistics. Men and women mostly named domestic life, interpersonal relationships and recreation and leisure activities. While Maori frequently named extended family relationship activities as being most important, non-Maori named more recreation and leisure activities. The ICF is useful for classifying older New Zealanders' important activities, although some activities of older Maori were not specified in the original version used. While important activity patterns were similar for men and women, those related to ancestral connectivity and community collectivity were most important for Maori. (JL)

ISSN: 14406381

From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

Perspectives on ageing in Gypsy families; by Pauline Lane, Siobhan Spencer, Muzelley McCready, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, January 2012, 12 pp (Perspectives).

This paper explores the views and experiences of older Gypsies, offering a glimpse into the past and reflecting on how the non-Gypsy community has influenced the Gypsy way of life. It forms part of a series of Perspectives commissioned to support the Joseph Rowntree Foundation (JRF) five-year research programme, A Better Life.

The programme investigates what will improve quality of life for some of the most marginalised and least heard people in the UK - people with high support needs. (RH)

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Weblink: [www.jrf.org.uk/better-life](http://www.jrf.org.uk/better-life)

Perspectives on ageing in South Asian families; by Manjit Kaur Nijjar, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, January 2012, 12 pp (Perspectives).

This paper explores the experiences and views of South Asian elders and their families living in Wolverhampton. It highlights cultural expectations and the challenges this community faces in terms of ageing and support needs. The paper forms part of a series of Perspectives commissioned to support the Joseph Rowntree Foundation (JRF) five-year research programme, A Better Life. The programme investigates what will improve quality of life for some of the most marginalised and least heard people in the UK - people with high support needs. (RH)

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Weblink: [www.jrf.org.uk/better-life](http://www.jrf.org.uk/better-life)

Productive activities and perceived well-being in an African American older adult urban sample; by Heehyul Moon.: Taylor and Francis, April-June 2012, pp 107-130.

Activities, Adaptation and Aging, vol 36, no 2, April-June 2012, pp 107-130.

Few studies have examined the relationship between productive activities and well-being among urban lower-income African American older adults. The purpose of this study was to examine (1) the pattern and prevalence of types and specific kinds of productive activities and (2) the association among sociodemographic data, individual capacity, kinds and levels of productive activity and well-being at the individual level. Approximately 12% of 531 respondents participated in employment, whereas 20% participated in volunteer activities. The majority of the respondents (99.4%) joined in leisure activities. More than 75% engaged in religious activities. The respondents also reported that they participated in various kinds of productive activities. Age, physical health status, perceived social support and perceived neighbourhood satisfaction were the most important regression predictors of perceived well-being. Higher levels of involvement in religious activities and leisure activities were related to a greater perceived well-being. (JL)

ISSN: 01924788

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

Racial/ethnic differences and correlates of binge drinking among older adults; by Ami N Bryant, Giyeon Kim.

Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 208-217.

This study looked at how the prevalence and correlates of binge drinking among older adults vary by race/ethnicity. A sample of adults aged 60 and above were selected from the 2007 California Health Interview Survey. Binge drinking was measured dichotomously based on whether individuals reported consuming five or more drinks in a single day (four or more for females) in the previous year. Prevalence rates for binge drinking in the past year were calculated by race/ethnicity. A hierarchical logistic regression analysis was conducted using binge drinking in the past year as the dependent variable. Significant racial/ethnic differences were found in prevalence rates: the presence of binge drinking was most common among non-Hispanic Whites (11.9%), followed by Latinos (10.8%), American Indian/Alaska Natives (9.8%), Blacks (8.0%), and Asians (4.2%). Being a current smoker was found to be the strongest predictor of binge drinking and significant main effects were also found for being Black, being Asian, younger age, being male, being unemployed, having a higher poverty threshold, having better self-rated health, and having more psychological distress. Significant interactions between race/ethnicity and age, sex, employment status, educational attainment, smoking status, and self-rated health were found. These findings indicate that certain correlates of binge drinking vary significantly by race/ethnicity among older adults. Apparent racial/ethnic differences existed in the prevalence and correlates of binge drinking among older adults. Identification of more racial/ethnic specific predictors may be important for the development of ethnically appropriate intervention programmes. (JL)

ISSN: 13607863

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

## 2011

Assessment of dementia in ethnic minority patients in Europe: a European Alzheimer's Disease Consortium survey; by T Rune Nielsen, Asmus Vogel, Matthias W Riepe ... (et al).

International Psychogeriatrics, vol 23, no 1, February 2011, pp 86-95.

A survey was conducted in clinical dementia centres in 15 European countries. Questionnaires focusing on different points in the clinical assessment of dementia in ethnic minority patients were mailed to leading

dementia experts of the European Alzheimer's Disease Consortium. 36 centres from 15 countries responded to the survey. Ethnic minority patients were seen on a regular basis in 69% of these centres. The diagnostic evaluation was in accordance with evidence-based clinical guidelines in 84-100% of the centres, but most centres performed cognitive assessment with instruments that are only validated in Western cultures and frequently relied on family members for interpretation. Diagnostic evaluation of the patients was considered to be challenging in 64% of the centres, mainly because of communication problems and lack of adequate assessment tools. In general, there were few indicators of culturally sensitive dementia services in the centres. Results from this study show that the most challenging issues are communication problems and assessment of cognitive function where there is a need to develop specific tests for ethnic minority patients. (JL)

ISSN: 10416102

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

Care concerns for elders in Korean and Korean American communities; by Melen McBride, Gwen Yeo (guest editors).

Clinical Gerontologist, vol 34, no 4, 2011, pp 267-352 (whole issue).

Special issue featuring an editorial followed by five articles. Topics covered include community service use among Korean Americans with dementia; elder abuse and help seeking among Korean Americans; Korean American adult children's views on end of life care; Korean versions of the Lubben Social Network Scale; and the involvement of Korean American family caregivers in dementia research. (JL)

ISSN: 07317115

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

The challenges of conducting focus-group research among Asian older adults; by Kalyani K Mehta.

Ageing and Society, vol 31, part 3, April 2011, pp 408-421.

Last of four articles that together make up a special issue on research methodology and ageing. This paper investigates the value of focus groups as a data collection method in studies of older people with particular reference to those living in large cities in Asia. Some of the method's strengths derive from the interaction among older people with a shared history and lived experiences. Focus-group exchanges have the potential for inter-personal learning and reminiscence benefits. One difficulty with the method, however, is that many Asian people are inhibited about sharing personal problems in a group context. The paper draws from a number of studies in Singapore, and highlights the challenges of conducting focus groups with older participants. Ethical issues such as confidentiality, cultural sensitivities such as language and respect for religion and tradition are discussed. Also, lessons learnt from conducting research using the group setting are discussed. Culturally relevant responses to these challenges are offered which could be useful for future researchers in Asia. (JL)

ISSN: 0144686X

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

The effect of kin, social network and neighbourhood support on individual well-being; by Bertha M N Ochieng. Health and Social Care in the Community, vol 19, no 4, July 2011, pp 429-437.

The research explored the effects of kin, social networks and the neighbourhood on an individual's well-being. The material was drawn from a broader study of Afro-Caribbean families on healthy lifestyles. Participants were a convenience sample 24 adolescents and 18 adults. Data was collected using in-depth ethnographic interviews conducted in the participants' homes. Findings indicated that the participants believed that being a member of a kin network provided protective support for their health and well-being. In addition, they preferred to live in neighbourhoods with a high concentration of people of the same ethnicity, despite the effects of neighbourhood deprivation such as poor housing and lack of services. However, participants believed that ethnic segregation led to marginalisation and further deprivation. The study concludes that health and social care practitioners need to incorporate ways to promote social support and community well-being models that emphasise family and community strengths. (JL)

ISSN: 09660410

From : <http://www.ingentaconnect.com/content/bsc/hssc>

Enhancing computer self-efficacy and attitudes in multi-ethnic older adults: a randomised controlled study; by Luciana Lagana, Taylor Oliver, Andrew Ainsworth, Marc Edwards.

Ageing and Society, vol 31, part 6, August 2011, pp 911-933.

The chief aim of this longitudinal study was to test and refine a new 22-item measure of computer technology attitudes designed specifically for older adults. Another aim was to replicate, on a much larger scale, the successful findings of a preliminary study that tested a computer technology training programme for older adults. 96 older men and women, mainly from ethnic minority backgrounds, were randomly assigned to the waitlist/control or the experimental group. The same six-week, one-on-one training was administered to the

control subjects at the completion of their post-test. The revised (17-item) version of the Older Adults' Computer Technology Attitudes Scale (OACTAS) showed strong reliability: the results of a factor analysis were robust, and two analyses of covariance demonstrated that the training programme induced significant changes in attitudes and self-efficacy. Such results encourage the recruitment of older persons into training programmes aimed at increasing computer technology attitudes and self-efficacy. (JL)

ISSN: 0144686X

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

Equality Britain : Directory of opportunity: editions in stock: 2011; by Government Equalities Office - GEO. 10th ed London: Pearson Press, 2011, 278 pp.

Formerly: Ethnic Britain. The objective of this Directory is for people from all sections of the community to find employers, education and service providers that are committed to promoting equality and diversity. Equality Britain covers all aspect of equality: age, gender, disability, transgender status, race, religion and belief, sexual orientation. (KJ)

From : Pearson Press Limited, 2nd Floor, 42 Whitechapel, Liverpool L1 6DZ. Website: [www.equalitybritain.co.uk/2010editorial.asp](http://www.equalitybritain.co.uk/2010editorial.asp)

Ethnicity and access to an inner city home treatment service: a case-control study; by Matthew Bookie, Martin Webber.

Health and Social Care in the Community, vol 19, no 3, May 2011, pp 280-288.

Evidence suggests that people from black and minority ethnic groups are more likely to be diagnosed with a mental health problem and are disproportionately represented in mental health inpatient services. The aim of this study, undertaken in a large inner London borough, was to establish whether people of black ethnic origin had equal access to home treatment in a mental health crisis. The researchers selected a random sample of 240 inpatient episodes and compared them with a sample of 77 home treatment episodes over a 12 month period, comparing the circumstances and characteristics of people using the home treatment team and inpatient services. The study found no association between ethnicity and the likelihood of receiving home treatment as opposed to a hospital admission whilst in a mental health crisis, although the findings showed that when admitted to hospital people from black ethnic groups experienced significantly longer admissions than people of white British origin. The authors suggest that further research is required for the early discharge function of home treatment teams to evaluate whether this aspect of care is experienced differently by different ethnic groups. (JL)

ISSN: 09660410

From : <http://www.ingentaconnect.com/content/bsc/hssc>

Over- and under-diagnosis of dementia in ethnic minorities: a nationwide register-based study; by T R Neilsen, A Vogel, T K T Phung (et al).

International Journal of Geriatric Psychiatry, vol 26, no 11, November 2011, pp 1128-1135.

The belief is held among dementia professionals in many European countries that dementia is under-diagnosed and under-treated to a greater extent among ethnic minorities than in the native population. This study compared the prevalence of register-based dementia in the largest ethnic minority groups in Denmark with the prevalence of register-based dementia diagnoses in the general Danish population. The study population consisted of 68,219 people aged 20+. A total of 1,734 dementia cases were identified. The mean age at diagnosis was 57.7 years (SD-16.2). Compared to the general population, there was a higher prevalence of dementia among those younger than 60 years, and a markedly lower prevalence of dementia among those aged 60+. Dementia is under-diagnosed to a greater extent among ethnic minorities in the age group 60+, but is over diagnosed in those younger than 60. Several factors may contribute to this pattern, including cultural differences in help-seeking behaviour and problems in navigating the healthcare system. Furthermore, cross-cultural assessment of dementia can be difficult because language barriers and cultural differences. (RH)

ISSN: 08856230

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

Partner or perish?: exploring inter-organisational partnerships in the multicultural community aged care sector; by Harriet Radermacher, Yoshitha Karunarathna, Nicci Grace, Susan Feldman.

Health and Social Care in the Community, vol 19, no 5, September 2011, pp 550-560.

This study examined the experiences of partnership between organisations and small community groups from Melbourne, Australia, who delivered community based support services to older people from culturally diverse backgrounds. It identified key factors that facilitated or hindered the formation, maintenance and effectiveness of partnerships within the ethnic and multicultural community aged care (EMCAC) sector. Participants included 14 individuals representing nine community and health service organisations who took part in semi-structured interviews. Interviewees reported that partnerships between organisations were necessary and beneficial within

the EMCAC sector. Organisational capacity, access to information and guidelines, and the inequality experienced by smaller organisations were key issues identified by participants. The authors conclude that increasing organisational capacity and a reduction of the inequalities experienced through partnerships could be addressed through training and education about the nature of partnerships. (JL)

ISSN: 09660410

From : <http://www.ingentaconnect.com/content/bsc/hssc>

A systematic review of ethnicity and pathways to care in dementia; by Naaheed Mukadam, Claudia Cooper, Gill Livingston.

International Journal of Geriatric Psychiatry, vol 26, no 1, January 2011, pp 12-20.

The purpose of the study was to review literature that explored the help seeking behaviours of people from minority ethnic (ME) groups with dementia and their families. Three quantitative and 10 qualitative papers were found to meet the inclusion criteria. Barriers to accessing specialist help for dementia included: not conceptualising dementia as an illness; believing dementia was a normal consequence of ageing; thinking dementia had spiritual, psychological, physical health or social causes; feeling that caring for the person with dementia was a personal or family responsibility; experiences of shame and stigma within the community; believing there was nothing that could be done to help; and negative experiences of healthcare services. The authors conclude that there are significant barriers to help seeking for dementia in ME groups. (JL)

ISSN: 08856230

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

Theorising about ageing, family and immigration; by Lynn McDonald.

Ageing and Society, vol 31, part 7, October 2011, pp 1180-1201.

This paper explores the ways in which social gerontological theories have explained the effect of ethnicity and immigration on older people. It explores how these theories can be used for further theory advancement without modifications to existing theories. The paper suggests that current theories do not have the capacity to capture the effects of immigration at the structural level and its link to the social, psychological and family levels, let alone ageing. The overriding complexity of ageing and immigration requires a long-term view and an integrating framework with multiple levels that can accommodate a variety of theoretical interests. The conclusions are that a life-course perspective can be used in different ways to further this theoretical agenda. These approaches allow everyone with the possibility for interdisciplinary theory building to advance the understanding of the lives of immigrant families. (JL)

ISSN: 0144686X

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

Why do ethnic elders present later to UK dementia services?: a qualitative study; by Naaheed Mukadam, Claudia Cooper, Behzad Basit, Gill Livingston.

International Psychogeriatrics, vol 23, no 7, September 2011, pp 1070-1077.

The study explored the link between attitudes to help-seeking for dementia and the help-seeking pathways among the minority ethnic (ME) versus indigenous populations in the UK. ME carers, in contrast to the indigenous population, tended to delay help-seeking until they could no longer cope or until others commented on the problems. They often thought that families should look after their own older relatives and a diagnosis alone was purposeless. This appeared to relate to beliefs about the etiology of cognitive impairment, negative beliefs about psychiatry and their sense of familial responsibility. ME carer beliefs were found to be an important barrier to early diagnosis. Further work should explore whether an intervention can modify these attitudes, so that families understand that a diagnosis may allow planning and avoidance of crises. (JL)

ISSN: 10416102

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

## 2010

Age, ethnicity and equalities: synthesising policy and practice messages from two recent studies of elder abuse in the UK; by Jill Manthorpe, Alison Bowes.

Social Policy & Society, vol 2, pt 1, April 2010, pp 255-266.

Two recent studies of elder abuse in the UK are located in current policy contexts of adult safeguarding. After describing the studies, the discussion draws out their central messages and identifies the challenges that the studies present to recent policy debates and innovations. These relate to the need to properly integrate both wider older people's issues and issues of racism and ethnicity within developments in adult safeguarding policy, as well as social care services as the personalisation agenda advances. (KJ/RH)

ISSN: 14747464

From : <http://www.journals.cambridge.org/spsdoi:10.1017/S1474746409990388>

Black and minority ethnic older people and mental well-being: possibilities for practice; by Jill Manthorpe, Jo Moriarty, Martin Stevens (et al).

Working with Older People, vol 14, issue 4, December 2010, pp 32-37.

There is a shortage of examples of arrangements and practice approaches that focus on mental well-being in black and minority ethnic (BME) older people. This article draws on a practice enquiry bringing together accounts of social care practice across different social care settings from four parts of the UK, away from highly populated areas that have been the focus of most previous research. Over 80 practitioners, managers, older people and carers were interviewed over 2009-10. They described and reflected on the support for older people from BME backgrounds, particularly focusing on how they might promote mental well-being. (JL)

ISSN: 13663666

From : <http://www.pierprofessional.com/wwopflyer/index.html>

Bringing dementia out of the shadows for BME elders; by Jan Kendall, Irene Kohler.: Hawker Publications, July/August 2010, pp 16-17.

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

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

ISSN: 13518372

Care implications of an ageing ethnic population; by Jill Manthorpe.

Community Care, issue 1842, 4 November 2010, pp 32-33.

The aim of this study was to describe the likely changes in the age structure of black and other minority groups in England and Wales. This report uses data on fertility, mortality and migration to make some projections of the number and profile of older people from ethnic minorities. Findings reveal that The ethnic minority population of England and Wales will continue to be younger than the majority white population but by 2051 this difference will be less pronounced. There are already important differences between minority groups, with the Irish and Indian populations having "mature population structures", for example, and these differences may increase. In contrast, the Bangladeshi population looks set to keep its comparatively young population profile. Despite the problems of making predictions, on the basis of this evidence there will be 2.4 million black and ethnic minority people aged 50 and over in 2016 in England and Wales; rising to 3.8 million by 2026 and 7.4 million by 2051. These are not all older people of course; indeed among them are likely to be many carers. But over the same time spans, there will be just over half a million black and minority ethnic people aged 70 and over by 2016, more than 800,000 by 2026 and that figure escalates to 2.8 million by 2051. In conclusion then, although it is difficult to make population predictions, we can use projections to think about the types and amount of support that may be needed by the growing numbers and proportions of BME older people and the contributions that they may make. (KJ)

ISSN: 03075508

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

A cross-sectional population-based study of elder self-neglect and psychological, health, and social factors in a biracial community; by XinQi Dong, Melissa Simon, Todd Beck (et al).: Taylor & Francis, January 2010, pp 74-84.

Aging & Mental Health, vol 14, no 1, January 2010, pp 74-84.

Elder self-neglect is an important public health issue; however, its association with psychological, health, and social factors remains unclear. This study aimed to (1) examine the associations between self-neglect severity and psychological, health, and social factors; and (2) examine the racial/ethnic differences in these associations. The authors conducted a biracial population-based study in a geographically defined community in Chicago as part of the Chicago Health Aging Project (CHAP). The authors identified 1094 people who had been identified by the social services agency as suspected elder self-neglect from 1993 to 2005. Self-neglect severity was assessed on a 0-45 scale. The psychological, health, and social factors were assessed using Center for Epidemiological Studies of Depression (CESD), poor mental health, health status, unhealthy days, poor physical health, days away from usual activities, social network, and social engagement. Linear regression was used to assess associations between self-neglect and psychological, health, and social factors. Interaction terms (Self-neglect times Race) were used to assess the black (non-Hispanic black) and white (non-Hispanic white)

differences in these associations. There were significant associations between self-neglect severity with health and social factors. After adjusting for confounders, greater self-neglect severity was associated with lower health status (PE = 0.001,  $p = 0.002$ ), higher unhealthy days (PE = 0.139,  $p < 0.001$ ), poor physical health (PE = 0.141,  $p < 0.001$ ), and more days away from usual activities (PE = 0.120,  $p = 0.030$ ). Interaction term (Self-Neglect times Race) indicates black compared with white older adults, had more days away from usual activities (PE = 0.321,  $p = 0.045$ ) and lower social engagement (PE = -0.04,  $p = 0.003$ ). Greater self-neglect severity is associated with lower levels of health and social wellbeing. These associations may be stronger for black than white older adults. (KJ/RH)

ISSN: 13607863

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

Daily spiritual experiences in a biracial, community-based population of older adults; by Kimberly A Skarupski, George Fitchett, Denis A Evans (et al): Taylor & Francis, September 2010, pp 779-789.

*Aging & Mental Health*, vol 14, no 7, September 2010, pp 779-789.

The objectives of this study were to describe the levels of daily spiritual experiences (DSEs) in community-dwelling older adults, to compare the levels of spiritual experiences with the levels of prayer and religious service attendance, and to examine the demographic and psychosocial correlates of spiritual experiences. The data came from 6534 participants in the Chicago Health and Aging Project, an ongoing population-based, biracial (65% African American) study of the risk factors for incident Alzheimer's disease among older adults. A 5-item version of the Daily Spiritual Experiences Scale (DSES) was used in the study. Multivariable linear regression models were used to examine the relationship between sociodemographic and psychosocial factors and DSES scores. The majority of the participants reported having spiritual experiences at least daily. In the bivariate analyses, African Americans and women had higher DSES scores than Whites and men, respectively. Prayer and worship were moderately associated with DSES scores. In the multivariable analyses, African American race, older age, female gender, better self-rated health, and greater social networks were associated with higher DSES scores, while higher levels of education and depressive symptoms were associated with lower DSES scores. The authors observed high levels of spiritual experiences and found that the DSES is related to, but distinct from the traditional measures of religiosity. We found associations between DSES, demographic, and psychosocial factors that are consistent with the findings for other religiosity and spirituality (R/S) measures. Future research should test whether DSES contributes to our understanding of the relationship between R/S and health in older adults. (KJ)

ISSN: 13607863

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

Effectiveness of a psychoeducational skill training DVD program to reduce stress in Chinese American dementia caregivers: results of a preliminary study; by Dolores Gallagher-Thompson, Peng-Chih Wang, Weiling Liu (et al): Taylor & Francis, April 2010, pp 263-273.

*Aging & Mental Health*, vol 14, no 3, April 2010, pp 263-273.

Previous research in 2007 found that an in-home behavioural management programme, derived conceptually from cognitive behavioural theories (CBT), was effective in reducing caregiver related stress and depressive symptoms in Chinese American dementia caregivers (CGs). Results were promising, but a more cost-effective intervention is needed to serve this growing population. Past work also found that a psycho-educational videotaped training programme based on CBT was effective in reducing stress due to caregiving in Caucasian and African American dementia family CGs. To date, no research has been conducted using a technological medium to deliver a similar kind of intervention to Chinese American caregivers. The present study evaluated the effectiveness of a similar but culturally "tailored" programme in which 70 CGs were randomly assigned to a 12-week CBT skill training programme delivered on a DVD, or to a general educational DVD programme on dementia. Both were available in Mandarin Chinese or English as preferred. Pre- and post-change analyses indicated that CGs did not differ on change in level of negative depressive symptoms, but positive affect was higher, and patient behaviours were appraised as less stressful and bothersome, for CGs in the CBT skill training program. They were also more satisfied with the program overall and reported that they believed they were able to give care more effectively. Results encourage further development of theoretically based interventions, delivered using modern technology, for this ever-increasing group of CGs. (KJ/RH)

ISSN: 13607863

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

Ethnic differences in self-harm, rates, characteristics and service provision: three-city cohort study; by J Cooper, E Murphy, R Webb (et al).

British Journal of Psychiatry, vol 197, no 3, September 2010, pp 212-217.

Studies of self-harm in Black and minority ethnic (BME) groups have been restricted to single geographical areas, with few studies of Black people. The aim of this study was to calculate age- and gender-specific rates of self-harm by ethnic group in three cities and compare characteristics and outcomes. A population-based self-harm cohort presenting to five emergency departments in three English cities during 2001 to 2006. A total of 20574 individuals (16-64 years) presented with self-harm; ethnicity data were available for 75%. Rates of self-harm were highest in young Black females (16-34 years) in all three cities. Risk of self-harm in young South Asian people varied between cities. Black and minority ethnic groups were less likely to receive a psychiatric assessment and to re-present with self-harm. In conclusion, despite the increased risk of self-harm in young Black females fewer receive psychiatric care. These findings have implications for assessment and appropriate management for some BME groups following self-harm. (KJ)

ISSN: 00071250

From : <http://bjp.rcpsych.org/doi/10.1192/bjp.bp.109.072637>

Ethnic population projections for the UK and local areas, 2001-2051; by Pia Wohland, Phil Rees, Paul Norman (et al), School of Geography, Leeds University. version 1.03: Electronic publication, 12 July 2010, 185 pp (Working paper 10/02).

This is a revised version of a report presented on Monday 22 March 2010, at City Hall, Greater London Council to the Stakeholder Group for the ESRC Research Award, RES-165-25-0032 "What happens when international migrants settle? Ethnic group population trends and projections for UK local areas, 1 October 2007 to 31 March 2010." This Working Paper is an online publication and may be revised. The results described in this report are both provisional and experimental and should be cited as such. A BBC webpage (as at 13 July 2010) reports on the findings of the report (<http://news.bbc.co.uk/1/hi/uk/10607480.stm>). (KJ/RH)

From : School of Geography, University of Leeds, Leeds, LS2 9JT.

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

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

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

Is there 'a' mixed race group in Britain?: The diversity of multiracial identification and experience; by Miri Song.

Critical Social Policy, vol 30, no 3, issue 104, August 2010, pp 337-358.

In contemporary British society, references to 'mixed race' people and to various forms of mixing abound. But to what extent can we say that there is 'a' mixed race group in Britain today? If such a group exists, what commonalities underlie the experience of being mixed? In addressing this question, the author draws on a study of the racial identifications of different types of mixed young people in Britain. Song finds that the meanings and significance of race and mixedness in these young people's lives can vary considerably, both across and within specific mixed groups. In conclusion, Song argues that while there is evidence of a growing consciousness and interest in being mixed, we cannot (yet) speak of a coherent mixed group or experience in Britain. (KJ/RH)



ISSN: 02610183

From : <http://csp.sagepub.com/doi/10.1177/0261018310367672>

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

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

From : The Runnymede Trust, 7 Plough Yard, Shoreditch, London EC2A 3LP. E-Mail: [info@runnymedetrust.org](mailto:info@runnymedetrust.org) Website: [www.runnymedetrust.org](http://www.runnymedetrust.org)

The sensitivity of United Kingdom health-care services to the diverse needs of Chinese; by Ruby C M Chau, Sam Wai-Kam Yu.

*Ageing and Society*, vol 30, part 3, April 2010, pp 383-401.

This paper is a contribution to the debate on how to make health-care services in the United Kingdom more responsive to the needs of older people who are members of recent immigrant groups. The focus is on the Chinese-origin elders, and the objective is to demonstrate their diverse migrant histories, cultural backgrounds and attitudes to both 'traditional' and Western health-care practices. The underlying argument is that if National Health Service staff had a better understanding of the diversity of Chinese older people, this would make an important contribution to making the service more sensitive to their needs. To develop this argument, this paper carries out three main analytical tasks. The first is to discuss the range of strategies adopted by Chinese people in general and Chinese older people in particular to improve their health. The second is to study Chinese people's heritage of exploring different methods to organise health in response to foreign culture. The third considers the ways in which the sensitivity of British health-care services to the needs of ethnic-minority groups can be improved, with a focus on the culturagram health screening instrument and procedure. Three contrasting examples are presented. (KJ/RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/asodoi:10.1017/S0144686X09990468>

Social intervention for British Pakistani women with depression: randomised controlled trial; by R Gater, W Waheed, N Husain (et al).

*British Journal of Psychiatry*, vol 197, no 3, September 2010, pp 227-233.

British Pakistani women have a high prevalence of depression. There are no reported psychosocial interventions for depression in ethnic minorities in the UK. The aim of this research was to determine the efficacy of a social group intervention compared with antidepressants, and whether the combination of the two is more efficacious than either alone. A total of 123 women with depression participated in the primary care-based cluster randomised controlled trial (ISRCTN19172148). Outcome measures were severity of depression (Hamilton Rating Scale for Depression), social functioning and satisfaction at 3 and 9 months. Greater improvement in depression in the social intervention group and the combined treatment group compared with those receiving antidepressants alone fell short of significance. There was significantly greater improvement in social functioning in the social intervention and combined treatment groups than in the antidepressant group at both 3 and 9 months. Pakistani women with depression found the social groups acceptable and their social function and satisfaction improved if they received social treatment compared with the receipt of antidepressants alone. (KJ)

ISSN: 00071250

From : <http://bjp.rcpsych.org/doi/10.1192/bjp.bp.109.066845>

Towards an understanding of the cultural health needs of older gypsies; by Pauline Lane, Rachel Tribe.

*Working with Older People*, vol 14, issue 2, June 2010, pp 23-30.

This paper offers an introduction to understanding some of the issues that health and care practitioners might like to consider when supporting the health and well-being of gypsy elders. The significance of nomadic life and the implications of planning laws on the reported quality of life experienced by gypsy elders is essential to understanding their health needs. The paper also offers an introduction to understanding some of the aspects of

health and social care provision that currently impact on the take up of health and care services by gypsy elders. It then makes suggestions about ways of offering services and working with gypsy elders in ways that are culturally appropriate and respectful of their traditions. The authors had the privilege of working with the Derbyshire Gypsy Liaison Group as part of a larger national project on working with black and minority ethnic elders to help improve their mental health. The authors do not claim to be experts on gypsy health, but are offering to share their learning as an introduction to understanding and meeting some of the cultural needs of gypsy elders when providing health and social care. (KJ/RH)

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From : [http://www.pierprofessional.comdoi: 10.5042/wwop.2010.0264](http://www.pierprofessional.comdoi:10.5042/wwop.2010.0264)

## 2009

African American caregivers: an exploration of pathways and barriers to a diagnosis of Alzheimer's disease for a family member with dementia; by Travonia Hughes, Kenneth Tyler, Deborah Danner (et al).

Dementia: the international journal of social research and practice, vol 8, no 1, February 2009, pp 95-116.

Despite the significance of an early diagnosis of Alzheimer's disease (AD), African Americans are diagnosed in later stages of the disease and present with greater cognitive impairment at the time of diagnosis when compared to Euro-Americans. To this end, there exists a paucity of research on diagnostic pathways among African Americans with dementia. The present study examined the retrospective experiences of 17 African American caregivers who were given a diagnosis of Alzheimer's disease for a family member with dementia. Participants completed face-to-face semi-structured interviews. Study findings revealed a complex interplay between the patient with dementia, entities that comprise their social support network, and clinicians. (RH)

ISSN: 14713012

From : <http://www.dem.sagepub.com>

Ageing, ethnicity and psychiatric services; by Geetha Oommen, Jon Bashford, Ajit Shah.

Psychiatric Bulletin, vol 33, no 1, January 2009, pp 30-34.

In 2001, the Royal College of Psychiatrists (RCP) produced Council Report DR 103 which concluded that services for Black and minority ethnic (BME) elders had received little attention. The report also called for an urgent need to establish a reliable and informative database of good practice and increased research. It is currently under review by the College. This article attempts to set out some of the issues that remain, as well as newly identified ones. In particular, the article hopes to heighten awareness and raise debate about these issues and to link these with the College's Race Equality Action Plan. (RH)

ISSN: 09556036

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

Black-white disparities in disability among older Americans: further untangling the role of race and socioeconomic status; by Esme Fuller-Thomson, A Nuru-Jeter, Jack M Guralnik.

Journal of Aging and Health, vol 21, no 5, August 2009, pp 677-698.

Data from the 2003 American Community Survey were used to examine the associations of education and income, stratified by race and gender, with functional limitations and activities of daily living (ADLs), in a sample of 16,870 non-Hispanic Blacks and 186,086 non-Hispanic Whites aged 55 to 74. Sequential logistic regressions were used to examine the relative contribution of income and education to racial disparities. 90% of the Black\_White difference in disability rates for men and 75% of the difference for women aged 55 to 64 were explained by income and education. The greatly elevated risk of disability among Blacks aged 55 to 74 is largely explained by differences in socioeconomic status. Reductions in Black\_White health disparities require a better understanding of the mechanisms, whereby lower income and education are associated with functional outcomes in older people. (RH)

ISSN: 08982643

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

Chinese health beliefs of older Chinese in Canada; by Daniel W L Lai, Shireen Surood.

Journal of Aging and Health, vol 21, no 1, February 2009, pp 38-62.

The cultural health beliefs held by older Chinese in Canada were examined. Chinese surnames were randomly selected from local telephone directories in seven Canadian cities. Telephone screening was then conducted to identify eligible Chinese people aged 55+ to take part in a face-to-face interview to complete a structured survey questionnaire. The results of exploratory factor analysis indicate that the health beliefs of older Chinese in Canada are loaded onto three factors related to beliefs about traditional Chinese medicine, and beliefs about preventive diet. Education, religion, country of origin, length of residency in Canada, and city of residency are the major correlates of the various Chinese health beliefs scales. The findings support previous knowledge about

Chinese health beliefs and illustrate the intra-group sociocultural diversity that health practitioners should acknowledge in their practice. (RH)

ISSN: 08982643

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

Comparison of elderly suicide rates among migrants in England and Wales with their country of origin; by Ajit Shah, James Lindesay, Mick Dennis.

International Journal of Geriatric Psychiatry, vol 24, no 3, March 2009, pp 292-299.

Only two studies, both more than 10 years old, have compared suicide rates in black and minority ethnic (BME) groups in England and Wales with those of their country of origin. This study was conducted using the latest available suicide data from the Office for National Statistics (ONS) and the World Health Organization (WHO). There were wide variations in standardised mortality rates (SMRs) for suicides of older people among migrants from different countries compared with those born in England and Wales and their country of origin. There was convergence towards older suicide rates for England and Wales for some migrant groups in males in the age bands 65-74 and 75+ years and for females in the age band 75+ years. However, males aged 75\_ from most migrant groups had higher rates than those born in England and Wales. A more detailed analysis of suicides of older people from migrant groups is required to determine vulnerability and protective influences. (RH)

ISSN: 08856230

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

Differences in psychological morbidity among Australian and Chinese caregivers of persons with dementia in residential care; by Helen Zong Ying Wu, Lee-Fay Low, Shifu Xiao (et al).

International Journal of Geriatric Psychiatry, vol 24, no 12, December 2009, pp 1343-1351.

The aim of the present study was to determine the effects of culture on caregiver psychological morbidity among informal caregivers of institutionalised persons with dementia in three different populations: Shanghai, Australian-Chinese, and Australian mainstream (non-Chinese). Caregivers and residents with dementia were recruited from a dementia hospital in Shanghai, three ethno-specific Chinese nursing homes in Sydney, and four mainstream nursing homes in Sydney. Psychological morbidity was assessed using the Geriatric Depression Scale (GDS), mental health component (MHC) of the RAND-36 Health Status Inventory and a guilt scale. There were no significant differences between the three groups as measured by the guilt scale and MHC. Shanghai caregivers had higher mean depression scores than Australian-Chinese caregivers ( $p < 0.001$ ), who in turn had higher mean depression scores than Australian mainstream caregivers ( $p = 0.015$ ). Higher depression scores were found to be inversely associated with the caregiver's education level and physical health status, and associated with increased frequency of nursing home visits, but not with levels of behavioural and psychological symptoms of dementia (BPSD). Levels of depression in caregivers of institutionalised persons with dementia differ by culture and country of residence. (KJ/RH)

ISSN: 08856230

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

The different faces of care work: understanding the experiences of the multi-cultural care workforce; by Martha Doyle, Virpi Timonen.

Ageing and Society, vol 29, part 3, April 2009, pp 337-350.

An increased demand for long-term care services coupled with the decreased availability of informal (family) carers in many industrialised countries has led to the employment of growing numbers of 'migrant care workers'. Little is known about this heterogeneous group or of their experience of employment in long-term care. Providing an important insight into a hitherto little researched and poorly understood topic, this article presents the findings of a qualitative study in Ireland that sought greater understanding of migrant carers' experience of care work and of the intra-group differences among them. The findings suggest that some members of the workforce are more likely to confront obstacles and discrimination than others. The data indicate that the experiences of European, South Asian and African carers are significantly different, and that relationships may exist between carers' region of origin and their experience of care work, employment mobility and long-term plans for remaining in the sector. The findings underscore the significance of acknowledging the unique barriers and obstacles faced by particular populations of care workers. A better understanding of the changing demographic profile and needs of both care recipients and their paid (migrant) care-givers is required to ensure that appropriate policy and practical interventions are developed to support both groups. (KJ/RH)

ISSN: 0144686X

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

Early intervention in dementia care in an Asian community: lessons from a dementia collaborative project; by Viniti Seabrooke, Alisoun Milne.

Quality in Ageing, vol 10, issue 4, December 2009, pp 29-36.

The number of older Asians in the UK is increasing, placing greater numbers at risk of developing dementia. The emerging need to address early diagnosis is especially prominent in areas where Asian communities are long established. This was the specific focus of a Dementia Collaborative Project in North West Kent. The project, working through a primary care practice, aimed to raise awareness of dementia and to facilitate early intervention and access to specialist dementia services. Using an evaluation methodology adopted by the Collaborative and working through a multi-agency steering group, the pilot project successfully identified an appropriate primary care practice, established a link with a specially trained Asian nurse and devised a set of project materials. By inviting older Asian patients with memory problems to make an appointment with the nurse, and enclosing a culturally relevant information leaflet, older people were encouraged to come forward. Although the number of individual patients identified was small, the project outcomes include: significantly increased referral rates from black and minority ethnic communities to specialist services; and greater awareness of dementia-related issues in both primary care and Asian care services. Overall, the evaluation suggests that by engaging with a committed primary care practice it is possible to engage a hitherto marginal group of older people in early intervention in dementia and raise awareness about its benefits. That this approach underpins the development of a larger scale five year project in the same area additionally endorses its relevance for the mainstream population. (KJ/RH)

ISSN: 14717794

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

Factors influencing the physical activity levels of older people from culturally-diverse communities: an Australian experience; by Stephen Bird, Harriet Radermacher, Susan Feldman (et al).

Ageing and Society, vol 29, part 8, November 2009, pp 1275-1294.

Inactivity has been identified as a major contributor to the burden of disease among older Australians, particularly those in culturally-diverse communities. This study assessed the facilitators and barriers to physical activity in older people from culturally-diverse communities, and investigated the predictors of physical activity participation by recruiting 333 older people from seven different communities in the western suburbs of Melbourne, Australia. A survey questionnaire that recorded physical activity and the barriers to and facilitators of activity was interviewer-administered in the participants' preferred language. The data were analysed using bivariate and multivariate inferential statistical methods. Personal barriers to physical activity, such as poor health, lacking the energy to exercise, being too tired and low motivation, were highly prevalent in all groups. Specific factors, such as 'being self-conscious about my looks', were more prevalent among the Vietnamese, as were concerns about the weather among Macedonians and Croatians. Across all groups, perceptions of health and safety strongly influenced physical activity behaviour, more so than the external environment. Some of the barriers can be addressed with a common approach, but others in some communities will require particular strategies. (KJ/RH)

ISSN: 0144686X

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

A fairer future: the Equality Bill and other action to make equality a reality; by Government Equalities Office - GEO. London: Government Equalities Office, April 2009, 37 pp (Ref: JN295326).

An overview of the Equality Bill notes how the Bill, when enacted, will strengthen equality law on matters that include: reducing socio-economic inequalities; putting a new Equality Duty on public bodies; banning age discrimination outside the workplace; protecting carers from discrimination; and strengthening protection from discrimination for disabled people. Part 2 of this document outlines what the Bill means for people including those from ethnic minorities, disabled people, older people, and lesbian, gay, bisexual and transsexual people. (RH)

From : Government Equalities Office, 9th Floor, Eland House, Bressenden Place, London SW1E 5DU.

Download: [http://www.equalities.gov.uk/equality\\_bill.aspx](http://www.equalities.gov.uk/equality_bill.aspx)

Focus group study of ethnically diverse low-income uses of paid personal assistance services; by Joseph T Mullan, Brian R Grossman, Mauro Hernandez (et al).

Home Health Care Services Quarterly, vol 28, no 1, 2009, pp 24-44.

This study examined the experiences of ethnically diverse, low-income consumers of paid personal assistance services (PAS) to understand the successes and problems they faced setting up and maintaining their assistance. A thematic analysis was conducted with transcripts from eight focus groups of 67 ethnically homogeneous consumers: African American, Latino, Chinese, Native American, and non-Hispanic white. These experienced consumers were generally satisfied with their current PAS but noted significant difficulties: getting access to

appropriate care; obtaining enough paid care to avoid unmet need; and dealing with confusing bureaucracies and cultural differences between them and agency staff or attendants. They desired more control over their care, including the use of paid family attendants when possible. Respondents recommended improved screening and training of attendants, more attendant time, higher wages for attendants, improved cultural sensitivity of attendants and agency staff, and greater consumer control over PAS. Although these low-income PAS consumers are ethnically and geographically diverse, the similarity of findings points to their ongoing struggle to access adequate high quality assistance. The burden they have in obtaining and maintaining services is substantial. (KJ/RH)

ISSN: 01621424

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

The influence of the built environment and other factors on the physical activity of older women from different ethnic communities; by Stephen Bird, William Kurowski, Susan Feldman (et al).

Journal of Women & Aging, vol 21, no 1, 2009, pp 33-47.

Inactivity has been identified as a major contributor to the burden of disease in older women. The aims of this study were: to assess the personal, social and environmental facilitators and impediments to physical activity in older women from different ethnic communities; and to determine the factors associated with physical activity participation. Older women (aged 60-84) were recruited from the local Italian (n=20), Vietnamese (n=26) and Anglo-Celtic (n=26) communities in the western suburbs of Melbourne, Australia. A survey questionnaire was administered in the participants' preferred language. The most common barriers were: "I am not in good health", "I am self-conscious about my looks", "I am too tired", "I don't have time", and "The weather is bad". When comparing the ethnic groups, the Vietnamese women reported fewer barriers than the Italian women (2.6 vs 5.9). While the Vietnamese women were much more likely to report being "self-conscious about my looks", the Italian women more commonly reported poor health, being too tired, and not liking exercise as barriers. Overall, those living alone were more likely to be active and those who reported fear of injury, less active. Recognising ethnospecific differences in the prevalence of barriers may be important when devising strategies to increase older women's activity levels. (RH)

ISSN: 08952841

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

Medicines and people with dementia: 6. Cultural and religious considerations; by Amanda Thompsell, Barbara Jesson.: Hawker Publications, July/August 2009, pp 16-18.

Journal of Dementia Care, vol 17, no 4, July/August 2009, pp 16-18.

Religious beliefs and cultural norms can determine what medicines are acceptable to individuals and the circumstances in which they should or should not be taken. The authors offer some considerations for prescribing and administering medicines. They highlight the acceptability of medicines to the individual in terms of ingredients, and timing, method or manner of administration. (RH)

ISSN: 13518372

Negotiating candidacy: ethnic minority seniors' access to care; by Sharon Koehn.

Ageing and Society, vol 29, part 4, May 2009, pp 585-608.

The Barriers to Access to Care for Ethnic Minority Seniors (BACEMS) study in Vancouver, British Columbia found that immigrant families torn between changing values and the economic realities that accompany immigration cannot always provide optimal care for their elders. Ethnic minority seniors further identified language barriers, immigration status, and financial awareness of the roles of the health authority and of specific service providers as barriers to health care. The configuration and delivery of health services and healthcare providers' limited knowledge of the seniors' needs and confounded these problems. To explore the barriers to access, the BACEMS study relied primarily on focus group data collected from ethnic minority seniors and their families, and from health and multicultural service providers. The applicability of the recently developed model of "candidacy", which emphasises the dynamic, multi-dimensional and contingent character of health care access to ethnic minority seniors, was assessed. The candidacy framework increased sensitivity to ethnic minority seniors' issue and enabled organisation of the data into manageable conceptual units, which facilitated translation into recommendations for action, and revealed gaps that pose questions for future research. It has the potential to make Canadian research on the topic more co-ordinated. (RH)

ISSN: 0144686X

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

Older Latina women and HIV/AIDS: an examination of sexuality and culture as they relate to risk and protective factors; by Richard L Beaulaurier, Shelley L Craig, Mario De La Rosa.: The Haworth Press, Inc., 2009, pp 48-63.

Journal of Gerontological Social Work, vol 52, issue 1, 2009, pp 48-63.

Older Latina women are one of the least studied American demographic groups with regard to social, health or sexual behaviour. This could leave social workers and other professionals unprepared for dealing with HIV/AIDS in this population. Currently older Latina women are one of the fastest growing groups of new AIDS cases. 22% of all women ever diagnosed are Latina, and 5.5% of Latinas infected with the virus are older. The number of diagnosed infections is increasing in older women, including Latinas, in spite of recent declines in infection rates with younger population groups. There is also a potentially large number of cases that go misdiagnosed or undiagnosed. This article also addresses risk and protective factors related to gender roles, traditional Latino family values, religion, socioeconomic factors, health and health care, with special attention to the triple jeopardy faced by this population by virtue of being female, seniors and minorities. The article concludes with recommendations for the development of culturally competent practices with older Latinas and the development of a research agenda to better understand their risk-related and health-seeking behaviour. (KJ/RH)

ISSN: 01634372

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

Older women's perceptions of elder maltreatment and ethical dilemmas in adult protective services: a cross-cultural, exploratory study; by Emily Dakin, Sue Pearlmutter.: The Haworth Press, Inc., 2009, pp 15-57.

Journal of Elder Abuse & Neglect, vol 21, no 1, 2009, pp 15-57.

IN this study, older African American, Latina and Caucasian women from varying socioeconomic backgrounds participated in eight focus groups that examined their perceptions of elder maltreatment and three ethical dilemmas within adult protective services work: mandatory reporting, involuntary protective services, and criminalisation of elder maltreatment. Participants espoused a broad and inclusive view of elder maltreatment. In responding to illustrative case scenarios, participants strongly favoured protection over freedom, by supporting mandatory reporting and involuntary protective services. Also supported was criminalisation of elder maltreatment. This article presents results of each scenario and broad themes across the study, with attention paid to areas of consistency and difference across ethnicity and socioeconomic categories. (RH)

ISSN: 08946566

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

Organizational religious behavior among older African Americans: findings from the National Survey of American Life; by Robert Joseph Taylor, Linda M Chatters, Kai McKeever Bullard (et al).

Research on Aging, vol 31, no 4, July 2009, pp 440-462.

The authors used data from the older African American subsample of the National Survey of American Life (n = 837) to examine the sociodemographic and denominational correlates of organizational religious involvement among older African Americans. Six measures of organizational religious participation were used, including two measures of time allocation for organized religious pursuits. Significant gender, regional, marital status, and denominational differences in organizational religiosity were found. Of particular note, although older Black women generally displayed higher levels of religious participation, older Black men spent more hours per week in other activities at their places of worship. The findings are discussed in relation to prior work in the area of religious involvement among older adults. New directions for research on religious time allocation are outlined. (KJ/RH)

ISSN: 01640275

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

Perceptions of active ageing in Britain: divergences between minority ethnic and whole population samples; by Ann Bowling.

Age and Ageing, vol 38, no 6, November 2009, pp 703-710.

Perceptions of, and associations with, active ageing among ethnically diverse and homogeneous samples of older people in Britain were identified, using cross-sectional and longitudinal surveys of older people living at home in Britain. Measures used were active ageing, health, psychosocial, socio-economic circumstances, and indicators of quality of life. Respondents defined active ageing as having health, fitness, and exercise; psychological factors; social roles and activities; independence, neighbourhood and enablers. The ethnically diverse sample respondents were less likely to define active ageing as having physical health and fitness, and were less likely to rate themselves as ageing actively, than more homogeneous sample respondents. The lay-based measure of quality of life used was independently and consistently associated with self-rated active ageing in each sample. Policy models of active ageing were reflected in lay views, although the latter had a more

multidimensional focus. Lay definitions of active ageing were also more dynamic, compared with definitions of quality of life and successful ageing. Differences in self-rated active ageing and perceptions of this concept by ethnic group need further exploration. (KJ/RH)

ISSN: 00020729

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

Race differences in emotional adaptation of family caregivers; by Kimberly A Skarupski, Judy J McCann, Julia L Bienias (et al): Taylor & Francis, September 2009, pp 715-724.

*Aging & Mental Health*, vol 13, no 5, September 2009, pp 715-724.

This study compares black and white caregivers of people with Alzheimer's disease (AD) on two general measures of negative and positive emotion (depressive symptoms, positive mood) and two caregiving specific measures of negative and positive emotion (caregiver burden, caregiver satisfaction). The authors hypothesised that black caregivers would exhibit lower levels of negative emotion and higher levels of positive emotion over time than whites. 396 caregivers were recruited from the Rush Alzheimer's Disease Center in Chicago, Illinois, as part of a longitudinal study of people with AD. The analyses for this report are based on data from 307 caregivers who were interviewed quarterly over approximately 4 years from 1999 to 2002, an average of nine observations per person. The results showed that black caregivers reported fewer depressive symptoms over time than whites, but this finding was only for those caregivers living with the care recipient with AD. No race differences were found for measures of positive emotion. The data adds to the growing body of evidence that black people have better emotional outcomes when exposed to the stress of providing informal care to a disabled family member. (KJ/RH)

ISSN: 13607863

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

Racial-ethnic differences in subjective survival expectations for the retirement years; by Jennifer Roebuck Bulanda, Zhenmei Zhang.

*Research on Aging*, vol 31, no 6, November 2009, pp 688-709.

Previous research finds a race anomaly in subjective life expectancy, such that Blacks expect to live longer than Whites, even though their actual life expectancy is lower, but it does not include other racial-ethnic groups. Using data from the 1998 (US) Health and Retirement Study (n = 8,077), the authors find that the race anomaly in subjective survival expectations can be extended to Mexican Americans. Mexican Americans, regardless of their nativity, expect a lower chance of living to ages 75 and 85 than do Whites net of age and gender, even though their actual life expectancy is higher. In addition, foreign-born Mexican Americans expect a lower chance of survival to older ages than native-born Mexican Americans, which is also the opposite of actual mortality patterns. The authors also find that education and wealth interact with race and ethnicity to influence subjective survival expectations. (KJ/RH)

ISSN: 01640275

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

Religiousness, social support and reasons for living in African American and European American older adults: an exploratory study; by Andrea June, Daniel L Segal, Frederick L Coolidge (et al): Taylor & Francis, September 2009, pp 753-760.

*Aging & Mental Health*, vol 13, no 5, September 2009, pp 753-760.

This study examined the relationship between religiousness, perceived social support, and reasons for living among 37 European American (mean age 67.7 years) and 35 African American (mean age 71.1 years) older adults, where ethnicity was predicted to behave as a moderator. Community-dwelling participants completed the Brief Multidimensional Measure of Religiousness/Spirituality, the Multidimensional Measure of Perceived Social Support, and the Reasons for Living Inventory. As expected, high religiousness was associated with more reasons for living. Ethnicity alone did not meaningfully account for variance differences in reasons for living, but significant interactions indicated that the relationship between religiousness and reasons for living was stronger for African Americans, whereas the relationship between social support and reasons for living was stronger for European Americans. The present findings may be valuable for understanding potentially modifiable pathways to suicide resilience in diverse populations of older adults. (KJ/RH)

ISSN: 13607863

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

The role of advocacy and interpretation services in the delivery of quality healthcare to diverse minority communities in London, United Kingdom; by Walid E Ansari, Karen Newbigging, Carolyn Roth (et al). *Health and Social Care in the Community*, vol 17, no 6, November 2009, pp 636-646.

Inequalities in access to appropriate and acceptable healthcare contributes to a pattern of poorer health status, reduced life expectancy and greater dissatisfaction with health care amongst people from black and minority ethnic (BME) communities. Language acts as a further barrier to access. The development of bilingual advocacy fuses two key functions - interpretation and advocacy - to ensure that people from BME communities are able to have their healthcare needs met appropriately. This paper explores the development of bilingual advocacy in East London, which has a highly diverse population speaking over 100 languages. It considers the development of the bilingual advocacy services by an NHS University Hospital Trust, the local experience of these services and the factors that have influenced their development. The authors employed the Delphi method to examine the advocate-, service-, or client-related challenges that face advocacy services, and the threats of these changes to Trust-based advocacy and their implications to the service, client and advocate. Advocate-related challenges included status, esteem and remuneration of bilingual advocates in relation to other health professionals, as well as skills development, career progression, gender, capacity building and potential research contributions. Service-related challenges included work load, case mix, administration, commissioning, processes or arrangements, entrepreneurial aspects of advocacy services, and mechanisms or potentials for cost recovery. Client-related challenges included continuity of advocacy, language requirements and advocacy needs of clients, and ways in which mobile populations influence planning and delivery of advocacy services in inner city hospitals. The paper concludes by identifying the implications for future development of bilingual advocacy services and the implications for their workforce. (RH)

ISSN: 09660410

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

A systematic review of the prevalence and covariates of dementia or relative cognitive impairment in the older African-Caribbean population in Britain; by Simon Adelman, Martin Blanchard, Gill Livingston.

*International Journal of Geriatric Psychiatry*, vol 24, no 7, July 2009, pp 657-665.

The objective of this study was to collate evidence regarding the prevalence and predictors of dementia or relative cognitive impairment in older, African-Caribbean people in Britain, as compared to their white, British peers. A systematic literature review was undertaken by searching electronic databases, contacting experts in the field and searching the references of identified papers for studies fulfilling the predefined inclusion criteria. They were divided into those measuring the prevalence or incidence of dementia or cognitive impairment, and those investigating risk factors. Each study selected for inclusion was evaluated by two of the three authors using a standardised checklist and assigned a numerical score for quality. Eleven papers fulfilled the selection criteria. Two cross-sectional surveys had calculated prevalence of dementia in a sample of British African-Caribbean people. A further prevalence study had estimated dementia prevalence in a mixed sample of African and African-Caribbean participants. All the comparative studies found an excess of dementia in African-Caribbean people when compared to the indigenous white population, but in one study, this was not statistically significant. Seven studies investigated potential predictive factors for cognitive impairment or cognitive decline. One study investigated the association between hypertension, dementia and country of birth. The published research in this area is limited. The available studies consistently indicate an excess of dementia in older African-Caribbean people when compared to the indigenous white population. However, the magnitude of this difference and the associated risk factors are not clear, and warrant further investigation. (KJ/RH)

ISSN: 08856230

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

Theory-based policy development for HIV prevention in racial/ethnic minority midlife and older women; by Robin J Jacobs, Michael N Kane.

*Journal of Women & Aging*, vol 21, no 1, 2009, pp 19-32.

In 2008, there were more than a million people with HIV/AIDS in the United States. The Centers for Disease Control (CDC) 2007 estimates that 15% of people with HIV/AIDS are aged over 50. At greater risk are women of colour. Most intervention efforts have focused on intrapersonal aspects of an individual and his or her sexual-risk behaviours, with little or no attention directed towards interpersonal and socio-environmental considerations of risk and prevention. This paper considers the limitations of current US national policies relating to HIV prevention in minority populations, especially among midlife and older women of colour. In particular, it examines the risk and prevention policies in light of ecological perspectives, social capital and dialogical theories. (RH)

ISSN: 08952841

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



Understanding older men and their male friendships: a comparison of African American and white men; by Geoffrey L Greif.

Journal of Gerontological Social Work, vol 52, issue 6, 2009, pp 618-632.

Friendships can lead to longer and healthier lives. Yet little is known about how older men, particularly African American men, define and carry out their friendships with other men. This article presents the findings from qualitative interviews with 23 African American and 23 White older men who were part of a larger study. The subjects were asked whether friendships are important; whether they have enough male friends; how they define, carry out, and maintain their friendships; and the nature of their fathers' friendships. Comparisons are drawn between the African American and White men. Implications for social work practice are included. (KJ/RH)

ISSN: 01634372

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

Using the Barnes Language Assessment with older ethnic minority groups; by Victoria Ramsey, Susan Stevens, Karen Bryan (et al).

International Journal of Geriatric Psychiatry, vol 24, no 4, April 2009, pp 426-431.

There are many issues concerning the assessment of older people from ethnic minority groups, the most significant being the language barrier experienced by those whose English is an additional language (EAL). This study aimed to test the hypothesis that EAL participants would score less well than those with English as a first language (EFL) on the sub-texts of the Barnes Language Assessment (BLA), elucidate the reasons for any such differences, and discuss the implications. The BLA was administered to 144 participants divided into sub-groups with respect to age, gender and educational background, most of whom had a working diagnosis of dementia. Subjects with English as a first language (EFL) and English as an additional language (EAL) perform differently on the Barnes Language Assessment. The differences are mainly related to levels of education. Difficulties were found in recruiting subjects from ethnic minority groups. The consequences of this and other factors are discussed. (RH)

ISSN: 08856230

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

'We are not blaming anyone, but if we don't know about amenities, we cannot seek them out': black and minority older people's views on the quality of local health and personal social services in England; by Jill Manthorpe, Steve Iliffe, Jo Moriarty (et al), Older People Researching Social Issues (OPRSI).

Ageing and Society, vol 29, part 1, January 2009, pp 93-114.

Improving access to culturally-appropriate services and enhancing responses to the needs of older people from black and minority ethnic backgrounds were among the aims of the National Service Framework for Older People (NSFOP) that was introduced in England in 2001. Progress in meeting the aims of the NSFOP was evaluated by a mid-term independent review led by the Healthcare Commission, the body responsible for regulating health-care services in England. This paper reports the consultation with older people that underpinned the evaluation. It focuses on the views and experiences of older people from black and minority ethnic (BME) groups and of the staff that work in BME voluntary organisations. A rapid appraisal approach was used in 10 purposively selected local councils, and plural methods were used, including public listening events, nominal groups and individual interviews. In total 1839 older people participated in the consultations and 1280 (70%) completed a monitoring form. Some 30% defined themselves as of a minority ethnic background. The concerns were more about the low recognition of culturally-specific and language needs than for the development of services exclusively for BME older people. (KJ/RH)

ISSN: 0144686X

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

What do community-dwelling Caucasian and South Asian 60-70 year olds think about exercise for fall prevention?; by Maria Horne, Shaun Speed, Dawn Skelton (et al).

Age and Ageing, vol 38, no 1, January 2009, pp 68-73.

To identify salient beliefs that influence uptake and adherence to exercise for fall prevention among community-dwelling Caucasian and South Asian 60-70 year olds in the UK, the authors undertook an ethnographic study using participant observation, 15 focus groups (n=87; mean age 65.7), and 40 Individual semi-structured interviews (mean age 64.8). This qualitative study showed that both Caucasian and South Asian young older adults are generally not motivated to initiate or maintain exercise purely to help prevent falls. Both Caucasian and South Asian young older adults tend not to acknowledge their risk of falls. More similarities than dissimilarities seem to exist between Caucasian and South Asian older adults in their beliefs about falls and exercise for fall prevention. Fall prevention should not necessarily be the focus of health promotion strategies, but the peripheral benefits of exercise and leading active, healthy lifestyles should be promoted. (RH)

ISSN: 00020729

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

Who cares about the white working class?; by Kjartan Páll Sveinsson, Runnymede Trust. London: Runnymede Trust, 2009, 72 pp (Runnymede perspectives).

In this volume, eight essays by academics point to the paradoxical and hypocritical ways in which the ruling classes speak for the white working class on the one hand, and how they speak about them on the other. Themes examined are: class in the 21st century; education and educational underachievement; the racialisation of "chav" and "hoodie" youths by the media; social class relations; social and council housing provision; and representations of the "indigenous white working class". The last essay considers to whom the white working class is losing out in housing, health and other service provision - and it is to the wealthier rather than to migrants or other minority ethnic groups. (RH)

From : The Runnymede Trust, 7 Plough Yard, London EC2A 3LP. <http://www.runnymedetrust.org>

Working towards promoting positive mental health and well-being for older people from BME communities; by Rachel Tribe, Pauline Lane, Sue Heasum.

Working with Older People, vol 13, issue 1, March 2009, pp 35-40.

This article identifies some of the key issues that need to be considered when trying to promote positive mental health and well-being in older people from black and minority ethnic (BME) communities. The authors say that while developing a cultural understanding is important for providing good care for BME elders, it is also important to recognise that a number of structural and organisational issues that go beyond language or culture can affect health and access to care. The article also promotes the significant role of voluntary sector organisations in developing culturally appropriate mental health promotion services for BME elders. Two such projects are described: the 'Meri Yaadan' Dementia Project which raises awareness and promotes access to mental health services for South Asian elders in Bradford; and the Bangladeshi Mental Health Promotion Project in Tower Hamlets. (RH)

ISSN: 13663666

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

Working with older people from black and minority ethnic groups who have depression: from margin to mainstream; by Jill Manthorpe, Jo Moriarty.

Quality in Ageing, vol 10, issue 1, March 2009, pp 24-31.

Despite the growing evidence base about depression and anxiety and its application to service settings and practice, we are short of practice examples about what works and for whom. This applies to older people in general but particularly to groups, such as people from black and minority ethnic backgrounds. This article discusses policy and legislative encouragements to think about equality of access and diversity issues in mental health services and wider mental health promotion activities. It analyses recent research and policy documents in the context of demographic change and practice. It argues that the context of personalisation in England may provide new opportunities to consider what older people will find most acceptable and effective in meeting their needs, but notes the challenges that this will bring to community-based organisations and specialist services. (RH)

ISSN: 14717794

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

Your home, your choice: your options, where to get help and what to do next; by Age Concern England - ACE. London: Age Concern England, [January 2009], 11 pp (ACIL31).

Age Concern publishes free information on a range of issues affecting older people. This leaflet explains some of the main issues around housing for older people in South Asian communities. It identifies what help or accommodation, and suggests questions to ask when considering moving house. The information in this leaflet is applicable to people aged 60+ who live in England and Wales. (RH)

Price: FOC

From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. Information Line: 0800 009966. Download available at:<http://www.ageconcern.org.uk/information-guides-list.asp>

2008

The 'Healthy passport' intervention with older people in an English urban environment: effects of incentives and peer-group organisers in promoting healthy living; by Carol A Holland, Pauline Everitt, Angela Johnson (et al). *Ageing and Society*, vol 28, part 4, May 2008, pp 525-549.

This paper reports the evaluation of the effectiveness of incentives (viz points and prizes) and of peer-group organisers (older people's champions) in the outcomes of a health promotion programme for people aged 50+ in Sandwell, a multi-ethnic metropolitan district of the West Midlands. Health promotion activities were provided, and adherence, outcome variables and barriers to adherence were asked over 6 months, using a "passport" format. Those aged in their fifties and of Asian origin were under-represented, but people of Afro-Caribbean origin were well-represented and proportionately most likely to stay in the project. Those of greater age and with more illness were most likely to drop out. There were significant improvements in exercise, diet and the uptake of influenza vaccines and eyesight tests, but slighter improvements in well-being. Positive outcomes related to the incentives and to liking the format. The number of reported barriers was associated with lower involvement and lack of change, as was finding activities too difficult, the level of understanding, and transport and mobility problems, but when these were controlled, age did not predict involvement. Enjoying the scheme was related to positive changes, and this was associated with support from the older people's champions. (RH)  
ISSN: 0144686X

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

Ageing and ethnic diversity in the UK: a policy digest; by Ian Smith, PRIAE - Policy Research Institute on Ageing and Ethnicity.: PRIAE - Policy Research Institute on Ageing and Ethnicity, 2008, 56 pp.

According to the 2001 Census, there are some 6.7 million minority ethnic people living in the UK (11.8% of the total population). The relatively young age structure of minority ethnic groups means that they are the fastest ageing groups within the population. The number of minority ethnic older people in the UK is also set to increase quite rapidly, as those who migrated to the UK in the 1960s and 1970s reach retirement age. This digest focuses on specific themes: health and social care; housing; and income security, employment, poverty and pensions. It also identifies four cross-cutting issues relevant to these themes: discrimination and racism; information, isolation and access; financial inequality; and consultation and engagement. (RH)

Price: £9.99

From : PRIAE, 4th Floor, 31-32 Park Row, Leeds LS1 5JD. E-mail: [info@priae.org](mailto:info@priae.org) Webstie: [www.priae.org](http://www.priae.org)

Attitudes and support needs of Black Caribbean, south Asian and White British carers of people with dementia in the UK; by Vanessa Lawrence, Joanna Murray, Kritika Samsi (et al).

*British Journal of Psychiatry*, vol 193, September 2008, pp 240-245.

Family carers are the most important source of dementia care, especially among ethnic minority populations, who are less likely to access health or social services. The evidence base on the carer experience in these communities is profoundly limited. The aim of this study was to explore the caregiving attitudes, experiences and needs of family carers of people with dementia from the three largest ethnic groups in the UK. It was a qualitative study, using a grounded theory approach. In-depth individual interviews were conducted with 32 carers of people with dementia (10 Black Caribbean, 10 south Asian, 12 White British). Results showed that carers were identified as holding 'traditional' or 'non-traditional' caregiver ideology, according to whether they conceptualised caregiving as natural, expected and virtuous. This informed feelings of fulfilment, strain, carers' fears and attitudes towards formal services. The majority of the south Asian, half of the Black Caribbean and a minority of the White British participants were found to possess a traditional ideology. The findings suggest that specific cultural attitudes towards the caregiving role have important implications for how carers can best be supported. (KJ/RH)

ISSN: 00071250

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

Back to work after incapacity benefit: differences between ethnic minority and native Dutch workers; by Erik Snel, Frank Linder.

*Social Policy & Administration*, vol 42, no 7, December 2008, pp 768-788.

Contemporary pleas for an activating welfare state and social security system emphasize that getting benefit claimants back to work is more important than providing income compensation for social risks connected with unemployment or illness. The Dutch system of incapacity benefits, however, is far removed from this normative ideal of a proactive social security system. Resumption of work after a spell of incapacity benefit is the exception rather than the rule. This article examines possible ethnic differences in resumption of work following incapacity benefit. A unique register data file is used from Statistics Netherlands that contains information about all incapacity benefit claimants in the Netherlands in 1999. In the analysis, these benefit claimants are followed

for three years and their labour market position examined as in 2002. It was found that resumption of work after incapacity benefit is even more the exception for migrant workers with a Turkish or Moroccan ethnic background. Contrary to the authors' assumption, this difference from native Dutch workers can be explained by unfavourable personal characteristics of Turkish or Moroccan benefit claimants - their personal characteristics (gender, age, low educational level) appear to be rather favourable for resumption of work. In the current literature, these differences in outcomes between ethnic groups are often attributed to certain 'ethnic-specific' or cultural factors. This article argues that we should be careful of explaining different outcomes between ethnic groups by (alleged) cultural phenomena. There are other explanations possible such as differences in work motivation, lack of 'transition facilities' in companies, and differential treatment by employers or social security officials. (KJ/RH)  
ISSN: 01445596

Belonging in Britain: black older people's experiences of a sheltered housing scheme in London; by Audrey Allwood.

Housing, Care and Support, vol 11, no 2, August 2008, pp 32-40.

The author's research entitled "The negotiation of belonging among long-term West Indian migrants residing in a sheltered housing scheme in Brixton, London", examined the intricacies of identity and placement. The Supporting People Framework governs this BME supported housing scheme within the Council's equalities ethos. Allwood's research sample of 26 women and men aged between 60 and 86 were working-class migrants who had moved to England in the 1950s and 1960s. Influenced by Gramsci's (1990) ideas about the involvement of ordinary people in social change, and Bhabha's (1994) idea of placement, Allwood investigated how the elders, assisted by others who acted on their behalf, negotiated their place in British society as recipients of support services, and engaged in consultation and user involvement processes. Both conflicting and supportive service provision arose. This created shifting boundaries in relation to belonging that emerged between the elders, their place of birth, their formative culture and their on-going engagement with new experiences, other groups and the state. (KJ/RH)

ISSN: 14608790

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

Challenges of recruitment and retention of older people from culturally diverse communities in research; by Susan Feldman, Harriet Radermacher, Colette Browning (et al).

Ageing and Society, vol 28, part 4, May 2008, pp 473-493.

The substantial and increasing number of older Australian people from culturally diverse backgrounds justifies the investigation and inclusion of their experiences in ageing research. However, few empirical studies have examined culturally diverse issues in the older population, in part because of the particular challenges in recruiting and retaining people from different cultural backgrounds. This article reflects on a research team's experience of recruiting participants from seven cultural groups into a study that sought to explore the links between physical activity and the built environment. Three key issues from recruiting and retaining participants were identified: having access to key local informants; the central role of paid and trained bilingual interviewers; and supporting the research partners in recruitment activities. Furthermore, it appeared that a "one size fits all" approach was not appropriate and that a flexible recruitment strategy may be required to ensure successful recruitment from all cultural groups. The differences observed in this study relating to recruitment and retention rates may be more dependent on the skills and characteristics of those responsible for the recruitment and interviewing, rather than the specific cultural group itself. Older people from some cultural backgrounds may be less likely to respond to traditional recruitment methods. Researchers need to be more assiduous and strategic to improve participants' rates in research. (RH)

ISSN: 0144686X

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

Confirmatory factor analysis of the familism scale in a sample of dementia caregivers; by Andrés Losada, Bob G Knight, María Márquez-González (et al).: Taylor & Francis, July 2008, pp 504-508.

Ageing & Mental Health, vol 12, no 4, July 2008, pp 504-508.

Familism is considered to be a cultural value shared by different Hispanic groups. The familism scale (FS) was developed in 1987 as a self-report measure of this construct, and three dimensions were obtained through exploratory factor analysis: family obligations, perceived support from the family, and family as referents. This study assesses the underlying factor structure of the FS using confirmatory factor analysis (CFA) in a sample of 135 Spanish caregivers. The original model did not fit the data well. Five items with factor loadings below 0.40 were trimmed. The fit indexes for the remaining items suggest a good fit of this model and an acceptable internal consistency index. The results suggest that the modified factor model for the FS has acceptable psychometric properties for a sample of dementia caregivers. (RH)

ISSN: 13607863

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

Depressive symptoms in four racial and ethnic groups: the Survey of Older Floridians (SOF); by Yuri Jang, David A Chiriboga, Giyeon Kim (et al).

Research on Aging, vol 30, no 4, July 2008, pp 488-502.

Responding to the need for research on the mental health of older people from ethnic and racial minority groups, the present study explored determinants of depressive symptoms using a statewide sample of African Americans, Cubans, non-Cuban Hispanics and Whites from the Survey of Older Floridians (SOF). The investigators focused on direct and interactive effects of demographic variables and stressful life conditions (chronic health conditions, functional disability, and negative life events) on depressive symptoms. A hierarchical regression model showed that lower income, more chronic health conditions, greater disability, and more life events were common risk factors for depressive symptoms across all groups. The impacts of age and education were found to be group specific. Significant interactions were also obtained among predictor variables for each group, identifying risk-reducing and risk-enhancing factors within each group. The findings of race-specific risk factors and within-group variability should be taken into consideration when developing and implementing services for diverse older populations. (RH)

ISSN: 01640275

Ethnic differences in patterns of social exchange among older adults: the role of resource context; by Katherine L Fiori, Nathan S Consedine, Carol Magai.

Ageing and Society, vol 28, part 4, May 2008, pp 495-524.

Using social capital and social exchange theories, this investigation examined ethnic variation in patterns of social exchange in two heterogeneous racial groups - Blacks and Whites in the US - and the effects of education and income on these patterns. The sample was 1043 people aged 65-86 from four ethnic groups (US-born European-Americans, immigrant Russians or Ukrainians, US-born African-Americans, and immigrant English-speaking Caribbeans) who had provided details of their instrumental and advice exchanges with kin and non-kin. Hierarchical multinomial logistic regressions were used to predict patterns of social exchange, variations by ethnicity, income and education, and the interactions. Ethnic differences to patterns of social exchange were found, but almost all were qualified by interactions. Those with income showed within-group heterogeneity: African-Americans and Russians/ Ukrainians with higher income were more likely to engage in reciprocal instrumental kin exchange, whereas among English-speaking Caribbeans and European-Americans such exchanges were not associated with income. Unlike among European-Americans and English-speaking Caribbeans, Russians/ Ukrainians with higher income and education were more likely to engage in reciprocal non-kin exchange. The findings suggest that ethnic variation in social exchange reflects both aspects of ethnic group membership and the radical context, as well as the enactment of reciprocity values in varying resource contexts. (RH)

ISSN: 0144686X

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

Ethnic minority elders: are they neglected in published geriatric psychiatry literature?; by Ajit Shah, Prosper Doe, Ksenia Deverill.

International Psychogeriatrics, vol 20, no 5, October 2008, pp 1041-1045.

The population size of older people from ethnic minority groups in many developing countries is rapidly increasing. A study examining the proportion of research publications pertaining to ethnic minority elders was undertaken in two leading geriatric psychiatry journals, International Psychogeriatrics and International Journal of Geriatric Psychiatry. Overall, only 7.6% of the publications examined ethnic minority elders; only 5.1% of publications included ethnic minority elder groups; and only 2.5% of publications included ethnic minority elder groups in their overall sample. Findings from studies, such as epidemiological studies of risk factors for mental disorders in old age and randomised controlled studies of treatment interventions, which exclude ethnic minority elders, cannot be assumed to apply to these groups. Researchers, research institutions, funding organisations and policy-makers should acknowledge the rising numbers of ethnic minority elders and recognise the importance of using ethnic minority-specific research data in the planning of culturally sensitive services and mental health promotion programmes. (RH)

ISSN: 10416102

Evaluating brief cognitive impairment screening instruments among African Americans; by Jared M Kiddoe, Keith E Whitfield, Ross Andel (et al.): Taylor & Francis, July 2008, pp 488-493.

*Aging & Mental Health*, vol 12, no 4, July 2008, pp 488-493.

The Telephone Interview of Cognitive Status (TICS) and the Short Portable Mental Status Questionnaire (SPMSQ) are compared and contrasted. The empirical questions considered are whether the TICS over-represents African American (AA) cognitive impairment (CI) relative to the SPMSQ, if there are age differences in CI prevalence between younger subjects (ages 50-64) and older ones (age 65+), and on accuracy to detect CI in individuals with higher levels of education (13 or more years) versus those with lower education levels (less than 13 years). A secondary data analysis was performed on 396 AA participants from the Carolina African American Twin Study on Aging (CAATSA). The SPMSQ measured CI prevalence at 10.3% and the TICS at 45%. Within the younger group, TICS and CI prevalence was 49.3%, and 80% in the older group. Within the younger group, SPMSQ and CI prevalence was 14.5%, and 53.8% among the older group. Within the higher educated group, TICS and CI prevalence was 36.7%, and 51.4% among the lower educated. Within the higher educated group, SPMSQ and CI prevalence was 7.7%, and 14.5% among the lower educated. Findings are consistent with the authors' hypothesis that the TICS would be a less accurate assessor of CI in African Americans. (RH)

ISSN: 13607863

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

The extent and impact of depression on BME older people and the acceptability, accessibility and effectiveness of social care provision; by Nadira Sharif, Walt Brown, Deborah Rutter, Social Care Institute for Excellence - SCIE; Social Care Workforce Research Unit, King's College London.: Social Care Institute for Excellence - SCIE, December 2008, 94 pp (Adults' services systematic map report 03).

Systematic maps aim to describe the existing research literature on a broad topic area and also highlight any gaps. This report focuses on depression in older people from black and minority ethnic (BME) communities to consider three map questions. First, what is the extent and impact of depression in older people from BME communities in the UK? Second, are there barriers to recognition of depression for these groups? Lastly, what social care provision is available for BME older people with depression; and is this provision acceptable, accessible and effective, and does it promote well-being? From an initial 3,038 unique records identified in searches of databases covering health, the 60 studies included in the map were focused on depression, implied depression or maintaining mental health. More than half had been undertaken in urban locations such as London and Bradford; and 43 were about exploration of relationships or correlations between different factors. The authors find that, despite the coverage of broad issues on depression in BME older people, the map highlights considerable gaps. For example, there were no evaluations of the effectiveness of social care interventions. The appendices include: definitions of key map terms; the inclusion/exclusion criteria; the search strategies employed for each database used; keywording tools (i.e. other attributes); and a list of references used in the systematic map. The systematic map is available as a searchable database of citations (<http://eppi.ioe.ac.uk/webdatabases>) and has been developed in partnership between SCIE information managers and research staff, and a team from the Social Care Workforce Research Unit at King's College London. (RH)

From : SCIE, Fifth floor, 2-4 Cockspar Street, London SW1Y 5BH. [www.scie.org.uk](http://www.scie.org.uk)

Financial inclusion and ethnicity: an agenda for research and policy action; by Omar Khan, Runnymede Trust. London: The Runnymede Trust, 2008, 76 pp (A Runnymede report).

Education, employment and housing are identified as the key areas relevant to black and minority ethnic (BME) communities' experiences of disadvantage that may affect their financial inclusion. Discussion of five aspects of financial provision - banking, credit, insurance, savings and advice - serves to help in distinguishing between poverty-related exclusion and ethnicity-related exclusion. This review also considers whether some financial products and services are compatible with social justice. The author lists 24 points for further research and policy action involving the aforementioned points, together with issues around pensions, risk and assets. International case studies are presented as appendices. (RH)

Price: £11.95

From : The Runnymede Trust, 7 Plough Yard, Shoreditch, London EC2A 3LP. E-Mail: [info@runnymedetrust.org](mailto:info@runnymedetrust.org) Electronic version available at: [www.runnymedetrust.org](http://www.runnymedetrust.org)

Genetic and environmental influences on depressive symptoms by age and gender in African American twins; by Keith E Whitfield, Christopher L Edwards, Dwayne Brandon (et al.): Taylor & Francis, March 2008, pp 221-227.

*Aging & Mental Health*, vol 12, no 2, March 2008, pp 221-227.

Depression is typically considered relative to individuals, and is thought to originate from both biological and environmental factors. However, the environmental constraints and insults that African Americans experience

likely influence the concordance by age and gender for depression scores among older African American twins. 102 monozygotic (MZ) and 110 dizygotic (DZ) twins aged 25-88 in the Carolina African American Twin Study of Aging (CAATSA) were examined using the 11-item version of the CES-D measure of depressive symptomatology. Those participants with scores above 9 were considered depressed. Overall, the MZ pairs had a higher concordance than the DZ pairs, implying genetic influence. Both DZ and MZ males had higher concordance than either female zygotic groups. The differences between the concordance rates for MZ and DZ twin pairs was greater in males than females. By age group, the difference between concordance rates for younger MZ and SZ twin pairs was much larger than for older pairs. The results suggest that even though African Americans may be at risk for depression due to contextual environmental factors, genetic influences remain important. (RH)

ISSN: 13607863

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

"Get active today": a culturally sensitive physical activity programme for BME elders: end of project report; by PRIAE - Policy Research Institute on Ageing and Ethnicity. abridged version: PRIAE (Electronic format only), 2008, 6 pp.

The Policy Research Institute on Ageing and Ethnicity (PRIAE) has published the report of a three-year project to promote physical activity among black and minority ethnic (BME) elders. It recommends that: BME elders are offered support by professionals, carers and families; easily accessible information is provided; needs of different faiths and cultures are considered; and community champions are identified. A DVD demonstrating a range of culturally sensitive physical activities for older people can be ordered online. (KJ/RH)

From : Download document from website: [http://www.priae.org/docs/AIMEndofYearReport\\_2008.pdf](http://www.priae.org/docs/AIMEndofYearReport_2008.pdf)

The health and social care experiences of black and minority ethnic older people; by Jo Moriarty, Race Equality Foundation - REF. London: Race Equality Foundation - REF, July 2008, 8 pp (Better Health Briefing 9).

In their own ways, the National Service Framework for Older People (NSF) and the Race Relations (Amendment) Act 2000 have required public bodies to improve services to black and ethnic minority (BME) communities. This briefing paper reviews literature and research conducted in the last ten years which comment on the barriers to using services and attitudes of professionals experienced by ethnic groups. It also points to a growing body of evidence about what BME groups want from services: good quality services and more engagement with users. Although good services exist, it has been difficult to bring them into the mainstream. The briefing suggests other online resources on research, policy and practice relevant to BME older people's needs. (RH)

Price: FOC

From : Download from website: <http://www.raceequalityfoundation.org.uk/health/files/health-brief9.pdf> Race Equality Foundation, Unit 35, Kings Exchange, Tileyard Road, London N7 9AH.

Integrated specialty mental health care among older minorities improves access but not outcomes: results of the PRISMe study; by Patricia A Areán, Liat Ayalon, Chengshi Jin (et al).

International Journal of Geriatric Psychiatry, vol 23, no 10, October 2008, pp 1086-1092.

In this secondary data analysis of the US Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISMe) study, it was hypothesised that older minorities who received mental health services integrated in primary health care settings would have greater service use and better mental health outcomes than older minorities referred to community services. 2022 primary care patients aged 65+ were identified (48% minorities), who met study inclusion criteria and had either alcohol misuse, depression and/or anxiety. They were randomised to receive treatment for these disorders in the primary care clinic or to a brokerage case management model that linked patients to community-based services. Service use and clinical outcomes were collected at baseline, 3 months and 6 months post randomisation on all participants. Access to and participation in mental health substance abuse services was greater in the integrated model than in referral; there was no treatment by ethnicity effects. There were no treatment effects for any of the clinical outcomes. Whites and older minorities in both integrated and referral groups failed to show clinically significant improvement in symptoms and physical functioning at 6 months. While providing services in primary care results in better access to and use of these services, accessing these services is not enough for securing adequate clinical outcomes. (RH)

ISSN: 08856230

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

Meeting the sheltered and extra care housing needs of black and minority ethnic older people: a Race Equality Foundation briefing paper; by Adrian Jones, Race Equality Foundation.

Housing, Care and Support, vol 11, no 2, August 2008, pp 41-48.

The author notes the main reports on housing for black and minority ethnic older people that have been published since 1984. A recurrent theme has been the lack of awareness of BME older people's housing needs, and that the requirement for specialist sheltered housing fulfils only part of such need. One possible solution is the provision of extra care housing, and this article cites a few examples of good practice in meeting minority ethnic housing needs. Further information sources are suggested. (RH)

ISSN: 14608790

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

Outcome-focused services for older people from minorities; by Social Care Institute for Excellence - SCIE.

Community Care, issue 1729, 3 July 2008, pp 34-35.

Reviews of Asian and other minority ethnic people in care homes and of social care for blacks show that older people from minority ethnic groups value services that respect their cultural background. The Social Care Institute for Excellence (SCIE) analyses some research findings behind social work practice and their outcomes in respect of change, maintaining health, well-being and quality of life, and service process outcomes. Short abstracts are presented for four items that have a focus on older people from minorities, published variously by the Policy Research Institute on Ageing and Ethnicity (PRIAE), the Improvement and Development Agency (I&DEA), the Care Services Improvement Partnership (CSIP), and the journal, Health and Social Care in the Community. (RH)

ISSN: 03075508

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

Psychoses, ethnicity and socio-economic status; by J B Kirkbride, D Barker, F Cowden (et al).

British Journal of Psychiatry, vol 193, June 2008, pp 18-24.

Consistent observation of raised rates of psychoses among black and minority ethnic (BME) groups may possibly be explained by their lower socio-economic status. The East London First Episode Psychosis Study (ELEEP), a 2-year population-based study of DSM-IV psychotic disorder in individuals aged 18-64 in East London tested whether risk of psychoses remained elevated in BME populations compared with the White British. All BME groups had elevated rates of a psychotic disorder, after adjusting for age, gender and socio-economic status. For schizophrenia, risk was elevated for people of black Caribbean and black African origin, and for Pakistani and Bangladeshi women. Mixed White and Black Caribbean, and White other groups had elevated rates of affective psychoses and other non-affective psychoses. Elevated rates of psychoses in BME groups could not be explained by socio-economic status, even though current socio-economic status may have overestimated the effect of the confounder given potential misclassification as a result of downward social drift in the prodrome phase of psychosis. These findings extended to all BMR groups and psychotic disorders, though heterogeneity remains. (RH)

ISSN: 00071250

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

Race, socioeconomic status, and health in life-course perspective: special issue; by Scott M Lynch (ed).

Research on Aging, vol 30, no 2, March 2008, pp 127-273.

Research on racial inequalities in health has increasingly linked socioeconomic status (SES) and health. For a long time, it has also been assumed and now established that a large proportion of Black-White disparity in health is attributable to SES differences between races. The five articles in this special issue of Research on Aging apply statistical techniques to longitudinal data (cross-sectional or panel) in order to test the cumulative disadvantage hypothesis - the propensity for health inequalities to increase across the life course because of the double disadvantage of age and minority status. The first article, by Jason L Cummings and Pamela Braboy Jackson, describes results of a descriptive investigation of trends in self-rated health by sex, race and SES in the US General Social Survey (GSS). Next, Katrina L Walsemann et al used a longitudinal study investigating the relationship between educational advantage in youth and health in middle age. The third article (Kim M Shuey and Andrea E Willson) uses data from the US Panel Study of Income Dynamics (PSID) to examine cumulative disadvantage and Black-White SES disparities in health. Fourthly, Miles G Taylor uses the Duke Established Populations for Epidemiological Studies of the Elderly (EPESE) to focus on disability differentials by race and to some extent SES in later adulthood. Lastly, Li Yao and Stephanie A Robert use the Americans' Changing Lives Study (ACL) to examine the contributions of race, individual SES and neighbourhood socioeconomic context on older people's self-rated health trajectories and mortality. Overall, the articles demonstrate that the relationship between race, SES and health are complex, and that this complexity is increased because the interrelationships are dynamic across age and time. (RH)



ISSN: 01640275

Racial differences in arthritis-related stress, chronic life stress, and depressive symptoms among women with arthritis: a contextual perspective; by Jessica M McIlvane, Tamara A Baker, Chivon A Mingo.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 63B, no 5, September 2008, pp S320-S327.

The effects of arthritis-related stress and chronic life stress on depressive symptoms were examined among African Americans and Whites with arthritis. Participants included 155 African American and White women aged 45-90 who completed structured questionnaires assessing arthritis-related stress (i.e. pain, functional impairment, perceived stress), chronic life stress (i.e. discrimination, financial stress, life stressors) and well-being (i.e. depressive symptoms). African Americans reported more functional impairment and lower perceived arthritis stress, but more life stressors, financial stress, and discrimination, than Whites. Arthritis strain accounted for similar proportions of variance in depressive symptoms across African Americans and Whites. However, chronic stressors explained significantly more variance among African Americans. Findings demonstrate the importance of considering contextual factors influencing women's health and well-being, particularly for those women with a chronic illness, including arthritis. Although arthritis-related stressors may be the predominant factors affecting well-being for Whites with arthritis, well-being for African Americans with arthritis is also closely tied to broader life stressors. Results suggest the importance of looking beyond illness-specific stressors when studying ageing and health. (RH)

ISSN: 10795014

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

Racial differences in suicidality in an older urban population; by Carl I Cohen, Yolonda Coleman, Robert Yaffee (et al).

The Gerontologist, vol 48, no 1, February 2008, pp 71-78.

Epidemiological data for older African American and Caucasians living in an urban community were used to compare those factors associated with active or passive suicidal ideation in each racial group. The authors used 1990 census data for Brooklyn, New York and they attempted to interview all cognitively intact adults aged 55+ in randomly selected block groups, a sample comprising 214 White and 860 Blacks. George's social antecedent model was adapted to examine 19 independent variables; the dependent variable was based on lifetime history of active or passive suicidal ideation (hereafter suicidality). The sample was weighted by race and gender; and to control for sampling design effects, SUDAAN was used for data analysis. Whites reported higher prevalence than Blacks for current suicidality (5.8% vs 2.3%) and lifetime suicidality (14.8% vs 10.2%). None of the differences were significant. In logistic regression analysis conducted for each race, four variables were associated with suicidality for both races: higher depressive symptom scores; higher anxiety symptom scores; copes by using medications; and lower religiosity. Two variables were associated with suicidality only among Whites: higher use of spiritualists; and copes by keeping calm. One variable, greater use of doctors for mental health problems, was significant only among Blacks. There were no racial differences in the prevalence of suicidality. Virtually all the factors associated with suicidality are potentially ameliorable - by tackling anxiety and depression, and when appropriate, by encouraging various coping strategies or religiosity. (RH)

ISSN: 00169013

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

The relationship between reported problems falling asleep and cognition among African American elderly; by Alyssa A Gamaldo, Jason C Allaire, Keith E Whitfield.

Research on Aging, vol 30, no 6, November 2008, pp 752-767.

Analyses were conducted on 174 older independently living, community dwelling African Americans (mean age 72.74; range 65 to 90), to examine the relationship between their cognitive performance and self-reported trouble falling asleep. Cognitive performance was measured using the Mini Mental State Examination (MMSE), Forward Digit Span task, Backward Digit Span task, Alpha Span task, and California Verbal Learning Test. Results suggest that individuals who reported trouble falling asleep tended to perform significantly worse than those not reporting trouble with falling asleep on measures tapping short-term memory and working memory after controlling for age, education, gender, depression, and current health. These results demonstrate that a self-report of sleep difficulty may be a unique predictor of cognitive performance. (RH)

ISSN: 01640275

Strategic approaches for older people from black and minority ethnic groups; by Jill Manthorpe, Jess Harris, Sheila Lakey, Social Care Workforce Research Unit, King's College London; Better Government for Older People - BGOP. London: Better Government for Older People - BGOP, July 2008, 78 pp.

In 2004, Better Government for Older People (BGOP) reported on a survey of UK local authority strategies for black and minority ethnic (BME) older people. The survey found that only a third of local authorities had approaches underway to meet BME older citizens' needs and interests; an additional third were considering the first steps and would welcome assistance, whilst the remainder had no plans. This guide is part of BGOP's commitment to developing work in this area, and has been produced with the support and involvement of Help the Aged and the Care Service Improvement Partnership (CSIP). It is adapted from the framework offered by the Audit Commission and BGOP in 'Older people - independence and well-being: the challenge for public services' (2004) for developing comprehensive strategic approaches to all older people. It consists of seven inter-related dimensions: a strategic approach; commitment and leadership; partnership and whole systems working; a picture of the local population of older people; involving older people; communication and information; and evaluation and impact. In common with other BGOP publications, the guide is based on the values of citizenship. (RH)

ISBN: 0954648161

From : Better Government for Older People, 25-31 Ironmonger Row, London EC1V 3QP. Website:

[www.bgop.org.uk](http://www.bgop.org.uk)

Suicidal thoughts among elderly Taiwanese Aboriginal women; by Cheng-Sheng Chen, Mei-Sang Yang, Ming-Jan Yang (et al).

International Journal of Geriatric Psychiatry, vol 23, no 10, October 2008, pp 1001-1006.

1347 older Taiwanese aboriginal women were enrolled, and their suicidal thoughts within the previous month, demographic data, adverse life events, emotional social support and depressive state were assessed. The 1-month prevalence of suicide thoughts among these community-dwelling older aboriginal women was calculated as 17.8%. Also estimated were the risks of suicide thought based on individual, family and community aspects. Those subjects with poorer self-perceived health, difficulty in accessing medical resources or experiencing marital discord were at higher risk of having suicidal thoughts. After controlling for depression, the odds ratio of self-perceived health and marital discord remained statistically significant. The odds ratio of interaction of marital discord and emotional social support was 0.41. Suicidal thoughts are common among the community-dwelling older Aboriginal women in Taiwan. Risk factors for suicidal thoughts comprise individual (depression and physical condition), family (marital discord) and community (medical resources) aspects. Better emotional and social support and effectively buffer the effect of marital discord. (RH)

ISSN: 08856230

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

Symptoms of depression and cognitive functioning in older American Indians; by S P Verney, L L Jervis, A Fickenscher (et al).: Taylor & Francis, January 2008, pp 108-115.

Aging & Mental Health, vol 12, no 1, January 2008, pp 108-115.

Depression and lower cognitive functioning are common conditions in older populations. While links between psychopathology and neuropsychological performance have been studied in the White majority population, little is known about such links in the American Indian population. 140 American Indians aged 60+ completed structured interviews that included a depression screener and two cognitive screening measures, the Mini Mental State Examination (MMSE) and the Morris Dementia Rating Scale (MDRS). Participants had mean values of 26.7 /30 on the MMSE and 125.8 /144 on the MDRS. The depression screen was not associated with with the MMSE or MDRS total scores. However, older American Indians who screened positive for depression scored lower than did those American Indians who screened negatively for depression (27.7 versus 29.8 respectively) on the MDRS conceptualisation sub-scale after adjusting for the sociodemographic and health variables. The combined effects of psychopathology and cognitive impairment are likely to adversely affect the health and welfare of American Indians and their families. More research is needed to provide a better understanding of the relationship between psychopathology and cognition that will help inform clinical treatment for psychopathology in older ethnic minorities. (RH)

ISSN: 13607863

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

A tale of two Englands: 'race' and violent crime in the press; by Kjartan Páll Sveinsson, Runnymede Trust. London: Runnymede Trust, 2008, 36 pp (Runnymede perspectives).

The aim of the Runnymede Perspectives series is to engage with government and other initiatives through exploring the use and development of concepts in policymaking, and analysing their potential contribution to a successful multi-ethnic Britain. This report explores the reporting - and the semantic meaning transmitted

through reporting - of violent crime in relation to the ethnicity of both victim and perpetrator. It is divided into two sections, the first of which deals with the methodology and theoretical perspectives relevant to the data - particularly the concepts of culture, community and ethnic identity. Section II comprises analysis of "race" and violent crime in the media, 1 May - 30 June 2007. It inspects leaders, comments and opinion; examines press coverage of reports from the House of Commons Home Affairs Committee and the Metropolitan Police Authority (MPA); explores how notions of "culture" and "community" inform violent crime reporting; and narrows the focus to gangs and teenage murders. The influence of the media on the criminal justice system (CJS) as a whole is discussed. (RH)

From : The Runnymede Trust, 7 Plough Yard, London EC2A 3LP. <http://www.runnymedetrust.org>

'They ought to do this for their parents': perceptions of filial obligations among immigrant and Dutch older people; by Helga A G de Valk, Djamila Schans.

*Ageing and Society*, vol 28, part 1, January 2008, pp 49-66.

Filial obligation refers to a societal attitude that prescribes a duty of (adult) children to meet the needs of their ageing parents. This paper first questions how and to what extent perceptions of filial obligation are determined by ethnic background, or are attributable to socio-demographic factors. Second, the authors study how filial obligations among immigrant older people differ by level of acculturation. Data from the main and migrant samples of the Netherlands Kinship Panel Study (1002-2003) for respondents aged 50-80 in five ethnic groups are used. The analysis sample included 470 Dutch, 70 Turks, 70 Moroccans, 125 Surinamese and 59 Antilleans. Immigrant background was found to be an important determinant of the perception of a child's obligations towards parents. Immigrant elders generally expected more weekly visits and care from their children, and more facilitation of co-residence to parent than was the case for the Dutch. Among older people in all ethnic groups, including the Dutch, the attained level of education was related to perceptions of filial obligation, but marital status and current health status were not. Finally, it was found that different aspects of acculturation were related to the perception of filial obligations among older people with Mediterranean and Caribbean background. (RH)

ISSN: 0144686X

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

The under-pensioned: disabled people and people from ethnic minorities; by Adam Steventon, Carlos Sanchez, Pensions Policy Institute - PPI; Equality and Human Rights Commission - EHRC. London: Pensions Policy Institute - PPI, 2008, 92 pp (EHRC Research report, 5).

This research has been commissioned by the Equality and Human Rights Commission (EHRC) to examine the likely future pension incomes of disabled people and people from ethnic minorities. Overall, it finds that disabled people and people from ethnic minorities have many of the characteristics that are associated with lower pension incomes. If current trends continue, they are likely to have lower pension incomes in future than the traditionally-employed median-earning male. The research uses data from the Family Resources Survey 2005/06 and the Quarterly Labour Force Survey, April to June 2007 (both supplied by the UK Data Archive, University of Essex). (KJ/RH)

From : Download from website:

[http://www.pensionspolicyinstitute.org.uk/uploadeddocuments/PPI\\_EHRC\\_The\\_Underpensioned\\_Nov\\_2008.pdf](http://www.pensionspolicyinstitute.org.uk/uploadeddocuments/PPI_EHRC_The_Underpensioned_Nov_2008.pdf)

The White-Black disability gap revisited: does an incident heart attack change this gap?; by Mihaela A Popa, Laurence G Branch, Ross Andel.

*Journals of Gerontology: Series A, Biological Sciences and Medical Sciences*, vol 63A, no 4, April 2008, pp 420-425.

A myocardial infarction (MI) results typically in abrupt functional deterioration immediately post-event, followed by recovery. The post-MI health disparities experienced by black older people may be attributable to the social and health correlates of race. The authors explored patterns of change in functional status in a community-based sample of 342 older whites and blacks admitted to hospital for an incident MI, drawn from the Established Populations for Epidemiologic Studies of the Elderly (EPESE). All those who had been hospitalised between the first two wave of data collection were followed up yearly for two additional years. Although there were no non-linear differences in activities of daily living (ADL) trajectories, there was a faster non-linear rate of change in functional limitation (FL) in older blacks compared to white, independent of other social and health factors. The baseline white-black gap in FL widened after the MI by the first follow-up, continued to widen at a less accelerated pace until the second follow-up, and narrowed by the third follow-up. Disparities in relevant social and health factors did not account for the more abrupt deterioration in FL post-event or for the more substantial recovery in older blacks compared to whites. Disparities in therapeutic strategies and the "survival of the fittest" may underlie the pattern of this white-black gap in FL after an incident MI. (RH)

ISSN: 10795006

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

## 2007

Adaptation to chronic vision impairment: does African American or Caucasian race make a difference?; by Charla A McKinzie, Joann P Reinhardt, Dolores Benn.

Research on Aging, vol 29, no 2, March 2007, pp 144-162.

The purpose of this research was to determine whether race had a significant unique impact on adaptation to a common late-life impairment, age-related vision loss, after accounting for socio-demographic, health, functional disability, and personal and social resource variables. Older visually impaired African American (n=61) and Caucasian (488) applicants for vision rehabilitation service were interviewed in their homes. The results demonstrated that race accounted for unique variability in the domain-specific indicator of adaptation to age-related vision loss. The results support the importance of further work examining race differences in adaptation to specific chronic impairments in later life. (RH)

ISSN: 01640275

Ageing and ethnicity in England: a demographic profile of BME older people in England; by Savita Katbanna, Ruth Matthews, Leicester Nuffield Research Unit, University of Leicester; BME Elders Forum, Age Concern England - ACE. London: Age Concern England, February 2007, 39 pp (Good practice guidance).

This briefing report was commissioned by Age Concern England (ACE) on behalf of the BME Elders Forum. The aim is to provide an overview of the black and minority ethnic (BME) population in England and Wales focusing on specific characteristics - age, gender, geographical distribution, religion and informal carers. For the age 65+ BME population, the report also considers health status (including the incidence of diabetes). Projected future trends in the BME population are assessed for BME people aged 50-65. The report gives a breakdown of ethnic differences for the age 65+ population. The report has been compiled primarily using data from the Standard Tables from the 2001 Census. (RH)

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

<http://www.ageconcern.org.uk/bmeelders>

Alone and confused: community-residing older African Americans with dementia; by Dorothy F Edwards, John C Morris.

Dementia: the international journal of social research and practice, vol 6, no 4, November 2007, pp 489-506.

Despite significant increases in the number of adults who live alone, little is known about adults with cognitive impairment who live without co-resident caregivers. In this study, the authors examined demographic, cognitive, and functional characteristics and service use patterns of a sample (n=343) of older community-residing African Americans with dementia who were referred for assessment. Of this group, 179 (52%) lived alone. Adults who lived alone were compared with those who had co-resident caregivers to determine differences in cognitive and functional status and formal service use. Comprehensive multidisciplinary assessment included diagnosis and staging of dementia, status evaluation of activities of daily living (ADLs) and instrumental activities of daily living (IADLs), and informal and formal support. Adults living alone had significantly more caregivers than those with co-resident caregivers. Neighbours and friends were more common primary care providers for live-alone adults. A significant proportion of adults had inadequate care, given their cognitive and functional deficits. Although formal service use was low in both groups, live-alone adults were more likely to receive social services than were adults with a co-resident caregiver. Predictors of formal service use included the presence of a caseworker, Medicaid certification, mild dementia and living alone. The results indicate the need for better identification of, and supportive services for, older African Americans with dementia who live alone. (KJ/RH)

ISSN: 14713012

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

"Beyond silent organisations": a reflection of the UK Chinese people and their community organizations; by Chak Kwan Chan, Bankole Cole, Graham Bowpitt.

Critical Social Policy, vol 27, no 4, issue 93, November 2007, pp 509-533.

The UK Chinese community has long been perceived as having a high degree of solidarity and self-sufficiency. On the other hand, it is argued that the sense of community and mutual help among Chinese people has been weakened by their competitive approach to business. This study is based on an ESRC-funded national study of UK Chinese people's help-seeking behaviour, "The UK Chinese people: diversity and unmet needs". It found that Chinese people - both where their populations are dispersed or concentrated - actively formed organisations to meet their social and cultural needs. However, Chinese organisations were weakened by inadequate resources and the diverse needs of different Chinese groups. Thus, the UK Chinese people were neither self-sufficient nor

isolated from each other. The experiences of Chinese organisations further show that in spite of government expectations of community organisations, state input has been mainly in terms of regulations and control. Without financial support, UK Chinese organisations will slip from being weak organisations into "silent" ones. (RH)

ISSN: 02610183

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

Black and minority ethnic people and mental health in Britain: an holistic approach; by Parveen Marrington-Mir, Annette Rimmer.

Journal of Integrated Care, vol 15, issue 6, December 2007, pp 37-41.

This paper challenges the medically dominated mental health orthodoxy in Britain. It advocates an integrated community development approach underpinned by anti-racist, empowering practice. It offers successful practice examples of a holistic, self-governed mental health system for black people in Britain. The paper draws on the philosophy of social action and Ubuntu, the African model of collective support, and arguments for empowerment and participation. Together, these influences form the basis of community development work in Britain and globally. (KJ/RH)

ISSN: 14769018

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

Cross-cultural validation of the London Handicap Scale and comparison of handicap perception between Chinese and UK populations; by Raymond See Kit Lo, Timothy Chi Yui Kwok, Joanna Oi Yue Cheng (et al).

Age and Ageing, vol 36, no 5, September 2007, pp 544-548.

The concept of handicaps of limitation in participation is universally recognised. Utility ratings of most handicap scenarios apply consistently across mainland Chinese, Hong Kong and UK populations. Cultural and socio-economic differences in valuation of perceived handicap have been noted. The authors report on validation of the London Handicap Scale (LHS) with 201 Sichuan Chinese (mean age 63.3) comprising healthy (31.8%) and disabled individuals with stroke, fracture, cancer or other chronic conditions (69.2%) recruited to the study. Overall ratings for health scenarios were found to be highly correlated between Sichuan Chinese and UK subjects and between Sichuan Chinese and UK Chinese subjects, with one exception. Interesting differences in valuation were also observed between Sichuan sub-groups in three scenarios. Self-perceived health status of the Sichuan Chinese can be accurately reflected by the severity of their handicap as measured by the LHS. For Sichuan Chinese, the economic domain of handicap was related with poorer scores compared with the other domains. Overall, the LHS proved to be valid and applicable in the older population of mainland China. (RH)

ISSN: 00020729

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

Equality, diversity and housing: future prospects; by Darshan Matharoo, Sarah Davis.

Journal of Integrated Care, vol 15, issue 5, October 2007, pp 34-38.

This article looks at the importance of community-based organisations in delivering culturally sensitive services to black and minority ethnic (BME) groups, and how the pressures of efficiency may challenge this approach and the viability of small providers. It explores some ways in which providers and commissioners are trying to meet this challenge. It examines the developing local government framework in providing a way forward. (KJ/RH)

ISSN: 14769018

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

Ethnic differences in self-rated health among older adults: a cross-sectional and longitudinal analysis; by Verena H Menec, Shahin Shooshtari, Pascal Lambert.

Journal of Aging and Health, vol 19, no 1, February 2007, pp 62-86.

In a study based on the 1983 and 1996 waves of the Aging in Manitoba study, a self-report measure of ethnic background was used to categorise participants into four groups: British/Canadian, Northern/Central European, Eastern European, and Other. In both 1983 and 1996, older Eastern Europeans had significantly reduced odds of rating their health as good or excellent relative to British/Canadians. Controlling for demographic variables, socioeconomic status, language spoken, and health status attenuated but did not eliminate the difference. Global, subjective ratings of health are frequently used to measure health. The ethnic differences found here suggest, however, that ratings may be influenced by cultural factors, which may warrant some caution in making comparisons across ethnic groups. (RH)

ISSN: 08982643

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

Ethnic minorities in the labour market: dynamics and diversity; by Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation, April 2007, 4 pp.

Findings, 2010, April 2007, 4 pp.

Research by Ken Clark of the University of Manchester and Stephen Drinkwater of the University of Surrey examines the labour market performance of Britain's ethnic minorities. The emphasis is on the diversity of experience and the dynamic change in the relative positions of ethnic groups between 1991 and 2001. The study uses microdata from the 1991 and 2001 Census, supplemented by Labour Force Survey (LFS) data, focusing on the following ethnic groups: white, Black Caribbean, Black African, Indian, Pakistani, Bangladeshi and Chinese. While some groups have improved their labour market position relative to white people, substantial disadvantage remains, both in access to jobs and in earnings once in employment. These findings outline the results on employment, self-employment, and occupational attainment and earnings. The researchers' full report (same title) is published by the Policy Press on behalf of the Joseph Rowntree Foundation (JRF). (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>

Ethnicity, health and health care: understanding diversity, tackling disadvantage; by Waqar Ahmad, Hannah Bradby (eds).

Sociology of Health & Illness, vol 29, no 6, September 2007, pp 795-956 (whole issue).

As an area of study, the sociology of ethnicity and health has developed more rapidly in Europe than in the US. This issue of Sociology of Health & Illness presents papers which have ethnicity as a theme. The editors' introductory article discusses contexts of ethnicity, health and care. James Nazroo and colleagues' secondary analyses of data-sets for England and the US indicate that comparisons are possible between Black Caribbean and White people, and that there are similarities in the inequalities experienced in both countries. Other articles examine issues of health inequalities by ethnic group with regard to nutrition, depression, end-of-life care, diabetes, long-term health conditions and Disability Living Allowance, and routines observed in general practice. (RH)

ISSN: 01419889

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

Holistic thinking and integrated care: working with black and minority ethnic individuals and communities in health and social care; by Philomena Harrison.

Journal of Integrated Care, vol 15, issue 3, June 2007, pp 3-6.

The purpose of this paper is to introduce a series of articles which explore the theme of holistic care and integrated practice with black and minority ethnic (BME) individuals and communities who access health and social care services. (KJ/RH)

ISSN: 14769018

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

Hospice or home?: expectations of end of life care among white and Chinese older people in the UK; by Jane Seymour, Sheila Payne, Alice Chapman (et al).

Sociology of Health & Illness, vol 29, no 6, September 2007, pp 872-890.

This paper presents findings from two linked studies of white (n=77) and Chinese (n=92) older adults living the UK, which sought their views about end-of-life care. The authors focus particularly on experiences and expectations in relation to the provision of end-of-life care at home and in hospices. White elders perceived hospices in idealised terms which resonate with a 'revivalist' discourse of the 'good death'. In marked comparison, for those Chinese elders who had heard of them, hospices were regarded as repositories of 'inauspicious' care in which opportunities for achieving an appropriate or good death were limited. They instead expressed preference for the medicalised environment of the hospital. Among both groups these different preferences for institutional death seemed to be related to shared concerns about the demands on the family that may flow from having to manage pain, suffering and the dying body within the domestic space. These concerns, which appeared to be based on largely practical considerations among the white elders, were expressed by Chinese elders as beliefs about 'contamination' of the domestic home (and, by implication, of the family) by the dying and dead body. (KJ/RH)

ISSN: 01419889

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

The impact of health service use on racial differences in mortality among the elderly; by Darren E Sherkat, Barbara S Kilbourne, Van A Cain (et al).

Research on Aging, vol 29, no 3, May 2007, pp 207-224.

Black-White differences in rates of mortality and mortality associated with specific diagnoses were investigated in relation to socio-economic conditions, patterns of morbidity and health service use. Accordingly, longitudinal data from the Center for Medicare and Medicaid Services (CMS) Physician billing data and Medicare Enrollment Database (EDB) were analysed for 665887 Medicaid beneficiaries in Tennessee, using proportional hazards models. Racial differences in physician visits explain the largest portion of mortality differentials between Black Americans and Whites. Race disparities in mortality associated with particular forms of morbidity are also partly a function difference in health service use. The authors' findings suggest that Black-White mortality differences could be narrowed by increasing Black Americans' access to physician services. (RH)

ISSN: 01640275

Involving Chinese older people in policy and practice; by Joseph Rowntree Foundation - JRF; Department of Sociological Studies, University of Sheffield. York: Joseph Rowntree Foundation - JRF, January 2007, 4 pp.

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)

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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](mailto:info@jrf.org.uk)

Is it racism?: skepticism and resistance towards ethnic minority care workers among older care recipients; by Håkan Jönson.

Journal of Gerontological Social Work, vol 49, no 4, 2007, pp 79-96.

Twelve representatives of caregiver organisations in a municipality in Sweden were interviewed about their experiences of scepticism and resistance towards ethnic minority care workers by older care recipients. Three additional interviews were conducted with ethnic minority care workers. Representatives described the problem as rare and mostly occurring as language difficulties or as a temporary problem characterised as a fear of the unknown among some care recipients. They tended to apply a pragmatic or pathologising approach when talking about causes of and solutions to the problem. These approaches enabled care providers to comply with "potential racism" without challenging an official ideology of anti-racism. In contrast, staff of foreign descent described the problem as more frequent and severe, particularly for short-term employees who experience many first-time encounters with care recipients. (RH)

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

Knowledge of dementia among South Asian (Indian) older people in Manchester, UK; by Nitin Purandare, Vikram Luthra, Caroline Swarbrick (et al).

International Journal of Geriatric Psychiatry, vol 22, no 8, August 2007, pp 777-781.

Attendees, not known to suffer from dementia, of one South Asian and two predominantly Caucasian day centres for older people in Manchester were asked to complete the Dementia Knowledge Questionnaire (DKQ). The DKQ was translated into Gujarati and Urdu by professional translators. 191 DKQs from Indian and 55 DKQs from Caucasian (White UK/Irish/European) people were included in the analyses, Knowledge of dementia was poor in both groups, especially so in Indian older people. The median (25th-75th percentile) total DKQ scores were 3 (2-5) in Indians and 6 (3.5-9) in Caucasians. Indian older people showed significantly less knowledge about basic aspects and epidemiology of dementia when compared to Caucasian older people. Both groups fared equally badly on questions about aetiology and symptomatology. Indian older people were less aware of personality, reasoning and speech being affected in dementia. These factors may account for Indian people's relative absence from local dementia treatment clinics. (RH)

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

The lived experience of depression in elderly African American women; by Helen K Black, Tracela White, Susan M Hannum.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 62B, no 6, November 2007, pp S392-S398.

Data on depression emerged from research that qualitatively explored experiences of depression, sadness and suffering in 120 community-dwelling people aged 80+, stratified by gender, ethnicity and self-reported health. The narratives of 20 African American women were placed into three themes, in which depression was: linked diminishment of personal strength; related to sadness and suffering; and preventable and resolvable through personal responsibility. Brief accounts illustrate how themes emerged in women's discussion of depression. African American women created a language for depression that was rooted in their personal and cultural history and presented in vivid vignette through their life stories. Their belief systems and the language they used to describe depression are integral aspects of the lived experience of depression. (RH)

ISSN: 10795014

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

Long-term ill health, poverty and ethnicity; by Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation, April 2007, 4 pp.

Findings, 2060, April 2007, 4 pp.

Qualitative and quantitative methods were used in this research on Pakistani, Bangladeshi, Ghanaian and white English working-age people living with long-term ill health. This study was carried out by researchers at the University of Sheffield, Sheffield Hallam University, the University of Essex, the London School of Hygiene and Tropical Medicine, and Social Action for Health, led by Sarah Salway. They examined why there are links between ill health and poverty, and why the consequences appear to be worse among minority ethnic groups. They used secondary analysis of the the Labour Force Survey (LFS) 2001 to 2005, the Citizenship Survey 2001, and tables from the 2001 Census, coupled with an extended period of fieldwork in the East End of London from April 2004 to February 2006. These findings comment on the consequences of health problems, including: attitudes to ill health; attitudes and access to support; social networks; and ill health and employment. Among the findings in this summary are that overall, carers were more likely than those with long-term ill health to miss out on social participation. (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>

Mixed heritage - identity, policy and practice; by Jessica Mai Sims (ed), Runnymede Trust. London: Runnymede Trust, 2007, 32 pp (Runnymede perspectives).

There is not yet a consensus regarding people of mixed race and their identity, and even less agreement about the right policy or practice responses. This is a compilation of eleven articles by researchers, starting with analysis of key data from the 2001 Census, followed by discussions on diversity versus group experiences of 'mixedness'. Policy and practice is considered regarding educational needs, health and social care policy, and family policies. Three final papers reflect on the actions of community organisations, for example in community development and spaces for people to share their experiences of mixedness and mixing. The aim of the Runnymede Perspectives series is to engage with government and other initiatives through exploring the use and development of concepts in policymaking, and analysing their potential contribution to a successful multi-ethnic Britain. (RH)

From : The Runnymede Trust, 7 Plough Yard, London EC2A 3LP. <http://www.runnymedetrust.org>

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)

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

Poverty and ethnicity in the UK; by Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation, April 2007, 4 pp.

Findings, 2059, April 2007, 4 pp.

In a wide-ranging review of the literature, Lucinda Platt of the University of Essex summarises the findings of poverty and ethnicity research since 1991. Of the thousands of studies screened for potential inclusion, around 350 were selected for review in her final report (same title), published by the Policy Press on behalf of the Joseph Rowntree Foundation (JRF). Most of the studies identified used the Census categories for distinguishing ethnic groups; there was little distinct analysis of white groups. These findings summarise the main points of the research, which prioritised an income measure of poverty as being the most transparent, and allowing consideration of different components of income. Deprivation was seen as stemming from lack of income, at least in the long term. However, evidence of material deprivation measures was also included and reviewed to the extent that it was available. (RH)

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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>

Poverty rates among ethnic minorities in Great Britain; by Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation, April 2007, 4 pp.

Findings, 2057, April 2007, 4 pp.

As part of its monitoring of poverty and social exclusion (see [www.poverty.org.uk](http://www.poverty.org.uk)), the New Policy Institute has analysed how the rates of income poverty differ between ethnic groups, and the reasons for some of these differences. These findings outline the results of research by Guy Palmer and Peter Kenway, whose full report, "Poverty among ethnic groups: how and why does it differ?" is published by the Joseph Rowntree Foundation (JRF). They used data - notably from Households Below Average Income for 2002/03 to 2004/05 (Department for Work and Pensions, DWP) - to ascertain income poverty rates. Their analysis suggests that differences in age, family type and family work status account for only half of the "excess" income poverty rates suffered by minority ethnic groups compared with white British people. Differences in work rates were ascertained using data from the 2001 Census. (RH)

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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>

Race and gender differences in perceived caregiver availability for community-dwelling middle-aged and older adults; by David L Roth, William E Haley, Virginia G Wadley (et al).

The Gerontologist, vol 47, no 6, December 2007, pp 721-729.

Informal family carers are increasingly recognised as critical for meeting the needs of individuals with chronic diseases associated with ageing. Cross-sectional data were collected in structured interviews with 32,999 participants from the REasons for Geographic and Racial Differences in Stroke (REGARDS) study. Participants were asked if they believed that someone was available to provide care for them in the event of a serious illness or disability, and if so, to describe that person. While more than 80% reported having an available caregiver, variables associated with lower perceived availability from a multivariate logistic regression analysis included: being female, White or unmarried; living alone; being older than 85; and having worse self-rated health. Spouses were the most likely caregivers for all racial and gender groups except for African American women who identified daughters as the most likely caregivers. African American women also showed the smallest differential in perceived caregiver availability between married and unmarried (82.8% vs 75.5%), whereas White men showed the largest differential (90.9% vs 60.4%). Increased efforts are needed to anticipate future caregiving needs, particularly for individuals who perceive a lack of available informal caregivers and may require more formal care services. (RH)

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

Religious and spiritual involvement among older African Americans, Caribbean Blacks, and non-Hispanic Whites: findings from the National Survey of American Life; by Robert Joseph Taylor, Linda M Chatters, James S Jackson.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 62B, no 4, July 2007, pp S238-S250.

The National Survey of American Life (NSAL) is a nationally representative household study of African Americans, Caribbean Blacks and non-Hispanic Whites living in areas at least 10% African American. The authors examined demographic correlates of 16 measures of organisational, non-organisational, and subjective religiosity, as well as religious coping and spirituality. The findings indicate that African Americans and Caribbean Blacks reported higher levels of religious participation, religious coping and spirituality than older Whites. The authors observed few significant differences between older African Americans and older Caribbean Blacks. Gender, age, marital status, income, education and region all exhibited significant influences on religious participation and spirituality. Racial groups within the older population present distinctive profiles of religious participation and spirituality. The demographic correlates of religious involvement and spirituality are consistent across a variety of diverse dimensions and measures. (RH)

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

Religious participation among older Black Caribbeans in the United States; by Robert Joseph Taylor, Linda M Chatters, James S Jackson.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 62B, no 4, July 2007, pp S251-S256.

Data from the older Black Caribbean sub-sample of the National Survey of American Life (NSAL) - a nationally representative household study of African Americans, Caribbean Blacks and non-Hispanic Whites living in areas at least 10% African American - were used to examine selected measures of organisational, non-organisational, and subjective religious participation. The findings indicate important demographic differences in the correlates of religious participation among older Black Caribbeans. In particular, gender, marital status, income, immigrant status and denomination were associated with religious participation. Study findings are discussed in relation to available ethnographic data on Black Caribbeans and previous survey research on religious participation among older African Americans. Although there were several similarities in the research on older African Americans and religious involvement (e.g. marital status, gender, denomination), noted departures from previous research findings (e.g. income effects) may indicate the influence of ethnic group membership and the importance of the immigration experience in shaping distinctive life experiences for older Black Caribbeans. (RH)

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

Travellers' checks: [reducing hospital admissions amongst older travellers]; by Louise Tickle.

Community Care, no 1676, 7 June 2007, pp 36-37.

A project to break down prejudice against travelling communities and to improve their well-being is reducing hospital admissions. This article outlines work for the Travellers Project carried out by the older people team in Billericay and Wickford, Essex in developing care and dealing with medication problems of older travellers. The importance of engaging with travellers as a community to find out what they want before delivering the services you think they need is stressed. (RH)

ISSN: 03075508

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

Veiled entrapment: a study of social isolation of older Chinese migrants in Brisbane, Queensland; by David Ip, Chi Wai Lui, Wing Hong Chui.

Ageing and Society, vol 27, part 5, September 2007, pp 719-738.

This paper presents the findings of a study of the support and service needs of older Chinese people in Brisbane, the capital city of Queensland, Australia. There were two specific objectives: to ascertain the problems encountered by older Chinese-Australians in their daily lives and social activities; and to develop policy and service development recommendations, with a view to mitigating their problems, meeting their unmet needs, improving their quality of life, and enhancing their participation in Australian society. The study used multiple methods, including a literature review, focus group meetings, and a community survey. The findings indicate that older Chinese people, and particularly women, experience significant restrictions in their activity patterns, social isolation and loneliness. Their lack of proficiency in the English language, and the difficulties they have in accessing language-support and interpretation services, limit their autonomous mobility and make them heavily dependent on their adult children, not least for transport. Their physical and psychological well-being is

affected further by strained relations with their adult children, and these are compounded by financial concerns. The implications of the findings for welfare policy and practice are discussed. (KJ/RH)

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From : [http://www.journals.cambridge.org/jid\\_ASO](http://www.journals.cambridge.org/jid_ASO)

Welfare state without dependency: the case of the UK Chinese people; by Chak Kwan Chan, Bankole Cole, Graham Bowpitt.

*Social Policy & Society*, vol 6, pt 4, October 2007, pp 503-514.

Using the welfare practices of UK Chinese people, this study contests the myth of welfare dependency of ethnic minorities and discusses their social and moral foundation of self-reliance. The study is based on data from 100 face-to-face interviews, supplemented by findings from 316 respondents in a national postal survey, and part of an Economic and Social Research Council (ESRC) funded research project by Chen and colleagues at Nottingham Trent University. The study shows these UK Chinese respondents to be family-oriented and self-reliant, having low expectations of public welfare, thus challenging the myth of welfare dependency of ethnic minorities. Also, compared with Chinese welfare practices based on strong moral values and duties towards other people, New Labour's welfare culture lacks a solid social and ethical base for nurturing the concepts of duty and self-reliance. (RH)

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

Within-family differences in mothers' support to adult children in black and white families; by J Jill Sutor, Jori Sechrist, Karl Pillemer.

*Research on Aging*, vol 29, no 5, September 2007, pp 410-435.

Data collected from a sample of 157 Black and 394 White older women in greater Boston are used to explore within-family differences in mother-to-child support. High rates of differentiation in both black and White families were found. Within-family analyses revealed more similarities than differences in the effects of adult children's characteristics or mothers' likelihood of providing support. For both groups, mothers were most likely to provide support to children who had fewer resources, greater need, and who provided their mothers with support. Children's health problems were better predictors of support among Black than White mothers, whose children's gender played a larger role in White than Black mothers' provision of support. However, both groups of mothers favoured daughters and children with poor health. In sum, these patterns provide little support for the argument that family solidarity is substantially more important in explaining intergenerational exchanges in Black than White families. (RH)

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