Centre for Policy on Ageing
Information Service

Selected Readings

Disability in Older Age

February 2019
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This article opens the discussion on age asymmetries within the research relationship between researchers who are young and able-bodied and research participants who are much older and have acquired impairments in later life. Based on the knowledge of age relations, the authors present how they conceptualise power imbalances based on age. They see these asymmetries as co-existing with other forms of power imbalances between researchers and participants. They argue that these asymmetries are not the results of the limitations of the older adults, but rather the consequences of different constellations of possibilities for researchers and participants. Moreover, they assert that taking these asymmetries into account is a necessary step when conducting research with people with acquired impairment in later life. As researchers, reflecting on age asymmetries helped them to avoid othering their research participants and prevented them from marginalising their life experiences. They draw on their research to reflect on the network of cognitive, physical and social asymmetries that emerged in their research relationships, and identify the main challenges they faced. In the presence of some of these age asymmetries, they approach the research relationship through the roles which they played vis-à-vis the participants. The authors consider reflecting and addressing these asymmetries to be a necessary step in creating and maintaining a research relationship based on equality. Only a reflexive and transparent approach to these power imbalances can ensure that data collection and analysis do not contribute to their reproduction. This article presents some general insights on research practices, and contributes to the debate on power imbalances in qualitative research. The article also contributes to gerontology and provides new insights about the lives of those individuals with acquired impairment in later life, a topic that has so far received inadequate research attention. This article draws on the authors’ qualitative research experiences during the research project, ‘Fourth Age: the Identity of Disability during the Period of Active Ageing’, supported by the Czech Science Foundation.

Can a unified service delivery philosophy be identified in aging and disability organizations?: Exploring competing service delivery models through the voices of the workforce in these organizations; by Bronwyn Keefe.: Taylor and Francis, January-February 2018, pp 48-71.
Services for older adults and younger people with disabilities are increasingly merging, as reflected in the creation of Aging and Disability Resource Centers (ADRCs) in the United States. Using ADRCs to coordinate services is challenging, primarily because these fields have different service delivery philosophies. Independent Living Centers, which serve people with disabilities, have a philosophy that emphasises consumer control and peer mentoring. However, the service delivery philosophy for older people's services is based on a case management or medical model in which the role of consumers directing their services is less pronounced. In 2003, Massachusetts was one of the first 12 states funded to develop an ADRC. This study uses institutional logics theory and a qualitative research design to explore whether a unified service delivery philosophy for ADRCs was emerging. Based on focus groups and questionnaires with staff from ADRCs in Massachusetts, the findings reveal that competing service delivery models continue to operate in the ageing and disability fields.

The paper considers a process of developing evidence-based design guidelines to be used in environments where people with dementia and sight loss are living. The research involved a systematically conducted literature review and a series of consultations with people affected by dementia and/or sight loss who lived or worked in care homes or in domestic settings. Findings from the literature and the consultations were used in an iterative process to develop the guidelines. The process is outlined, providing examples from the guidelines about lighting, colour and contrast. In discussing the research findings and the development process, the authors consider implications of the work, including the weakness of the evidence base, the challenges of improving
this, and the need for innovative approaches to understanding the complexities of design for people with dementia and sight loss. The authors highlight the emphasis in the literature on independence for people with sight loss and the focus on control for people with dementia. They argue that this falls short of a genuinely person-centred approach, which recognises the active participation of people with dementia and sight loss. (RH) ISSN: 0144686X
From: https://doi.org/10.1017/S0144686X16001409

The purpose of this Chinese study was to investigate the association between elder abuse by family caregivers and medical outcomes among older adults with cognitive and physical impairments. Using cross-sectional design, 1002 older patients aged 55 years or above and their family caregivers were recruited from three grade A hospitals in Guangdong Province. The major independent variable was caregiver-reported elder abuse, while outcome variables included cardiovascular disease, cerebrovascular disease, chronic obstructive pulmonary disease, peptic ulcer, digestive disorder, chronic hepatic disease, chronic renal disease, metabolic disease, acute inflammation, joint disease, tumour and general injury. The prevalence of these medical conditions among patients who were abused and those who were not were compared using descriptive analyses and chi-square tests, and logistic regression was used to establish the relevant independent associations. A total of 429 (42.8%) older individuals were found to have experienced physical or psychological abuse over the previous 12 months. After adjusting for potential confounders, abused older persons were more susceptible to any one of the aforementioned ailments. Elder abuse is associated with various major medical morbidities. Interdisciplinary cooperation is necessary to identify and reduce the adverse physiological consequences in victims. (JL) ISSN: 08856230
From: http://www.orangejournal.org

This paper explores areas of challenge for visually impaired older people in managing personal finances, and critically appraises current structures available in financial institutions for equal access to financial services. The paper intends to create understanding of the drawbacks to financial inclusion from the perspectives and experiences of older people with vision impairment in Nigeria, as well as highlighting areas where support is/are needed to tackle digital exclusion. The study employed a qualitative approach, interviewing 30 visually impaired older adults, aged 60+. Participants were drawn from a voluntary organisation for people living with vision impairment in Southwest Nigeria. Interview data were transcribed verbatim and analysed thematically using qualitative data analysis software - NVivo (version 11). Results provide clear insight on the nature of the challenges faced by visually impaired older people, particularly with managing finances on computer-enabled platforms. The findings also revealed fears and hopes of this group about the rapid evolution of technologies for managing finances. The study critically explored an understudied population, showing peculiar challenges; it made a case for inclusive designs that are useful for digital inclusion of this population. (RH) ISSN: 23986263
From: http://www.emeraldinsight.com/loi/jet

Given recent rises in out-of-pocket health expenses this study examined the financial wellbeing of older Australians with multiple health conditions and disabilities. The 2014 General Social Survey was used to measure: (i) their current financial position; (ii) their propensity to experience financial difficulties; and (iii) types of behaviours older people with multiple health conditions engage in to improve financial resilience. Compared to older Australians with no health conditions, respondents with multiple health conditions had lower incomes and assets and a higher propensity to hold consumer debt once controls were included. They were at a higher risk of cash flow difficulties, dissaving to meet day-to-day living expenses and exclusion from financial providers. However the majority of people with multiple health conditions engaged in financially resilient behaviours. Many older Australians with multiple health conditions were in a financially precarious situation with implications for the ability to afford ongoing increases in out-of-pocket health care costs. (JL) ISSN: 14406381
From: http://www.wileyonlinelibrary.com/journal/ajag
It's not just the word care, it's the meaning of the word... (they) actually care: caregivers’ perceptions of home-based primary care in Toronto, Ontario; by Tracy Smith-Carrier, Thuy-Nga Pham, Sabrina Akhtars (et al.).: Cambridge University Press, October 2018, pp 2019-2040.


The frail and homebound older adult populations currently experience difficulties accessing primary care in GP surgeries. Given this fundamental problem of access to care, and the questionable care quality that arises when navigating a labyrinthine health-care system, these populations have typically been subject to inadequate primary care. To meet their needs better, a growing research stresses the importance of providing comprehensive home-based primary care (HBPC), delivered by an inter-professional team of healthcare providers. Family care-givers typically provide the majority of care within the home, yet their perceptions of HBPC remain under-researched. The purpose of this study was to explore unpaid care-givers’ perceptions of and experiences with HBPC programmes in Toronto, Canada. The authors conducted qualitative inductive content analysis, using analytic procedures informed by grounded theory, to discover a number of themes regarding unpaid care-givers’ understandings of HBPC. Findings suggest that, compared to the standard office-based care model, HBPC may better support unpaid care-givers, providing them assistance with system navigation, and offering them the peace of mind that they are not alone, but have someone to call should the need arise. The implications of this research suggest that HBPC could be a model to help mitigate the discontinuities in care that patients with comorbid chronic conditions and their attendant unpaid care-givers experience when accessing fragmented health, home and social care systems. (RH)

ISSN: 0144686X

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

A longitudinal analysis of the association between living arrangements and health among older adults in China; by Zi Zhou, Fanzhen Mao, Jiaping Ma (et al.).: Sage, January 2018, pp 72-97.


This article used the nationally representative Chinese Longitudinal Healthy Longevity Survey (CLHLS) to explore the associations between living arrangements and health among older adults. Living arrangements were stratified into six categories. Health was measured by self-rated health, activities of daily living (ADL) disability, and cognitive impairment. Random effects ordered probit regressions were applied. The results indicate that co-residence had a positive effect on self-rated health compared with living alone. After introducing psychological well-being, the health differences observed in living with a spouse and living with both spouse and children were not significant. Participants with a living arrangement other than living alone were more likely to have a higher rate of cognitive impairment and ADL disability than those living alone. Living arrangements were associated with older adults' health. Psychological well-being was a key factor in this association, which might result from living with a spouse, and could contribute to the self-rated health of older adults. (RH)

ISSN: 01640275

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


Commentary written by a 74-year-old disabled nursing home resident and receiving total care. The author lives in Braintree, Massachusetts, a suburban town near Boston which he describes as a welcoming, age-friendly community, despite having elements of ageism. The author argues that despite stereotypes about nursing home residents, they are a diverse population and many (including himself) have active, social lives in the community. (JL)

ISSN: 01634372

From: http://www.tandfonline.com

Perspectives on family caregiving of people aging with intellectual disability affected by dementia: commentary from the International Summit on Intellectual Disability and Dementia; by Nancy Jokinen, Tiziano Gomeiro, Karen Watchman (et al.).: Taylor and Francis, May-June 2018, pp 411-431.


This article, an output of the 2016 International Summit on Intellectual Disability and Dementia, examined familial caregiving situations within the context of a support-staging model for adults with intellectual disability (ID) affected by dementia. Seven narratives offered context to this support-staging model to interpret situations experienced by caregivers. The multidimensional model had two fundamental aspects: identifying the role and nature of caregiving as either primary (direct) or secondary (supportive); and defining how caregiving was influenced by stage of dementia. It is proposed that staging can affect caregiving via different expressions: (1)
the 'diagnostic phase', (2) the 'explorative phase', (3) the 'adaptive phase', and (4) the 'closure phase'. The international narratives illustrated direct and indirect caregiving with commonality being extent of caregiver involvement and attention to the needs of an adult with ID. The study concludes that the model is the first to empirically formalise the variability of caregiving within families of people with ID that is distinct from other caregiving groups, and that many of these caregivers have idiosyncratic needs. A support-staging model that recognises the changing roles and demands of carers of people with ID and dementia can be useful in constructing research, defining family-based support services and setting public policy. (JL)

ISSN: 01634372

From: http://www.tandfonline.com

Pilot study to measure wheelchair users' space requirements in the bathroom; by Ernesto Morales, Stephanie Gamache, Francois Routhier (et al.).: Emerald, 2018, pp 129-140.


A methodology to measure the circulation area required by a manual or powered wheelchair within a toilet stall is described. The authors present the range of possible results that can be collected when used in an experimental bathroom set-up. A bathroom environment containing a toilet, grab bars and two transparent acrylic panels suspended on rails to simulate walls was built. Three set-ups were experimented: 1,500 mm from the walls, 1,500 mm diagonally from the toilet and 1,700 mm from the walls. For each of the participants, markers were placed on the back and on the rear of the wheelchair, and one on the toes of the participants. The Vicon optical motion capture system was used to register the markers' position in the 3D space. The methodology proved to be relatively easy to install, efficient, and easy to interpret in terms of results. It provides specific points from which it is possible to measure the trajectories of markers and calculate the polygonal projection of the area covered by each participant. The results showed that manual and powered wheelchair users required, respectively, 100 and 300 mm more than the minimum 1,500 mm wall-to-wall area to complete a rotation in front of the toilet. These results showed that the 1,500 mm gyration area proposed in the Canadian Code of Construction is not sufficient for manual and powered wheelchair users to circulate easily in toilet stalls. The methodology can provide evidence to support the improvement of construction norms in terms of accessible circulation areas. (RH)

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From: http://www.emeraldinsight.com/loi/jet


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

Receipt of informal care in the Chinese older population; by Bo Hu, Sai Ma.: Cambridge University Press, April 2018, pp 766-793.

Ageing and Society, vol 38, no 4, April 2018, pp 766-793.

This paper examines the factors affecting the receipt of informal care among older people in China. It uses the second wave data of the China Health and Retirement Longitudinal Survey, which collected ageing and health-related information on a nationally representative sample of 8,906 older people aged 60 and over in 2013. Apart from the factors that have been examined in the contexts of developed countries, the paper further investigates two factors specific to Chinese society: rural-urban residence, and regular financial assistance from children. Based on binary and multinomial logit regression analyses, the research findings are threefold: the determinants of receiving informal care differ remarkably according to the sources of care; disability and living arrangements are the most important determinants; rural-urban residence plays a vital role in the Chinese context, but regular financial assistance from children makes little difference. It is estimated that 53 million older people are

Hearing loss is frequent in old age and has been associated with fewer social activities and depression. However, hearing problems have also been associated with other comorbidities, which prevent more definitive conclusions about their effect on older people's well-being. Moreover, little attention has been paid to the psychological processes through which this relationship occurs. This study aims to investigate the effect of hearing loss on older adults' well-being from a longitudinal perspective. The authors used data from three points in time to investigate the mutual relationship between hearing loss, depression and social activities. Based on longitudinal data from the Survey of Health, Ageing and Retirement in Europe (SHARE) for ten European countries, the authors conducted the test of competing auto-regressive cross-lagged theoretical models. Results show that hearing loss reduces social activity, which is mediated by depression. The adequacy of this model (versus a model proposing that social activity restriction mediates the relationship between hearing loss and depression) was supported in each of the countries in the sample. Findings showing that hearing loss can contribute to depression and, subsequently, to restriction in social activities have implications for early detection and clinical interventions on hearing loss. (RH)

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Older adults with functional impairments are at risk of being excluded from participation in day-to-day life. This exclusion can have detrimental effects on psychological wellbeing. The physical home environment is a potential force for both enhancing and limiting participation for this population. This systematic review of literature examined relationships between the physical home environment, functional impairment and psychological wellbeing among older adults living in community settings. The Ecological Model of Aging served as the guiding framework for this review. Results suggested that knowledge of the relationships between these constructs is still in the early stages. While associational relationships are established, the nature of these relationships is clouded by the inconsistency of measurement across studies as well as design challenges. Objective and subjective features of the physical home environment are linked to psychological wellbeing throughout the literature. A growing body of evidence demonstrates that personal competence serves as a moderator of those relationships. (JL)
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.
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)

The vision of bedfast nursing home residents of their quality of life and the contribution of technological innovations in and around the bed; by I Martens, H Verbeek, J Aarts (et al).: Emerald, 2018, pp 35-44.
More than 8 per cent of the Dutch nursing home population is bedfast (i.e. bedridden), and this number is slowly increasing. The quality of life (QoL) of this population is lower than that of residents who are still mobile. Little research has been conducted on how to improve the QoL of this bedfast population, particularly through making technological adjustments to the bed and its direct surroundings. This paper aims to gain insight into bedfast residents’ QoL and how to improve this through technology. A mixed-method multi-case study with thematic analysis was conducted in two nursing homes with seven participants, based on semi-structured interviews and the Short Form-12 questionnaire. The major causes of the low QoL experienced were the limited opportunities for engaging in social contacts with others, and coping with their dependency on other people and having limited control. Participants suggested improvements of QoL through the application of modern communication technologies to engage in social contacts, and to control the bed itself and environment around the bed. The results may help improve bed design and the direct environment, to improve bedfast nursing home residents’ QoL. Bedfast nursing home residents’ QoL has not been studied before in relation to the bed itself and technological solutions that may help improve QoL and level of control. (RH)

Visual and hearing impairments are associated with cognitive decline in older people; by Asri Maharani, Piers Dawes, James Nazroo (et al).: Oxford University Press, July 2018, pp 575-581.
Hearing and vision sensory impairments among older people may contribute to the risk of cognitive decline and pathological impairments including dementia. This study aimed to determine whether single and dual sensory impairment (hearing and/or vision) are independently associated with cognitive decline among older adults and to describe cognitive trajectories according to their impairment pattern. The research used data from totals of 13,123, 11,417 and 21,265 respondents aged over 50 at baseline from the Health and Retirement Study (HRS), the English Longitudinal Study of Ageing (ELSA) and the Survey of Health, Ageing and Retirement in Europe (SHARE), respectively. The study performed growth curve analysis to identify cognitive trajectories and a joint model was used to deal with attrition problems in longitudinal ageing surveys. Respondents with a single sensory impairment had lower episodic memory score than those without sensory impairment in all three surveys. The analysis further showed that older adults with dual sensory impairment remembered fewer words compared with those with no sensory impairment. The stronger associations between sensory impairment and lower episodic memory levels were found in the joint model which accounted for attrition. Hearing and/or vision impairments are a marker for the risk of cognitive decline that could inform preventative interventions to maximise cognitive health and longevity. Further studies are needed to investigate how sensory markers could inform strategies to improve cognitive ageing. (JL)
What happens when I'm gone?: by Colin Anderson, Sarah White, Kate Fitch.: Sense, Spring 2018, pp 20-29.
Talking Sense, vol 63, no 1, Spring 2018, pp 20-29.
Sense’s When I’m Gone campaign focuses on fears and concerns of many families about the future care of a disabled loved one when they are no longer around. Such predicament has been exacerbated by tightened social care budgets. This article describes the many barriers that families face, and the impact this has on their lives. It offers examples of families who have been able to find a long-term solution, asks what we can learn from their experiences, and lists tips and tactics for coping with this situation. (RH)
ISSN: 13674604
From: http://www.sense.org.uk

2017

Ageing with a unique impairment: a systematically conducted review of older deafblind people's experiences; by Peter Simcock.: Cambridge University Press, September 2017, pp 1703-1742.
Ageing and Society, vol 37, no 8, September 2017, pp 1703-1742.
Little is known about the experiences of people ageing with impairments; social gerontology has largely focused on those ageing into disability, rather than those ageing with disability. This paper synthesises existing knowledge to determine what is known about the experiences of those ageing with deafblindness. A comprehensive literature search was undertaken between April 2013 and May 2014. The review method was informed by systematic review principles. A total of 24 references were identified for inclusion. No studies examining deafblind people's experience of ageing and old age specifically were found, suggesting that those ageing with deafblindness are an under-studied sub-group within the deafblind population. However, deafblind people describe ageing experiences in studies exploring their lives generally, and in personal accounts of living with the impairment. Practitioner-authored material also explores the topic. Similarities in experience were identified between those ageing with deafblindness and those ageing with other impairments: ongoing change and consequent need for adaptation; a particular relationship between ageing and impairment; a sense that whilst one can learn adaptive strategies having lived with impairment for many years, it does not necessarily get easier; and a particular relationship with care and support services. These experiences illustrate the unique nature of ageing with impairment, and challenge gerontologists to engage in further research and theorising in the field of disability in later life. (RH)
ISSN: 0144686X
From: http://www.cambridge.org/aso

Aging with disability: advancement of a cross-disciplinary research network; by Caitlin E Coyle, Jan E Mutchler.: Sage, July 2017, pp 683-692.
Introduction to and commentary on a special issue of this journal on ageing with disability. People born with or acquiring disabilities at an early age are reaching ages that were never thought possible in previous generations. People with physical, developmental or learning disabilities are reaching old age at higher rates than ever before. Accordingly, policymakers and practice professionals are not only beginning to recognise this emergent group of older adults as having diverse disability experiences and support needs, but they are also recognising a lack of evidence upon which to develop policy and programmes to develop the needs of this growing group. (JL)
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From: http://journals.sagepub.com/roa

The aim of this study analysis was to bring 'ageing with disability' into middle and older ages. The authors studied U.S. adults aged 51+ and aged 65+ with persistent disability (physical, household management, personal care; physical limitations, instrumental activities of daily living [IADLs], activities of daily living [ADLs]), using Health and Retirement Study data. Two complementary approaches were used to identify persons with persistent disability, one based directly on observed data and the other on latent classes. Both approaches showed that persistent disability was more common for persons aged 65+ than aged 51+ and more common for physical limitations than IADLs and ADLs. People with persistent disability had social and health disadvantages compared to people with other longitudinal experiences. The analysis integrates two research avenues, ageing with disability and disability trajectories. It gives empirical heft to government efforts to make ageing with disability an age-free (all ages) rather than age-targeted (children and youths) perspective. (JL)
Changing the balance of social care for older people: simulating scenarios under demographic ageing in New Zealand; by Roy Lay-Yee ... (et al).: Wiley, May 2017, pp 962-974.


The demographic ageing of New Zealand society, as elsewhere in the developed world, has dramatically increased the proportion of older people (aged 65 years and over) in the population. This has major policy implications for the future organisation of social care. The objective of this study was to test the effects on social care use, firstly of putative changes in the overall disability profile of older people, and secondly of alterations to the balance of their care, i.e. whether it was community-based or residential. In order to undertake these experiments, a microsimulation model of the later life course was developed using individual-level data from two official national survey series on health and disability, respectively, to generate a synthetic version which replicated original data and parameter settings. A baseline projection under current settings from 2001 to 2021 showed moderate increases in disability and associated social care use. Artificially decreasing disability levels, below the baseline projection, only moderately reduced the use of community care (both informal and formal). Scenarios implemented by rebalancing towards informal care use moderately reduced formal care use. However, only moderate compensatory increases in community-based care were required to markedly decrease the transition to residential care. The disability impact of demographic ageing may not have a major negative effect on system resources in developed countries like New Zealand. As well as healthy ageing, changing the balance of social care may alleviate the impact of increasing demand due to an expanding population of older people. (JL)


In Australia, there are some 900,000 primary carers, one third of whom provide more than 40 hours of care a week; 60% have been caring for more than five years. One third also live with some form of disability themselves. 72% of primary carers (and 63% of all carers) rely on a welfare benefit as their main source of income. in 2015, weekly median income was AU$520, which was 42% lower than that of non-carers. Until recently, the national, state and regionally funded House and Community Care (HACC) programme provided basic support services for those eligible. Now, all aged care funding has been transferred to the national government. Coupled with this, has been the introduction of the National Disability Insurance Service (NDIS), the effect of which has reduced access to carer services. This article lists the disability requirements of NDIS, the aim of which was to empower those aged under 65 with disabilities; however, its rules are such that carers are not participants. The 2015/16 Federal Budget announced an initiative to provide Integrated Carer Support Plans, which could provide funding, but it is unclear whether this will materialise. (RH)


People with learning disabilities can be at particular risk of developing dementia, but special challenges can arise in trying to support them. The author describes a project to create a range of learning and multi-media resources to help improve practice and care for people with learning disabilities living with dementia. The Department of Health (DH) Innovation, Excellence and Strategic Development Fund has awarded a grant to the learning disability charity MacIntyre for this 3-year Dementia Project. (RH)


Sight loss affects tens of thousands of people with dementia, but with the right understanding, education and awareness, they can be supported to live well. The authors show how one influential committee, Dementia and Sight Loss Interest Committee (DuSLIC) is making a difference. The Committee was formed in 2008 by RNIB, the Alzheimer's Society and Thomas Pocklington Trust as part of VISION 2020 UK. (RH)
Journal of Dementia Care, vol 25, no 6, November-December 2017, pp 30-32.
A United Nations inquiry has been assessing UK compliance with the UN Convention on the Rights of Persons with Disabilities (UNCRPD) has found that UK governments are failing to honour the rights of people with dementia. This article considers progress under the various government strategies, and what the problems are in light of the UN's conclusions. (RH)
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From : http://www.careinfo.org.uk

Dementia can result in sensory impairment, the effects of which are not always understood by care staff. The authors have developed a workshop based on experiential learning which has resulted in changes in practice. They outline ways in which hearing, sight, smell and touch can be impaired, and describe exercises that have been developed to counter such problems. In the case of taste and smell, for which no such experiential exercise could be offered, participants at the workshop were asked for their observations of changes of taste and smell for the people in their care. (RH)
ISSN: 13518372
From : www.careinfo.org

Wheelchair users face great difficulty in transferring themselves from one surface to another, for example from wheelchair to a toilet commode. In such cases a caregiver's assistance may be required, but it affects one's dignity. The purpose of this paper was to develop a robotic self-transfer device aimed at offering privacy and independence to people with lower limb disabilities in performing daily activities. The device, attached to a powered wheelchair, was useful in transferring a user from a wheelchair to a toilet commode or any other surface following simple and natural transfer procedure without the need of any caregiver. The user could achieve transfer by operating joysticks. The device employed two linear actuators and a motor to accomplish the transfer. Trials were carried out to test the performance of the device by involving potential beneficiaries. The device could successfully transfer the participants from a wheelchair to a chair with less effort in less than a minute. The results of the trials showed that the participants felt comfortable in using the device. It was also found that the device was superior to other existing transfer systems in terms of comfort and operation. The existing self-transfer systems are alternative solutions that serve the purpose of mobility coupled with self-transfer. Instead of developing an alternative mobility solution, this paper proposes a novel design of a self-transfer device that can be used as an attachment to a wheelchair. (JL)
ISSN: 23986263
From : www.emeraldinsight.com/loi/jet

Disability in prison activities of daily living and likelihood of depression and suicidal ideation in older prisoners; by Lisa C Barry, Dorothy B Wakefield, Robert L Trestman, Yeates Conwell.: Wiley, October 2017, pp 1141-1149.
The objective of this study was to determine whether disability in activities of daily living specific to prison, or prison activities of daily living (PADLs), is associated with depression and severity of suicidal ideation (SI) in older prisoners, a rapidly growing population at high risk of suicide. This was a cross-sectional design using data from a study of 167 prisoners aged 50 years or more. Depression was operationalised as a score of 15 or above on the 9-item Physician Health Questionnaire (PHQ-9). SI severity was assessed using the Geriatric Suicide Ideation Scale (GSIS). Participants were considered to have PADL disability if they reported any of the following as ‘very difficult’ or ‘cannot do’: dropping to the floor for alarms, climbing on/off the top bunk, hearing orders, walking while wearing handcuffs, standing in line for medications and walking to chow. Associations were examined with bivariate tests and with multivariable logistic and linear regression models, and the interaction term gender * PADL disability was tested. PADL disability was associated with depression and SI severity. There was no main effect of gender on either depression or SI, yet the association between
PADL disability and depression was considerably stronger in male than in female older prisoners. Identifying older prisoners who have difficulty performing PADLs may help distinguish prisoners who may also be likely to be depressed or experience more severe SI. Furthermore the association between PADL disability and depression may be particularly salient in older male prisoners. Longitudinal studies are needed as causal inferences are limited by the cross-sectional design. (JL)

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In the context of the prospective increase in the numbers of older adults in Europe and of conflicting findings regarding recent disability trends, the present study uses cross-sectional data from four waves of the Survey of Health, Ageing and Retirement in Europe (SHARE), covering the period 2004-2013. The aim is to assess of trends in disability by sex and broad age group (50-64, and 65 and over) for the ten countries participating in all waves, based on four different measures: limitations in activities of daily living (ADLs); limitations in instrumental ADLs; mobility difficulties; and the Global Activity Limitation Indicator. The analysis uses logistic regression models adjusted for age, and subsequently also for chronic conditions. The findings indicate improvements both in mild to moderate activity restrictions and in functional limitations for several countries, especially among men and women aged 65 and over. Regarding severe disability (ADLs), there is mostly a lack of any significant trend and only a few declines. In several instances, the observed trends are linked to changes in chronic conditions. Significant improvements net of chronic conditions are found mainly in Sweden, but also in the Netherlands, Austria, Germany, Italy and France. Overall, the estimated trends often differentiate by country, age group and sex, while they depend on the specificities of the measures used in the analysis. (RH)

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Many European welfare states are replacing comprehensive welfare schemes with selective and conditional entitlements. Such changes affect the recognition of vulnerable citizens' needs, which are increasingly framed as private responsibilities to be met by the voluntary sector. Repeated interviews with 30 clients affected by cutbacks to publicly financed (day)care in the Netherlands show that although disabled and elderly citizens are often hesitant to open their doors to volunteers, they do experiment with voluntarism to reduce their social isolation, both by receiving voluntary care and by engaging in volunteer work themselves. However, the turn to voluntarism does not always prompt recognition of the needs of vulnerable citizens. This study signals how disappointing and sometimes demeaning experiences with volunteers can increase feelings of misrecognition. The authors conclude that the virtues of voluntarism may be overstated by policy makers, and that the bases of recognition should be reconsidered as welfare states implement reform. (RH)

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As more people with learning disabilities live into old age, the prevalence of dementia in this group is increasing. The authors and colleagues examine the challenges to dementia practice presented by intellectual disability. (RH)

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From : www.careinfo.org


There is growing attention to the training and education of Personal Support Workers, or PSWs, who work in community, home and long-term care settings supporting older people and people with disabilities. In Ontario, Canada, amid a volatile policy landscape, the provincial government launched an effort to standardise PSW education. Using qualitative methods, this study considered the question: What are the central educational issues
reflected by students, working PSWs and key informants, and are they addressed by the PSW programme and training standards? Phase one was a public domain analysis completed between January and March 2014 and updated for major developments after that period. Phase two, completed between August 2014 and March 2015, included 15 key informant interviews and focus group discussions and mini-phone interviews with 35 working PSWs and current PSW students. According to the participants, the central educational issues are: casualisation of labour that is not conveyed in educational recruitment efforts, disconnect between theory and working conditions, overemphasis on long-term care as a career path, and variability of PSW education options. While the standards should help to address the final issue, they do not address the other key issues raised, which have to do with the structural organisation of work. Thus there is a disconnect between the experiences of students, PSWs and key informants and the policy decisions surrounding this sector. This is particularly significant as education is often touted as a panacea for issues in long-term and community care. In fact the curriculum of some of the PSW programmes, especially those in public college settings, is robust. Yet the underlying issues will remain barring a structural overhaul of the organisation of long-term and community care sectors founded on a social revaluing of older people and the gendered work of care. (JL)

ISSN: 09660410
From: wileyonlinelibrary.com/journal/hsc

Extending the promise of the Older Americans Act to persons aging with long-term disability; by Michelle Putnam.: Sage, July 2017, pp 799-820.
This article discusses the need for Older Americans Act (OAA) programmes to evaluate and develop where needed the capacity to serve people ageing with long-term disabilities such as intellectual and/or developmental disabilities and physical disabilities including polio, spinal cord injury and multiple sclerosis. The rationale for this work is universal access to OAA programmes for all adults over 60, regardless of disability type, age of onset or severity, acknowledging that other needs-based criteria often need to be met to receive services. Recommendations for increasing OAA and ageing network capacity include addressing long-standing divisions between the fields of ageing and disability, a comprehensive review of all Administration for Community Living programmes and policies, engaging in programme adaptation to build capacity, advancing knowledge and skills of the professional workforce, and creating new knowledge to support delivery of evidence-based interventions to all older adults including those with lifelong, early and midlife onset of disability. (JL)

ISSN: 01640275
From: http://journals.sagepub.com/roa

Health and Social Care in the Community, vol 25, no 5, September 2017, pp 1607-1619.
Over the last three decades, quality of life (QoL) has been advocated as an indicator of social care outcomes for adults with intellectual disabilities. In England, the Adult Social Care Survey (ASCs) is conducted annually by local authorities to contribute to the evidence base of the care-related QoL of people receiving publicly funded adult social care. This study explores relationships between QoL and non-care-related factors to identify relationships that could inform social care policy and practice. Cross-sectional data collected from 13,642 adults who participated in the 2011 and 2012 ASCs were analysed using regression to explore the factors associated with QoL measured using the Adult Social Care Outcomes Toolkit (ASCOT). Self-rated health, rating of the suitability of home design and anxiety and/or depression were all found to be significantly associated with ASCOT. Other individual and survey completion factors were also found to have weak significant relationships with ASCOT. The models also indicate that there was an increase in overall ASCOT-QoL and in five of the eight ASCOT domains (Personal comfort and cleanliness, Safety, Social participation, Occupation and Dignity) between 2011 and 2012. These findings demonstrate the potential value of QoL data for informing policy for people with intellectual disabilities by identifying key factors associated with QoL, the characteristics of those at risk of lower QoL, and QoL domains that could be targeted for improvement over time. Future research should establish causal relationships and explore the risk adjustment of scores to account for variation outside of the control of social care support. (RH)

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

China has seen a rapid decline of the traditional multi-generational household and an increase in rural-to-urban migration, raising concerns about a possible breakdown of the informal support system. Against this
Health and health-care utilization of the older population of Ireland: comparing the intellectual disability population and the general population; by Mary McCarron, Eimear Cleary, Philip McCallion.: Sage, July 2017, pp 693-718.


Similarities and differences in the ageing of people with an intellectual disability (ID) compared to the general population are largely unresearched. The present study aimed to report data comparing the health and health care utilisation of the general ageing population in Ireland with those who were ageing with an ID. Data for comparisons were drawn from the 2010 Irish Longitudinal Study on Ageing (TILDA) and the Intellectual Disability Supplement (IDS)-TILDA Wave 1 data sets. TILDA participants were community dwelling only while IDS-TILDA participants were drawn from community and institutional settings. TILDA consisted of a sample of 8,178 individuals aged 50 years and older who were representative of the Irish population. The IDS-TILDA consisted of a random sample of 753 persons aged 40 and older. Using age 50 as the initial criterion, 478 persons with ID were matched with TILDA participants on age, sex and geographic location to create the sample for this comparison. Both studies gathered self-reported data on physical and mental health, behavioural health, functional limitations and health care utilisation. Rates of chronic disease appeared higher overall for people with ID as compared to the general population. There were also age-related differences in the prevalence of diabetes and cancer and different rates of engagement between the two groups in relevant behavioural health activities such as smoking. There were higher utilisation levels among IDS-TILDA participants for allied health and general practitioner visits. Different disease trajectories found among IDS-TILDA participants raise concerns. The longitudinal comparison of data for people with ID and for the general population offer a better opportunity for the unique experiences of people with ID to be included in data that inform health planning. (JL)

ISSN: 0144-686X

From: http://journals.sagepub.com/roa

How's your health at home: frail homebound patients reported health experience and outcomes; by Margaret J McGregor, Jay Slater, John Sloan ... (et al.).: Cambridge University Press, September 2017, pp 273-285.


The present study used a web-based mixed methods survey known as HowsYourHealth _ Frail to explore the health of frail older adults aged 80 years and above enrolled in a home-based primary care programme in Vancouver, Canada. 60% of eligible respondents participated, representing over one quarter of all individuals receiving the service. Despite high levels of co-morbidity and functional dependence, 50% rated their health as good, very good or excellent. Adjusted odds ratios for positive self-rated health were 7.50, 95% CI [1.09, 51.81] and 4.85, 95% CI [1.02, 22.95] for absence of bothersome symptoms and being able to talk to family or friends respectively. Narrative responses to questions about end of life and living with illness were also described. Results suggest that greater focus on symptom management, and supporting social contact, may improve the health of frail older people. (JL)

ISSN: 07149808

From: http://cambridge.org/cjg

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.


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
Intergenerational transfers and informal care for disabled elderly persons in China: evidence from CHARLS; by Xiaoting Liu, Bei Lu, Zhixin Feng.: Wiley; July 2017, pp 1364-1374.

Health and Social Care in the Community, vol 25, no 4, July 2017, pp 1364-1374.

Aiming at ‘ageing healthier and ageing better’, a certain amount of high-quality informal care should be available for older people with a physical disability as formal care is barely accessible in China. The demographic transition and family structural changes have dramatically weakened traditional norms of filial piety and the structure of intergenerational transfers. This article employed nationwide representative data from the first wave (2011) of the Chinese Health and Retirement Longitudinal Study (CHARLS) in order to identify the duration of informal care provision at home for frail older people (1122 in rural areas and 577 in urban areas, total 1699), measured in monthly hours, before estimating the associations between intergenerational transfers and the received time of informal care with Tobit Model analysis. Results showed that financial support from the younger generation was unexpectedly negatively associated with the monthly hours of care, implying a reduction of caring support along with increasing financial transfers towards older parents. The lack of informal care could not be compensated by having more children, co-residing with children, or increasing the parent-to-child/grandchild transfers. Spouses were shown to replace children as the major caregivers. In addition, the community-based long-term care system needs to be promoted to sustain and develop informal care, as the latter will become increasingly important with changing family dynamics. Finally, the received time of informal care, rather than the severity of physical disability measured by difficulty with ADLs or IADLs, was introduced to identify the actual demand for care by older people. The paper argues that it is important to reconceptualise and re-investigate the duration of care provision in the Chinese context in order to develop standards of payment as part of long-term care policies. (JL)

ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

Is late-life dependency increasing or not?: A comparison of the Cognitive Function and Ageing Studies (CFAS); by Andrew Kingston, Pia Wohland, Raphael Wittenberg (et al).
The Lancet, 15 August 2017, 9 pp (+ supplementary appendix, 6 pp).

Little is known about how the proportions of dependency states have changed between generational cohorts of older people. In this population-based study, the authors compared two Cognitive Function and Ageing Studies (CFAS I and CFAS II) of older people (aged 65) who were permanently registered with a general practice in three defined geographical areas (Cambridgeshire, Newcastle and Nottingham). These studies were done two decades apart (1991 and 2011). General practices provided lists of individuals to be contacted and were asked to exclude those who had died or might die over the next month. Baseline interviews were done in the community and care homes. Participants were stratified by age, and interviews occurred only after written informed consent was obtained. Information collected included basic sociodemographics, cognitive status, urinary incontinence, and self-reported ability to do activities of daily living. CFAS I was assigned as the 1991 cohort and CFAS II as the 2011 cohort, and both studies provided prevalence estimates of dependency in four states: high dependency (24-hour care), medium dependency (daily care), low dependency (less than daily), and independent. Years in each dependency state were calculated by Sullivan's method. To project future demands for social care, the proportions in each dependency state (by age group and sex) were applied to the 2014 England population projections. Between 1991 and 2011, there were significant increases in years lived from age 65 years with low dependency (1.7 years [95% CI 1.0-2.4] for men and 2.4 years [1.8-3.1] for women) and increases with high dependency (0.9 years [0.2-1.7] for men and 1.3 years [0.5-2.1] for women). The majority of men's extra years of life were spent independent (36.3%) or with low dependency (36.3%), whereas for women the majority were spent with low dependency (58.0%), and only 4.8% were independent. There were substantial reductions in the proportions with medium and high dependency who lived in care homes, although, if these dependency and care home proportions remain constant in the future, further population ageing will require an extra 71,215 care home places by 2025. On average older men now spend 2.4 years and women 3.0 years with substantial care needs, and most will live in the community. These findings have considerable implications for families of older 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

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Meeting the health needs of older people with intellectual disabilities: exploring the experiences of residential social care staff; by Ruth Northway, Daniella Holland-Hart, Robert Jenkins; Wiley, May 2017, pp 923-931.

Meeting the health needs of older people with intellectual disabilities often experience high levels of health needs and multiple morbidities but they may be supported by residential care staff with little or no previous experience of identifying and meeting health needs. Little is known regarding how they undertake this health-related role and this exploratory study seeks to address this gap. A purposive sample of 14 managers of supported living accommodation in Wales were interviewed in 2014 to determine their experiences of supporting tenants in relation to age-related health needs. The semi-structured interviews were transcribed and thematically analysed. Three of the emerging themes are reported in this paper: meeting health needs, the consequences of ageing and relationships. Findings indicate that residential care staff support older people with intellectual disabilities with complex and multiple health needs: they monitor health status, support access to healthcare, provide additional support arising from changing health needs and advocate for tenants in the context of healthcare. However their role is often not understood by healthcare professionals. The importance of staff having a long-term relationship with those they support was identified as being important to identifying any health-related changes. The need to develop effective relationships with healthcare staff was also noted. It is concluded that there is a need for better understanding among health staff of the role of residential social care workers and for further research regarding health-related communication.

ISSN: 09660410
From: wileyonlinelibrary.com/journal/hsc

Participation in advanced age: enacting values, an adaptive process; by Paul Sugarhood, Pamela Eakin, Lynn Summerfield-Mann; Cambridge University Press, September 2017, pp 1654-1680.

The concept of participation - introduced through models such as the International Classification of Functioning, Disability and Health (ICF) (World Health Organization, WHO, 2001) - has become increasingly important in health and social care. However, it has not been consistently defined or operationalised, and there is very limited research into participation in the context of advanced age and disability. This article reports a study which explored participation from the perspectives of community-living people aged over 80 years with physical rehabilitation needs. Using a grounded theory methodology, 11 participants aged 81-96 years were recruited...
from a London NHS Trust. The main finding was that participation was experienced as the enacting of values. Values provided the motivation for specific ways of participating in life, guided actions and behaviours, and were the means through which participation was interpreted. Commonly enacted values were: connecting with others; maintaining autonomy; affirming abilities; doing the best you can; being useful; maintaining self-identity; and pursuing interests. A process was evident, whereby participation was challenged by deteriorating health and losses, and the participants adapted (or not) to overcome these challenges. To promote participation in advanced age, health and social care policy and practice must consider the values important to older people. Interventions should be congruent with these values and promote strategies through which they can be enacted. (RH)

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

Although hearing loss (HL) is prevalent and independently related to cognitive decline and dementia, there has never been a randomised trial to test whether HL treatment could reduce cognitive decline in older adults. A 40-person (aged 70-84 years) pilot study in Washington County, MD, was conducted. Participants were randomised 1:1 to a best practices hearing or successful ageing intervention and followed for 6 months (clinicaltrials.gov Identifier: NCT02412254). The Aging and Cognitive Health Evaluation in Elders Pilot (ACHIEVE-P) Study demonstrated feasibility in recruitment, retention and implementation of interventions, with no treatment-related adverse events. A clear efficacy signal of the hearing intervention was observed in perceived hearing handicap (mean of 0.11 to -1.29 standard deviation [SD] units; lower scores better) and memory (mean of -0.10 SD to 0.38 SD). ACHIEVE-P sets the stage for the full-scale ACHIEVE trial (N = 850, recruitment beginning November 2017), the first randomised trial to determine efficacy of a best practices hearing (vs. successful ageing) intervention on reducing cognitive decline in older adults with HL. (OFFPRINT) (RH)
ISSN: 23528737
From: https://www.sciencedirect.com/science/article/pii/S2352873717300410

Special issue on aging with disabilities; by Caitlin E Coyle, Jan E Mutchler (eds).: Sage, July 2017, pp 683-820 (whole issue).
Special issue of this journal featuring an introduction followed by five articles which together look at policy and practice issues around ageing with disabilities. (JL)
ISSN: 01640275
From: http://journals.sagepub.com/roa

Types of family caregiving and daily experiences in midlife and late adulthood: the moderating influences of marital status and age; by Jen D Wong, Yetunde Shobo.: Sage, July 2017, pp 719-740.
Guided by the life course perspective, this study contributes to the family caregiving, ageing and disability literature by examining the daily experiences of three types of family caregivers in midlife and late adulthood. A sample of 162 caregivers from the National Survey of Midlife in the United States study completed interviews, questionnaires and a Daily Diary Study. Multilevel models showed the patterns of daily time use did not differ by caregiver types. Caregivers of sons/daughters with developmental disabilities (DD) experienced more daily stressors than caregivers of parents with health conditions (HC) and caregivers of spouses with HC. Unmarried caregivers of sons/daughters with DD reported spending more time on daily leisure activities and exhibited greater daily stressor exposure than other family caregivers. Age did not moderate the associations between caregiver types and daily experiences. Findings highlight the important consideration of the caregivers' characteristics to better determine the quality of their daily experiences in midlife and late adulthood. (JL)
ISSN: 01640275
From: http://journals.sagepub.com/roa
While a range of variables are related to the impact of pain, most population studies of older people have simply examined the presence or intensity of pain. The objective of this study was to develop novel pain profiles based on a range of pain variables, and compare demographic and health variables across profiles. Baseline data from The Irish Longitudinal Dinal study on Ageing (TILDA), a population-representative cohort study involving 8,171 community living people resident in Ireland aged 50 or over, was used. Two-step cluster analysis was performed on those who reported being often troubled by pain using all self-reported pain variables. Nine demographic and health variables were compared across pain profiles and the no-pain profile. Of the cohort, 65% reported not often being troubled by pain. Of those troubled by pain, four profiles emerged ranging from the profile whose pain did not have impact on daily activities (12% of cohort) to the profile with everyone taking medication to control the pain (9% of cohort). All demographic and health variables differed significantly across the profiles, with pain profiles reporting significantly greater disability and poorer quality of life than the no-pain profile. In all, four pain profiles, based on a range of pain variables, as well as a no-pain profile were identifiable in a large sample of older adults. Identifying those (i) with multi-site pain, (ii) who take pain medications and/or (iii) whose pain affects daily activities, clearly identifies those with the highest levels of disability and poorest quality of life. (JL)

From: https://academic.oup.com/ageing

Walk the talk: characterizing mobility in older adults living on low income; by Anna M Chudyk, Joanie Sims-Gould, Maureen C Ashe ... (et al).: Cambridge University Press, June 2017, pp 141-158.

In this study the authors provided an in-depth description of the mobility (capacity and enacted function, i.e., physical activity and travel behaviour) of community-dwelling older adults of low socioeconomic status. 161 participants with an average age of 74 years completed interviewer-administered questionnaires and objective measures of mobility. Study findings did not generally indicate that older adults of low socioeconomic status had a reduced capacity to be mobile. Participants presented with positive profiles across physical, psychosocial and social environment domains that influenced the capacity to be mobile. They also made a high proportion of trips by foot, although these did not together serve to meet physical activity guidelines for most. Future research should focus on innovative strategies to recruit this difficult-to-access population, to consider the influence of socioeconomic status across the lifespan, and the role of behaviour-driven agency when investigating the association between the person, environment and older adult mobility. (JL)

From: http://cambridge.org/cjg


There is limited research on the living arrangements of older adults with disabilities, especially research that combines household composition and housing characteristics. This paper addresses that gap with two complementary sets of logistic regression models: first, estimating the odds of disability by household composition and housing type; and second, estimating the odds of disability by living arrangement within gender and age sub-groups. Data come from the 2012 American Community Survey (N = 504,371 respondents aged 65+), which includes six measures of disability: cognitive, ambulatory, independent living, self-care, vision and hearing. Living alone, with children or with others was associated with higher odds of any disability, compared with living with a spouse only. Compared to those living in a single-family home, living in a mobile home or other temporary structure, or large apartment building was associated with higher odds of disability. Having a disability was associated with lower rates of living with a spouse only, alone, in a single-family home, or in a small or mid-sized apartment building and higher rates of all other living arrangements. Sub-group analyses revealed differences in the relationship between living arrangements and disability by gender and age group. This information provides a baseline from which to observe trends in living arrangements and disability for older adults in the United States of America. (RH)

From: cambridge.org/aso


In recent years, around one third of local authorities have closed day services to adults with learning disabilities, resulting in about 1 in 4 of these adults being stuck at home and vulnerable to social isolation. In addition, an outcome of local authority austerity cuts have affected the whole adult social care sector. The co-researchers of this article wanted to find out what is filling this gap for people with learning disabilities' daily lives, and particularly to know whether local peer advocacy has a role to play. Interviews were conducted with 12 participants in two age groups (40-55 and 55+). The study also identified a small range of local peer-support groups around the urban region where the study took place, which enabled people to meet other self-advocates and to feel comfortable being with others. Not only did this form of peer advocacy relieve loneliness and isolation, it also gave participants the opportunity to learn skills enabling them to participate in the community.

(RH)
From: http://www.britishgerontology.org

Best practice for providing social care and support to people living with concurrent sight loss and dementia: professional perspectives; by Simon Chester Evans, Jennifer Bray.: Emerald, 2016, pp 86-93.

Working with Older People, vol 20, no 2, 2016, pp 86-93.

Some 100,000 people in the UK aged 75 and over have concurrent dementia and sight loss, but current understanding of their experiences, needs and preferences is limited. This paper reports on a research project that explored the provision of social care and support for older people with both conditions. The project was a collaboration between the universities of York, Worcester, Bournemouth and Cambridge, supported by the Thomas Pocklington Trust and the Housing and Dementia Research Consortium. Data were drawn from focus groups held in 2013 involving 47 professionals across the dementia, sight loss and housing sectors across three geographical regions of England. Thematic analysis identified five main barriers to providing high-quality, cost-effective social care and support: time constraints; financial limitations; insufficient professional knowledge; a lack of joint working; and inconsistency of services. The requirements of dementia and sight loss often conflict, which can limit the usefulness of equipment, aids and adaptations. Support and information needs to address individual needs and preferences. However, unless professionals consider dementia and sight loss together, they are unlikely to think about the impact of both conditions and the potential of their own services to provide effective support for individuals and their informal carers. Failing to consider both conditions together can also limit the availability and accessibility of social care and support services. There are growing numbers of people living with concurrent dementia and sight loss, many of whom wish to remain living in their own homes. There is limited awareness of the experiences and needs of this group, and limited provision of appropriate services aids/adaptations. Among measures that should be implemented to support independence and well-being for people living with both conditions and their family carers are: increased awareness, improved assessment, more training, and greater joint working. People living with dementia or sight loss are at high risk of social isolation, increasingly so for those with both conditions. Services that take an inclusive approach to both conditions can provide crucial opportunities for social interaction. Extra care housing has the potential to provide a supportive, community-based environment that can help residents to maintain social contact. (RH)

ISSN: 13663666

From: www.emeraldgrouppublishing.com/wwop.htm
Canadian power mobility device users' experiences of ageing with mobility impairments; by Alexandra Korotchenko, Laura Hurd Clarke.: Cambridge University Press, July 2016, pp 1238-1253.

The authors investigate how individuals ageing with mobility impairments perceive and experience the practical impacts and cultural connotations of using a power mobility device. The authors draw on interviews with 29 Canadian men and women aged 51-92 (mean age 67), examining the experiences of using a powered wheelchair or scooter. The findings reveal that those participants who had begun to use their power mobility devices later in life were dismayed by and apprehensive about the significance of their diminishing physical abilities in the context of the societal privileging of youthful and able bodies. At the same time, the participants who had used a power mobility device from a young age were fearful of prospective bodily declines, and discussed the significance and consequences of being unable to continue to operate their power mobility devices autonomously in the future. The authors consider the ways in which the participants attempted to manage, mitigate and reframe their experiences of utilising power mobility devices in discriminatory environments. The findings are discussed in relation to on-going theoretical debates pertaining to the concepts of 'biographical disruption' and the third and fourth ages. (RH)

From: journals.cambridge.org/aso

Disability and poverty in later life; by Ruth Hancock, Marcello Morciano, Stephen Pudney, Joseph Rowntree Foundation - JRF; University of Essex.: Joseph Rowntree Foundation - JRF, August 2016, 44 pp (Inspiring social change; Ref 3205).

The relationship between disability and poverty among the older population is explored, using data from the Family Resources Survey (FRS) and the English Longitudinal Study of Ageing (ELSA) to examine the effectiveness of public support for older people with disabilities. This report emphasises the additional living costs that disabled people face, and the importance of taking disability costs into account when making poverty assessments in the older population. The authors comment on Britain’s current dual system of public support for older disabled people: central government pays disability benefits - mainly Attendance Allowance (AA) and Disability Living Allowance (DLA), and local authorities manage the provision of social care services. The authors consider alternative directions of reform for the system of public support for older people with disabilities. They suggest that major reductions in the burden of deep poverty could be achieved: first, by matching amounts of benefits paid to the costs of disability more closely; and second, by increasing the reach of the system, particularly among the most disabled, thereby increasing take-up of entitlements and/or improving the quality of initial adjudication of claims. The Joseph Rowntree Foundation (JRF) has supported this project as part of its programme of research and innovative development projects. (RH)


Chaired by Baroness Deech, the Select Committee on the Equality Act 2010 and Disability was appointed by the House of Lords on 11 June 2015 to consider the impact on people with disabilities of the Equality Act 2010, and whether the Act adequately supports the fight against disability discrimination. The report focuses on requirements under the Act, such as making "reasonable adjustments" to enable access to housing, leisure facilities, transport, and in employment. The Committee's recommendations refer to: how disability is overseen and provided for centrally; the need to consider the impact that the public sector equality duty has had; and improving the quality of initial adjudication of claims. The Equality Advisory and Support Service be returned to the Commission; communication and language; transport; the Public Sector Equality Duty; and a whole range of discrimination-related matters. Evidence submitted to the Committee is published online (at www.parliament.uk/equality-act-committee). (RH)


Factors associated with the amount of public home care received by elderly and intellectually disabled individuals in a large Norwegian municipality; by Oystein Dohl, Helge Garasen, Jorid Kalseth, Jon Magnusson.: Wiley Blackwell, May 2016, pp 297-308.

Health and Social Care in the Community, vol 24, no 3, May 2016, pp 297-308.

This study reports an analysis of factors associated with home care use in a setting in which long-term care services are provided within a publicly financed welfare system. Two groups of home care recipients were considered: older people and intellectually disabled individuals. Routinely collected data on users of public home care in the municipality of Trondheim in October 2012, including 2493 people aged 67 years or older and 270 intellectually disabled people, were used. Multivariate regression analysis was used to analyse the relationship between the time spent in direct contact with recipients by public healthcare personnel and perceived individual determinants of home care use (i.e. physical disability, cognitive impairment, diagnoses,

This article aimed to determine whether women always fare worse in terms of physical function and disability across countries that vary widely in terms of their level of development, epidemiological context and level of gender equality. Sex differences in self-reported and objective measures of disability and physical function were compared among older adults aged 55-85 in the United States of America, Taiwan, Korea, Mexico, China, Indonesia and among the Tsimane of Bolivia using population-based studies collected between 2001 and 2011. Data were analysed using logistic and ordinary least-squares regression. Confidence intervals were examined to see whether the effect of being female differed significantly between countries. In all countries, women had consistently worse physical functioning (both self-reported and objectively measured). Women also tended to report more difficulty with activities of daily living (ADL), although differences were not always significant. In general, sex differences across measures were less pronounced in China. In Korea, women had significantly lower grip strength, but sex differences in ADL difficulty were non-significant or even reversed. Education and marital status helped explain sex differences. Overall, there was striking similarity in the magnitude and direction of sex differences across countries despite considerable differences in context, although modest variations in the effect of sex were observed. (RH)

ISSN: 0144686X

From: journals.cambridge.org/aso

Gender, work, and aging; by Cara Tannenbaum ... (et al).: Cambridge University Press, September 2016, pp 405-411.


This article describes the Healthy and Productive Work Strategic Signature initiative, jointly led and funded by the Canadian Institutes of Health Research (CIHR) and the Social Sciences and Humanities Research Council of Canada (SSHRC). The initiative aims to build capacity to study and develop interventions aimed at accommodating the health needs of older workers, caregivers, people with disabilities and workers with mental health challenges. It also aims to apply a sex and gender lens to these issues in order to address gender equality and improve health outcomes for different groups of workers. (JL)

ISSN: 07149808

From: journals.cambridge.org/cjg

Happy living in darkness!: Indoor lighting in relation to activities of daily living, visual and general health in 75-year-olds living at home; by Grethe Eilertsen, Gunnar Horgen, Tor Martin Kvikstad, Helle K Falkenbert.: Taylor and Francis, April-June 2016, pp 199-213.


Lighting has been identified as a significant environmental attribute for promoting vision and general health among older people, enabling successful ageing at home, but it has received little attention in the literature. Indoor lighting levels, self-reported vision and general health, and activities of daily life were measured in 114 healthy 75-year-old Norwegians. Despite very low levels of indoor lighting, the subjects were happy and healthy. There is a large discrepancy between self-assessed health and recommended lighting levels, and low awareness of the effect of lighting on age-related vision loss or daily living in the future. Knowledge of how to utilise indoor lighting to ensure healthy and safe ageing for those living in their own homes is needed. (RH)

In Europe, around 20% of women and 30% of men have a degree of hearing loss by age 70. Untreated hearing loss puts pressures on Europe's already struggling health and social care systems, partly because it risks the onset of other diseases. Innovative technologies such as cochlear implant offer a real solution for the individual with a hearing loss too high to benefit from a hearing aid. Action from European policy-makers is called for to help realise awareness of the condition, facilitate access to these technologies where appropriate, and share best practice amongst Member States. (RH)

Meeting the needs of visually impaired people living in Lifetime Homes; by Cliona Rooney, Karim Hadjri, Mairin Rooney (et al.).: Taylor and Francis, April-June 2016, pp 123-140.

The authors explore perceptions on the suitability and effectiveness of Lifetime Homes standards (LTHS) for those with visual impairment in Northern Ireland. LTHS are a series of mandatory United Kingdom public-sector housing design interventions, providing a model for ensuring accessible and adaptable homes throughout an occupant's life span. An ageing demographic with increasing incidence of diabetes has led to rising numbers of older, visually impaired people wanting to remain in their homes for longer. Qualitative semi-structured interviews were conducted with 13 key stakeholders and thematically analysed. Although findings show that employing LTHS offers benefits to visually impaired residents, shortcomings were also identified. Evidence indicates a need for policy makers, health-care professionals and housing associations to modify practices, to better meet the housing needs of visually impaired people. Findings may also be applicable to those with other impairments and disabilities in relation to housing for older residents. (RH)


As part of long-term care reforms, home-care organisations in the Netherlands are required to strengthen the linkage between formal and informal caregivers of home-dwelling older adults. Information on the variety in mixed care networks may help home-care organisations to develop network type-dependent strategies to connect with informal caregivers. This study first explores how structural (size, composition) and functional features (contact and task overlap between formal and informal caregivers) contribute to different types of mixed care networks. Second, it examines to what degree these network types are associated with the care recipients' characteristics. Through home-care organisations in Amsterdam, the Netherlands, the authors selected 74 frail home-dwelling clients who were receiving care in 2011-2012 from both informal and formal caregivers. The care networks of these older adults were identified by listing all persons providing help with five different types of tasks. This resulted in care networks comprising an average of 9.7 caregivers, of whom 67% were formal caregivers. On average, there was contact between caregivers within 34% of the formal-informal dyads, and both caregivers carried out at least one similar type of task in 29% of these dyads. A principal component analysis of size, composition, contact and task overlap showed two distinct network dimensions from which four network types were constructed: a small mixed care network, a small formal network, a large mixed network, and a large formal network. Bivariate analyses showed that the care recipients' activities of daily living level, memory problems, social network, perceived control of care and level of mastery differed significantly between these four types. The results imply that different network types require different actions from formal home-care organisations, such as mobilising the social network in small formal networks, decreasing task differentiation in large formal networks, and assigning co-ordination tasks to specific dyads in large mixed care networks. (RH)
Mobility changes during the first years of retirement; by Jessica Berg.: Emerald, 2016, pp 131-140.
Quality in Ageing and Older Adults, vol 17, no 2, 2016, pp 131-140.
Mobility is an important aspect of well-being, activity and participation. Retiring from paid work is a transition in later life when people need to adjust to a new daily structure and fill the day with activities other than work. Life-course transitions influence demands for mobility and choice of travel mode as people adapt to new circumstances and learning processes. This paper is explores how mobility strategies develop during the first years of retirement. A qualitative analysis was conducted, based on initial interviews with 27 retired people during their first year of retirement and again, about three years later. Important changes during the first years of retirement included illness or a decline in physical health. Mobility had become a means of achieving certain goals after an illness, such as learning to walk, being able to drive, or enjoying the time that was left. While some enjoyed not having commitments, others experienced difficulties in filling the day. The results indicate four dimensions of mobility: means of carrying out activities which are needed and desired; resources for creating activities; a leisure activity in itself; and subordinate to staying at home. (RH)
ISSN: 14717794
From: www.emeraldgrouppublishing.com/qaoa.htm

The needs and aspirations of older people with vision impairment: report for the Thomas Pocklington Trust; by Sheila Peace, Jeanne Katz, Caroline Holland, Rebecca Jones, Faculty of Health and Social Care, Open University; Thomas Pocklington Trust, Milton Keynes; London: Open University; Thomas Pocklington Trust, October 2016, 79 pp.
There is a growing body of national and international literature concerning vision impairment (VI) and growing older. This report summarises the views of older people with vision impairment living in a variety of domestic environments across England. They were recruited through contacts in VI voluntary organisations, including those supporting people from Black and Asian minority ethnic groups. The focus is on the everyday experiences of those with more complex vision impairment alongside other health and welfare issues that can be disabling in later life. The report's findings cover housing and living arrangements (including adaptations to accommodation and use of assistive technology); coping with activities of daily living (ADLs) and spending the day at home; getting out and about and a vision-friendly environment; formal and informal support; health and well-being and quality of life. (RH)

Negotiating control: from recognizing a need to making a decision to apply for a housing adaptation; by Lisa Ekstam, Agneta Malmgren Fange, Gunilla Carlsson.: Taylor and Francis, October-December 2016, pp 345-359.
A housing adaptation (HA) can enable independent living in one's own home, but deciding to change the home environment can be a thought-provoking matter. This Swedish study explored the applicant's perspective and decision-making process when applying for an HA grant. Seventeen people were interviewed about their application for such a grant, and the data were analysed using a constant comparative approach. The findings illustrated how the participants negotiated control in their everyday lives as they went from recognising a need, to then deciding to apply for an HA grant. Before coming to a decision, alternative solutions were considered, and their expectations on the effect of having an HA were explored. This knowledge is useful for professionals and caregivers in helping to support people during the HA decision-making process. (RH)
ISSN: 02763893
From: http://www.tandfonline.com

New models of assessment and prescription of smart assisted living technologies for personalised support of older and disabled people; by Kevin Doughty, Gareth Williams.: Emerald, 2016, pp 39-50.
The purpose of this paper was to introduce an end-to-end process to improve the prescription, uptake and utilisation of assisted living technologies in order to improve outcomes for older and disabled people. The approach involved consideration of the ways in which people's support needs were considered and how a more relevant picture could be drawn using their own goals and the issues and obstacles that prevent them achieving improvement. New models of support were introduced in order to improve the suitability of prescriptions for people who lived under different circumstances, sometimes with family carers. It was found that the application of an enhanced assessment approach required professionals and family members to understand more about the range of available technologies and their limitations. In order to avoid rejection of the technology, there would be a need for service providers to extend the range of applications that they offer, and to consider the suitability of the home environment for introducing new systems. (JL)
The role of aging and disability resource centers in serving adults aging with intellectual disabilities and their families: findings from seven states; by Caitlin E Coyle, Michelle Putman, John Kramer, Jan E Mutchler.: Taylor and Francis, January-March 2016, pp 1-14.

The aim of this New Zealand study was to establish associations between sensory-related disability and quality of life (QOL). 3,817 people aged 75 years and older, including 173 Maori aged 61 years and older, were surveyed. Measures included: sociodemographic and health factors; World Health Organization quality of life (WHOQOL)-BREF for QOL; and self-rated hearing- and vision-related disability. Hearing disability was reported by 866 (51%) men and 736 (36%) women. A total of 974 (26% of all, 61% of hearing disabled) used hearing aids. A total of 513 (30%) men and 618 (30%) women reported vision disability. Vision and hearing disability were both independently associated with lower QOL, with hearing difficulty affecting physical and social domains more, and the environmental domain least. Vision difficulty impacted the environmental domain most and the social domain least. QOL impact was higher for those with both hearing and visual disability (631, 17%). Overall the study concluded that hearing and vision disability are associated with poorer QOL. (JL)

ISSN: 08959420
From: http://tandfonline.com

Supporting the pillars of life quality in long-term care; by Tracey McDonald.: Routledge, July-September 2016, pp 167-183.

Issues of life quality and what that means for the population who are ageing and becoming frail in large numbers require new thinking regarding a practical application of quality of life theory to enhance the experience of living in aged care contexts. Quality of life also has importance for care providers wishing to judge the quality of their services. Assumptions that disease and disability dictate life quality undermine the centrality of individual experiences, and assumptions regarding spirituality and religion can confuse approaches to services offered to a cohort of people whose focus is on spiritual well-being. Information gathered on aged care residents’ experiences of life quality can focus attention on supporting positive experiences during late age. If the potential for quality of life is strengthened, individual pursuit of higher meaning may be fostered. Appropriate support and care within care services can be enhanced through reliable assessment of factors that sustain quality of life. It is argued that quality of life can exist separately from disease or disability, that spirituality and religion are not synonymous, and that concepts of life quality and spirituality are not causally related and are therefore more reliably assessed as separate phenomena. (JL)

ISSN: 15528030
From: http://www.tandfonline.com


Health and Social Care in the Community, vol 24, no 1, January 2016, pp 39-47.
This study concerns older Deaf sign language users in the UK. Its aim was to explore how to enable effective information access and promote awareness and understanding of dementia from a culturally Deaf perspective. A purposive sample of 26 Deaf people without dementia participated in one of three focus groups facilitated directly in British Sign Language (BSL) without an intermediate interpreter. The sample was differentiated by
age, role in the Deaf community, and diversity of educational attainment and professional experience. A phenomenological approach underpinned the thematic analysis of data. The findings demonstrate: (i) translation into (BSL) is a necessary but not sufficient condition to support understanding. Attention to culturally preferred means of engagement with information is vital; (ii) the content of information is best presented utilising structures and formats which cohere with Deaf people's visual cognitive strengths; and (iii) the importance of cultural values and cultural practices in raising awareness and building understanding of dementia. These include collective rather than individual responsibility for knowledge transfer and the pan-national nature of knowledge transfer among Deaf people(s). The discussion demonstrates how these specific features of effective information access and awareness building have universal implications relevant to public engagement and the promotion of general knowledge consistent with the National Dementia Strategy (England). (RH)

ISSN: 09660410
From: wileyonlinelibrary.com/journals.hsc

This Research Findings brief presents the key findings of a study aimed at garnering diverse views from some of the oldest old and those from a variety of cultural backgrounds, showing how everyday lives are personally and socially interdependent. It summarises research commissioned by Thomas Pocklington Trust to investigate the needs and aspirations of older people with various eye conditions living in community settings in England. The research was conducted by Sheila Peace, Jeanne Katz, Caroline Holland and Rebecca L Jones from the Open University. A large print version (14 pp) of this report is also available. (RH)
From: http://www.pocklington-trust.org.uk/project/understanding-lives-older-people-vision-impairment/

People with dementia are prone to sensory deprivation, but symptoms like irritability and confusion can be avoided by using multi-sensory life stories. A 'sensory story' is a concise narrative, in which each section of the text is partnered with a relevant sensory experience; each story typically targets a broad range of senses. The authors describe two successful approaches to sensory life story work with people with dementia. (RH)
ISSN: 13518372
From: www.careinfo.org

The safeguarding and protection components of the Social Services and Well-being (Wales) Act 2014 offers the culmination of four years' consultation by the Law Commission and many years of evolving policy and practice with a view to protecting adults from harm. The purpose of this paper was to offer both scrutiny and challenge for Wales's policymakers and practitioners alike. The author argues that Wales has failed to implement previous recommendations in relation to institutional abuse. Currently in Wales, there are individuals employed in safeguarding lead roles who have no social care qualification. This apparent 'loophole' has not to date been highlighted by either of the regulatory bodies within Wales (CSSIW/CCfW). However the Williams Review in April 2014 is set to change the local authority landscape in Wales, and there is scope for developing the function of adult safeguarding. Wales's failure to recognise institutional abuse as a distinct category may have impacted on its ability to respond to abuse in nursing and care as well as hospital settings. This failure is not the only safeguarding anomaly within Wales's arrangements for protecting those who are at risk of abuse. The paper goes on to describe gaps in the NHS and professional accountability. (JL)
ISSN: 14668203
From: www.emeraldgrouppublishing.com/jap.htm

"Why would I want to go out?": age-related vision loss and social participation; by Debbie Laliberte Rudman ... (et al.).: Cambridge University Press, December 2016, pp 465-478.
Social participation, a key determinant of healthy ageing, is often negatively impacted by age-related vision loss (ARVL). This grounded theory study aimed to understand social participation as a process negotiated in everyday life by older adults with ARVL. Interviews, audio diaries and life space maps were used to collect data with 21 older adults in two Ontario cities. Inductive data analysis resulted in a transactional model of the process of negotiating social participation in context. This model depicted how environmental features and resources, skills and abilities, and risks and vulnerabilities transacted with values and priorities to affect if and how social participation occurred within the context of daily life. The findings pointed to several ways that research and
services addressing the social participation of older adults with ARVL need to expand, particularly in relation to environmental features and resources, risk and the prioritisation of independence. (JL)
ISSN: 07149808
From: journals.cambridge.org/cjg

2015

Correlates of attitudes toward personal aging in older assisted living residents; by Nan Sook Park, Yuri Jang, Beom S Lee ... (et al).: Taylor and Francis, April 2015, pp 232-252.
This study explored factors contributing to older adults' self-perceptions about their own ageing in assisted living (AL) communities. Data analysis was completed based on interviews with 150 older residents from 17 AL communities in the United States. The study examined the effect of objective factors (health-related variables/negative life events) and subjective factors (satisfaction with facility/social support) on residents' attitudes toward personal ageing and assessed whether health perception mediated the relationship between health-related variables/negative life events and residents' attitudes toward personal ageing. Multiple regression analyses found that functional disability and hearing impairment negatively affected attitudes toward personal ageing among AL residents, and satisfaction with social support positively influenced attitudes. Health perception mediated attitudes toward personal ageing. Findings suggest the importance of social workers helping older AL residents recognise social support as a means of promoting their positive self-regard. (JL)
ISSN: 01634372
From: http://www.tandfonline.com

Findings, 3170, December 2015, pp.
There is a strong link between hearing loss and dementia. People with mild hearing loss have nearly twice the chance of going on to develop dementia as people without any hearing loss. Research from the Deaf from Dementia project suggested that awareness of dementia in the deaf community is low, as is the uptake of dementia support. This report focuses on a programme of dementia awareness for deaf people which aimed to break down barriers people in the deaf community face in accessing dementia support. From January 2014 until July 2015, bespoke resources for the deaf community were developed and delivered collaboratively by Alzheimer's Society in Northern Ireland and British Deaf Association. (NH)
ISSN: 09583084

This analysis used data from the Survey of Income and Program Participation (SIPP) to examine whether veteran and disability statuses were jointly associated with poverty and material hardship among households that included an older adult. Compared to households that did not include a person with a disability or veteran, disabled nonveteran households were more likely to be in poverty and to experience home hardship, medical hardship and bill paying hardship. Disabled veteran households were not significantly different in terms of poverty but exhibited the highest odds of home hardship, medical hardship, bill paying hardship and food insufficiency. Implications for social work practice are discussed. (JL)
ISSN: 01634372
From: http://www.tandfonline.com

Fostering resilience later in life: a narrative approach involving people facing disabling circumstances, carers and members of minority groups; by Goetz Ottmann, Margarite Maragoudaki.: Cambridge University Press, November 2015, pp 2071-2099.
Over the last two decades, the concept of resilience has become the focus of a growing body of gerontological research. However, there is a dearth of qualitative research that explores how socio-economic and socio-cultural factors shape older people's resilience. This study addresses this gap and explores the concept of resilience through the lens of 25 Australians from a variety of backgrounds, by investigating the resilience strategies they employed in the face of different challenging life events. A qualitative narrative methodology involving one
focus group and semi-structured interviews were employed. A stratified convenience sample of 34 people aged 60 and over participated in semi-structured interviews between 2009 and 2011. The study describes the meaning participants assigned to the term resilience, and focuses on the range of resilience responses and strategies they employed, bringing to light some key commonalities and differences. The study's findings suggest that access to economic and cultural resources and the nature of the adversity older people face can shape and limit their resilience strategies. The article outlines how the concept of resilience could be incorporated into aged care practice. It argues that resilience-focused interventions that potentially broaden the resilience repertoire of older people should be explored within an aged care context. (RH)

ISSN: 0144686X
From: journals.cambridge.org/aso

Home adaptations, integration and the Care Act; by Care & Repair England. [Nottingham]: Care & Repair England, 2015, 8 pp (Integration briefing, 2).

The Care Act 2014 and associated regulations and statutory guidance provides the context for the assessment of and response to potential care and support needs of adults and carers, including the adaptation of properties. Implementation of parts of the Act began in April 2015. This briefing aims to explain the connections between the Act and the provision of help with home adaptations, particularly Disabled Facilities Grants (DFGs), and to note opportunities for integration, also the role of prevention. The briefing is aimed at those who plan, commission and provide health care, social care and/or housing related provision; Directors of Public Health; Directors of Social Services; Members of Health and Wellbeing Boards; and patient and service user representatives. Complementary to the briefing are some 'cameos' of local good practice in provision of home adaptations (see https://homeadaptationsconsortium.wordpress.com/good-practice/). The Briefing and the good practice information are backed by Public Health England and endorsed by the Home Adaptations Consortium. (RH)


How can and should UK society adjust to dementia?; by Carol Thomas, Christine Milligan, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, June 2015, 23 pp (Inspiring social change; Ref: 3132).

Shows that the application of the social model of disability to living with dementia results in some important insights and observations, and throws light on the way that disablism overlaps with ageism in society. The authors draw attention to the necessity of uncovering the theoretical perspectives that help to explain the social barriers that the social model of disability highlights in the lives of people with dementia, which in turn has directed the focus toward useful concepts such as intersectionality and psycho-emotional disablism. They set out approaches to dementia that are at odds with conventional thinking in official and medical circles. This paper is a contribution to the JRF programme Dementia Without Walls. (NH/RH)

From: https://www.jrf.org.uk/report/how-can-and-should-uk-society-adjust-dementia

Improving later life: vulnerability and resilience in older people; by Susan Davidson, Phil Rossall (eds), Age UK, London: Age UK, [ 2015 ], 86 pp.

Eminent gerontologists present their observations on the key aspects of vulnerability in later life in respect of: social engagement; resources (financial, housing and age-friendly neighbourhoods); health and disability; cognitive and mental health; and cross-cutting themes (including carers and resilience). Among suggestions made is that, in general, we can all adopt a holistic view of all kinds of vulnerability in later life as the main focus, rather concentrating on parts of the problem or parts of the body. Also recommended are: making better use of the research evidence to identify problems earlier and to target resources; concentrating more on combating the effects of neighbourhood deprivation; working towards providing an age-friendly environment; facilitating home adaptations, aids and a better range of housing options; and rooting out ageism among professionals and society in general. (RH)

From: Age UK, Tavis House, 1-6 Tavistock Square, London WC1H 9NA. Website: www.ageuk.org.uk


Intellectual disability (ID) can be understood as an incomplete development of the brain in the prenatal, perinatal or postnatal period before the age of 18. This article aims to explore how older people with ID living in group accommodation describe their lived experience in relation to ageing and later life. The article is based on a study with a phenomenological approach, grounded on the concept of life-world. Individual, qualitative interviews were conducted with 12 people with ID (five men, seven women), between the ages of 48 and 71 (mean=64), who lived in four different group accommodation units in southern Sweden. A descriptive
Mobility and out-of-home activities of older people living in suburban environments: 'Because I'm a driver, I don't have a problem'; by Elisabeth Zeitler, Laurie Buys.: Cambridge University Press, April 2015, pp 785-808. Ageing and Society, vol 35, no 4, April 2015, pp 785-808.

Governments are challenged by the need to ensure that ageing populations stay active and engaged as they age. Therefore, it is critical to investigate the role of mobility in older people's engagement in out-of-home activities, and to identify the experiences they have within their communities. This research investigates older people's use of transport and its implications for their out-of-home activities within suburban environments. The qualitative, mixed-method approach employed data collection methods which included a daily travel diary (including a questionnaire), Global Positioning System (GPS) tracking, and semi-structured interviews with older people living in suburban environments in Brisbane, Australia. Results show that older people are mobile throughout the city, and their car provides them with that opportunity to access desired destinations. This ability to drive allows older people to live independently and to assist others who do not drive, particularly where transport alternatives are not as accessible. The ability to transport goods and other people is a significant advantage of the private car over other transport options. People with no access to private transport who live in low-density environments are disadvantaged when it comes to participation within the community. Further research is needed to better understand the relationship between transport and participation within the community environment, to assist policy makers and city and transport planners to develop strategies for age-friendly environments within the community. (RH)

ISSN: 0144686X
From : journals.cambridge.org/aso


Music in Hospitals (MiH) is a registered charity and a leading provider of professionally performed live music to people in care, especially older people. Its Fundraising Manager outlines the ways in which MiH fulfils its overall aim of improving the quality of life of sick and disabled people through its live music projects. (RH)

ISSN: 13571109
From : www.ageuk.org/london


The purpose of this paper was to explore the perceived low number of Scottish criminal convictions in cases of ill-treatment or wilful neglect of adults where the victims experienced mental disorder and/or incapacity. Human rights and anti-discrimination legislation were drawn upon to consider whether victims were gaining equality of access to justice through the charging and conviction of those who committed these offences. The paper used the concept of parity of participation to first set out the wider legal framework in which access of justice took place and to try to determine how it may have been working in practice. The paper then explored Scottish guidance, research and case law in relation to ill-treatment or wilful neglect to evaluate the seeming lack of progress towards criminal convictions. Whilst the legal framework, at least on paper, appears to promote equality of access to justice, little is known about how it is working in practice _ in particular whether cultural barriers to participation are being addressed. Evaluation of Scottish statistical data on cases of ill-treatment and wilful neglect revealed a small number of cases progressing to court though there were challenges in constructing a pathway from charges to convictions. There also appeared to be no Scottish legal opinions published in connection with these cases. Overall there appears to be scant information available on the number and nature of Scottish prosecutions for ill-treatment or wilful neglect. (JL)

Working with Older People, vol 19, no 2, 2015, pp 94-103.

This paper highlights ways in which support for carers could be improved in the context of the introduction of the Care Act 2014 in England. It considers the experiences of carers caring for an adult child, particularly as they affect the transition from midlife into older age. It explores aspects affecting the vast majority of carers, such as accessing information and services, but focuses on the specific concerns of those caring for a child with a life-long disability or a child who acquires a long-term health problem in adolescence or adulthood. The paper draws on interview data which consisted of 86 face-to-face interviews with purposefully selected participants, most of whom were white British and female, based in four local authorities. At the end of the study in 2014, the authors held a series of five focus groups for practitioners and carers to explore how the emerging findings chimed with their experiences, and to refine the study's messages for practice. The data from interviews are set in the context of policy and practice developments in social care in England. The paper draws attention to the need for practitioners to find ways of involving carers in decision making without compromising the rights to autonomy and choice on the part of the person cared for. Commissioning services and practitioners both need to acknowledge that parent carers need assurances about the long-term viability and quality of the plans that are developed for the person they support. The implications of planning research and conducting research with family carers are explored, and their similarities with practice encounters identified. The paper highlights the necessity of talking about the future with parent carers, making plans for possible and highly likely events, addressing mortality, and being aware of the potential for a deeply held sense of pessimism and unspoken distress among carers. Some participants seemed to feel that practitioners conveyed a sense that they were inadequate or unwilling to discuss these matters; and practitioners who suspect this may apply to them or their team could usefully consider seeking skills development to improve their practice. (RH)

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From: www.emeraldgrouppublishing.com/jap.htm


Quality in Ageing and Older Adults, vol 16, no 4, 2015, pp 208-221.

The authors used a cross-sectional study to explore the relationship of self-determination with degree of dependence in daily activities among community-dwelling people aged 80+ with a varied degree of dependence in daily activities. Self-determination in daily life was assessed with the statements from the Impact on Participation and Autonomy - Older persons (IPA-O); the degree of dependence in daily activities was assessed with the activities of daily living (ADL) staircase. Data were analysed using Fisher's exact test, and the relative risk with a 95 per cent confidence interval was used to explore the risk of perceiving reduced self-determination in daily life. Compared to the independent people, the perceived self-determination was significantly lower among those dependent in instrumental activities of daily living (IADLs), and those dependent in personal activities of daily living (P-ADL). Reduced self-determination was most pronounced in people requiring help with P-ADL. The following key features could be applied to support the community-dwelling older people's self-determination: incorporating a dialogue where self-determined questions are raised; adopting a person-centred approach between the people involved; and acknowledging older people's capabilities - what they are able to do and to be, and what they value. This study highlights the need to integrate a self-determined dialogue into healthcare, where the older person and the professional focus on self-determined questions. (RH)

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From: www.emeraldgrouppublishing.com/wwop.htm


The report focuses on the right of people with disabilities to social protection. The Special Rapporteur seeks to provide guidance to States on the requirements to establish disability-inclusive social protection systems that promote active citizenship, social inclusion and community participation of people with disabilities, in conformity with the Convention on the Rights of Persons with Disabilities, while acknowledging the existing
difficulties in implementation. Key elements for building disability-inclusive social protection systems include: legal and institutional frameworks; system design; disability benefits; targeting and eligibility; relevance of benefit packages; non-discrimination; accessibility; participation; and resource implications. (RH)


A sharper focus on older people; by Sense; University of Chester.: Sense, Spring 2015, pp 32-34.
New research commissioned by Sense has explored the experiences of older people with failing sight and hearing - and the different ways that they have tried to cope with this. The Late life Acquired Dual Sensory Impairment Project offers many insights and makes timely recommendations for the future. Among recommendations from this qualitative research was the importance of early intervention - that is, receiving help at an early stage. A full summary of this research is also available on the Sense website(see: https://www.sense.org.uk/content/funded-projects). (RH)
ISSN: 13674664
From: www.sense.org.uk

In developing countries, particularly in Africa, institutional care facilities are lacking. This paper examines how care-giving to adults and/or children and care-receiving is associated with the health and well-being of older people aged 50+ in rural South Africa. Data used are from a cross-sectional survey adapted from the World Health Organization (WHO) Study on Global Ageing and Adult Health (SAGE) conducted in 2009/10 in rural South Africa. Bivariate statistics and multivariate logistical regression were used to assess the relationship between care-giving and/or care-receiving with functional disability, quality of life or emotional well-being, and self-rated health status, adjusted for socio-demographic factors. Of the 422 older people in the survey, 63% were care-givers to at least one young adult or child, 27% were care-givers due to HIV-related reasons in young adults, and 84% of participants were care-recipients mainly from adult children, grandchildren and spouse. In logistic regressions adjusting for sex, age, marital status, education, receipt of grants, household headship, household wealth and HIV status, care-giving was statistically significantly associated with good functional ability as measured by ability to perform activities of daily living (ADLs). This relationship was stronger for older people providing care-giving to adults than to children. In contrast, care-givers were less likely to report good emotional well-being; again the relationship was stronger for care-givers to adults than children. Simultaneous care-giving and -receiving was likewise associated with good functional ability, but with about a 47% lower chance of good emotional well-being. Participants who were HIV-infected were more likely to be in better health, but less likely to be receiving care than those who were HIV-affected. The findings suggest a strong relationship between care-giving and poor emotional well-being via an economic or psychological stressor pathway. Interventions that improve older people's socio-economic circumstances and reduce financial hardship, as well as those that provide social support would go some way towards mitigating this relationship. (RH)
ISSN: 0144686X
From: journals.cambridge.org/aso

2014

Alone in the crowd: loneliness and diversity; by Campaign to End Loneliness; Calouste Gulbenkian Foundation. London: Campaign to End Loneliness; Calouste Gulbenkian Foundation, 2014, 52 pp.
Anyone can become lonely, but some circumstances and some characteristics seem to leave us particularly vulnerable to loneliness. There are some common transitions - for example relationship breakdown, redundancy, retirement, or decline in health - which can trigger a sudden change in circumstances and a downward spiral into loneliness. This collection of ten essays is written by the leaders of organisations working with groups who are at increased risk of loneliness: alcoholics; carers; people diagnosed with cancer; older lesbians, gays and bisexuals (LGBs); care home residents; minority ethnic groups; people with dementia or mental health problems; and older disabled people such as those with sight problems. The essays aim to help us understand better who experiences loneliness, what particular challenges they may face, and how the loneliness of these individuals could be alleviated. (RH)
From: Calouste Gulbenkian Foundation UK, 50 Hoxton Square, London N1 6PB.
Alternate housing models for older people with disabilities: their clientele, structures and resources in relation to the quality of and satisfaction with care delivery; by Nicole Dubuc, Marie-France Dubois, Louis Demers (et al.).: Cambridge University Press, October 2014, pp 1575-1600.

Ageing and Society, vol 34, no 9, October 2014, pp 1575-1600.

This paper reports on the study of a subsidy programme that was established in Quebec for alternate housing models (AHMs), which allows private and community organisations to offer housing services within the framework of a partnership with public health-care services. The research had three objectives. The first was to compare how facility characteristics and services provided by AHMs and nursing homes (NHs) differ. The second was to examine the personal characteristics of residents living in AHMs. The third was to compare residents with similar characteristics within AHMs and NHs in terms of unmet needs, quality of care, satisfaction with care and services, and psycho-social adaptation to the residence. A cross-sectional study was undertaken with individually matched groups to assess whether AHMs meet older people's needs in a way similar to NHs. Overall, residents in both groups had moderate to severe levels of disability; and about 60 per cent had mild to severe cognitive problems. While their general features were heterogeneous, the AHMs were more comfortable and homelike than the NHs. The quality of and satisfaction with care was appropriate in both settings, though AHMs performed better. However, only a quarter of residents in both settings evidenced a good level of psycho-social adaptation to their residence. This partnership approach is a good strategy in providing a useful range of housing types in communities that can respond to the needs of older people with moderate to severe disabilities. (RH)
ISSN: 0144686X
From: journals.cambridge.org/aso

Assessing the distributional impact of reforms to disability benefits for older people in the UK: implications of alternative measures of income and disability costs; by Ruth Hancock, Stephen Pudney.: Cambridge University Press, February 2014, pp 232-257.

Ageing and Society, vol 34, no 2, February 2014, pp 232-257.

The UK Attendance Allowance (AA) and Disability Living Allowance (DLA) are non-means-tested benefits paid to many disabled people aged 65+. They may also increase entitlements to means-tested benefits through the Severe Disability Premium (SDP). The authors investigate proposed reforms involving withdrawal of AA/DLA. The authors demonstrate that despite the present non-means-tested nature of AA/DLA, withdrawal would affect mainly low-income people, whose losses could be mitigated if SDP were retained at its current or a higher level. The authors also show the importance of the method of describing distributional impacts, and that use of inappropriate income definitions in official reports has overstated recipients' capacity to absorb the loss of these benefits. (RH)
ISSN: 0144686X
From: journals.cambridge.org/aso


Most of older people's falls occur during stair descent. Several functional parameters, including muscle strength, joint mobility and our sense of balance, may be involved, all of which deteriorate with age. This research aimed to understand the role of musculo-skeletal and sensory functions and their deterioration with ageing in stepping performance, and to find ways of improving older people's ability to descend stairs. (RH)
From: NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. www.newdynamics.group.shef.ac.uk

Clinical geropsychology: approaches to older adults with disability; by Joann P Reinhardt.: Taylor and Francis, January-February 2014, pp 76-89.

Clinical Gerontologist, vol 37, no 1, January-February 2014, pp 76-89.

With advancing old age comes increased risk of chronic physical or mental impairment and resulting disability, with many potential paths to adaptation. An understanding of the types of resources older adults may utilise to adapt to disability, and how they move through disablement and adjustment processes, can assist professionals as they work with disabled older adults to achieve optimal outcomes. This article reviews characteristics and disability trends in older adults, research and treatment issues in disability, and both clinical and public policy implications regarding disability. The example of dealing with vision loss due to age-related eye disease is used to exemplify chronic impairment, which can be accompanied by comorbid depression with resulting functional disability, and the types of resources available. Disability is considered in the context of older adults' health, personal factors and external factors representing their life circumstances. (JL)
Co-housing and intergenerational exchange: exchange of housing equity for personal care assistance in intentional communities; by Michele Coele.: Emerald, 2014, pp 75-81.

Working with Older People, vol 18, no 2, 2014, pp 75-81.

As a disabled person, the author had found it interesting to actively explore with younger people the impact upon both generations of issues around housing equity. Her paper suggests that it should be possible to devise mechanisms which will enable communities to address the changing assistance needs of disabled and older residents, whilst giving younger resident assistants an equity stake in the housing market. The existence of such mechanisms on a national scale would facilitate mobility between otherwise independent communities, and maximise the choices available to residents requiring different forms of assistance at different stages in their lives. The paper draws upon the author's personal experience of exchanging accommodation with a team of assistants. The author considers how this model could be made more sustainable and replicable. Action research is needed to explore similar models within the context of intentional communities. Two pressing social challenges could have a unified solution. Co-housing provides potential for people to remain within an intergenerational community as they grow older and develop assistance needs, while providing accommodation equity. Today's "baby boomer" generation may contribute to less advantaged future generations, by leaving behind them dedicated housing for assistants in order to make sure that such provision is present within communities in perpetuity. The author has already, and would like to test further, the potential of non-monetary exchange within intentional communities. (RH)

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For too long, hearing loss has been ignored, overlooked and disregarded, despite the millions of people experiencing hearing loss and the devastating consequences that it can have on individuals, their families and society as a whole. This report presents new data to show not only the predicted growth in the number of people with hearing loss, which is set to account for almost 20% of the total population by 2031, but also highlights a £25 billion loss to the UK economy in potential economic output. The terms of reference of the Commission on Hearing Loss were to consider the extent of the challenges posed by age-related hearing loss in the UK and how it can be tackled. The report considers the rising social cost of hearing loss; makes recommendations on an alternative model of delivering hearing services involving earlier detection of hearing loss by national screening; and looks at ways in which society could become more adaptable to hearing loss. This report has been supported by Boots Hearingcare. (RH)


Dementia and the deaf community: knowledge and service access; by Emma Ferguson-Coleman, John Keady, Alys Young.: Taylor and Francis, 2014, pp 674-682.

Aging and Mental Health, vol 18, no 6, 2014, pp 674-682.

This study concerns culturally deaf people in the United Kingdom who use British Sign Language (BSL). It explores how deaf people's knowledge about dementia and access to services is mediated by their seemingly minority cultural-linguistic status. Twenty-six members of the deaf community participated in one of three deaf-led focus groups in BSL corresponding with the sample of: deaf people over the age of 60 without dementia; deaf people aged 18-60 working in professional roles unconnected with dementia services; and ordinary members of the deaf community aged 18-60. Data were subjected to a thematic content analysis. Participants' concerns about their poor levels of knowledge and understanding of dementia were augmented by their awareness that, without sustained social contact in BSL, opportunities for earlier recognition of dementia would be lost. Although primary care services were identified as the first port of call for dementia-related concerns, there was widespread mistrust of their effectiveness because of failures in communication and cultural competence. Confirmed diagnosis of dementia was not viewed as a gateway to services and support, because deaf organisations, dementia-related organisations and mainstream adult services were perceived to be ill-equipped to respond to the needs of Deaf people with dementia. Locating problems of late diagnosis within the deaf community's poor awareness and knowledge of dementia fails to recognise the structural barriers deaf people face in timely access to services and accurate recognition of dementia-related changes. (RH)

ISSN: 13646915

From: http://tandfonline.com
Factors that influence intent to adopt a hearing aid among older people in Italy; by Nicola Cobelli, Liz Gill, Fabio Cassia, Marta Ugolini.: Wiley Blackwell, November 2014, pp 612-622.

Hearing loss is one of the most prevalent health impairments associated with ageing in developed countries, and it can result in social, emotional and communication dysfunction. Hearing loss in Italy is increasing; yet, despite the availability of free hearing aids and access to qualified community-based health professionals specialising in audiology services, their uptake remains low (about 15%-20%). This paper presents an investigation of the possible reasons why older people in Italy resist adopting a hearing aid. The authors used the literature to identify factors influencing people with hearing loss’s decision-making, and drew on the theory of reasoned action to create an explanatory model. They applied a cross-sectional design to test their hypotheses. They developed a questionnaire including 13 items related to adopting a hearing aid. Health professionals identified 400 people aged 60-90 who were candidates for a free hearing aid. Those willing to participate were sent a copy of the questionnaire and telephoned between August and September 2009; a total of 243 responded (response rate 60.8%). Linear regression analysis highlighted that a person's intention to adopt a hearing aid was positively related to attitude towards its adoption, but negatively linked to perceived subjective norms. It was found that trust in the health professional does not moderate the relationship between a person's attitude and the intention to adopt a hearing aid. However, trust does mitigate the relationship between the individual's perceived subjective norms and intentions. These findings underline the importance of the potential role that the healthcare professional could play in reducing the uncertainty created by external social pressures. For this purpose, stronger collaboration between the various health professionals involved in hearing aid provision, from diagnosis to fitting, is recommended. (RH)
ISSN: 096660410
From: wileyonlinelibrary.com/journals/hsc

Part of the Age Positive initiative, this document explains how working longer can benefit individuals, businesses, society and the economy. It looks at what is known about early labour market exits: the aim is to stop people leaving the labour market involuntarily in their 50s and early 60s. It identifies the main groups affected: carers; disabled people and those with health conditions; and people who are made redundant. It considers how skills, workplace factors, financial security and incentives can help people stay in work longer. (RH)
From: Download available at: https://www.gov.uk/government/publications/fuller-working-lives-a-framework-for-action

The population of those with severe and complex needs is growing. This article reports findings from a scoping review of the literature on good practice in social care for disabled adults and older people with severe and complex needs. Scoping reviews differ from systematic reviews in that they aim to map relevant literature across an area of interest. This review formed part of a larger study, to identify social care service models with characteristics desired by people with severe and complex needs and scope the evidence of effectiveness. Systematic database searches were conducted for literature published between January 1997 and February 2011 on good practice in UK social care services for three groups: young adults with life-limiting conditions; adults who had suffered a brain injury or spinal injury and had severe or complex needs; and older people with dementia and complex needs. 5098 potentially relevant records were identified through electronic searching and 51 by hand. 86 papers were selected for inclusion, from which 29 studies of specific services were identified. However, only four of these evaluated a service model against a comparison group, and only six reported any evidence of costs. 35 papers advocated person-centred support for people with complex needs, but no well-supported evaluation evidence was found in favour of any particular approach to delivering this. The strongest evaluation evidence indicated the effectiveness of a multidisciplinary specialist team for young adults; intensive case management for older people with advanced dementia; a specialist social worker with a budget for domiciliary care working with psycho-geriatric inpatients; and interprofessional training for community mental health professionals. The dearth of robust evaluation evidence identified through this review points to an urgent need for more rigorous evaluation of models of social care for disabled adults and older people with severe and complex needs. (RH)
Quality in Ageing and Older Adults, vol 15 no 4, 2014, pp 220-231.
An online survey was distributed to audiologists working in the UK NHS and private sector via their professional organisations in order to explore their views and experiences of working with older adults with dementia. 312 audiologists took part in the survey, which collected both quantitative and qualitative data. Basic descriptive statistics summarised the quantitative responses. The qualitative data were analysed using conventional thematic approaches. The quantitative data demonstrated that the vast majority of audiologists (96%) had treated someone with dementia. Despite this, 65% of respondents did not feel adequately supported to help this service user population. Four overarching themes were used to explain the qualitative data: integrated and individualised care; formal (including training) vs experiential knowledge; the interaction between dementia and hearing; and using the technology. Given the anticipated increase in rates of dementia within the population and the potential for hearing impairment to exacerbate the symptoms, this study highlights the unique role audiologists have. The need for more training and development for this professional group is also identified. The self-selecting nature of the sample is a limitation which needs to be taken into account when considering the transferability and implications of the findings. (RH)
ISSN: 14717794
From : www.emeraldinsight.com/qaoa.htm

Late life hoarding is a serious psychiatric condition with significant implications in health and functioning. Geriatric hoarding patients show greater impairment in activities of daily living and have a greater number of medical conditions compared with non-hoarders of the same age. This study examined the relationship between geriatric hoarding severity and functional disability severity. 65 subjects aged 60 or older with hoarding disorder (HD) participated in the current study. Participants were assessed with measures of hoarding severity, psychiatric symptoms and general disability. Hierarchical regression was used to test the unique association of hoarding symptoms with functional disability beyond the effects of demographic factors, anxiety and depression. Study results showed that when controlling for demographics (age and gender) and psychiatric symptoms (anxiety and depression), hoarding severity predicts functional disability severity. Analyses also showed that clinician-administered measures of hoarding are stronger predictors of disability than patient self-report measures. When treating older adults with HD, clinicians must consider symptom impact on daily life. A multidisciplinary team must be utilised to address the wide-ranging consequences of hoarding symptoms. Future work should examine how psychiatric treatment of HD affects functional disability. (JL)
ISSN: 08856230
From : www.emeraldinsight.com/qaoa.htm

The emerging phenomenon of ageing with an intellectual disability has become subject to an increasing research focus in recent years. However, there remains little knowledge regarding the specific impediments that community workers face in supporting this cohort. This study aimed to identify the major factors that direct care staff believe have most impact upon individuals ageing with an intellectual disability in the community. A three-round Delphi project was conducted across rural areas of New South Wales in Australia with 31 disability support workers, to gain their perspectives on the main impediments facing a person ageing with intellectual disability. The 2010 study identified that the issue of ageing with an intellectual disability was presenting significant problems for community-based service delivery to this group of people. The panel identified 25 different impediments to the provision of support. A thematic analysis of the items indicated three main themes of 'funding', 'training' and 'access to services'. By identifying these impediments to supporting people ageing with an intellectual disability in the community, both services and government funding bodies have the ability to plan to overcome both current and future problem areas. This identification of impediments may facilitate individuals to receive more appropriate assistance, which in turn may lead to an improved quality of life and maintenance of a community-based placement rather than premature admission to the congregate-care system. This study is particularly timely, given that Australia is in the midst of implementing a National Disability Insurance Scheme, and is an opportunity for all levels of government to agree on the mechanisms to
appropriately assist individuals with an intellectual disability to continue to be supported in the community as they age. (RH)
ISSN: 09660410
From: wileyonlinelibrary.com/journals/hsc

This evidence-based review is one of a series produced by RNIB researchers which brings together key research about blind and partially sighted people of different age groups. This review looks in more detail at the experience of older blind and partially sighted people in the UK. It includes a profile of this group (age 65+), the policies that govern their access to health, social care, and other services, and a commentary on what the evidence tells us. Some of the statistics presented relate to people aged over 85: this is the fastest growing age group in the UK, and the incidence of sight loss significantly increases for people aged over 85. A “Sight loss data tool” (rnib.org.uk/datatool) produced by RNIB provides local and regional facts and figures about blind and partially sighted people and those at risk of sight loss. (RH)
From: Download at: https://www.rnib.org.uk/sites/default/files/RNIB_Evidence_based_review_older_people.pdfRNIB, 105 Judd Street, London WC1H 9NE.

The purpose of this paper was to describe the benefits of a social prescribing service for older people with sensory impairments experiencing social isolation. The paper drew on the findings from a 12-week programme run by Sense, a voluntary sector organisation, and illustrated how integrated services, combining arts-based participation and voluntary sector support, could create positive health and wellbeing outcomes for older people. The research took a mixed-methodological approach, conducting and analysing data from interviews and dynamic observation proformas with facilitators and quantitative psychological wellbeing scores with participants throughout the course of the programme. Observations and case study data were also collected to complement and contextualise the data sets. The research found that participatory arts programmes could help combat social isolation amongst older people with sensory impairments and could offer an important alliance for social care providers who were required to reach more people under increasing financial pressures. The research also highlighted other benefits for health and wellbeing in the group including increased self-confidence, new friendships, increased mental wellbeing and reduced social isolation. The research was based on a sample size of 12 people with sensory impairments and therefore may lack generalisability. However similar outcomes for people engaging in participatory arts through social prescription are documented elsewhere in the literature. The paper includes implications for existing health and social care services and argues that delivering more integrated services that combine health and social care pathways with arts provision have the potential to create social and medical health benefits without being care/support resource heavy. (JL)
ISSN: 14769018
From: www.emeraldinsight.com/jica.htm

Supported housing and neighbourhoods for healthy ageing: findings from the Housing and Independent Living Study (HAIL); by Julie E Byles, Lynette Mackenzie, Sally Redman ... (et al.).: Wiley Blackwell, March 2014, pp 29-35.
The present study aimed to identify the extent to which homes and neighbourhoods of older community-dwelling people are ‘supportive’. A cross-sectional survey, in-home observation and interviews involving 202 participants aged 75_79 years were all carried out. Measures included SF-36 health-related quality of life and Late Life Function and Disability Instrument (LLFDI) scores, and self-reported home usability, access, safety and neighbourhood. Associations between home and neighbourhood characteristics were also assessed. Results showed that older people rated neighbourhood satisfaction highly. Many homes failed objective adaptability and safety ratings, particularly bathrooms (80% did not have a shower grab rail, 77% did not have non-slip floors); 27% of homes scored 8 or more of 25 possible hazards. There were significant correlations between perceptions of housing and neighbourhood and SF-36 and disability scores. The study concludes that many homes and neighbourhoods may not accommodate increased frailty or disability of older people into the future. (JL)
ISSN: 14406381
From: wileyonlinelibrary.com/journal/ajag
Why is it so important to consider so-called invisible older people in UK healthcare?; by Anthea Tinker, Nesar Gilani, Isabella Luthra (et al).: Emerald, 2014, pp 187-196.

Using information obtained from academic literature, government statistics and other publications from relevant organisations, this paper discusses older people who are in groups that are not readily visible to policy makers and practitioners. The authors investigated one 'invisible' group each; and comparisons and conclusions were then made collaboratively. The six underserved populations covered were older people with physical disabilities, learning disabilities, those from lesbian, gay, bisexual and transgender (LGBT) communities, older prisoners, older people with chronic long-term mental health problems (in particular depression and dementia), and those who are homeless. The issues of health needs, access to health care and provision of services are discussed. Many groups of older people seem to be absent from statistics and from policy making. The paper suggests that there needs to be more research to identify the scale of any problems and how they may be solved. There are practical implications for health and social care professionals, if they do not recognise that there are groups in society about whom little is known. Lack of knowledge and empathy may affect their approach to these groups. (RH)

ISSN: 14717794
From: www.emeraldinsight.com/qaoa.htm

2013

Age-related visual impairments and perceiving linguistic stimuli: the rarity of assessing the visual abilities of older participants in written language research; by Victoria A McGowan, Kevin B Paterson, Timothy R Jordan.: Taylor & Francis, January-February 2013, pp 70-79.

It is well established that declining visual abilities are widespread amongst older adults (aged 65 years and over) and are known to have profound effects on processing a range of visual stimuli. However, the incidence of assessing the visual abilities of older adults participating in written language research using visually presented linguistic stimuli (text, words, letters) is unknown. The authors examined all 240 articles investigating perception of visually presented linguistic stimuli (text, words, letters) by older participants, published 2000-2010 in the three foremost journals in ageing research: Experimental Aging Research; Journals of Gerontology, Series B; and Psychology and Aging. The majority of articles (68.0%) made no mention at all of participants' visual abilities (59.2%), or relied merely on participants' self-report (8.8%). Other articles (17.9%) reported participants' visual abilities without mentioning any assessment, and only 14.2% reported participants' visual abilities following appropriate assessment. The indications are that appropriate assessments of visual abilities are rarely used in language research investigating perception of visually presented linguistic stimuli by older participants. Much greater use and reporting of these assessments is needed to help reveal the processes underlying perception of written language in older populations. (RH)

ISSN: 0361073X
From: http://www.tandfonline.com

The assessment of cognition in visually impaired older adults; by Alison Killen, Michael J Firbank, Daniel Collerton ... (et al).: Oxford University Press, January 2013, pp 98-102.

Visual and cognitive impairments are common in later life, however there are very few cognitive screening tests for the visually impaired. The objective of the present study was to screen for cognitive impairment in the visually impaired. The research used a case-control study including 150 older participants with visual impairment and a control group without visual impairment using vision-independent cognitive tests and cognitive screening tests. The tests consisted of MMSEs (mini mental state examinations) and clock drawing tests (CDTs), the latter being in part vision dependent. Results showed that the scoring of the two groups did not differ in the vision-independent cognitive tests. Visually impaired patients performed poorer than controls in the vision-dependent items of the MMSE and CDT. No group difference was found when vision-independent items were added to MMSE and CDT. The test score gain by the use of vision-independent items correlated with the severity of visual impairment. The authors conclude that visually impaired patients benefit from cognitive tests which do not rely on vision. The more visually impaired the greater the benefit. (JL)

ISSN: 00020729
A better life: valuing our later years; by Philly Hare, Ilona Haslewood, Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation - JRF, December 2013, 4 pp (Ref 2950).

The Joseph Rowntree Foundation (JRF) major 5-year programme 'A better life' aimed to explore what quality of life means for older people with high support needs, and to examine what can help us all to improve our final years. The main work of commissioning and publishing projects relating to this goal finished in 2013. This paper summarises the key messages from the 'A better life' programme of work, available from the JRF website (see: www.jrf.org.uk/work/workarea/better-life). It notes key points that will inform subsequent work to disseminate the findings and to reflect on the meaning of the evidence base on issues such as challenging ageist assumptions, recognition of the increasing diversity of older people, and making simple changes to improve older people's lives. It also notes that there have been major changes since the project began, in particular cuts to or loss of services, voluntary sector organisations and local infrastructure - which are detrimental to the well-being of older people and those who support them. (RH)


Deafblind UK expands operations in Northern Ireland to further reduce isolation and enhance the lives of deafblind people; by Becky Lamont.: Emerald, 2013, pp 164-169.

Working with Older People, vol 17, no 4, 2013, pp 164-169.

The need for services catering for older deafblind people in Northern Ireland (NI) is highlighted, as is how Deafblind UK is responding, supported by funding from the Big Lottery Fund. This paper provides an overview of deafblindness in NI. Supported by research and case studies, it explains the current situation, highlights the issues of this disability, the unique response required, and how Deafblind UK's Connections NI project is meeting these needs. It confirms older deafblind people as a highly vulnerable group; yet there was a severe lack of services in the region catering for their specific needs. Based on work elsewhere in the UK and initial feedback, Deafblind UK's Connections NI project has been designed to support older deafblind people in the region to give them control over their life choices and retain independence as far as possible. The project was only launched in April 2013. Although results have been achieved by Deafblind UK elsewhere in the country, it could take some time for similar results to be seen in NI, particularly when considering the nature of the work. Deafblind UK will work alongside agencies and in the community to raise awareness of deafblindness, helping to create a clearer classification of the disability and associated issues, and deliver more targeted services that reach a higher proportion of older deafblind people in the region. (RH)

ISSN: 13663666

From : www.emeraldinsight.com/wwop.htm


This study examined the relationship between depression and functional status among a community-dwelling population of 65 years and older in South Africa. Data from the first wave of the South African National Income
Dynamics Study were used, this being the first longitudinal panel survey of a nationally representative sample of households. The study focused on the data for resident adults aged 65 years and older. Depression was assessed using the 10-item version of the Center for Epidemiologic Studies Depression Scale. Functional status, pertaining to both difficulty and dependence in activities of daily living (ADL), instrumental activities of daily living (IADL), and physical functioning and mobility (PFM), were assessed using 11 items. Functional challenges were generally higher in the older age group. There was a significant association between depression and functional dependence in ADL, IADL and PFM, but the relationship between depression and functional status, particularly PFM, appeared weaker in older age. These findings demonstrate that the relationship between depression symptoms and function is complex. Functional characteristics between older and younger old populations are diverse, and caution is indicated against overgeneralising the challenges related to depression and function among this target population. (JL)

ISSN: 08856230
From: www.orangejournal.org

Exploring the relationship between national economic indicators and relative fitness and frailty in middle-aged and older Europeans; by Olga Theou, Thomas D Brothers, Michael R Rockwood ... (et al.).: Oxford University Press, September 2013, pp 614-619.
On an individual level lower income has been associated with disability, morbidity and death. On a population level the relationship of economic indicators with health is unclear. The purpose of this study was to evaluate relative fitness and frailty in relation to national income and healthcare spending, and their relationship with mortality. The study used secondary analysis of data from the Survey of Health, Ageing and Retirement in Europe (SHARE), a longitudinal population-based survey which began in 2004. A total of 36,306 community-dwelling people aged 50 and older (16,467 men and 19,839 women) from the 15 countries which participated in the SHARE comprised the study sample. A frailty index was constructed as the proportion of deficits present in relation to the 70 deficits available in SHARE. The characteristics of the frailty index examined were mean, prevalence of frailty and proportion of the fittest group. Study findings showed that the mean value of the frailty index was lower in higher-income countries than in lower-income countries; the overall mean frailty index was negatively correlated with both gross domestic product and health expenditure. Survival in non-frail participants at 24 months was not associated with national income, whereas survival in frail people was greater in higher-income countries. A country's level of frailty and fitness in adults aged 50 years and over is strongly correlated with national economic indicators. In higher-income countries, not only is the prevalence of frailty lower, but frail people also live longer. (JL)
ISSN: 00020729
From: www.ageing.oxfordjournals.org

Exploring the relationships between choice and independence: experiences of disabled and older people; by Parvaneh Rabiee.: Oxford University Press, July 2013, pp 872-888.
Extending choice and control to the users of publicly-funded services is a cornerstone in the personalisation agenda, which was central to the previous Labour government's policies in England (from 2006) and is supported by the Coalition Government. It is assumed that giving service users greater choice and control will promote their independence. As service users are increasingly given the responsibility to determine their support, social work practitioners need to work differently with service users, in order to provide personalised support in exercising choice. This requires practitioners to have a nuanced understanding of people's concepts of independence, how people make choices about support services, and how those choices can affect their perceived independence in the longer term. This paper reports new findings from a longitudinal qualitative study of choice and control over the life course in England. Semi-structured interviews were carried out with 50 adults and older people experiencing fluctuating support needs and/or a sudden deterioration in health. The paper discusses the relationships between choice and independence as experienced by disabled and older people. The findings show that independence is not a fixed concept, but is relative and multidimensional. There are multiple relationships between the choices people make and the consequences of those choices for people's subjective views of their independence. The paper concludes by highlighting the implications of findings for the role of social work practitioners. (RH)
ISSN: 00453102
From: www.bjsw.oxfordjournals.org


The nature of interpersonal relationships, whether supportive or critical, may affect the association between health status and mental health outcomes. This study examined the potential moderating effects of social support as a buffer, and family criticism as an exacerbating factor, on the association between illness burden, functional impairment and depressive symptoms. A sample of 735 older adults aged 65 years and above was recruited from internal and family medicine primary care offices. Trained interviewers administered the Hamilton Rating Scale for Depression, Duke Social Support Inventory, and Family Emotional Involvement and Criticism Scale. Physical and mental health assessments of health, including the Karnofsky Performance Status Scale and Cumulative Illness Rating Scale, were also completed. Linear multivariable hierarchical regression results indicated that social interaction was a significant buffer, weakening the association between illness burden and depressive symptoms, whereas perceived social support buffered the relationship between functional impairment and depressive symptoms. Family criticism and instrumental social support were not significant moderators. The study concludes that the type of medical dysfunction, whether illness or impairment, may require different therapeutic and supportive approaches. Enhancement of perceived social support, for those who are impaired, and encouragement of social interactions, for those who are ill, may be important intervention targets for treatment of depressive symptoms in older adult primary care patients. (JL)

*ISSN: 08856230*  
*From: www.orangejournal.org*


The government's strategy 'Laying the foundations: a housing strategy for England' invited the Home Adaptations Consortium to lead in publishing an industry-led good practice report. This guide was originally commissioned by the Department for Communities and Local Government (DCLG) in 2010 and drafted by The Housing Consultancy Partnership in 2011 as an update to the DCLG's earlier guidance to the Disabled Facilities Grant (DFG). It was subsequently amended by members of the Consortium, whose membership includes Age UK, the Association of Charity Officers, BHTA, Care & Repair England, the College of Occupational Therapists, the Chartered Institute of Environmental Health, the Chartered Institute of Housing, Foundations, Hanover, Habinteg, Mencap, MS Society, the Papworth Trust, RL Glasspool Charity Trust and the Royal British Legion. The guide aims to provide authorities and those with service planning and provision responsibilities with clear and comprehensive information about the legal position concerning home adaptations, specifically Disabled Facilities Grant (DFG), alongside examples and ideas for service delivery. Among other subjects covered is the role of the locally-based home improvement agencies (HIAs), who support disabled and older people to enable independent living. (RH)

*Care & Repair England, The Renewal Trust Business Centre, 3 Hawksworth Street, Nottingham NG3 2EG. tel: 0115 950 6500*  
*www.careandrepair-england.org.uk*


The number of people with sight loss is expected to double by 2050 as the population ages and underlying causes such as diabetes and obesity increase. This report, commissioned by the Clothworkers' Foundation, reviews the visual impairment sector and medical research, considers the main issues for older people, and makes recommendations for funding. An accessible version (134 pp), developed according to RNIB's Clear Print design guidelines, is also available (http://www.thinknpc.org/wp-content/uploads/2013/11/IN-SIGHT-CLEAR-PRINT-REPORT.pdf). (RH)

*From: http://foundation.clothworkers.co.uk/ClothworkersFoundation/media/Publications/IN-SIGHT-REPORT-FINAL-(2).pdf*


*Age and Ageing, vol 42, no 6, November 2013, pp 696-701.*

Many chronic conditions have their roots in modifiable health-related behaviours. In this study, 4,286 women aged 60-79 in the British Women's Heart and Health Study were followed up for incident cardiovascular disease (CVD), arthritis and locomotor disability over 7 years. Also considered at baseline were self-reported smoking, alcohol consumption, exercise and fruit intake. Associations between these and each outcome, plus a composite
outcome, were investigated in those without prevalent disease at baseline using logistic regression with multiple imputation. Ex-smokers and current smokers showed increased odds of locomotor disability, CVD and the combined outcome. Less regular exercisers had increased odds of all outcomes, particularly locomotor disability. There was no evidence that alcohol or fruit intake was associated with any outcome. Population attributable fractions (PAFs) suggest in addition to the influence of smoking and alcohol, exercise accounts for 9% of incident locomotor disability, 5% of CVD and 4% of arthritis. All four lifestyle factors combined account for 17% of incident locomotor disability and 9% of incident conditions combined. Never smokers and regular exercisers had substantially reduced odds of 7-year disability onset. Low PAFs suggest changes in health-related behaviours in older women would result in only modest reductions in common chronic conditions. (RH)

From: www.ageing.oxfordjournals.org

Older people’s views on what they need to successfully adjust to life with a hearing aid; by Timothy B Kelly, Debbie Tolson, Tracy Day ... (et al).: Wiley Blackwell, May 2013, pp 293-302.


This article reports a study exploring what older people believe would enable them to adjust to and gain maximum benefit from wearing a hearing aid. A mixed methods approach was employed during 2006 involving interviews with key stakeholders, a survey across three Scottish health board areas and focus groups. Nine key stakeholders from six national and local organisations were interviewed about the needs of older people being fitted with hearing aids. In total, 240 older people with three different types of hearing impairment were surveyed: long-term users of hearing aids, new hearing aid users, and those on a waiting list from urban and rural areas (response rate = 24%). A series of eight follow-up focus groups with 31 audiology patients was held. Study findings revealed that health professionals appear to neglect appropriate provision of information and overly rely on technological interventions. Of 154 older people already fitted with hearing aids, only 52% of hearing aid users reported receiving enough practical help post fitting and only 41% reported receiving enough support. Approximately 40% reported not feeling confident in the use of their aids or their controls. Older people wanted more information than they received both before and after hearing aid fitting. Information provision and attention to the psychosocial aspects of care are key to enabling older people to adjust and optimise hearing aid benefit. (JL)

ISSN: 09660410
From: www.wileyonlinelibrary.com/journals/hsc

Predictors of mortality in men and women aged 90 and older: a nine-year follow-up study in the Vitality 90+ study; by Kristina Tiainen, Tiina Luukkaala, Antti Hervonen, Marja Jylha.: Oxford University Press, July 2013, pp 468-475.

Age and Ageing, vol 42, no 4, July 2013, pp 468-475.

Information about predictors of mortality among the oldest old is limited. Also possible gender differences are poorly known. The objective of the present study was to examine the predictors of mortality among individuals aged 90 and older, focusing on differences between men and women. The study also analysed gender differences in survival at different levels of mobility and activities in daily living (ADL). This nine-year follow-up study was part of the Vitality 90+ study, a population-based study of people aged 90 and older. All inhabitants aged 90 and older in the area of Tampere, Finland were contacted, irrespective of health or dwelling place. The study population consisted of 171 men and 717 women. Data were collected with a mailed questionnaire asking questions concerning ADL and mobility, self-rated health, chronic conditions and socio-economic factors. The participation rate was 79%. Cox regression enter models were used for the analysis. Older age, male gender, disability in ADL and mobility, poor self-rated health and institutionalisation increased the risk of mortality in the total study group. In age-adjusted Cox regression models, ADL and mobility were stronger predictors in men than in women. Among those who were partly but not totally dependent in ADL or mobility women survived longer than men. These findings show that the same health indicators that are important at younger old age also predict mortality in the oldest old. Disability increases the likelihood of death more in men than women. At a very old age, women survive longer with moderate disability than do men. (JL)

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From: www.ageing.oxfordjournals.org

Day care centres intend to improve the quality of life of disabled older adults. The aims of this paper are: (a) to examine the extent to which users of day care centres experience higher levels of quality of life compared to their peers who are non-users; and (b) to explore the relationships between the length of use and frequency of weekly attendance at day care centres and quality of life. This is a case-control study with a sample of 817 respondents, of whom 417 were users of day care centres and 400 were non-users, matched by age, gender and family physician. The study was conducted in 12 day care centres in the southern region of Israel. Data collection included face-to-face interviews using a structured questionnaire. Quality of life was found to be significantly related to the use of day care centres, but length and frequency of attendance were insignificant in explaining quality of life among users of day care centres. The study demonstrated that users of day care centres have a higher quality of life, but in a cross-sectional study causality cannot proved. Therefore, more research using quasi-experimental and longitudinal research designs is necessary, to assess causality between use and attendance at day care centres on users’ quality of life. (RH)

ISSN: 0144686X
From: journals.cambridge.org/aso

PLOS One, vol 8, no 8, August 2013, 10 pp.

Evidence is examined in respect of the relationships of disability with age from midlife to old age in the US and four European regions (England, Northern and Western Europe, Southern Europe, and Eastern Europe) including their wealth-related differences, using a flexible statistical approach to model the age-functions. The authors used data from three studies on ageing, with nationally representative samples of adults aged 50 to 85 from 15 countries (N=48225): the US-American Health and Retirement Study (HRS), the English Longitudinal Study of Ageing (ELSA), and the Survey of Health, Ageing and Retirement in Europe (SHARE). Outcomes were mobility limitations and limitations in instrumental activities of daily living (IADLs). They applied fractional polynomials of age to determine best fitting functional forms for age on disability in each region, while controlling for socio-demographic characteristics and important risk factors (hypertension, diabetes, obesity, smoking, physical inactivity). Findings showed high levels of disability in the US, with small age-related changes between 50 and 85. Levels of disability were generally lower in Eastern Europe, followed by England and Southern Europe and lowest in Northern and Western Europe. In these latter countries age-related increases of disability, though, were steeper than in the US, especially in Eastern and Southern Europe. For all countries and at all ages, disability levels were higher among adults with low wealth compared to those with high wealth, with largest wealth-related differences among those in early old age in the USA. This paper illustrates considerable variations of disability and its relationship with age. It supports the hypothesis that less developed social policies and more pronounced socioeconomic inequalities are related to higher levels of disability and an earlier onset of disability. (OFFPRINT). (RH)
From: www.plosone.org

The shifting sands of support planning; by Val Williams, Sue Porter, Steve Strong.: Emerald, 2013, pp 139-147.

The aim of this paper was to present a critical analysis of current issues about support planning within personal budgets (PBs) for disabled and older people. The paper was based on data from a round of professional workshops in five local authorities, which represented the first stage of a research study about support planning. Focus group discussions were held with participants from voluntary sector organisations (VSOs), as well as social services participants, and the paper was based on a thematic analysis of those discussions. While there
was considerable agreement about the desired outcomes for personal budget users and the ingredients of good support planning, some major concerns were voiced about current constraints. Budgetary cuts were felt to impinge negatively on support planning, and conflicts were identified for social services between the facilitation of PB users’ choices, and the need to keep budgets limited. Support planning was often being re-colonised by social services, and VSOs felt that their own role was being curtailed. Some suggestions were made about equalising the power relationships between social services, VSOs and PB users themselves. These workshops represent five local authority areas which volunteered to take part in research, building on existing good practices in support for PB users. The obstacles they identified are likely to be very general ones, and need to be addressed by strategic solutions at national and local level. (JL)
ISSN: 14769018
From: www.emeraldinsight.com/jica.htm

Trajectories of social activities from middle age to old age and late-life disability: a 36-year follow-up; by Neda Agahi, Carin Lennartsson, Ingemar Kareholt (et al.); Oxford University Press, November 2013, pp 790-793.
Age and Ageing, vol 42, no 6, November 2013, pp 790-793.
Data from the Swedish Level of Living Survey (LNU) and the Swedish Panel Study of the Oldest Old (SWEOLD) were used to examine the association between 34-year trajectories of social activity, from middle age to old age and late-life disability. LNU data from 1968, 1981, 1991 and 2000 were merged with SWEOLD data from 1992, 2002 and 2004, to create a longitudinal data set with five observation periods. Trajectories of social activities covered 1968-2002, and late-life disability was measured in 2004. The sample consisted of 729 individuals aged 33-61 at baseline (1968), who participated in at least four observation periods and who were free from mobility limitations at baseline. Four trajectories of social activity were identified and used as predictors of late-life disability. Reporting low/medium levels of social activity from mid-life to old age was the most common trajectory group. Those reporting continuously low/medium or decreasing levels of social activity had higher odds ratios for late-life disability (OR = 2.33 and OR = 2.15, respectively) compared with those having continuously high levels of activity, even when adjusting for age, sex and mobility limitations, and excluding those with baseline mobility limitations. Results suggest that the disability risk associated with social activities is related to recent levels of activity, but also that risk may accumulate over time, as indicated by the higher disability risk associated with the continuously low/medium level social activity trajectory. (RH)
ISSN: 00020729
From: www.ageing.oxfordjournals.org

Unhealthy behaviours and disability in older adults: three-city Dijon cohort study; by Fanny Artaud, Aline Dugravot, Severine Sabia (et al).
The Three City Study (3C) is a community-based study of people aged 65+ in Bordeaux, Dijon and Montpellier. This study in Dijon examined the individual and combined associations of unhealthy behaviours (low/intermediate physical activity, consuming fruit and vegetables less than once a day, current smoking/short term ex-smoking, never/former/heavy alcohol drinking), assessed at start of follow-up, with hazard of disability among older French adults and to assess the role of potential mediators, assessed repeatedly, of these associations. Participants were 3982 French community dwellers aged 65+ (2410 (60.5%) women) during 1999-2001, who were disability-free at baseline when health behaviours were assessed. They were assessed five times between 2001 and 2012 for disability (no, light, moderate, severe) combining data from three disability scales (mobility, instrumental activities of daily living, basic activities of daily living). During the 12 year follow-up, 1236 participants (861 (69.7%) women) developed moderate or severe disability. Interval censored survival analyses (adjusted for age, sex, marital status, and education) showed low or intermediate physical activity (hazard ratio 1.72, 95% confidence interval 1.48 to 2.00), consuming fruit and vegetables less than once a day (1.24, 1.10 to 1.41), and current smoking or short term ex-smoking (1.26, 1.05 to 1.50) to be independently associated with an increased hazard of disability, whereas no robust association with alcohol consumption was found. The hazard of disability increased progressively with the number of unhealthy behaviours independently associated with disability (P<0.001); participants with three unhealthy behaviours had a 2.53 (1.86 to 3.43)-fold increased hazard of disability compared with those with none. Reverse causation bias was verified by excluding participants who developed disability in the first four years of follow-up; these analyses on 890 disability events yielded results similar to those in the main analysis. 30.5% of the association between the unhealthy behaviours score and disability was explained by body mass index (BMI), cognitive function, depressive symptoms, trauma, chronic conditions, and cardiovascular disease and its risk factors. The main contributors were chronic conditions and, to a lesser extent, depressive symptoms, trauma, and body mass index. An unhealthy lifestyle is associated with greater hazard of incident disability, and the hazard increases progressively with the number of unhealthy behaviours. Chronic conditions, depressive symptoms, trauma, and body mass index (BMI) partially explained this association. (OFFPRINT) (RH)
We can also make change: Voices of the Marginalised briefing; by Sightsavers; ADD International; HelpAge International; Alzheimer's Disease International. [Haywards Heath]: Sightsavers, 2013, 11 pp.
This is a briefing based on 'We can also make change', a report from Voices of the Marginalised, a research project in Bangladesh. It draws on the real-life stories of people with disabilities and older people in Bangladesh, as told to researchers. It finds that up to half of all people aged 60 and over live with disabilities. It recommends that policymakers must ratify and implement the United Nations Convention on the Rights of Persons with Disabilities, and support the elaboration of a UN convention on the rights of older people. Age and disability should be treated as cross-cutting themes in all post-2015 development goals. The full and equal participation of older people and people with disabilities in social and cultural life should be promoted. (RH)

2012

The present study critically examines developments in the theory, policy and practice of social care, drawing on interdisciplinary developments in political theory, sociology and social policy. Using feminist and disability rights theories, it explores a critical synthesis of conflicting normative and theoretical positions regarding the giving and receiving of care, and the ethics and justice of care. It examines case studies of current comparative policy developments across a range of different welfare regimes, exploring ideological and normative trends in the design of contemporary policies. It discusses the impact of theory and policy on the practice of care, particularly in the context of long-term care for disabled and older adults. Finally, the authors argue for the development of a citizenship-based approach to care that decouples it from individualistic and paternalistic paradigms that disempower those who both give and receive care. (JL)
ISSN: 01445596
From: wileyonlinelibrary.com/journal/spol

Determinants of disability among the elderly population in a rural south Indian community: the need to study local issues and context; by A S Duba, A P Rajkumar, M Prince (et al).
Disability among older people is a cause of significant burden; but there is dearth of relevant research from low- and middle-income countries. The authors aimed to establish the nature and factors associated with disability among 1000 participants aged over 65 years from a rural community in Kaniyambadi block, Vellore, in south India. Disability status, sociodemographic profile, psychiatric morbidity, cognitive functioning and anthropometrics were assessed using the following structured instruments: WHO Disability Assessment Scale II, Geriatric Mental State, Community Screening Instrument for Dementia, and Neuropsychiatric Inventory (NPI).The authors used appropriate multivariate statistics to study the factors associated with a higher level of disability, and to determine the population attributable fractions for various modifiable risk factors. Advanced age, illiteracy, hunger, poor nutrition, arthritis, hearing impairment, gastro-intestinal and respiratory diseases, dementia and travel costs to primary health facilities increased the risk of disability significantly. Hypertension, diabetes and depression were not associated with disability. Modifiable social determinants and medical diseases together contributed to disability in this population. Locally relevant social determinants combine with prevalent medical diseases to produce the disability burden among elderly. There is a need to focus on local contexts and modifiable risk factors to design locally appropriate public health policies and interventions. (RH)
ISSN: 10416102
From: http://www.journals.cambridge.org/ipg

Ecosystem focused therapy in poststroke depression: a preliminary study; by George S Alexopoulos, Victoria M Wilkins, Patricia Marino ... (et al).
Poststroke depression (PSD) occurs in the context of abrupt, often catastrophic disability. It finds the patient and their family unprepared and can have a devastating effect. The authors developed the Ecosystem Focused Therapy (EFT), a systematic intervention that targets the ensuing 'psychosocial storm'. It consists of five integrated components: action orientated perspectives on recovery; enhanced treatment adherence; problem solving structures; reengineered family goals; and coordination of care. This paper looked at a preliminary study of the efficacy of EFT in reducing depression and disability in 24 patients with PSD. Patients were randomly
assigned to receive weekly sessions of EFT or Education on Stroke and Depression alongside their treatment for 12 weeks. The results suggest that EFT may be more effective than Education on Stroke and Depression in reducing depressive symptoms and signs, in leading to a higher remission rate, and in lessening disability in PSD. Reduction of disability in the early part of the trial mediated later improvement in depressive symptoms. The authors suggest that beyond its potential direct benefits in PSD, EFT may also provide an appropriate context for the timely administration of pharmacotherapy and of physical, speech and occupational therapy. (JL)

ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps


This publication presents findings from research about the design of extra care housing from the perspective of people with sight loss undertaken by Judith Torrington and Alan Lewis the School of Architecture, University of Sheffield. The study asked 44 people living in 11 extra care housing schemes about their experiences of the buildings they lived in, evaluated their homes, and reviewed data from a previous evaluation of 23 extra care housing schemes. The study produced a new tool for evaluating buildings, EVOLVE (Evaluation of Older People's Living Environments), itself the outcome of research funded by the Engineering and Physical Sciences Research Council (EPSRC). The tool comprises electronic checklists that, when completed, create a new profile of how well a building can support residents. The checklists are designed to be used in a walk-through of a housing scheme. The EVOLVE toolkit is available on the Housing LIN website (at http://www.housinglin.org.uk and search for EVOLVE). (RH)

From: Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk

Foreign live-in domestic workers as caretakers of older Kuwaiti men and women: socio-demographic and health correlates; by Nasra Shah, Hanan Badr, Makhdoom Shah.

Ageing and Society, vol 32, part 6, August 2012, pp 1008-1029.

This study, from Kuwait, aimed to examine: (a) age and gender differences in care provided by a domestic worker versus a family member in the performance of activities of daily living (ADL); (b) socio-demographic correlates of care during illness; and (c) self-reported physical, functional, and psychological health status in relation to care-giver. A cross-sectional household survey was conducted among 2,487 Kuwaiti nationals aged 50 years or older. Study findings revealed that domestic workers provided care to 28 per cent of men and 58 per cent of women who needed assistance with ADL; and to 14 per cent of men and 51 per cent of women during illness. These respondents ranked poorer on several health indicators and reported higher depressive symptoms than those looked after by a family member. Logistic regression indicated that care by a domestic worker was approximately seven times more likely for women than for men, about 10.8 times more likely for those without co-resident children compared with those who had three or more co-resident children, and 44 per cent less likely for the poorest compared with the richest persons. It appears that reliance on domestic workers in Kuwait is increasing and such reliance will remain necessary in the absence of culturally acceptable alternative institutional arrangements. (JL)

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

Functional disability and psychological well-being in later life: does source of support matter?; by Shiau-Fang Chao.

Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 236-244.

This study explored the buffering effects of instrumental and emotional support from different sources against the impact of increasing functional disability on depression and life satisfaction. Random effects modelling was utilised with data from a nationwide longitudinal study in Taiwan. A total of 6722 observations from 2856 older adults over a seven-year period served as subjects of the study. The results suggested that instrumental support from family members and formal organisations as well as emotional support from families, friends and formal organisations was significantly associated with better psychological well-being among older persons in Taiwan. In addition, receiving instrumental support from family members and formal organisations can moderate the linkage between increasing functional disability and depression. The results emphasise the importance of encouraging a partnership between natural helpers and health care professionals. A good integration between formal and informal networks could more effectively meet the needs of frail older adults and their families. This study also calls for more attention to the cultural competence of health care policy and service delivery. (JL)
Hearing-impaired adults are at increased risk of experiencing emotional distress and social engagement restrictions five years later; by Bamini Gopinath, Louise Hickson, Julie Schneider ... (et al).

The present study aimed to assess both cross-sectional and temporal links between measured hearing impairment and self-perceived hearing disability, and health outcomes. 811 Blue Mountains Hearing Study participants (Sydney, Australia) aged 55 years or over were examined twice, in 1997-99 and 2002-04. Hearing levels were measured with pure-tone audiometry. The shortened version of the hearing handicap inventory (HHIE-S) was administered. Scores of 8 or below defined hearing disability. Results showed that baseline hearing impairment was strongly associated with seven of the ten HHIE-S questions five years later. Individuals with and without hearing impairment at baseline reported that they felt embarrassed and/or frustrated by their hearing problem, and that it hampered their personal/social life five years later. Hearing-impaired, compared with non-hearing-impaired adults had a significantly higher risk of developing moderate or severe hearing disability. Cross-sectionally (at wave 2), hearing disability increased the odds of depressive symptoms and low self-rated health by 80 and 46%, respectively. The authors conclude that older, hearing-impaired adults were significantly more likely to experience emotional distress and social engagement restrictions (self-perceived hearing disability) directly due to their hearing impairment. (JL)


Ageing and Society, vol 32, part 6, August 2012, pp 905-933.
This study, using nationally representative data from England and Finland, investigated receipt of help from spouse and children among community-dwelling people aged 70 years and above with functional limitations. In both countries, women and those with more functional limitations had higher odds of receiving spousal and filial help. In England, but not in Finland, those receiving formal public help had lower odds of receiving spousal help than those with no formal help. Those with low education received more filial help in England, but no association was found between formal and filial help. In Finland, the effect of education was not significant but those receiving formal help had higher odds of also receiving filial help. The results suggest that in a liberal market-led state, the role of children may be to help their parents living alone and with low financial resources. The authors conclude that in the context of a generous welfare state, children may function more as active agents bridging the gap between their parents and traditional services. (JL)

Home modification guidelines as recommended by visually impaired people; by Abbas Riazi, Mei Ying Boon, Catherine Bridge, Stephen J Dain.: Emerald, 2012, pp 270-284.
The aim of this study was to gather evidence from the perspective of people with visual impairment due to age-related macular degeneration (AMD) about the home modifications they find useful and would recommend to others with similar visual impairment. Based on the belief that people with impairments may not be aware of their own coping strategies until they are asked, the authors took a qualitative approach using semi-structured individual interviews. These were recorded and then transcribed verbatim into text for thematic analysis using Nvivo 8. In total, 31 individuals (mean age 79.1 years) with AMD and no other ocular diseases were recruited in a metropolitan city in Australia. Interviewees had not received any formal home modification assessment from a government provider. Nevertheless 70 per cent of participants said that they has undertaken home modifications themselves or with the assistance of family and friends. They perceived the most important functional modifications as: hand rails, non-slip matting, colour contrasting safety stair nosing, single lever taps, slip resistant flooring, lift chairs and motion sensors that activated pathway lighting. Kitchens, steps and bathrooms were seen as hazardous locations. Most participants had difficulties with reading fine-print material on kitchen appliances, washing machines, microwave ovens and remote controls for electronic devices in the home. (JL)


The present study aimed to describe an international comparison of dependency of long-term care residents. All Auckland aged care residents were surveyed in 1998 and 2008 using the 'Long-Term Care in Auckland' instrument. A large provider of residential aged care, Bupa-UK, performed a similar but separate functional survey in 2003, again in 2006 (including UK Residential Nursing Home Association facilities), and in 2009 which included Bupa facilities in Spain, New Zealand and Australia. The survey questionnaires were reconciled and functional impairment rates compared. Of almost 90,000 residents, prevalence of dependent mobility ranged from 27 to 47%; chronic confusion, 46 to 75%; and double incontinence, 29 to 49%. Continence trends over time were mixed, chronic confusion increased, and challenging behaviour decreased. Overall functional dependency for residents is high and comparable internationally. Available trends over time indicate that increasing resident dependency requiring care for this population is considerable and possibly increasing. (JL)

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From : wileyonlinelibrary.com/journal/ajag

Interventions in community settings that prevent or delay disablement in later life: an overview of the evidence; by Helen Frost, Sally Haw, John Frank.: Emerald, September 2012, pp 212-230.

Quality in Ageing and Older Adults, vol 13, no 3, September 2012, pp 212-230.

The population of older people in the UK is expected to rise rapidly over the next 20 years; therefore, identification of effective interventions that prevent functional decline and disablement is a public health priority. This review summarises the evidence for interventions in community settings that aim to prevent or delay disablement in later life. A search of review-level literature was conducted for September 1999-2009 of Ovid MEDLINE, EMBASE and CINAHL databases. It included interventions that aimed to prevent disablement of community-dwelling older people (50+ years old). It excluded interventions carried out in institutional care and those focused on specific disease. The reviews were screened using the AMSTAR assessment tool. The search identified 62 reviews of complex interventions; preventative home visits (n=9), integrated service delivery or case management and comprehensive geriatric assessment (n=6), falls prevention (n=17), exercise (n=15), nutritional needs (n=3), medication review (n=2), telecare or telehealth (n=5), social integration interventions (n=3) and vision screening (n=2). The review identified many areas of unknown effectiveness, partly due to non-standardised use of outcomes and poor experimental design. The most promising complex interventions include: assessment of risk factors; and direct referral to an easily accessible, comprehensive range of interventions that are tailored to need and include long-term follow-up. There is consistent evidence that exercise can be beneficial, particularly in preventing falls, but overall the evidence-base for other specific interventions is limited. The review was carried out under the auspices of the Scottish Collaboration for Public Health Research and Policy, which is co-funded by the Medical Research Council (MRC) and the Scottish Government Chief Scientist Office (CSO). (RH)

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From : www.emeraldinsight.com/journals


Many long-term care systems in economically developed countries are reliant on informal care. However in the context of population ageing, there are concerns about the future supply of informal care. This article reports on projections of informal care receipt by older people with disabilities from spouses and adult children to 2032 in England. The current projections show that the relative numbers of older people with disabilities who have a child will fall by 2032, and that the extent of informal care in future may be lower than previously estimated. The policy implications for England are discussed. (JL)

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


The awareness that people with a learning disability, particularly Down's syndrome, are at risk of dementia at a younger age brings an associated need for clarity over service planning and delivery. In order to record changes and developments in approaches, research literature documents the changing history of people with a learning
disability and, separately, people with dementia. We do not have the same knowledge about the most appropriate ways of supporting individuals who have both a learning disability and a dementia. People will already experience social exclusion due to society's interpretation on their learning disability. This review highlights the need for accurate data and statistics, an individualised approach to sharing information about the diagnosis, general and specialist training, an increased use of adapting methods of communication as dementia progresses, and a consistent staff approach across care settings. (RH)

ISSN: 13518372
From: http://www.careinfo.org/

This paper explores what people with learning disabilities and their families have to say about getting older, their experiences and feelings, and what is most important to them in later 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)

Predicting late-life disability and death by the rate of decline in physical performance measures; by Calvin Hayes Hirsch, Petra Buzkova, John A Robbins ... (et al).
In the present study the authors hypothesised that the rate of decline in physical performance in older adults may increase the risk of disability or death. For 4,182 Cardiovascular Health Study participants, the study assessed the contribution of physical performance in 1998-99, and the rate of performance change between 1992-93 and 1998-99, to the risk of death or disability in 2005-06 in three domains: mobility, upper-extremity function (UEF) and activities of daily living (ADL). The study evaluated performance in finger-tapping, grip strength, stride length, gait speed and chair stands separately and together for each outcome, adjusting for age, gender, race and years of disability in that outcome between 1992-93 and 1998-99. Participants' age averaged 79.4 in 1998-99; of these, 1,901 died over seven years. Compared with the lowest change quintile in stride length, the highest quintile had a 1.32 relative risk (RR) of ADL disability and a 1.27 RR of death. The highest change quintile for grip strength increased the risk of ADL disability by 35% and death by 31%, compared with the lowest quintile. The annual change in stride length and grip strength also predicted disability in mobility and UEF. The authors conclude that physical performance trajectories independently predict death and disability. (JL)
ISSN: 00020729

Reforming home care in ageing societies: special issue; by Tine Rostgaard, Virpi Timonen, Caroline Glendinning (eds).
This special issue features a guest editorial followed by eleven articles which focus on how different European countries are responding to the challenge of home care in the context of an ageing society. Each article analyses national policies and experiences of reforming home care for older and disabled people, and identifies some of the resulting tensions that characterise the country in question. Topics covered are as follows: the struggle between universalism and cost containment in the Netherlands; the impact of introducing a cash-for-care scheme in France; quality reform in Danish home care; payment for home care in Italy; cash-for-care and the impact of migrant care in Austria; home-based care provision within the German welfare mix; Norwegian home care in transition; home care and under-funding in England; Swedish home care in transition; ambiguity in Irish home care policy; and the retargeting of home care services in Finland. (JL)
ISSN: 09660410
From: www.wileyonlinelibrary.com/journals/hsc

The right to take risks; by Alison Faulkner.: Emerald, 2012, pp 287-296.
This article summarises a consultation by the Joseph Rowntree Foundation (JRF) that aimed to explore the views of disabled people, mental health service users and other vulnerable adults about risk. The consultation reached nine individuals and one focus group, reaching a total of 17 disabled people and service users. Their views were supplemented by the literature. Findings of the study showed that the landscape of risk and rights is highly complex. Disabled people and service users have quite different concerns about risk to those of the
professionals and the regulatory bodies acting on their behalf. Many people talked of the fear of losing their independence, of asserting their rights and the fear of powerlessness in the face of bureaucracy and (sometimes) uncaring staff. The profile of rights needs to be raised in an accessible and acceptable way - it is necessary to make the language of rights more commonplace. Raising awareness among professionals and policy makers about the risks that service users themselves fear and experience should demonstrate how important it is that the people whose risk is under consideration are involved in the process. The full report from which this paper is adapted is available on the JRF website at www.jrf.org.uk/publications. (JL)

ISSN: 14668203
From: www.emeraldinsight.com/jap.htm

Severity of age-related hearing loss is associated with impaired activities of daily living; by Bamini Gopinath, Julie Schneider, Catherine M McMahon ... (et al).

The study aimed to assess the association between hearing impairment and activity limitations as assessed by the Activities of Daily Living (ADL) scale. 1,952 Blue Mountains Hearing Study participants aged 60 years and above had their hearing levels measured using pure-tone audiometry. A survey instrument with questions on functional status as determined by the Older Americans Resources and Services ADL scale was administered. 164 (10.4%) participants reported ADL difficulty. A higher proportion of hearing impaired than non-impaired adults reported difficulties in performing three out of the seven basic ADL and six out of the seven instrumental ADL tasks. After multivariable adjustment, increased severity of hearing loss was associated with impaired ADL. Subjects with moderate to severe hearing loss had a 2.9-fold increased likelihood of reporting difficulty in ADL, compared with those without. Participants aged under 75 years with hearing loss had a twofold higher odds of impaired ADL compared with those without. Having worn or wearing a hearing aid was also associated with a twofold increased likelihood of impaired ADL. The authors conclude that functional status as measured by a common ADL scale is diminished in older hearing impaired adults. The findings suggest that severely diminished hearing could make the difference between independence and the need for formal support services or placement. (JL)

ISSN: 00020729

'There's a hell of a noise': living with a hearing loss in residential care; by Helen Pryce, Rachael Gooberman-Hill.

Age and Ageing, vol 41, no 1, January 2012, pp 40-46.
Research with older people in residential care settings has identified a high prevalence of hearing loss and low uptake of hearing aids. Hearing loss in these settings is associated with reduced social engagement. The present study aimed to explore factors affecting communicating with a hearing loss in residential care. An observational study in two residential care homes was carried out including in-depth interviews with 18 residents. Observations explored communication behaviour in everyday interactions, including mealtimes, structured groups and informal group activities. Interviews were informed by the observations and identified reasons for these behaviours and communication preferences. Study findings showed that hearing loss affected whether residents were able to access social opportunities. Two key themes influenced this: (1) contextual issues compounded communication difficulties and (2) environmental noise restricted the residents' communication choices. Problems were observed at every mealtime and during formal and informal group activities. The use of hearing aids and access to hearing services did not improve social engagement. (JL)

ISSN: 00020729

2011

Absent role of the state: analysis of social support to older people with disabilities in Rural China; by Karen R Fisher, Xiaoyuan Shang, Zhengang Li.

China is experiencing rapid population ageing and already has 44 million older people with disabilities aged over 59 years. Yet social support for this client group is undeveloped and not well researched. This article contributes by using a disability rights framework (right to life and protection, economic security and social support) to analyse local cases in rural China. It finds that, although the family is still the main provider of economic and care support to rural older people with disabilities, the absence of a state role in welfare provision has negative impacts on the well-being of older and younger generations in rural families. (JL)
Adult protection and effective action in tackling violence and hostility against disabled people: some tensions and challenges; by Chih Hoong Sin, Annie Hedges, Chloe Cook (et al).
This paper aims to discuss the sensible management of risk for disabled people, which can turn into disproportionate steps to attempt to completely eliminate risk, leading to diminished opportunities across life. Instincts to protect are heightened in the context of disabled people as potential victims of targeted violence and hostility. Individual-, organisational- and systemic-level responses can often be orientated towards protection and/or the minimisation of risk rather than towards providing access to justice and effective redress. The paper draws on evidence generated through a literature review, interviews with disabled people and interviews with representatives from a number of key organisations. For many disabled people, incidents can be persistent and ongoing. Common responses by disabled victims include avoidance and/or acceptance strategies. They are also advised by those around them and by agency staff they come in contact with to ignore perpetrators or to avoid putting themselves at risk. Criminal justice agencies may be more concerned about a victim’s disability than taking action to provide access to justice and effective redress. The protectionist approach underpinning much of policy, legislation and guidance can be at odds with the positive promotion of disability equality. The paper examines the need to move away from a protectionist paradigm to a rights-based paradigm. It calls for a more inclusive approach where disabled people are involved meaningfully in the process of risk management and in other decisions around combating targeted violence and hostility against them. (RH)

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Age-related disability and bathroom use; by Maria Burton, Heath Reed, Paul Chamberlain.
Age-related disability in bathroom use is already a significant problem and is likely to become even greater in the future. Previous research has focused on how older or disabled people can be enabled to cope with the bathroom environment by functional training or introduction of assistive technologies. More recently attention has been drawn to the design of bathroom furniture. This article outlines the work undertaken to establish the views of older people and their carers on bathroom design. The involvement of older people as researchers has given strong direction, support and confidence in identification of issues in need of attention and in product development. 24 home visits where undertaken, and interviews were conducted to elicit views of positives and negatives within the bathroom. Main themes uncovered included concerns about safety in the bathroom, placement and sizing of furniture, and a general lack of space. (JL)

ISSN: 14769018
From: http://www.pierprofessional.com/jicflyer/index.html

This good practice guide uses recent research funded by the Thomas Pocklington Trust to examine how assistive technology may be used to support people with sight loss to manage the home and work surroundings more effectively and to live more independently. Case studies illustrate the ways in which people use assistive technology gadgets and equipment. The content and style of this publication has been informed by the experiences of Pocklington’s service users and staff. (RH)
From: Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk

With an increasing number of older people needing care, the interactions between employment and caring are becoming more important in Europe. Sustainability of long-term care systems requires an extensive contribution from informal carers, while labour market requirements and contemporary lifestyles encourage increased participation of women in the labour force. This report presents the findings of a 2-phase programme of research on company initiatives which support the needs of workers who have informal care responsibilities, including carers of adults who need care because of disability, illness or old age. Research over the two phases included identifying and describing 50 case studies from companies in 11 countries that have implemented approaches to support working carers among their workforces. The countries covered were Austria, Belgium, Germany, Finland, France, Ireland, the Netherlands, Poland, Portugal, Slovenia and the United Kingdom. Among the key
types of company-level measures to support working carers are: leave-related provisions; hours-reduction possibilities; work flexibility and work adjustment; awareness-raising and skills development among managers and the workforce; occupational health and well-being measures; and care-related supports, such as information, counselling and practical support with the caring role. Key themes and implications for future policy and practice emerging from the cases are discussed. (RH)

From: European Foundation for the Improvement of Living and Working Conditions, Wyattville Road, Loughlinstown, Dublin 18, Ireland.


This paper aimed to better understand the long-term stability and change in people's perceptions of out-of-home mobility using data gathered over ten years. Study participants included 85 older people who were interviewed on three occasions in 1995, 2000 and 2005. The average age was 75 in 2005. The interviews concentrated on: the subjective meaning of mobility over time, including perceived changes in mobility and perceived reasons for change; trends in satisfaction with various mobility domains; and a case-oriented exploration of inter-individual variation over time. Findings indicated overall stability in the meaning attached to mobility over the ten year period, while the perceived changes point to losses in the array of mobility experiences and decreasing satisfaction with mobility opportunities, such as out-of-home leisure activities and travelling. In contrast, satisfaction with public transport increased. The findings suggest that, as people move into old age, out-of-home mobility remains of utmost importance. (JL)

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


The study looked at the correlates of limitations in the activities of daily living (ADL) and mobility among older Singaporeans (aged 55 or more years), based on the 'disability frameworks' or pathways proposed by the International Classification of Functioning, Disability and Health. Data from the 2005 National Survey of Senior Citizens in Singapore was used. The weighted prevalence of ADL and mobility limitations was calculated, overall and in subgroups. Logistic regression models were used to assess predictors of ADL and mobility limitations and variation in involvement with family, society, work, use of services and perceived financial adequacy, by ADL and mobility status was studied. The overall weighted prevalence of ADL and mobility limitation was found to be 5 and 8 per cent, respectively. Significant risk factors for ADL and mobility limitation were being older (aged 75 or more years), widowed, having diabetes, joint/bone problems, stroke, cancer and low income. Individuals with ADL and mobility limitations had lower involvement with family, society and work, and perceived financial adequacy, while use of services was higher. The findings underline the importance of improving elderly services for sustained integration of disabled elderly within the community. (JL)

ISSN: 0144686X

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


A 3-year review by the Alzheimer's Society's Quality Research in Dementia (QRD) Research Programme aims to carry out research that will help recognise dementia in deaf people and build culturally relevant service provision and personal support. The Deaf with Dementia project concerns people who use British Sign language (BSL) in the UK. This article outlines the project's three distinct but interconnected studies: screening and assessment; early experiences; and attitudes and information. (RH)

ISSN: 13518372

From: www.careinfo.org


The study aimed to explore the potential of the Annual Population Survey (APS) to provide robust estimates of disability-free life expectancy (DFLE) for men and women by clusters of area deprivation, English regions and local authority districts (LAs) in the period 2006-08. DFLE estimates for the UK were compared using the
prevalence of limiting long-standing illness (LLSI) calculated using data from the APS and from the General Lifestyle Survey (GLF) covering Great Britain and equivalent data from the Continuous Household Survey (CHS) covering Northern Ireland, aggregated over the period 2006-08. The further use of APS data for England enabled the calculation of estimates of DFLE at age 16 and at age 65 for men and women by area deprivation quintiles (each quintile comprising a fifth of areas ranked according to their relative deprivation), English regions and LAs in order to measure inequality in DFLE between these population groupings. The prevalence of LLSI and estimates of DFLE at national level were broadly comparable using APS and GLF/CHS data. Substantial inequality in DFLE was present between clusters of areas defined by relative deprivation and between English regions and LAs. The scale of inequality increased markedly with each finer geographical scale analysed. The authors conclude that the APS is a viable data source to provide LLSI data for use in DFLE estimation across a range of areas and clusters of area deprivation. (JL)
ISSN: 14651645
From : http://www.tandfonline.com

The purpose of this Dutch study was to investigate the predictive value of multimorbidity for the development of disability in the general population of very old people and the role of cognitive impairment in this association. The research was part of the Leiden 85-plus Study, an observational prospective cohort study with 5 years of follow-up and running from 1997 to 2004. Disability in activities of daily living (ADL) was measured annually for 5 years with the Groningen Activity Restriction Scale. Multimorbidity was defined as the presence of two or more chronic diseases at age 85 years. Cognitive function was measured at baseline with the mini-mental state examination (MMSE). At baseline participants with multimorbidity had higher ADL disability scores compared with those without. Stratified into four MMSE groups, ADL disability increased over time in all groups, even in participants without multimorbidity. Multimorbidity predicted accelerated increase in ADL disability in participants with MMSE of 28-30 points, but not in participants with lower MMSE scores. Concludes that the predictive value of multimorbidity for the increase in ADL disability varies with cognitive function in very old people. In very old people with good cognitive function, multimorbidity predicts accelerated increase in ADL disability. This relation is absent in very old people with cognitive impairment. (JL)
ISSN: 00020729

The purpose of the study was to evaluate the ability of three productive activities (paid employment, volunteer work and informal helping) to mitigate the negative effects of dual sensory loss (DSL) on depressive symptoms among older adults. Multilevel modelling was used to analyse longitudinal data from the nationally representative Health and Retirement Study. The sample consisted of 2,688 persons: 1,380 who developed DSL during the study and 1,308 who did not. Although participation in each of the productive activities was associated with fewer depressive symptoms for older adults with DSL, volunteering was also the only variable that moderated the relationship between DSL and depressive symptoms. Persons with a DSL who volunteered exhibited a larger decrease in depressive symptoms compared to persons without sensory loss who volunteered. A volunteer intervention for older adults with DSL may be a viable option to help reduce depression in this population. (JL)
ISSN: 01640275
From : http://roa.sagepub.com/

Environment, Design and Rehabilitation (EDR) series: moving from specialism to mainstream; by Gail Mountain. Journal of Integrated Care, vol 19, issue 1, February 2011, pp 44-47.
This short editorial concludes a branded series of articles on the outputs of research concerned with improving the quality of life of older and disabled people. The purpose of the series, which began in 2009, was to enable colleagues who are part of the EQUAL (extending quality of life of older people) research community to showcase their research on topics such as inclusive design, creation of outdoor environments that promote the social engagement of older people and assistive technologies. The growing significance of the subject matter addressed throughout the series is illustrated and discussed. (JL)

Extra costs for urban older people with disabilities in Northern China; by Xiaolin Wang, Liping Xu, Xiaoyuan Shang, Ping Guo.
The paper used a living standards method to estimate the extra costs for older people with functional disabilities in urban areas of Northern China, to inform policies about adequate support to older people with disabilities. The research found that the cost for older people who live alone is higher than those who live with other family members, and their living standard is lower. The costs increase with age, especially for the oldest people who live alone. The cost for older women is higher than their male counterparts. The extra costs of support for people with functional disabilities decrease the overall living standard of the household. (JL)

Age and Ageing, vol 40, no 1, January 2011, pp 49-54.
A retrospective cohort study was carried out to investigate the incidence of hip fractures in older patients in the United Kingdom with and without Alzheimer's Disease (AD). Patients with AD were found to be at greater risk of hip fractures compared to non-AD patients. AD patients who experienced a hip fracture had an increased mortality rate compared to non-AD patients who experienced a hip fracture. Concludes that patients with AD and their carers should be advised on how to prevent hip fractures and more attention should be given to AD patients undergoing rehabilitation following a fracture. (JL)

Home safety is vital for older people who want to live independently. It is estimated that a third of pensioner households live in sub-standard housing. This paper outlines a pilot project conducted by Thomas Pocklington Trust with support from Birmingham City Council to assess the benefits of individual home safety checks for older people with sight loss. It concluded that checks filled a gap in the support available: they were useful, practicable and helped to maintain people's independence. However, the pilot study was too small to evaluate questions regarding the specific needs of those with sight loss. (RH)

How personalised technology can play an important role in supporting people with learning disabilities as they age and face the onset of dementia; by Emma Nichols.
This study aims to demonstrate how personalised technology can be used to support people with learning disabilities as they age and face the onset of dementia. It describes how the national learning disability charity Hft has been helping such people through its service at Old Quarries, a residential care home based in Gloucestershire. The case studies featured in the article show how individuals have used personalised technology to help them live independently and safely at home. (JL)

'I like to go out to be energised by different people': an exploratory analysis of mobility and wellbeing in later life; by Friederike Ziegler, Tim Schwanen.
This paper proposes a broader understanding of mobility than movement through physical space, and considers how this affects well-being. It conceptualises mobility as the overcoming of any type of distance between two places, which can be situated in physical, electronic, social, psychological or other kinds of space. Data gathered in focus groups and interviews of 128 older people in County Durham suggests that mobility and well-being influence each other in many different ways. Findings show that mobility of the self - a mental disposition of openness, and a willingness to connect with the world - is a key driver of the relationship between mobility and well-being. While loss of mobility in a physical sense often affects older people's sense of well-being adversely,
this is not necessarily so: other mobilities can at least to some extent compensate for the loss of physical mobility. Well-being is also enhanced through physical mobility because the latter enables independence or subjectively experienced autonomy, as well as social relations with other people. (JL)

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

Limitations in physical functioning among older people as a predictor of subsequent disability in instrumental activities of daily living; by David Seidel, Carol Brayne, Carol Jagger.
Age and Ageing, vol 40, no 4, July 2011, pp 463-469.
Physical functioning describes the underlying abilities that make activities necessary for independent living in the community possible. The present study aimed to test self-reported and objective measures of physical functioning in predicting subsequent disability in cooking, shopping and housework. Men and women aged 65 years or over who reported no disability in cooking, shopping and housework at baseline were included in the analysis. The respondents were asked about physical functioning (climbing, pulling/pushing, stooping/crouching/kneeling, lifting/carrying and reaching/extendng) and they had their grip strength and walking speed measured. Participants with limitations in physical functioning at baseline more frequently reported subsequent disability. Walking ability was most strongly associated with disability, whilst climbing, pulling/pushing, lifting/carrying and reaching/extendng were comparable. Similar results were obtained with grip strength and walking speed. These results suggest that self-reports on the functional ability of older people to perform everyday tasks can be used to predict subsequent disability onset. (JL)

ISSN: 00020729

The Mainstreaming on Ambient Intelligence project; by Jacqueline Damant, Martin Knapp, Maggie Ellis ... (et al).
Briefly describes and evaluates the Mainstreaming on Ambient Intelligence (MonAMI) project, a Europe-wide project that set out to demonstrate how accessible, useful services for older and/or disabled adults living at home could be delivered in mainstream systems and platforms. These platforms included mainstream devices such as broadband internet and third-generation mobile phones. The project was tested and evaluated in close cooperation with older and disabled users in various locations across Europe. It ran for 57 months and came to completion in May 2011. (JL)

ISSN: 17549450
From: http://www.pierprofessional.com/jatflyer/

Making choices about support services: disabled adults’ and older people's use of information; by Kate Baxter, Caroline Glendinning.
This paper explores how disabled adults and older people find and use information to help make choices about services. It presents findings from a qualitative longitudinal study in England. 30 participants had support needs that fluctuated, meaning that additional services might be needed on a temporary basis. Each disabled adult or older person was interviewed three times between 2007 and 2009, using a semi-structured topic guide. They were asked to discuss a recent choice about services, focusing on their use of information. A wide range of choices and sources of information were discussed. These were dominated by health and to some extent by social care. Key findings are that information was valuable not just in weighing up different service options, but as a precondition for such choices, and that disabled adults and older people with the gradual onset of support needs can be disadvantaged by their lack of access to relevant information at this pre-choice stage. Timely access to information was also important, especially for people without the support of emergency or crisis management teams. Healthcare professionals were trusted sources of information but direct payment advisers appeared less so. Ensuring that practitioners are confident in their knowledge of direct payments, and have the communication skills to impart that knowledge, is essential. There may be a role also for specialist information advocates or expert lay-advisers in enabling disabled adults and older people to access and consider information about choices at relevant times. (JL)

ISSN: 09660410
From: http://www.ingentaconnect.com/content/bsc/hssc
Meals on Wheels: exploring potential for and barriers to integrating depression intervention for homebound older adults; by Namkee G Choi, Michael Goldstein.
The organisational potential of Meals on Wheels (MOW) for integrating depression screening, referral and treatment for housebound older people is explored. In a US survey of 104 MOW administrators, MOW's current practice of depression services was examined, and the administrators perceptions of MOW's organisational potential was measured focusing on external environment, financial resources, staffing and skills, and values and goals. Only 20% of 104 MOWs provide depression screening, and 19 provide in-home counselling for their clients, while 85 provide referral services. About 64% to 72% of MOWs that are not current providers of screening and/or referrals want to provide the services, and 21% of those that are not current providers of in-home counselling want to provide it. (RH)
ISSN: 01621424
From: http://www.tandfonline.com

Onset of mobility limitations in old age: the combined effect of socioeconomic position and social relations; by Charlotte Juul Nilsson, Kirsten Avlund, Rikke Lund.
The study aimed to examine the combined effect of cohabitation status and social participation, respectively, and socioeconomic position on onset of mobility limitations among older Danes. 2,839 older men and women from the Danish Intervention Study on Preventive Home Visits took part in the study. Among men low financial assets, living alone or having low social participation significantly increased the odds ratios (OR) for onset of mobility limitations. Among women only low financial assets and low social participation significantly increased the ORs for onset of mobility limitations. Analyses with combined exposure variables showed that simultaneous exposure to low financial assets and poor social relations significantly increased the ORs for onset of mobility limitations among both genders, yet the tendencies appeared stronger for males. In particular, men with simultaneous exposure to low financial assets and low social participation had increased odds ratios for onset of mobility limitations compared with the non-exposed. The study suggests that future interventions to increase social participation might alleviate the negative effects on mobility experienced by older people in low socioeconomic position, especially among older males. (JL)
ISSN: 00020729

Organisation and delivery of home care re-ablement: what makes a difference?; by Parvaneh Rabiee, Caroline Glendinning.
Health and Social Care in the Community, vol 19, no 5, September 2011, pp 495-503.
Re-ablement services aim to help chronically sick or disabled individuals re-learn the skills necessary for independent living at home. This study examined the organisation and effectiveness of re-ablement services in England. Semi-structured interviews were held with senior service managers in five sites with well-established re-ablement services. Contributing factors to the effectiveness of re-ablement services included: service user characteristics and expectations; staff commitment, attitudes and skills; flexibility and prompt intervention; thorough and consistent recording systems; and rapid access to equipment and specialist skills in the team. Factors external to the services which had implications for their effectiveness included: a clear, widely understood vision of the service; access to a wide range of specialist skills; and capacity within long-term home-care services. The authors argue that re-ablement can be empowering for all service users in terms of raising their confidence. However, the move to a more inclusive `intake' service suggests that outcomes are likely to be considerably lower for service users who have more limited potential to be independent. (JL)
Personalisation: perceptions of the role of social work in a world of brokers and budgets; by Janet Leece, David Leece. 
In order to achieve a truly personalised support system, it has been suggested that a major reform of public services is necessary. This would help recognise service users' abilities to establish their own needs, and how these can best be met. This paper reports on research that investigated the perceptions of 66 disabled people, carers and older people of the role social workers should perform in a personalised world. The study used data from a thread posted on eighteen internet forums. This methodology allowed access to hard to reach groups and encouraged participation by individuals whose contributions may be inhibited by more traditional research methods. Findings indicated that notions of power and autonomy were fundamental in understanding participants' views of social work with concerns raised about the power of social workers and statutory organisations. The authors suggest that these findings have implications for the recommendations made by the Social Work Task Force in 2009 for the reform of social work that argues for social work to have a greater professional status. (JL)

Specific attentional impairments and complex visual hallucinations in eye disease; by G Graham, J Dean, U P Mosimann ... (et al). 
The study aimed to test the prediction by the Perception and Attention Deficit (PAD) model of complex visual hallucinations that cognitive impairment, specifically in visual attention, is a key risk factor for complex hallucinations in eye disease. Two studies of older patients with acquired eye disease investigated the relationship between complex visual hallucinations (CVH) and impairments in general cognition and verbal attention (Study 1) and between CVH, selective visual attention and visual object perception (Study 2). The North East Visual Hallucinations Inventory was used to classify CVH. In Study 1 there was no relationship between CVH and performance on cognitive screening or verbal attention tasks. In Study 2, participants with CVH showed poorer performance on a modified Stroop task, a novel imagery-based attentional task and picture but not silhouette naming tasks. Performance on these tasks correctly classified 83% of the participants as hallucinators or non-hallucinators. The results suggest that, consistent with the PAD model, complex visual hallucinations in people with acquired eye disease are associated with visual attention impairment. (JL)

Speaker biographies and abstracts of a European Conference organised by the Personal Social Services Research Unit (PSSRU), London School of Economics, as part of the Mainstreaming on Ambient Intelligence (MonAMI) research project. Funded by the EU 6th Framework Programme - IST (Information Society Technologies), the project aims to demonstrate that accessible, useful services for older and disabled people living at home can be delivered on mainstream systems and platforms. (RH)

This first ever World Report on Disability aims to provide evidence to support policies and programmes that can improve the lives of people with disabilities worldwide. The report is published in the wake of the U.N. Convention on the Rights of Persons with Disabilities, which came into force in May 2008. Main topics covered include understanding disability, the global picture, general health care, rehabilitation, assistance and support, enabling environments, education, and work and employment. A concluding chapter looks at the way forward including recommendations. (JL)

The RNIB very much welcomes the opportunity to contribute to the debate started by the Department for Work and Pensions (DWP) consultation paper, '21st century welfare' (Cm 7913), which proposes a major re-shaping of means-tested benefits and tax credits. The RNIB comments on the main substance of the paper and on the twelve questions asked, concluding that it hopes that the Government will "build on the positive aspects of these proposals and meanwhile resist the temptation to find further savings at the expense of the wellbeing of disabled people and others vulnerable to low incomes". Disabled people, not least those with sight loss, tend to have lower incomes than does the general population. They are therefore disproportionately likely to qualify for means-tested assistance with essential living costs, including housing, as well as the extra costs of disability. (RH)

From: Geoff Fimister, Campaigns Officer (Independent Living), RNIB. Tel 020 7391 2124. E-mail: gfimister@rnib.org.uk


Age related macular degeneration affects older people and accounts for about half of all vision impairment or blind registrations in the developed world. This review examines the pathogenesis of age related macular degeneration and recent advances in its management. (RH) ISSN: 09598138

From: www.bmj.comdoi: 10.1136/bmj.c981

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

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

From: Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk


A study commissioned by Ofcom examined the long-term requirements of key sectors for communication services in the United Kingdom. In a context where people are living longer with single or multiple long-term conditions, the report estimates that the number of people with moderate to severe disabilities will increase from 1.8 million in 2007 to 2.6 million by 2025. At the same time, public spending is becoming more restricted. The authors believe these factors will create a 'latent demand' for Assisted Living Services (ALSs) that enable people to live independently in their own homes for longer. The authors propose five main types of ALSs for the future: a) digital participation (providing service users with entertainment, education and social interaction); b) wellness (encouraging service users to maintain their health); c) teleworking (enabling service users to work from home and still contribute to society and the economy); d) telehealth (remotely managing service users' long-term conditions); and e) telecare (remotely managing vulnerable service users' welfare). The authors of the report consider a range of potential advances in telehealth and telecare in the UK in the next 20 years - for example, online cognitive behavioural therapy (in two years) or real-time video calling with carers (in three years, depending on location). The main drivers for this vision include Moore's law leading to equipment becoming cheaper, and increased speed and memory and universal broadband access. The implications are lower costs of equipping a home for telehealth or telecare, and a wider range of products available. However,
the rate of improvement could be impeded by limited interoperability and by medical regulation processes. Based on the research and information about the drivers for change, the authors developed four scenarios for take-up of ALSs by 2030. Finally, the authors consider the technology and standards requirements, as well as the best approaches to engage older people and disabled people in using ALSs, in order to ensure that the full-scale complementary provision scenario is realised. (KJ)


Balancing independence and safety: the challenge of supporting older people with dementia and sight loss; by Vanessa Lawrence, Joanna Murray.
Dementia and visual impairment are common in older adults, and both conditions create a high risk of disability. Care professionals lack evidence on how best to support older adults with both conditions. This study investigated attitudes towards working with older adults with concurrent sight loss and dementia, the challenges involved and suggestions for service development. A qualitative study was conducted comprising 18 in-depth interviews and two focus groups with care professionals within mental health and low vision services. Care professionals were alert to the high levels of risk among patients with joint sight loss and dementia. In-depth interviews revealed that insufficient time and expertise can lead to an overcautious approach that prioritises the reduction of risk rather than the promotion of independence. Focus groups highlighted the role that joint working can play in supporting older adults' valued roles and activities. Barriers to joint working were identified alongside strategies to assist the process. It is essential that care professionals and service providers acknowledge and respond to the complex needs of this population. Joint working was considered key to assessing risks and targeting interventions. The research workshop presented here provides a useful format for improving practice across inter-professional boundaries. (KJ)

ISSN: 0002-0729

Bevacizumab for neovascular age related macular degeneration (ABC Trial): multicentre randomised double masked study; by Adnan Tufail, Praveen J Patel, Catherine Egan (et al).
Are intravitreous bevacizumab injections better than standard care at improving vision in patients with neovascular age related macular degeneration (AMD)? This summary of a paper published on bmj.com reports on 131 patients age 50+ (mean age 81) randomised to two intervention groups: 65 eyes of 65 patients to bevacizumab 1.25mg intravitreously and 66 eyes of 66 patients to standard care (pegaptanib sodium, venterporfin, or sham). This study provides the first level 1 evidence supporting use of intravitreous bevacizumab every 6 weeks, resulting in a reduction in hospital visits by a third over conventional monthly dosing while maintaining improvement in vision. (RH)

ISSN: 09598138
From: www.bmj.comBMJ2010;340:c2459

Can the higher risk of disability onset among older people who live alone be alleviated by strong social relations?: a longitudinal study of non-disabled men and women; by Rikke Lund, Charlotte Juul Nilsson, Kirsten Avlund.
This study investigated if the increased risk of disability onset among older people who live alone could possibly be moderated by either high social participation or by being satisfied with the social relations. Logistic regression models were tested using two waves in a study population of 2,697 non-disabled older men and women from the Danish Longitudinal Study on Preventive Home Visits. Living alone and low social participation were significant risk factors for later male disability onset. Not being satisfied with the social relations was significantly associated with onset of disability for both genders. Among men who lived alone, low social participation was a significant predictor of disability onset [odds ratio, OR = 2.30 (1.00-5.29)]; for cohabiting men, social participation was not associated with disability onset, [adjusted OR = 0.91 (0.49-1.71)]. Similar results were present concerning satisfaction with social relations among men. There was no significant interaction for women. The study suggests that men who live alone can possibly alleviate their risk of disability onset by being socially active, and by having access to satisfactory social relations. Women do not seem to benefit as much from cohabitation as men, although women who live alone and who are not satisfied with their social relations also constitute a significant risk category. (KJ/RH)

ISSN: 00020729
Capacity to Communicate: Sense's three-year project training independent mental capacity advocates in communication skills; by Angela Lee-Foster. The Journal of Adult Protection, vol 12, no 1, February 2010, pp 32-42.

Sense, the leading national charity that supports and campaigns for children and adults who are deaf-blind, set up the Capacity to Communicate Project in response to the new role of independent mental capacity advocates created by the Mental Capacity Act 2005 (HM Government, 2005). The project provided training and information, harnessing best practice around communication and advocacy for people who lack capacity and who have little or no formal communication, in particular those with a dual sensory loss. As part of the training, advocates were asked to submit a written assignment. These case studies, including some adult protection cases, have given us valuable information about the nature and process of independent mental capacity advocacy and what can be done to improve this relatively new statutory role, in particular developing better understanding, skills and processes around communication in order to represent and protect vulnerable adults. (KJ)

ISSN: 14668203 From: Website: http://pierprofessional.metapress.com/content/121398 doi: 10.5042/jap.2010.0092


Many patients with hearing loss find communication in healthcare settings difficult, and this might sometimes affect their care. This article outlines how staff can best communicate with people with hearing loss. It also provides advice and resources on how to meet the communication needs of deaf patients. An increased awareness on the part of healthcare staff of such needs will contribute to improving the quality of care provided to deaf patients. (RH)

ISSN: 09598138 From: www.bmj.com doi: 10.1136/bmj.c4672


Habinteg carried out a review focusing on design guidance literature relating to homes and living environments for people with dementia and for people with sight loss. This report summarises the results of the review. The aim was to: assess the degree of convergence between the two sets of guidance; identify areas where they might conflict; and highlight gaps in the scope or context of the guidance. The full project report, ‘A comparative review of design guidance for people with dementia and for people with sight loss’ is available from Thomas Pocklington Trust. (RH)

From: Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk


Adult children are a primary focus of family and caregiver research. In contrast, relatively little is known about childless elders with a disability, including their care needs and the state of their overall well-being compared to elderly parents. We addressed this gap by examining the relationship between childlessness and the care and well-being of adults aged 75 and older with a disability. Parents and childless persons aged 75+ were compared using data from the 1998 to 2004 waves of the US Health and Retirement Study (HRS). The authors used logistic regression to examine the relationship between childlessness and care provision (personal care and assistive device use) and ordinal regression to examine the relationships of parental status, personal care, and use of assistive devices with well-being. The analysis was based on 2048 observations from 1456 community-dwelling respondents who had difficulty walking across a room or getting into or out of bed. Compared to parents, childless elders with a disability generally do not receive less care or have worse psychological well-being. However, being unmarried reduces the likelihood of having personal care and is associated with depressive affect. Use of assistive devices is associated with less depressive affect. Childless older adults are similar to parents on measures of psychological well-being and care provision. This finding has important implications, as it is projected that 30% of baby boomers who will need assistance will lack care from spouses or adult children. Further exploration of compensatory resources is suggested. (KJ/RH)

ISSN: 13607863 From: http://www.tandfonline.com
Encounters in close care relations from the perspective of personal assistants working with persons with severe disability; by Gerd Ahlström, Barbro Wadensten. Health and Social Care in the Community, vol 18, no 2, March 2010, pp 180-188.

In Sweden, adults with major and sustainable disabilities can be granted publicly financed support in the form of personal assistance after assessment and decision-making in accordance with government rules. The purpose of the present study was to explore more deeply the encounters in close care relations between personal assistants and disabled people of working age, as well as the prerequisites for and obstacles to the success of such encounters, this from the perspective of the personal assistants. Thirty-two personal assistants (age 22-55) who worked for 32 people with serious neurological diseases living at home were interviewed. The transcribed unstructured interviews were qualitatively analysed using latent content analysis. The analyses resulted in five main themes: Perceptive awareness, Entering into the other's role, Mutuality, Handling the relationship, and Personal difficulties facing the assistant. These themes illustrated that a prerequisite for the encounter's being meaningful is that the assistant should be able to observe and understand the unique needs of the disabled person. The assistant must furthermore be able to put herself/himself into the other person's position. It is also important that the personal chemistry between the assistant and the disabled person should be good. Being able to share feelings and interests with the functionally impaired person provides the assistant with positive emotional confirmation of a good relationship. A distressing dilemma the assistant faces is that of distinguishing between the working relationship and the personal friendship. In this borderline area are found experiences, feelings and events that the assistant may view as negative or even unacceptable. This study contributes to the understanding of the complexity underlying the daily community care of disabled people with an extensive need for care and assistance. (KJ/RH)

ISSN: 09660410


Technology has emerged as a potential solution to alleviate some of the pressures on an already overburdened care system, thereby meeting the growing needs of an expanding population of seriously cognitively impaired people. However, questions arise as to what extent technologies are already being used in residential care and how ethically and practically acceptable this use would be. A systematic literature review was conducted to explore what is known on the moral and practical acceptability of surveillance technologies in residential care for people with dementia or intellectual disabilities, and to set forth the state of the debate. 79 papers met the inclusion criteria. The findings show that application and use of surveillance technologies in residential care for vulnerable people generates considerable ethical debate. This ethical debate centres not so much around the effects of technology, but rather around the moral acceptability of those effects, especially when a conflict arises between the interests of the institution and the interests of the resident. However, the majority of articles lack in depth analysis. Furthermore, there are notable cultural differences between the European literature and American literature whereby in Britain there seems to be more ethical debate than in America. Overall however, there is little attention for the resident perspective. No ethical consensus has yet been reached, underlining the need for clear(er) policies. More research is thus recommended to determine ethical and practical viability of surveillance technologies whereby research should be specifically focused on the resident perspective. (KJ/RH)

ISSN: 10416102
From: http://www.journals.cambridge.org/ipgdoi: 10.1017/S1041610210000037


The Chronically Sick and Disabled Persons Act 1970 was a landmark piece of legislation: for the first time, Parliament recognised the concept of rights for disabled people. As part of this 5-page special, the architect of the Act, Alf Morris, describes to Vern Pitt how he overcame opposition to reform. In the view of another contributor, Ed Mitchell, the legislation was not drafted tightly enough. While discrimination persists, subsequent legislation such as the Community Care (Direct Payments) Act 1996 has contributed to progress. (RH)

ISSN: 03075508
From: www.communitycare.co.uk

This good practice guide explains how to improve lighting to meet the needs of people with sight loss. It builds on a previous publication, 'Housing for people with sight loss' (Good practice guide, 4), and is based on research commissioned by Pocklington and the Housing Corporation led by Professor Julienne Hanson (Bartlett School of Graduate Studies, University College London) and Geoff Cook (University of Reading). It shows that simple improvements to lighting in kitchens, bedrooms and living areas, as well as on staircases and in halls and entrance areas can improve the independence and well-being of those with failing sight. Appendices include checklists and information on the performance of different types of lamps and light fittings. The content and style of this publication has been informed by housing, support, rehabilitation, occupational therapy, lighting and research professionals, as well as the views of people with sight loss. (RH)

From: Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk

Hearing loss impacts on the use of community and informal supports; by Julie Schneider, Bamini Gopinath, Michael J Karpa (et al).


The aim of this Australian study is to estimate the cross-sectional and longitudinal impact of hearing loss on use of community support services and reliance on non-spouse family/friends among older people. Blue Mountains Hearing Study participants (n = 2,936) were assessed for hearing impairment by audiologists in sound-treated booths. Participants were classified as hearing impaired if PTA0.5-4 kHz > 25 dB HL. Use of services and non-spouse family/friend support was assessed cross-sectionally. Incident use was assessed among survivors at the 5-year follow-up (n = 1,457). A significant cross-sectional association between hearing loss and use of community support services was observed after adjusting for age, sex, living status, self-rated poor health, self-reported hospital admissions, disability in walking and best-corrected visual impairment. Participants with hearing loss who never used a hearing aid were twice as likely to use formal supports as participants without hearing loss. Hearing loss increased the incident need for non-spouse family/friend support or community services. After adjusting for confounding factors, hearing impairment negatively impacted on the independence of older persons by increasing reliance on community or family support. (KJ/RH)

ISSN: 00020729

Hearing, sound and the acoustic environment for people with dementia; by Maria McManus, Clifford McClenaghan, Dementia Services Development Centre - DSDC, University of Stirling. Stirling: Dementia Services Development Centre, University of Stirling, 2010, 43 pp (Dementia design series).

The quality of the acoustic environment is a vital component of good dementia-friendly design. People need to be able to hear well in order to make sense of it, and in order to function at the highest level possible. It is essential that adaptations which simplify and clarify the acoustic environment, and which reduce discomfort and auditory "clutter" are up in place. Good acoustics can actively contribute to ensuring that people with dementia can communicate and remain included within the community within which they live, whether a care home, supported housing scheme or hospital care. This book considers these issues, and is one of a series published by the Dementia Services Development Centre (DSDC) to assist providers, architects, commissioners and managers to improve the design of buildings which are used by people with dementia. (RH)

From: Dementia Services Development Centre, Iris Murdoch Building, University of Stirling, Stirling FK9 4LA.http://www.dementia.stir.ac.uk


Home adaptations can increase independence, help to prevent falls, reduce length of stay in hospital, and delay care home admission. However, many older and disabled people are waiting years for the adaptations that could improve their lives and make the job of a carer more manageable. Care & Repair England has produced this pamphlet in partnership with members of the DFG Consortium, to draw attention to the consequences of a lack of help with home adaptations and to the action national government and local authorities should take. (RH)

From: Care & Repair England, The Renewal Trust Business Centre, 3 Hawksworth Street, Nottingham NG3 2EG. tel: 0115 950 6500www.careandrepair-england.org.uk

The impact of disability living allowance and attendance allowance: findings from exploratory qualitative research; by Anne Corden, Roy Sainsbury, Annie Irvine (et al), Social Policy Research Unit - SPRU, University

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

From: Download report from: http://php.york.ac.uk/inst/spru/pubs/1747/Contact: Paul Noakes, Commercial Support and Knowledge Management Team, 3rd Floor, Caxton House, Tothill Street, London SW1H 9NA.


Life expectancy (LE) and disability-free life expectancy (DFLE) for males and females at birth and at age 65 were estimated using a combination of survey, mortality and population data. Survey data provided an estimate of the prevalence of limiting long-standing illness or disability (LLSI) used in the DFLE metric. The prevalence of LLSI among males and females rose incrementally with increasing levels of deprivation in both periods. Males and females at birth and at age 65 in the less deprived areas could expect longer, healthier lives than their counterparts in more deprived areas in both 2001-04 and 2005-08. This analysis suggests that the inequality in DFLE between deprived and affluent area clusters has increased during the first decade of the 21st century. (JL)

ISSN: 14651645

From: http://www.statistics.gov.uk/hsq/

Inequalities in disability-free life expectancy by social class and area type: England, 2001-03; by Chris White, Grace Edgar.


Disability-free life expectancy (DFLE) is an important indicator which combines longevity with functional health status. This article examines inequalities in DFLE by socio-economic position in England, and between Local Authorities (LAs) in the deprived 'Spearhead group' and other LAs. Census and vital event data available from the ONS Longitudinal Study were used to calculate estimates of DFLE based on limiting long-term illness or disability status for each Registrar General's Social Class (RGSC) in 2001-03, in England as a whole and within the 'Spearhead group' and non-Spearhead LAs. A predominantly linear relationship was present, with DFLE increasing with rising social class, and the differences observed between people assigned to the professional and unskilled manual social classes were statistically significant and substantial, showing clear social inequality in amount of life, functional health status during those years lived, absolute number, and relative proportion of life spent free from limiting long-term illness or disability. (KJ/RH)

ISSN: 14651645

From: http://www.statistics.gov.uk

Life expectancy and disability-free life expectancy estimates for Middle Super Output Areas; England, 1999-2003; by Olugbenga Olatunde, Chris White, Michael P Smith.


There is increasing demand for health indicators at small area level to support healthcare monitoring and planning. This study compares disability-free life expectancy (DFLE) in England at the Middle Layer Super Output Area (MSOAs) level. An advantage of these areas for statistical purposes is their relative homogeneity in population size, with an average population of 7,200 people and range of 5,001 to 15,326 people. This article reports DFLE for MSOAs in England based on 2001 Census data. DFLE was generally higher among MSOAs in southern Government Office Regions (GOR) than in the north. About 30 years separated the MSOAs with the highest and lowest DFLEs. There was a clear deprivation gradient in DFLE, with significantly lower estimates in more disadvantaged areas. These findings, for the first time, illustrate the degree of health inequality present at MSOA level and provide useful information to healthcare planners to assist in more efficient targeting of resource allocation. (KJ)
Managers’ and staff experiences of adult protection allegations in mental health and learning disability residential services: a qualitative study; by Paul Rees, Jill Manthorpe.  
Adult protection policy slowly developed in England and Wales during the 1990s. In the same decade, specialist residential services expanded for people with mental health problems and with learning disabilities, some of which were secure or semi-secure in status. Many referrals to adult protection systems emanate from this sector, but few result in conclusive outcomes. This article reports on and considers adult protection workings in these settings. Data from interviews with 13 residential unit managers and 10 care workers, who were suspended following an allegation but later exonerated, are presented. Perceptions of the development of adult protection practice, policy and legislation were that these have generally led to positive outcomes. However, these data reveal other outcomes including service disruption, stress for residents, staff and managers. Service managers commented particularly on how the application of policy and practice enhances but also upsets the services they provide. Multi-agency collaboration, transparency of practice, training, reflective practice, and effective supervision of frontline staff, appeared to assist managers and care workers in negotiating the positive and negative experiences of the implementation of adult protection systems. (KJ/RH)

Wheelchair users face particular design and accessibility barriers, both in and around the home and in the wider environment. The majority of homes in England (84%) do not allow someone using a wheelchair to get to and through the front door without difficulty, and only 0.5% of homes are reported to be ‘accessible and adaptable’. Habinteg Housing Association and London South Bank University have undertaken secondary research that presents national and regional estimates of housing need among wheelchair users in England and shows how these figures can be used to produce similar estimates at local authority level. There are three solutions to under-provision, which should be strategically interlinked: development of new wheelchair standard homes (of all sizes) for both owner-occupiers and tenants; support for home adaptations across tenures; and more efficient allocation, within social housing, of existing accessible and adaptable homes. This article refers to some of the key issues, results, conclusions and recommendations of the main research report. (KJ/RH)

Health Statistics Quarterly, no 46, Summer 2010, pp 51-68.  
This study explores the potential of the General Household Survey (GHS) to provide an inter-censal measure of Health Expectancies (HEs) in small areas grouped by area deprivation. The 2001 Census and GHS 2001-05 both show a decline in health status and HEs with increasing area deprivation. Consistency between them shows the latter is suitable in providing an inter-censal measure of HEs. Findings serve as a useful measure for the targeting of interventions to reduce health inequalities. (KJ)

‘My mum’s story’: a deaf daughter discusses her deaf mother's experience of dementia; by Jacqueline Parker, Alys Young, Katherine Rogers.  
Dementia: the international journal of social research and practice, vol 9, no 1, February 2010, pp 5-20.  
The following paper concerns culturally Deaf people, who are Sign Language users, and who develop dementia. A first person narrative account from a Deaf daughter of her Deaf mother's dementia ('My Mum's Story') is the main focus of the paper. It is preceded by a Foreword designed to equip the reader with the background to Sign Language and Deaf culture, in order better to contextualise the significance of dementia and its effects for this community. Both pieces, from different perspectives, focus on: the problematic nature of recognizing dementia amongst Deaf people; the paucity of appropriate diagnostic, care and support services; the different considerations for Deaf people approaching dementia as patient or carer; the challenges to service providers and researchers. The first person account was originally produced in BSL (British Sign Language) and translated for written publication purposes. (KJ/RH)

The specific needs and aspirations of frail older people with sight loss were explored and detailed in a short report published as an Occasional paper from Thomas Pocklington Trust. These research findings summarise the results, focusing on living in supported accommodation and service provision. (RH)

Older people with high support needs: how can we empower them to enjoy a better life; by Imogen Blood, Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation, October 2010, 16 pp (Ref: 2543).

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

The opinions of people with sight loss on visual impairment research: study three; by Paul Duckett, Rebekah Pratt, Rosemary Porteous (et al), Thomas Pocklington Trust; Manchester Metropolitan University; University of Edinburgh.: Thomas Pocklington Trust, 2010, 11 pp (Research findings, no 29).

In 1999 and 2000, Thomas Pocklington Trust commissioned a research team at the University of Edinburgh and Manchester Metropolitan University to explore the opinions of people with sight loss on visual impairment. These research findings outline results of a third, more recent study, which asked whether those opinions still had currency. The study was grounded in "disability studies", an approach which addresses social exclusion and promotes the civil and human rights of disabled people. The study was based in Edinburgh and interviewed 30 people (including 6 aged 40-69, and 18 aged 70-98) with sight loss about their opinions on visual impairment research. Participants identified five priority topic: access to the built environment, transport and information; attitudes of those who do and do not have sight loss; daily life and methods of coping; support; and affordability and access to technological aids. They also identified four processes that should be attended to when carrying out research: aims, methods, dissemination, and involvement. (RH)

The personal burden of decreased vision-targeted health-related quality of life in nursing home residents; by Amanda F Elliott, Laura E Dreer, Gerald McGwin Jr (et al).

The instrument, Nursing Home Vision-Targeted Health-Related Quality of Life Questionnaire (NHVQoL), was developed by the Department of Ophthalmology in the School of Medicine, University of Alabama. This study presents their bother subscales of the Nursing Home Vision-Targeted Health-Related Quality of Life Questionnaire (NHVQoL) and examines their relationship to the original NHVQoL subscales and objective measures of visual function. Method involved 395 nursing home residents who completed the bother subscales. Associations between bother subscales and original subscales and objectively measured vision were evaluated. Mean bother scores ranged from 1.97 to 2.30, reflecting an average rating of "a little" bother. For 20 NHVQoL items, more than 50% of participants reported "a lot" of bother. All NHVQoL original subscale scores were moderately correlated with bother subscales (p < .0001). Bother subscales and visual acuity were not highly correlated with bother subscales.
correlated. Nursing home residents are bothered by reductions in vision-targeted health-related quality of life. The NHVQoL bother subscales may probe the personal burden of visual problems in this population that is not captured by the original subscales or objectively measuring visual function. (KJ)

ISSN: 08982643


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

Price: £24.99 (pbk); (hdbk £70)

From: The Policy Press, University of Bristol, Fourth Floor, Beacon House, Queen's Road, Bristol BS8 1QH.http://www.policypress.co.uk


Visual impairment is common in older people and major causes include cataract and age-related macular degeneration (AMD). Previous research suggests that people with AMD benefit from increased light levels but this may not be the case with cataract, which causes light scatter inside the eye. This publication summarises findings from research commissioned and funded by Thomas Pocklington Trust and carried out at the Institute of Optometry. The research investigated the influence of lighting on performance of activities of daily living in 24 older people with low vision caused by cataract and/or macular degeneration. The research found that subjects tended to perform better under brighter conditions, but the average results masked large individual variations. It was demonstrated that lighting had a big effect on most participants' performance in at least one task, but the optimal lighting level varied uniquely from one subject to another. The report concludes that the best approach to providing optimal lighting for older people with low vision might be to assess their preference and performance individually at different lighting levels. (RH)

From: Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk

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

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

From: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121668.pdf Contact: Abigail Merrett, Social Care Policy Division, Room 116, 133-155 Waterloo Road, London SE1 8UG.
Prevalence and correlates of frailty among community-dwelling older men and women: findings from the Hertfordshire Cohort Study; by Holly Syddall, Helen C Roberts, Maria Evandrou (et al).


Frailty, a multi-dimensional geriatric syndrome, conveys a high risk for falls, disability, hospitalisation and mortality. The prevalence and correlates of frailty in the UK are unknown. Frailty, defined by Fried, was examined among community-dwelling young-old (64-74 years) men (n = 320) and women (n = 318) who participated in the Hertfordshire Cohort Study. The prevalence of frailty was 8.5% among women and 4.1% among men (P = 0.02). Among men, older age (P = 0.009), younger age of leaving education (P = 0.05), not owning or mortgaging one’s home (odds ratio [OR] for frailty 3.45 [95% confidence interval [CI] 1.01-11.81], P = 0.05, in comparison with owner/mortgage occupiers) and reduced car availability (OR for frailty 3.57 per unit decrease in number of cars available [95% CI 1.32, 10.0], P = 0.01) were associated with increased odds of frailty. Among women, not owning/mortgaging one’s home (P = 0.02) was associated with frailty. With the exception of car availability among men (P = 0.03), all associations were non-significant (P > 0.05) after adjustment for co-morbidity. Frailty is not uncommon, even among community-dwelling young-old men and women in the UK. There are social inequalities in frailty which appear to be mediated by co-morbidity.

(KJ/RH)

ISSN: 00020729


"Quality of life and independence" - why Attendance Allowance is so important to blind and partially sighted people: a briefing based on research undertaken jointly by RNIB and Visionary; by Geoff Fimister, Royal National Institute of Blind People - RNIB; Visionary (formerly: National Association of Local Societies for Visually Impaired People - NALSVI). London: RNIB and Visionary, August 2010, 42 pp.

Attendance Allowance (AA) and similar benefits can make all the difference to whether or not a blind or partially sighted older person can get along in the community with a reasonable quality of life. This briefing is based on responses from 116 blind and partially sighted AA claimants aged 65+ about what they spend their benefit on and how they would be affected if they did not have it. The briefing highlights the vital role that AA plays in allowing older blind and partially sighted people to live independent and fulfilling lives. It brings together for the first time detailed accounts of how this extra costs benefit is used by people with sight loss to support life in the community. AA has been described as the "original personal budget", so that its importance cannot be overstated in the light of possible changes in the social security system. The report details the methodology of the research; characteristics of claimants in the survey; how AA (and DLAC 65+ - Disability Living Allowance component) were spent; support (if any) from social services; the policy debate; and other research on the topic. (RH)

From : Geoff Fimister, Campaigns Officer (Independent Living), RNIB. Tel 020 7391 2124 E-mail: gfmister@rnib.org.uk

Service use and cost of mental disorder in older adults with intellectual disability; by Andre Strydom, Renee Romeo, Natalia Perez-Achiaga (et al).


The cost of caring for people with intellectual disability currently makes up a large proportion of healthcare spending in western Europe, and may rise in line with the increasing numbers of people with intellectual disability now living to old age. The aim of this study was to report service use and costs of older people with intellectual disability and explore the influence of sociodemographic and illness-related determinants. The authors collected data on receipt and costs of accommodation, health and personal care, physical as well as mental illness, dementia, sensory impairment and disability in a representative sample of 212 adults with intellectual disability aged 60 years and older. The average weekly cost per older person was £790 (£41,080 per year). Accommodation accounted for 74%. Overall costs were highest for those living in congregate settings. Gender, intellectual disability severity, hearing impairment, physical disorder and mental illness had significant independent relationships with costs. Mental illness was associated with an additional weekly cost of £202. Older adults with intellectual disability comprise about 0.15-0.25% of the population of England but consume up to 5% of the total personal care budget. Interventions that meet needs and might prove to be cost-effective should be sought. (KJ/RH)

ISSN: 00071250

From : http://bjp.rcpsych.orgdoi: 10.1192/bjp.bp.108.060939

Services for people with multiple disabilities: [Special report: Personalisation]; by Melanie Henwood.

Community Care, issue 1819, 20 May 2010, pp 22-23.

There are 16,000 adults with profound intellectual and multiple disabilities in England. This article reviews research conducted by Jim Mansell at the Tizard Centre, University of Kent, 'Raising our sights: services for
adult with profound intellectual and multiple disabilities'. His report makes 33 detailed recommendations to the government on what needs to happen for progress to be made with the Valuing People policy agenda. Melanie Henwood confirms that there is a still a long way to go before the needs of this group of adults are fully met, although self-directed support points the way forward. (RH)

ISSN: 03075508

From: www.communitycare.co.uk

Snapshot of flexible funding outcomes in four countries; by Carmel Laragy.


This article reviews social participation outcomes identified in discrete studies of flexible funding programmes across four countries. The outcomes of an Australian flexible funding support programme were studied in 2007; a study tour of independent living programmes was conducted in England and Scotland during 2005; Swedish co-operatives and government administrators providing personal assistance to live independently were visited in 2006; and Australian independent living support groups operating for over 20 years were visited in 2008. Fifty-six interviews were conducted with people with a disability, families, support services, government administrators and researchers. A structured interview schedule was used in the 2007 Australian study and a semi-structured format was used in all other studies. Notes from the interviews were reviewed for themes related to social participation and their contributing factors. Ecological systems theory was used to identify what factors from the micro to the macro system level facilitated or hindered social participation. The key finding is that flexible funding did result in a range of social participation activities in each setting studied. The studies also indicate that social participation increases when people have access to information and support services; can choose their individual workers and move to a new agency if need be; and have adequate resources to meet their needs. The cultural and political context plays a large part in determining these factors. The implications of this study are that adequate resources are needed and the complex systems impacting on flexible funding need to be understood to achieve the intended outcomes. (KJ/RH)

ISSN: 09660410

From: http://www.blackwellpublishing.com/hscDOI: 10.1111/j.1365-2524.2009.00880.x


This publication summarises findings from research in respect of well-being for older people with visual impairment. It uses data from the English Longitudinal Study of Ageing (ELSA), which covers those aged 50+ living in private households. It examines whether the self-reported measures of visual impairment in ELSA are accurate. It analyses the relationship between visual impairment and factors such as health, economic position, and housing circumstances to obtain information about the relationship between visual impairment and well-being. A Thomas Pocklington Trust occasional paper (same title) provides more information. (RH)

From: Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk

Social inequality in onset of mobility disability among older Danes: the mediation effect of social relations; by Charlotte Juul Nilsson, Kirsten Avlund (et al).


This article investigates social inequality in onset of mobility disability and in measures of social relations and whether social relations mediated the effect of socioeconomic status on mobility. A total of 2,825 non-disabled older men and women, enrolled in the Danish Intervention Study on Preventive Home Visits, constituted the study population. Data were obtained by mailed questionnaires in 1998-1999 and 2001-2002 and by merging analyses to registers at Statistics Denmark. There was a social gradient in onset of mobility disability, with odds ratio of 1.11 (1.07-1.15) per step down the deciles of financial assets and in cohabitation status, social participation, and network diversity. Social relations did not mediate the effect of financial assets on onset of mobility disability. The negative effects of low financial assets and poor social relations on mobility appear to be independent. More longitudinal studies on possible mediators of the social gradient in mobility among older people are needed. (KJ)

ISSN: 08982643

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


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

Using assistive technology and telecare to provide people with learning disabilities with improved opportunities to achieve greater independence; by Jon Wilkie.


Although standard telecare services have quickly become very successful in many areas, their extension to other groups, including people with learning disabilities, has been delayed by issues such as ethics, and a need for a wider range of technologies. A series of pilot studies have demonstrated over £400,000 of savings in a year, and have enabled improved processes for assessment and prescription to be developed. Four case studies are described and their successful outcomes establish a way forward for Cheshire East Council Community Services to roll out improved provision to support many more service users in the future. (KJ)

2009

Alarm over allowance: [attendance allowance]; by Mark Hunter.

Community Care, issue 1787, 17 September 2009, pp 26-27.

Disability user groups are rallying round to defend the attendance allowance benefit from proposals that could see it absorbed into the social care system, first mooted in the Green Paper, 'Shaping the future of care together' (Cm 7673; 2009). The AA is a tax-free benefit for people aged 65 or over who need help with personal care because they are physically disabled or mental ill. At present about 1.58 million people currently claim it; two-thirds are aged over 80. AA is not means-tested and is usually awarded without a medical examination. It is believed by many in the welfare benefits field that this benefit is in fact the forerunner of direct payments and as such should be kept intact. A case study illustrates the use of AA in helping to provide independence to a partially sighted person. (KJ/RH)


The aim of this study was to develop a measure of frailty for older acute inpatients to be performed by non-geriatricians. The Reported Edmonton Frail Scale (REFS) was adapted from the Edmonton Frail Scale for use with Australian acute inpatients. With acute patients aged over 70 years admitted to an Australian teaching hospital, the authors validated REFS against the Geriatrician's Clinical Impression of Frailty (GCIF), measures of cognition, comorbidity and function, and assessed inter-rater reliability. REFS was moderately correlated with GCIF, Mini-Mental State Examination (MMSE) impairment, Charlson Comorbidity Index and Katz Daily Living Scale. Inter-rater reliability of REFS administered by two researchers without medical training was excellent. In this cohort of older acute inpatients, REFS is a valid, reliable test of frailty, and may be a valuable research tool to assess the impact of frailty on prognosis and response to therapy. (KJ/RH)

What needs to change so that older people with high support needs can have "a better life"? The funding and future of adult social care is already a major issue, exacerbated by the recession. By 2050, the number of older people aged over 85 in the UK will have doubled, putting the care system under massive strain. This programme will examine how "a better life" for the growing number of older people in the UK with high support needs can be achieved now and in the future. High support needs are defined in terms of "older people of any age who need a lot of support due to physical frailty, chronic conditions and/or multiple impairments". Many will be affected by other factors including poverty, disadvantage, ethnicity or lifestyle. This paper gives a broad overview of this programme being carried out at the Joseph Rowntree Foundation (JRF) which is in five parts: defining what makes "a better life"; improving residential and nursing care; researching housing and care schemes; identifying alternative approaches; and creating "a Better Life" roadmap. The Programme has been developed through consultation with internal and external experts, including JRF's Empowerment Strategy Group. (RH)

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


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)

Calibrating disability measures across British national surveys; by Carol Jagger, Ruth Matthews, Derek King (et al), MAP 2030 (Modelling Ageing Programmes to 2030); New Dynamics of Ageing Programme - NDA. [London]: MAP 2030 (Modelling Ageing Programmes to 2030) and New Dynamics of Ageing Programme, 16 July 2009, 40 pp.

The ability, or difficulty experienced, in performing Activities of Daily Living (ADL) is widely used as a measure of disability, in particular for older people, as it is a good predictor of the use of health and long-term care services. Since the first ADL scale was proposed in the 1960s, many other scales have been developed. This report investigates the comparability of the measures of limitations in ADL, Instrumental Activities of Daily Living (IADL) and mobility questions in five British surveys: the British Household Panel Study (BHPS), the English Longitudinal Survey of Ageing (ELSA), the Family Resources Survey (FRS), the General Household Survey (GHS), and the Medical Research Council Cognitive Function and Ageing Study (MRC CFAS). It further uses the hierarchical nature of ADLs and IADLs measures to identify a comparable measure of disability in older people, at a level indicating need for social care, across the surveys. Considerable differences were found in the number and type of (I)ADL items used in the surveys, in particular the FRS questions relate to functional limitations (body functions) rather than activities. The FRS was excluded from further analysis. In the remaining four surveys there were two items present in all surveys and considerable overlap in others. The authors recommend that the major UK surveys could agree on a core set of (I)ADL items to be included in each with exactly the same wording of questions and structure. This study was funded by the Department for Work and Pensions (DWP) (RH)

From: http://www.sagepublications.com
Disability researchers have voiced the criticism that the concept of care, together with research based on it, consists of the view that disabled people are dependent non-autonomous second-class citizens. The perspectives of disability studies and care research certainly are different from each other. Disability studies analyse the oppression and exclusion of disabled people and emphasize that disabled people need human rights and control over their own lives. Care research focuses rather on care relationships, informal and formal care, care-giving work and ‘an ethics of care.’ Nevertheless, it is suggested here that the two perspectives are not mutually exclusive and that the two groups could learn from each other's approaches. For example, the relationship between disabled people and their personal assistants has much the same characteristics as the care relationship and requires a balancing of the needs and interests of the two parties. On the other hand, access to adequate care could be perceived as a basic civil and human right. (KJ/RH)
ISSN: 02610183
From: http://csp.sagepub.com

The impairment in daily living activities in older people with age-related changes in white matter was assessed according to the severity of these changes. Participants were 639 non-disabled older patients (45.1% men, mean age 74.1) in 11 European countries in whom brain magnetic resonance imaging (MRI) showed mild, moderate or severe age-related changes in white matter (Fazekas scale). MRI assessment also included cerebral infarcts and atrophy. Over a mean follow-up of 2.42 years (median 2.84 years), information on the main outcome was available for 633 patients. The annual rate of transition or death was 10.5%, 15.1% and 29.5%, respectively, for patients with mild, moderate or severe age-related changes in white matter (Kaplan-Meier log rank test p (0.001). In a Cox model comparing factors of functional decline, the risk of transition to disability or death was more than twofold higher. The other predictors were age group, history of atrial fibrillation, and complaint of gait disturbance. The effect of severe changes remained significant independently of baseline degree of atrophy and number of infarcts, incident stroke and dementia only slightly modified this effect. The 3-year results of the LADIS study suggest that in older adults who seek medical attention for non-disabling complaints, severe age-related changes in white matter independently and strongly predicted rapid global functioning decline. (RH)
ISSN: 09598138
From: www.bmj.com

Some recent reports have shown that services for people with learning disabilities have not always worked well, particularly for those with complex needs. This report uses the evidence from visits in 2008 to nine local areas (Doncaster, Dorset, Dudley, Gateshead, Harrow, Hillingdon, Lancashire, Redbridge and Stoke-on-Trent) to assess how people with learning disabilities and complex needs were being supported to live their lives fully, through the activities of commissioning. It concludes that those with learning disabilities should enjoy the same basic rights as other people, and that central to achieving this are personalised services and access to good advocacy. This was one of the final reports of the three commissions before the new Care Quality Commission assumed responsibilities in April 2009. (RH)

Older workers’ share of involuntary job losses in the United States has grown fairly consistently in recent decades, prompting greater interest in the health consequences of involuntary unemployment among individuals nearing retirement. In this study, the authors applied the multifactorial model of geriatric health to investigate whether late-career involuntary job loss was associated with subsequent physical disability and whether the effect of involuntary job loss on physical disability varied by predisposition. Using data from the first four waves (1992 to 1998) of the Health and Retirement Survey (HRS), the authors measured predisposition with individual risk factors for functional disability and indices of aggregate risk. The results of gender-specific
models fit with generalised estimating equations revealed that unmarried women and those with low pre-displacement incomes had heightened risk for subsequent functional disability. No differential effects of job loss were found for men. (KJ/RH)

ISSN: 01640275
From: http://www.sagepub.com


One of Age Concern England's comprehensive factsheets which are revised and regularly updated throughout the year. The printed factsheets subscription service ceased from April 2007 but current factsheets can be freely downloaded from the Age Concern website. To request individual printed factsheets, please call the Age Concern Information Line on 0800 00 99 66 (free call), 8 am - 7 pm daily. (KJ)
From: Information Unit, Age Concern England, Astral House, 1268 London Road, London SW16
4ER.http://www.ageconcern.org.uk/AgeConcern/fs42.asp

Disability Living Allowance; by Age Concern England - ACE. London: Age Concern England - ACE, April 2009, (Age Concern Fact Sheet 52).

One of Age Concern England's comprehensive factsheets which are revised and regularly updated throughout the year. The printed factsheets subscription service ceased from April 2007 but current factsheets can be freely downloaded from the Age Concern website. To request individual printed factsheets, please call the Age Concern Information Line on 0800 00 99 66 (free call), 8 am - 7 pm daily. (KJ)
From: Information Unit, Age Concern England, Astral House, 1268 London Road, London SW16
4ER.http://www.ageconcern.org.uk/AgeConcern/fs50.asp


The numbers with dementia are projected to double between 2001 and 2040, in line with continued increases of life expectancy. Projections have failed to account for the impact of changing risk factors on future numbers with dementia or disability. The authors describe use of a dynamic macro-simulation model used to calculate the numbers of older people with disability to 2026. Transition rates to disability and death conditional on a range of conditions calculated from the Medical Research Council Cognitive Function and Ageing Study (MRC CFAS), were applied to the 1992 England and Wales population. Scenarios for trends in dementia incidence, risk factors and treatment were devised from a systematic review and applied. Population ageing alone resulted in 19% more older people between 2006 and 2026 and 82% more with disability. A combination of reduced incidence of cognitive impairment and disabling consequences alongside improved survival provided the largest reductions in the disabled population (15,000) and the numbers cognitively impaired (302,000) compared with ageing of the population alone. Research priorities should focus on earlier detection of dementia and its risk factors, thereby allowing earlier and more targeted treatment to alleviate its associated disability. (RH)
ISSN: 00020729
From: http://www.ageing.oxfordjournals.org


The effect of developing a dual sensory loss (DSL) on depression over time was determined; and the impact of pre-existing single sensory loss on this effect was evaluated. Multilevel modelling was used to analyse data (N = 2,689) from the US Health and Retirement Study (HRS). A significant increase in depression at the first report of DSL occurred; and depression increased at a significantly faster rate following DSL, in a curvilinear pattern. In addition, those who eventually developed DSL began the study with a depression score significantly higher than those who did not experience sensory loss. A pre-existing single sensory loss did not alter the effect of DSL on depression. Two sources of disparity in depression between those with and without DSL were identified: preexisting differences, and differences that occurred due to the DSL. The relationship exhibited between depression and developing a DSL indicated an adjustment process. (RH)
ISSN: 08982643
From: http://www.sagepublications.com

Adjustment to acquired sight loss can be challenging. To identify the evidence, Thomas Pocklington Trust commissioned and funded a project at the Institute of Health Sciences, University of Reading, to research the needs of people with sight loss for emotional support and the responses to those needs. The aim was to update the existing evidence base by building on a previous literature review and highlighting areas for future research. This publication summarises the research findings regarding the need for emotional support and on interventions to meet emotional support needs. An Occasional Paper (same title) is also available from the Trust. (RH)

From: Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk


The Work and Pensions Committee welcomes the Government's intentions to simplify and streamline legislation on discrimination into one single Equality Bill, which was outlined in the White Paper, 'Framework for a fairer future - the Equality Bill'. However, it believes that disability discrimination requires a difference in approach and should be predicated on the idea that we need to treat people differently to accord disabled people equal opportunities. This report considers the effectiveness of the proposed legislation in these key areas: equality in employment, the Access to Work Schemes, the Public Sector Equality Duty, and equality in goods facilities and services (GFS). The Committee calls for the removal of one of the greatest obstacles to improving employment opportunities for older people: the continued existence of the statutory default retirement age in the Employment Equality (Age) Regulations 2006. (RH)

Price: £15.50

From: Download: http://www.publications.parliament.uk/pa/cm200809/cmselect/cmworpen/158/158i.pdf

Good ideas: a practical handbook for supporting older people in their own homes; by Royal Bank of Scotland Centre for the Older Person's Agenda - COPA, Queen Margaret University. Edinburgh: RBS Centre for the Older Person's Agenda, 2009, 68 pp.

'Good ideas' has been developed specifically to help day carers and respite carers who work with older people in their own homes. The research for this handbook was conducted by older people who had been trained in interview and research techniques. Interviews were held with older housebound people to find what support would help them maximise their lifestyle within their own home. The research focused on how older people could remain physically active, eat and drink well, and maintain good social relationships. The project was sponsored by NHS Health Scotland and the City of Edinburgh Council's Department of Health and Social Care. (KJ/RH)

From: RBS Centre for the Older Person's Agenda (COPA), Queen Margaret University, Musselburgh, Edinburgh, EH21 6UU. www.qmu.ac.uk/copa


As our knowledge about the experiences of grandparents when their grandchild has a disability is extremely limited, the purpose of this research was to explore the emotional journey of Australian grandparents. This qualitative research utilised purposive sampling and semi-structured in-depth interviews to explore the experiences of 22 Australian grandparents, whose grandchild had been diagnosed with a disability. Three key themes characterized grandparent's emotional journey: adjusting (the transition from anger to acceptance), the 'double grief' (sadness about what might have been for both their child and grandchild) and pride in family (pride in family's ability to adjust to the challenges of the situation). As the first Australian study to explore the experiences of grandparents when their grandchild has a disability, the research provides important new knowledge about the emotional journey for grandparents. Unlike overseas research, Australian grandparents view themselves as being there to support their own children, rather than 'holding the family together'. The findings will provide current policy debates about the role of grandparents and highlight the importance of support services that help facilitate grandparents' role within their family. (KJ/RH)

ISSN: 14406381

The health impact of a hearing disability on older people in Australia; by Anthony Hogan, Kate O'Loughlin, Peta Miller (et al). 
A series of studies has proposed that hearing loss has adverse effects for other aspects of health. The health effects associated with self-reported hearing disability on older people (aged 55+) were examined using the 2003 Australian Survey of Disability, Ageing, and Carers (n = 43,233), a weighted population-based survey providing data on self-reported disability and quality of life. Of the estimated 654,113 people reporting hearing disability, 71% experienced limited communication and 60% used hearing aids. Compared with population norms, hearing disability at all levels was associated with poorer physical and mental health scores on the Short Form Health Survey (SF-12) measure, especially for people with severe or profound hearing loss, thus suggesting a threshold effect at advanced levels of disability. The data support emerging literature suggesting a causal relationship between hearing disability and quality of life. Prospective studies to further examine this relationship are indicated. (RH) 
ISSN: 08982643 
From: http://www.sagepublications.com

A charity working for independence, empowerment and choice for disabled and older people who use equipment or technology through impartial advice, information and training. To celebrate its fortieth year in 2010, a brief history of the DLF has been published. (KJ) 
From: Disabled Living Foundation, 380-384 Harrow Road, London W9 2HU. http://www.dlf.org.uk

This good practice guide is a tool to improve the homes of people with sight loss. It aims to support planned maintenance, replacements and refurbishments of the homes of people with sight loss and one-off adaptations in response to individual needs. The importance of involving people with sight loss in decisions about their homes is stressed. Checklists are included on the different areas of the home (and outdoor areas) that have been discussed in the main text. The content and style of this publication has been informed by people with sight loss and by housing and support staff working in: Coventry City Council, the Extra Care Charitable Trust, Hammersmith and Fulham housing and support services, Westside Shepherds Bush Support Services, and the Wilberforce Trust. (RH) 
From: Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk

Independence and learning disabilities: why we must also recognise vulnerability; by Rachel Fyson. 
Services for adults with learning disabilities are currently based on the promotion of four key principles: rights, independence, choice and social inclusion. This paper will argue that, while these principles are welcome, they need to be balanced against a fifth principle - that vulnerable adults should be adequately protected against the risk of abuse. It will draw on both recent high-profile cases of violence and abuse against people with learning disabilities, and research evidence to explore whether current plans to transform adult social care through the use of self-directed support and individual budgets offer a safe future. (KJ/RH) 
ISSN: 14668203 
From: Website: http://pierprofessional.metapress.com/content/121398/

Indicators of preclinical disability: women's experiences of an aging body; by Rebecca Ann Lorenz. 
This paper is derived from a larger multi-method longitudinal study of women's bodily experiences and coping practices before the onset of disability. Twelve women participated in repeated performance measures, in-depth interviews of daily life and physically challenging events, and observations of daily activities conducted over 18 months. Interpretive phenomenological analysis of textual data showed that women's bodies provided multiple indicators or symptoms of pre-clinical disability. These indicators informed the women that their body was out of sync with their environment; conspicuous during social activities; and vulnerable to becoming dependent on others, technology, or assistive devices to accomplish daily activities. Greater attention to bodily indicators or symptoms may offer a practical method for clinicians to identify pre-clinical disability. (KJ/RH)
Individual budgets: lessons from early users’ experiences; by Parvaneh Rabiee, Nicola Moran, Caroline Glendinning.


Within the context of modernisation, there has been a trend towards 'cash-for-care' schemes designed to bring choice and control closer to the service user. In England, Individual Budgets (IBs) are being piloted, with the aim of promoting personalised support for disabled people and other uses of social care services. This paper reports on the experiences and outcomes of early IB users two to three months after first being offered an IB. The users included adults with physical or sensory impairments, learning difficulties, mental health problems and older people. Semi-structured interviews were carried out with nine service uses and five proxies. The findings suggest that IBs have the potential to be innovative and life-enhancing. However, achieving this potential in practice depends on a range of other factors, including changes in the routine practices and organisational culture of adult social care services and ensuring users have access to appropriate documentation and support. Any conclusions drawn from the experiences of these early IB users must be treated with caution. The findings nevertheless indicate some of the issues that will need to be addressed as IBs are implemented more widely to replace conventional forms of adult social care provision. (KJ/RH)

ISSN: 0045-3102
From: http://bjsw.oxfordjournals.org


Evidence of difficult circumstances is highlighted in this report which presents results from a project funded by Thomas Pocklington Trust entitled 'Experiences of people with hearing and sight loss' carried by researchers at the School of Education, University of Birmingham and the University of Cambridge. The aim was to increase the knowledge base concerning the experiences, needs and goals of older people with both sight and hearing loss, with the focus on acquired loss, and to raise awareness of their needs and those working with them. This report looks at the project's two phases. Phase 1 analysed two pre-existing datasets relating to 609 older people with hearing and sight loss. Phase 2 focused on case studies of 20 older people with hearing and sight loss, and drew out 13 broad themes: vision, hearing and other disabilities and health problems; identification; communication and social interaction; leaving the home and getting out and about; activities within and beyond the home; daily living and sources of support; daily living and independent living skills (ILS); accessing information; access to and participation in medical services; social and emotional needs; residential care homes; views of participants' families; and professionals' views of services. Copies of the two reports that inform this publication are available to download (from: http://www.education.bham.ac.uk/research/victar/research.shtml). The reports are: 'Secondary analysis with a focus upon the needs of older people with acquired hearing and sight loss: an analysis of the "Network 1000" and "Cambridge" datasets'; and 'The needs of older people with acquired hearing and sight loss: findings from 20 case studies'. (RH)

From: Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk


This publication summarises findings from a research study funded by Thomas Pocklington Trust entitled 'Experiences of people with hearing and sight loss' carried by researchers at the School of Education, University of Birmingham and the University of Cambridge. The aim was to increase the knowledge base concerning the experiences, needs and goals of older people with both sight and hearing loss, with the focus on acquired loss, and to raise awareness of their needs and those working with them. The project's two phases are outlined. Phase 1 analysed two pre-existing datasets relating to 609 older people with hearing and sight loss. Phase 2 focused on case studies of 20 older people with hearing and sight loss, and drew out 13 broad themes: vision, hearing and other disabilities and health problems; identification; communication and social interaction; leaving the home and getting out and about; activities within and beyond the home; daily living and sources of support; daily living and independent living skills (ILS); accessing information; access to and participation in medical services; social and emotional needs; care homes; views of participants' families; and professionals' views of services. Copies of the two reports that inform this publication are available to download (from: http://www.education.bham.ac.uk/research/victar/research.shtml). The reports are: 'Secondary analysis with a focus upon the needs of older people with acquired hearing and sight loss: an analysis of the "Network 1000"
and "Cambridge" datasets'; and The needs of older people with acquired hearing and sight loss: findings from 20 case studies'. (RH)
From: Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk

Neo-liberal individualism or self-directed support: are we all speaking the same language on modernising adult social care?; by Alan Roulstone, Hannah Morgan.
This article explores recent developments in the modernisation of adult social care through the lens of changes to English day services. Drawing on wider policy debates, it argues that Disabled Peoples' Movement and governmental ideas on self-directed support, although superficially similar, are growing increasingly apart. It is argued that in the absence of adequate funding and exposure to organisations of disabled people, day service recipients risk moving from a position of enforced collectivism to an enforced individualism characteristic of neo-liberal constructions of economic life. (KJ/RH)
ISSN: 14747464
From: http://www.journals.cambridge.org/sps

Nothing personal: [personal assistants recourse to disputes with their employers]; by Andrew Mickel.
Community Care, issue 1778, 9 July 2009, pp 24-25.
Personal assistants (Pas) have little backup when disputes with their employers arise, for example over hours worked and rates of pay. Some local authorities have established special organisations to attend to these matters. The Scottish Personal Assistants Employers Network (Spaen) aims to ensure that employers know their rights and responsibilities. Spaen and the union, Unison are planning a mediation service in Scotland with the aim of preventing disputes. However, PAs elsewhere in the UK are likely to have to rely employers's goodwill. (RH)
ISSN: 03075508
From: www.communitycare.co.uk

Nurses' views about services for older people with learning disabilities; by Robert Jenkins.
An ageing population with learning disabilities faces many difficulties. This article aims to explore nurses' views of the strengths and weaknesses of current patterns of service provision for older people in relation to three service models (age integrated, specialist and generic) and parent or carer needs. Focus groups were held with mental health nurses, practice nurses and nurses specialising in the care of people with a learning disability, and an interview was held with a district nurse. Some services may not be prepared for this client group, nor in some cases be appropriate for it, and there appears to be little specialist provision or use made of mental health services. Specialist services and/or teams should be developed to cater for the complex needs of older people with learning disabilities, particularly those who develop dementia. (RH)
ISSN: 14720795
From: http://www.nursingolderpeople.co.uk

"Out of sight, out of mind": a qualitative study of visual impairment and dementia from three perspectives; by Vanessa Lawrence, Joanna Murray, Dominic ffytche (et al).
International Psychogeriatrics, vol 21, no 3, June 2009, pp 511-518.
Dementia and visual impairment are among the most common medical conditions in later life. Almost nothing is known about the experiences and needs of older adults with both conditions. In this qualitative study using in-depth individual interviews, multiple perspectives were sought through a case-study approach. 52 interviews were conducted: 17 with older adults with visual impairment and dementia, 17 with family caregivers, and 18 with care professionals. Impaired memory and a lack of visual cues created profound disorientation and distress, which could be manifested in disruptive behaviour. Visual hallucinations compounded older adults' disorientation, and caregivers were uncertain about how to manage them. Visual impairments reduced the ability of older adults to perform certain activities safely, while dementia impaired their ability to assess the risks accurately. Concerns about safety prompted family members to limit their relatives' activities even in early stages of dementia. Low-vision services perceived themselves to be ill equipped to manage dementia-related needs, whilst visual needs were accorded a low priority by dementia services. A lack of joint working by the two services led to an overcautious approach. The research identified considerable unmet needs and opportunities to improve care. The provision of clear verbal communication and optimised visual inputs is likely to reduce disorientation, distress and agitated behaviour, while one-to-one contact is needed to overcome feelings of isolation. Family caregivers require additional respite services and advice on managing hallucinations. Increased sharing of information and skills between mental health and low-vision professionals would help maximize older adults' independence. (KJ/RH)
People with dementia and sight loss: a scoping study of models of care; by Ruth Bartlett, Declan McKeefry, Thomas Pocklington Trust; Division of Dementia Studies, University of Bradford; Division of Optometry, University of Bradford. London: Thomas Pocklington Trust, 2009, 7 pp (Research findings, no 25).

The main aim of this scoping study was to assess the extent to which existing models of best practice in dementia care were sensitive to sight loss issues. The study reviewed the literature; reviewed the scientific research on sight loss and people with dementia; examined how sensitive models of dementia care practice are to sight loss issues; and explored how sensitive dementia care providers are to sight loss issues. Data were collected by database searches of the academic literature, interviewing seven practitioners, and auditing working practices on four care homes for older people. Among recommendations are developing and piloting a more integrated sensory model of practice, integrating the elements of the enriched and Nightingale-based models; and seeking to influence implementation of the National Dementia Strategy (NDS) for England. A report in the form of an Occasional Paper (same title) is also available from the Trust. (RH)

From: Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk

Perceived autonomy and activity choices among physically disabled older people in nursing home settings: a randomized trial; by Mette Andresen, Uila Runge, Morten Hoff (et al).

The effect of individually tailored programmes on perceived autonomy in institutionalised physically disabled older people was evaluated; and participants' activity wishes and content of the programmes are described. This Danish blinded randomised trial with follow up included a total of nine nursing homes and 50 nursing home residents who were randomised into either a control group or an intervention group. Perceived autonomy was measured at baseline (T1), after 12 weeks (T2) of intervention and after 24 weeks (T3) Wishes for daily activities was identified at T1. Weekly reports of individual programmes were drawn up. Both groups perceived autonomy as average at baseline, and increased their mean score at T2 to high or close to high. At T3, both groups scored average but exceeded the level of T1. Activity wishes and the content of the programmes indicate incoherence. Although the correspondence between the individual wishes for activities and the concrete content of the programmes was not obvious, results indicate potential for enabling the perception of autonomy among physically disabled older nursing home residents. The clinical consequences may suggest a focus on existing traditions, methods and tools in the nursing home practice. (RH)

ISSN: 08982643
From: http://www.sagepublications.com

Peterborough offers clients a choice: [independent living support service]; by Maria Ahmed.
Community Care, issue 1796, 19 November 2009, pp 26-27.

Service users in Peterborough are now choosing their own care providers. This article looks at how the independent living support service (ILSS) works. Peterborough NHS, the local primary care trust (PCT) is responsible for commissioning adult health and social care in the city, and has been influenced by guidance from In Control as well as the government's Putting People First agenda. Access to ILSS is through schemes such as an advocacy pilot run by Age Concern Peterborough. (RH)

ISSN: 03075508
From: www.communitycare.co.uk

Places, social relations and activities in the everyday lives of older adults with psychiatric disabilities: an interview study; by M Nordström, A Dunér, E Olin, H Wijk.

The overall aim of this Swedish study was to describe and analyse the ways in which older adults with a psychiatric disability experience places, social relations and activities in different arenas of their everyday lives. Twelve older adults (aged 55+) with a psychiatric disability were interviewed either once or twice, using different interview techniques. The first interviews were semi-structured and the second were in-depth interviews guided by a site-map. The interview texts were analysed using qualitative content analysis, proceeding from open to focused coding in several steps. Although the respondents spent most of their time in their own homes, some also spent a lot of time at day-care centres and other similar places. The amount of time spent in places in the public arena varied a great deal. The interviewees’ experiences of the places, relationships and activities in their everyday lives can be related to aspects of freedom and coercion, internal and external structure, and relationships and support. The provision of a varied range of services and support in diverse settings in order to make these accessible to people of different ages and needs is an important challenge for welfare politics. (KJ/RH)
Prescription for trouble: Medicare Part D and patterns of computer and Internet access among the elderly; by David Wright, Twylo J Hill. Routledge, April-June 2009, pp 172-186.
The Medicare Prescription Drug Improvement and Modernization Act of 2003 specifically encourages Medicare enrollees to use the Internet to obtain information regarding the new prescription drug insurance plans and to enrol in a plan. This reliance on computer technology and the Internet leads to practical questions regarding implementation of the insurance coverage. For example, it seems unlikely that all Medicare enrollees have access to computers and the Internet, or that they are all computer literate. This study uses the 2003 Current Population Survey to examine the effects of disability and income on computer access and Internet use among older people. Internet access declines with age and is exacerbated by disabilities. Also, decreases in income lead to decreases in computer ownership and use. Therefore, providing prescription drug coverage primarily through the Internet seems likely to maintain or increase stratification of access to health care, especially for low-income, disabled older people who are also a group most in need of health care access. (RH)
ISSN: 08959420
From: http://www.tandfonline.com

The prevalence of disability in the oldest-old is high and continues to increase with age: findings from The 90+ Study; by Daniel J Berlau, María M Corrada, Claudia Kawas. International Journal of Geriatric Psychiatry, vol 24, no 11, November 2009, pp 1217-1225.
The purpose of this study was to examine the prevalence and type of disability in the oldest-old (90+), the fastest growing age group in the United States. The current study included functional data on 697 participants from The 90+ Study, a population-based longitudinal study of ageing and dementia in people aged 90 and older (who are survivors of the Leisure World Cohort Study). Data were obtained by participant’s informants via a written questionnaire. The prevalence of disability was calculated for two definitions using activities of daily living (ADLs). ADL difficulty was defined as difficulty with one or more ADLs, whereas ADL dependency was defined as needing help on one or more ADLs. ADL difficulty was present in 71% in 90-94 year olds, 89% in 95-99 year olds, and 97% in centenarians. ADL dependency was present in 44% of 90-94 year olds, 66% of 95-99 year olds, and 92% of centenarians. The ADL most commonly causing difficulty was walking (70%) whereas the ADL most commonly causing dependency was bathing (51%). Age, gender, and institutionalisation were significantly associated with both ADL difficulty and ADL dependency. Similar to studies in younger individuals, the current study suggests that the prevalence of disability continues to increase rapidly in people aged 90 and older. With the rapid growth in the number of people in this age group, disability in the oldest-old has major public health implications. (KJ/RH)
ISSN: 08856230
From: http://www.interscience.wiley.com/journal/gps

Brain damage which is due to stroke (predominantly in older people) or to a traumatic brain injury (most commonly in younger people), will result in Unilateral Visual Neglect (UVN) in approximately 70% of patients. In general, patients with UVN tend to act as if one side of space does not exist, with common behaviours including brushing, shaving or applying make-up only to the non-neglected side. The author describes her planned research into this problem - which is an attentional or representational deficit, not a visual deficit - and its effect on the walking trajectories of those affected. Investigation in the usefulness of prism glasses in viewing the environment and helping to control walking direction is described. (RH)
ISSN: 13684345
From: http://www.signpostjournal.org.uk

The providers' profile of the disability support workforce in New Zealand; by Diane Jorgensen, Matthew Parsons, Michelle Gundersen Reid (et al). Health and Social Care in the Community, vol 17, no 4, July 2009, pp 396-405.
To understand one of the predominant groups supporting people with disabilities and illness, this study examined the profile of New Zealand paid caregivers, including their training needs. Paid caregivers - also known as healthcare assistants, caregivers and home health aides - work across several long-term care settings, such as residential homes, continuing-care hospitals and also private homes. Their roles include assisting with personal care and household management. New Zealand, similar to other countries, is facing a health workforce
shortage. A three-phased design was used: phase I, a survey of all home-based and residential care providers (N = 942, response rate = 45%); phase II, a targeted survey of training needs (n = 107, response = 100%); phase III, four focus groups and 14 interviews with 36 providers, exploring themes arising from phases I and II. Findings on 17,910 paid caregivers revealed a workforce predominantly female (94%), aged between 40 and 50, with 6% over the age of 60 earning a mean hourly rate of pay that is just above minimum pay rates and doing 24 hours per week. The national paid caregiver turnover was 29% residential care and 39% community. Most providers recognised the importance of training, but felt their paid caregivers were not adequately trained. Training was poorly attended; reasons cited were funding, family, secondary employment, staff turnover, low pay and few incentives. The paid caregiver profile described reflects trends also observed in other countries. There is a clear policy direction in New Zealand and other countries to support people with a disability at home, and yet the workforce which is facilitating this vision is itself highly vulnerable. Paid caregivers have minimum pay, are female, work part-time and although it is recognised that training is important for them, they do not attend, so consequently remain untrained. (KJ/RH)

ISSN: 09660410
From: http://www.blackwellpublishing.com/hsc

InFocus, no 9, February 2009, 71 pp (CSCI 243).
This is the last in a series of three bulletins in the InFocus series designed to help service providers in considering the personalisation agenda in social care with regard to equality and diversity issues. It focuses on achieving disability equality in social care services. It uses sources such as National Minimum Standards to inform good practice in assessment, care planning, choice and control regarding service use by disabled people. Among key point highlighted are physical, communication, social inclusion and attitudinal barriers to equality in social care services. A checklist suggests how the good practice points and examples about disability equality could be put into action. (RH)
Price: FOC
From: Commission for Social Care Inspection, 33 Greycoat Street, London SW1P 2QF. Orderline: 0870 240 7535 csci@accessplus.co.uk http://www.csci.org.uk/publications

Quality of personal care for elderly people in Italy living at home with disabilities: risk of nursing home placement at a 1-year follow-up; by Claudio Bilotta, Paolo Nicolini, Carlo Vergani.
Health and Social Care in the Community, vol 17, no 6, November 2009, pp 543-547.
The aim of this prospective Italian study was to evaluate the correlation between self-perceived quality of private personal care for older people living at home and 1-year risk of hospital admission, nursing home placement and death. 100 community-dwelling older patients (mean age 85) who had been receiving private personal care for any kid of disability for at least 1 month were enrolled to the study. Quality of care was described by both the older people without overt cognitive impairment and their informal caregivers, and this was categorised for analysis as "poor or fair" or "optimal or immediate". Rates of hospital admission, long-term care placement and death were assessed at a 1-year follow-up; between May 2006 and January 2008. One year after enrolment, 67 of the enrollees were still living at home, 10 had been institutionalised and 23 had died. 46 had experienced at least one hospital admission. The 16 belonging to the "poor or fair care" group showed a higher risk of nursing home placement when compared with the 84 belonging to the "optimal or immediate care" group (relative risk = 5.25, 95% confidence level 1.72-16.06) without there being any significant difference between the two groups in terms of baseline assessment and basic functional status at follow-up. The quality of personal care was not a predictor of either hospital admission or death. Therefore, a poor or fair quality of personal care turned out to be a 1-year predictor of placement in a long-term care facility for community-dwelling older people with a disability. (RH)
ISSN: 09660410
From: http://www.blackwellpublishing.com/hsc

Recovery in instrumental activities of daily living (IADLs): findings from the Medical Research Council Cognitive Function and Ageing Study (MRC CFAS); by David Seidel, Carol Jagger, Carol Brayne (et al).
Age and Ageing, vol 38, no 6, November 2009, pp 663-668.
The objective of this study was to provide evidence for predictors of recovery in instrumental activities of daily living (IADLs) among disabled older people living in the community. The design involved MRC CFAS recruiting a sample of 13,004 individuals aged 65+ from five communities in the UK (Cambridgeshire, Newcastle, Nottingham, Oxford and Gwynedd). Participants underwent a baseline interview between 1990 and 1994 and were re-assessed 2 years later. The participants who reported that they were unable to perform any
IADL without difficulty or help at baseline (disabled) were included in the analysis. Logistic regression was used to estimate odds ratios (OR) for improvement from disabled to non-disabled state at follow-up (recovery). At baseline, 50% reported disability, of whom 9% reported independent function at follow-up. Women (OR = 0.4) and participants aged 75+ (OR = 0.2) were least likely to recover, followed by those with poor self-rated health (OR = 0.5), using at least one medication (OR = 0.6), and having more than or equal to two comorbidities (OR = 0.6). A minority of participants reporting disability at baseline then reported independent function at 2 years. It may be important to focus on those who seem least likely to recover once they have become disabled. Several factors that have been shown to increase the risk of disability were inversely associated with recovery, suggesting that intervention programmes could target these same factors. (KJ/RH)

ISSN: 00020729
From: http://www.ageing.oxfordjournals.org

The relationship between longevity and healthy life expectancy; by Jean-Marie Robine, Yasuhiko Saito, Carol Jagger.
What is the relationship between longevity and health? Health expectancies were developed more than 30 years ago specifically to answer this question. It may therefore be the time to try to answer this question, though it is worth noting that the question implies a unidirectional relationship. Almost no one questions the positive association between health and longevity. It is expected that healthy, robust people will live, on average, longer than frail people. This heterogeneity in terms of robustness or frailty may explain the shape of the mortality trajectory with age, i.e., the oldest old seem to follow a lower mortality schedule (Vaupel et al, 1979). On the other hand, many people wonder about the relationship between longevity and health. Are we living longer because we are in better health? Are we living longer in good health? Or are we merely surviving longer whatever our health status? In other words, can we live in good health as long as we can survive? And this is exactly the purpose of health expectancies: monitoring how long people live in various health statuses (Sanders, 1964; Sullivan, 1971; Robine et al, 2003a). (KJ/RH)
ISSN: 14717794

The relationship between obesity, physical activity, and physical function in older adults; by Deborah Riebe, Bryan J Blissmer, Mary L Greaney (et al).
The relationship between overweight and obesity, age, and gender with physical activity and physical function in community-dwelling older men and women was investigated. Multivariate analysis of covariance was used to analyse differences between normal weight, overweight, and obese in 821 adults aged 60+. Subjects were participants in the Study of Exercise and Nutrition in Older Rhode Islanders (SENIOR) project. Obesity but not overweight was associated with lower levels of physical activity and physical function. Within body mass index (BMI) groups, individuals who were physically active were less likely to have abnormal physical function scores compared to those who were sedentary. Compared to men, obese women had lower physical function scores, placing them at higher risk for future disability. Ageing was associated with lower levels of physical activity and physical function. The study illustrates the importance of avoiding obesity and participating in regular physical activity to prevent or slow down the loss of functioning in older age. (RH)
ISSN: 08982643
From: http://www.sagepublications.com

Issues of equality and inclusion are highlighted in this report. In autumn 2008, Shaping Our Lives supported five service user and/or disabled people's organisations to hold networking events in their regions. The aim was to see how networking can be improved and ensure more diverse involvement, which was also the subject of a project. The full report which includes reports of the regional get-togethers (in Bradford, Wales, Gateshead, London and Lancaster) is available from the Shaping Our Lives office or its website; also the networking website SOLNET (www.solnet.org.uk). (RH)
Self-reported chronic conditions and functional limitations: a comparison study between a continuing care retirement community and the Longitudinal Study on Aging II (LSOA II) populations; by Yuchi Young, Ming-Yu Fan, John M Parrish.


Sociodemographics, disease prevalence, and physical function among older adults in a Continuing Care Retirement Community (CCRC) are compared to their community-dwelling peers. This cross-sectional study compared 302 CCRC residents aged 65+ with intact cognition to the US Longitudinal Study on Aging II (LSOA-II) population (n = 5,559). Multivariate linear and logistic regressions were applied to sociodemographic, health, and physical function data. Except for arthritis, CCRC residents had a higher disease burden than community-dwelling peers: hypertension (OR = 1.3; 95% CI 1.03-1.71), heart disease (OR = 1.4; 95% CI 1.03-1.79), stroke (OR = 2.5; 95% CI 1.73-3.54), osteoporosis (OR = 2.5; 95% CI 1.73-3.54), hip fracture (OR = 2.2; 95% CI 1.27-3.77), and cancer (OR = 2.6; 95% CI 1.77-3.71). The CCRC residents also had more functional disability both in ADL (p < .001) and IADL (p < .001). This profile of disease burden and functional disability may help other facilities or countries calibrate their health services delivery to the needs of residents. (KJ/RH)

ISSN: 15356523
From : http://baywood.com

Socio-economic inequalities in physical functioning: a comparative study of English and Greek elderly men; by Faiza Tabassum, Georgia Verropoulou, Cleon Tsimbos (et al).

Ageing and Society, vol 29, part 7, October 2009, pp 1123-1140.

The associations between socio-economic position (SEP) and physical functioning have frequently been investigated, but little is known about which measures of SEP are the best to use for older people. This study used data derived from Wave 1 of the English Longitudinal Study of Ageing (ELSA) and the Survey of Health, Ageing and Retirement in Europe (SHARE) study to examine how different SEP indicators relate to the physical functioning of men aged 50+ in England and Greece. Self-reported physical functioning limitations and mobility difficulties were combined and categorised into "no disability", "mild disability" and "severe disability". The SEP indicators studied were wealth, educational level and occupational class. The findings indicate that respondents with less wealth, fewer educational qualifications and lower occupational class were more likely to experience mild or severe physical disability than those of high SEP. When all three measures of SEP were adjusted for each other, in both samples wealth maintained a strong association with mild and severe disability, while education was associated with severe disability, but only among English men. Occupational class was not strongly associated with physical disability in either case. Hence, among English and Greek older men, wealth was a more important predictor of physical functioning difficulties than either occupational class or education. (RH)

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

Structured re-assessment system at 6 months after a disabling stroke: a randomised controlled trial with resource use and cost study; by Anne Forster, John Young, John Green (et al).


UK national policy (the National Service Framework for Older People - NSF) recommends routine reassessment of disabled patients and their carers at 6 months after stroke onset. The clinical and resource outcomes of this policy were investigated in a randomised controlled trial in two centres of 265 patients with disabling stroke and their carers. Independence at 12 months post-stroke was similar in both groups, as measured by the Frenchay activities index. Emotional distress in carers was similar in both groups, as measured by the General Health Questionnaire (GHQ-28). Results for secondary outcome measures - activities of daily living (ADLs), mood state, satisfaction with services, carer strain index, health and social service resource use and costs - were similar for both groups. The intervention group patients used 301 fewer hospital bed days and 1,631 fewer care home bed days. The structured re-assessment system for patients and their carers was not associated with any clinically significant evidence of benefit at 12 months. Health and social care resource use and mean cost per patient were broadly similar in both groups. This study is in the International Standard Randomised Controlled Trial Register; number ISRCTN55412871. (RH)

ISSN: 00020729
From : http://www.ageing.oxfordjournals.org


This report is based on the social model of disability, which focuses on the barriers experienced by disabled people and their families. Included are quotes from them, indicative of the attitudes of others towards them. The
report considers the policy context, local policies and strategies, and how local policies are put into practice. The findings are from a national survey of 50 councils in England, and 70 interviews conducted with representatives of adult services or children's services. The report recommends actions that need to be taken by councils and other agencies in relation to: joint working and integrated services; better information for joint strategic needs assessments; more Direct Payments and Individual Budgets; resourcing support to families; ongoing support and training for staff; and involvement of disabled parents and their families. (RH)


The authors describe a novel human machine interface system aimed primarily at those who have experienced loss of extremity motor function. The system enables the control of a wide range of assistive technologies such as wheelchairs, prosthetics, computers and general electrical goods at the 'flick of a tongue'. This system could benefit a huge sector of people including those who have suffered a spinal cord injury, stroke or quadriplegia. The technology focuses on a unique hands-free interface whereby users can issue commands simply by performing subtle tongue movements; these tongue motions are continually monitored by a small microphone positioned comfortably within the ear canal. Due to the physiological connections between these regions and the distinctive nature of the signals, these commands can be detected and distinguished, allowing a control signal to be issued. This inexpensive device offers significant advantages over existing technologies by providing unobtrusive, hygienic control through natural tongue motion. New software has been implemented, achieving over 97% correct classification across four different tongue movements for seven test subjects. Feasibility of the system as an interface for a variety of devices is demonstrated through simulation studies including controlling a prosthetic manipulator and power wheelchair. (KJ/RH)
ISSN: 17549450
From: http://www.pierprofessional.com

Trends in disability-free life expectancy among Chinese older adults; by Jufen Liu, Gong Chen, Ximing Song (et al).
Based on two Chinese national disability surveys in 1987 and 2006 as well as mortality data from World Population Prospects, the Sullivan method was used to calculate disability-free life expectancy (DFLE). DFLE increased from 13.0 to 13.9 years at age 60 and from 1.2 to 1.5 years at age 90 in 1997 and 2006 respectively. The proportion of DFLE increased after age 75. The proportion of DLE with severe disability decreased, while that of least disability increased. Onset of disability was delayed from 0.3 years to 4.7 years across disability types. Trends in DFLE by age and severity of disability as well as the delayed onset of disability provide evidence for the compression of morbidity among the oldest old in China. However, a similar trend was not found among the young-old. (RH)
ISSN: 08982643
From: http://www.sagepublications.com

An update to measuring chronic illness, impairment and disability in national data sources; by Chris White.
This article reports progress in delivering a revision to survey questions on disability being carried out for implementation in 2010. The Office for National Statistics (ONS) has relied on survey data to report and update annual estimates of disability-free life expectancy at national level. The survey question used in this calculation has remained consistent since 1972. However, changes in national legislation, a forthcoming European regulation and a number of inadequacies in the level of detail and consistency of disability data collected in household surveys (raised as part of the Review of Equality Data), will require its modification and extension to ensure survey data better reflect the growing data needs in the subject area of disability in the 21st century. The accurate and reliable measurement of disability is increasing in importance following the revision to the Disability Discrimination Act in 2005 and the publication of a strategy to improve the life changes of disabled people. Of particular concern is the lack of data on impairment types and how impairments interact with social barriers erected by society and its institutions, leading to, or intensifying, the level of disability experienced by people with impairment or limiting illnesses. (KJ/RH)
ISSN: 14651645
From: http://www.statistics.gov.uk
The Thomas Pocklington Trust report on the experiences of people with sight loss and dementia and their carers highlighted the incidence of visual hallucinations - the vivid experience of seeing something that is not actually there. These hallucinations led to confusion and distress for the individual, and carers felt uncertain about how best to respond to them. This finding led to the present review of medical and social science literature, which found limited knowledge about people with both sight loss and dementia who are affected by hallucinations. 215 articles were found, and this publication summarises the review's findings on: prevalence, risk factors, course and outcome; the experience of hallucinations; clinical and other interventions; and the experience and expertise of health and social care professionals. Recommendations for future research are made. An Occasional Paper (same title) and the full report, 'Visual hallucinations in sight loss and dementia: a review of the literature', are also available on request from the Trust. (RH)
From: Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk

Visual impairment following stroke: do stroke patients require vision assessment?; by Fiona Rowe, Darren Brand, Carole A Jackson (et al).
The types of visual impairment following stroke are wide-ranging and encompass low vision, eye movement and visual field subnormalities, and visual perceptual difficulties. This paper presents a 1-year data set, and identifies the type of visual impairment occurring following stroke and their prevalence. A multi-centre prospective observation study was undertaken in 14 acute trust hospitals. Stroke survivors with a suspected visual difficulty were recruited. Standardised screening or referral and investigation forms were employed to document data on visual impairment, specifically assessment of visual acuity, ocular pathology, eye alignment and movement, visual perception (including inattention), and visual field defects. 323 patients were recruited (mean age 69). 68% had eye alignment / movement impairment. 49% had visual field impairment, 26.5% had low vision and 20.5% had perceptual difficulties. Of patients referred with a suspected visual difficulty, only 8% had normal vision status confirmed on examination. 92% had visual impairments of some form confirmed, which is considerably higher than previous publications and probably related to the prospective, standardised investigation offered by specialist orthoptists. However, under-ascertainment of visual problems cannot be ruled out. Supplementary data are available on the Age and Ageing website. (RH)
ISSN: 00020729
From: http://www.ageing.oxfordjournals.org

Vulnerability: questioning the certainties in social work and health; by Barbara Fawcett.
Vulnerability is a policy and practice concept which is often ascribed a fixed meaning with universal connotations. In this article, different conceptualisations of vulnerability are examined. It is argued that this exploration militates against the erosion of self-determination and autonomy and revitalises working relationships between service users and professionals. (KJ/RH)
ISSN: 00208728
From: http://isw.sagepub.com

The title of this report refers to an exchange between an advocate and a housing service manager about the needs of a disabled tenant. The exchange took place during the evaluation on which this report is based. It highlights the prejudice and misunderstanding experienced by some advocacy service users, and indicates the valuable role played by independent advocates in helping people to get their voices heard and action taken. It uses case studies and examples of lessons for service commissioners, providers and older people to illustrate points being made about service delivery, referrals and managing demand. Also available is a 4-page executive summary outlining the report's main findings. (RH)
From: Download from: http://www.opaal.org.uk Older People's Advocacy Alliance (OPAAL) UK, Beth Johnson Foundation, Parkfield House, 64 Princes Road, Stoke-on-Trent, ST4 7JL. E-mail: kathryn.parson@btinternet.com
Addressing the vision challenges of residents at a retirement community: collaborative research with a community partner; by Anne Petrovich.: The Haworth Press, Inc., 2008, pp 162-178.


Staff members at a community retirement village were concerned about the demise of a support group for residents with vision loss, and requested help developing effective services for residents with vision challenges. This study explored past barriers to support group participation, as they were perceived by residents, family members, and employees. The community partner worked collaboratively with the researcher in all phases of the study. Questionnaires were designed to elicit demographic data, diagnosed vision problems, level of adjustment to vision loss, well-being, and motivation for attending institutional programmes about vision challenges. Residents responded to standardized vision and depression scales; qualitative questions were posed to all 3 groups concerning motivations for resident participation in programme activities. Results indicated that, although many residents had diagnosed vision conditions, they were, in general, coping well with vision loss and did not report depressive symptoms. Participants considered ongoing personal contact and follow-up, a group design that offered the choice of educational presentations and/or process discussions, and individualized assistance with practical challenges to be critical to an effective program. This case study, utilizing a collaborative research process, generated requests for expanded social work services and an increased valuing of the social work role. (KJ/RH)

ISSN: 01634372

From: http://www.tandfonline.com


Contributors from the UK and Australia examine theological and ethical issues of ageing, disability and spirituality. The emphasis is on how ageing affects people with mental health and developmental disabilities, for whom it is contended that well-being is possible and achievable. Contributors present ways of moving towards more effective relationships between carers and older people with disabilities; also ways in which to connect compassionately and beneficially with the personhood of all people regardless of age and of disability. They identify factors inherent in personhood, and provide ways of affirming and promoting spiritual well-being. (RH)

Price: £19.99

From: Jessica Kingsley Publishers, 116 Pentonville Road, London N1 9JB. Email: post@jkp.com Website: www.jkp.com


Ambient intelligence is where people are surrounded by intelligent intuitive interfaces that are embedded in all kinds of objects and an environment that is capable of recognising and responding to the presence of different individuals in a seamless, unobtrusive and often invisible way. This publication discusses the possibilities, technological challenges, and ethical and privacy issues in delivering ambient intelligent services to users with disabilities not only in the home but also for generally interacting with the environment. The aim is to raise awareness of the possibilities of ambient intelligent systems for providing useful services to people with disabilities and older people. Further information is also available on the Tiresias website (www.tiresias.org/cost219ter). (RH)

From: Patrick Roe, EPFL-STI-ITOP, LEMA, Bâtiment ELB, Station 11, CH-1015, Lausanne, Switzerland. Email: patrick.roe@epfl.ch COST 219ter website: www.cost219.org


The relationship between anxiety, depression and physical disability was examined, after controlling for demographic and health variables, in a sample of 374 adults aged 18-94 in San Diego County, California. Results indicate that anxiety, depression and comorbid anxiety and depression are associated with higher levels of disability, after controlling for factors such as age, gender, income, self-rated health, number of medical conditions and number of physician visits in the past year. Furthermore, anxiety, depression and comorbid anxiety and depression have a differential effect on disability according to age, with older people with any of these symptoms reporting higher levels of disability than younger adults. These findings suggest that physicians working with older people should assess for and treat anxiety as well as depressive symptoms. (RH)
Changes in the prevalence of chronic disease and the association with disability in the older Dutch population between 1987 and 2001; by M T E Puts, D J H Deeg, N Hoeymans (et al).
Most studies of older populations in developed countries show a decrease in the prevalence of disabilities, and an increase in chronic diseases in the past 20 years. However, data for the Netherlands mostly show an increase in the prevalence of chronic diseases and mixed results regarding disability prevalence. So far, most studies have dealt only with self-reported disease. This study uses both self-reported and GP-registered diseases, and aims to compare changes in prevalence between 1987 and 2001 in the older Dutch population using data from the first (1987) and second (2001) Dutch National Survey of General Practice (DNSGP). In 1987, 103 general practices, compared to 104 in 2001, participated. About 5% of registered patients were asked to participate in an extensive health interview survey. An all age random sample was drawn by the researchers for patients listed in the participating practices (2708 in 1987, and 3474 in 2001). Both surveys are community based, within the age range 55-97. Data on chronic diseases were based on GP registries and self-report. The prevalence of disability and of asthma/COPD (chronic obstructive pulmonary disease), cardiac disease, stroke, and osteoporosis decreased between 1987 and 2001, which prevalence of diabetes increased. Changes were largely similar for GP-registered and self-reported diseases. Cardiac disease, asthma/ COPD, and depression led to less disability, whereas low back pain and osteoarthritis led to more disability. Results suggest that the disabling impact of fatal diseases decreased, while the impact of non-fatal diseases increased. (RH)
ISSN: 00020729
From: http://www.ageing.oupjournals.org

Cohabitation status and onset of disability among older Danes: is social participation a possible mediator?; by Charlotte Juul Nilsson, Rikke Lund, Kirsten Avlund.
The effect of cohabitation status on older men and women is investigated in respect of: onset of disability at 3-year and 4.5-year follow-up; and changes to functional ability between 3-year and 4.5-year follow-up. The study also analyses whether the effect was mediated by social participation. 2533 non-disabled older men and women enrolled in the Danish Intervention Study on Preventive Home Visits constituted the study population. Data were collected by postal questionnaires in 1998-1999, 2000, 2001-2002 and 2003. Living alone significantly increased the risk of onset of disability and the risk of sustained poor functional disability among men, but not among single women living alone. Social participation mediated only a small part of the effect of cohabitation status on functional ability. These results underline the importance of cohabitation or marriage for older men maintaining a high functional ability. (RH)
ISSN: 08982643
From: http://www.sagepublications.com

Cohort changes in active life expectancy in the US elderly population: experience from the 1982-2004 National Long-Term Care Survey; by Kenneth G Manton, XiLiang Gu, Gene R Lowrimore.
To understand decline in chronic disability prevalence in the older population in the US, the authors compared active-life expectancy and life expectancy using the six National Long-Term Care Surveys carried out 1982 to 2004 and linked to continuous time Medicare service data for grade of membership for the same period. They simultaneously estimated continuous-time disability dynamic and mortality functions to calculate life tables for specific disability states and for temporally changing mixtures of disability states. Disability dynamics measured
as changes to grade of membership scores showed significant variation across two birth cohorts followed for 24 years. Disability dynamics and disability-specific hazard functions were significantly improved in the younger cohort (those aged 65-74 in 1982). These results, supporting the hypothesis of morbidity compression, indicate that younger cohorts of older people are living longer in better health. The methods describe individual disability transitions and mortality and other factors associated with disability changes, making it possible to better evaluate interventions to promote future declines in disability. (RH)

ISSN: 10795014
From: http://www.geron.org

This report presents research into the experiences of deafblind people and families in relation to direct payments. The research was carried out as part of Deafblind Direct, Sense’s direct payments project. A consultation with deafblind people and families was carried out from June to November 2007. Detailed information was gathered from those using direct payments or thinking about using them. The research covered particular aspects of direct payments, including some of the key factors that help or hinder the uptake of direct payments with this population group. Respondents had varying experiences of direct payments, making it clear that while some thought they benefited from receiving them, there are a range of challenges to face in using them. The research highlighted cases where it seems that the Department of Health (DH) statutory guidance documents on direct payments (2003) and the Deafblind Guidance (2001) are not being implemented correctly. The research also looked into other relevant initiatives, including Self-directed care initiatives and the Independent Living Fund (ILF). Respondents suggested a range of actions, and the report brings together recommended actions for Sense, other organisations and local and national government. (KJ/RH)

Depressive symptoms in late life: associations with apathy, resilience and disability vary between young-old and old-old; by Mona Mehta, Ellen Whyte, Eric Lenze (et al).
The effect of age on the association between disability and apathy with depression when we refer to their occurrence in “late life” is ambiguous. The authors investigated the association of depression with apathy, resilience and disability across the age range of late life. 105 community-dwelling older people with moderate levels of disability were assessed using the Geriatric Depression Scale (GDS), Harley-Gill Resilience Scale, Starkstein Apathy Scale and instrumental activities of daily living / activities of daily living (IADL/ADL). Multiple regression analysis was used to assess relationships between depression, apathy, resilience and disability, stratified by age (under age 80 vs 80+). In the under 80s, apathy, resilience and disability scores equally contributed to the variability of the GDS score. In contrast, in the 80+ group, apathy had the greatest contribution to GDS score. These data suggest that depressive symptoms in older people have different clinical features along the age spectrum from young-old to old-old. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Disability and ageing: your rights to social services; by Age Concern England - ACE. London: Age Concern England - ACE, November 2008. (Age Concern Fact Sheet Number 32).
One of Age Concern England’s comprehensive factsheets which are revised and regularly updated throughout the year. The printed factsheets subscription service ceased from April 2007 but current factsheets can be freely downloaded from the Age Concern website. To request individual printed factsheets, please call the Age Concern Information Line on 0800 00 99 66 (free call), 8 am - 7 pm daily. (KJ)
From: Information Unit, Age Concern England, Astral House, 1268 London Road, London SW16 4ER.http://www.ageconcern.org.uk/AgeConcern/fs32.asp

Disability and the implications of the wellbeing agenda: some reflections from the United Kingdom; by Claire Edwards, Rob Imrie.
A wellbeing agenda has emerged in government that seeks to promote a ‘politics of happiness’, in which citizens are, as the New Economics Foundation put it, ‘happy, healthy, capable and engaged’. This article explores the wellbeing agenda in the UK, and its implications for disabled people. It is argued that it is unlikely, in its present form, to contribute to the development of social theoretical, or more politically progressive, analysis and understanding of disablement in society. This is because of the emphasis on biologism, personality and character traits, and a policy prognosis that revolves around self-help and therapy, or individual actions and (self) responsibilities. (KJ/RH)
Effects of own and spousal disability on loneliness among older adults; by Marga Korporaal, Marjolein I Broese van Groenou, Theo G van Tilburg.


As part of the Dutch 1992 community study Living Arrangements and Social Networks of Older Adults, linear regression was used to analyse data for 710 men and 379 women aged 65+ who had a partner. For men, only their wives' disability was related to higher levels of social loneliness, whereas for women mainly their own disability was related to higher levels of social loneliness. Own disability and spousal disability were related to higher levels of emotional loneliness for both men and women. Effects of disability remained unaffected after controlling for characteristics of the social network and the marital relationship. Findings underscore the importance of considering effects of both spouses' health on measures of individual well-being. Also, the traditional division of social roles makes older married men relatively vulnerable to social loneliness when their wives suffer from disability. (RH)


According the US Centers for Disease Control (CDC), nearly three-quarters of older people suffer from one or more chronic disease, such that they require some degree of formal or informal care. This book considers a range of technologies targeted at the assessment, early detection and mitigation of such conditions, including decline in functional abilities, gait, mobility, sleep disturbance, visual impairment, hearing loss, falls, and cognitive decline. It not only describes the state of embedded and wearable technologies (including those under research), but also focuses on their potential utility. (RH)


The impact of functional disability on subjective well-being (SWB) and the mediating effects of personal resources on a sample of 144 community-dwelling older married couples aged 60-84 is examined, with emphasis on gender differences in both direct and moderating effects. Functional disability in self and in the spouse was associated with poorer well-being in both men and women, but differences were found by gender in its effects of coping resources. While high neuroticism was associated with poorer well-being for both husbands and wives, extroversion and social support had unique benefits in enhancing well-being only in husbands. Husbands were more introverted and had fewer social resources, and individual differences in social resources may be more critical for older husbands. Results are interpreted in terms of gender differences in coping and their implications for interventions to enhance well-being for older people. (RH)

The hazard perception ability of older drivers; by Mark S Horswill, Shelby A Marrington, Cynthia M McCullough (et al).


This Australian study investigated the hazard perception ability of older drivers. A sample of 118 older drivers (65 years and older) completed a video-based hazard perception test and an assessment battery designed to measure aspects of cognitive ability, vision, and simple reaction time that might plausibly be linked to hazard perception ability. It was found that hazard perception response times increased significantly with age but that this age-related increase could be accounted for by measures of contrast sensitivity and useful field of view. The researchers found that contrast sensitivity, useful field of view, and simple reaction time could account for the variance in hazard perception, independent of one another and of individual differences in age. (KJ/RH)
Health services use by older people with disabilities in Spain: do formal and informal care matter?; by Jesús Rogero-García, María-Eugenia Prieto-Flores, Mark W Rosenberg. 
As people grow older in late life, their need for help with the activities of daily living increases. In Spain, those who need such help constitute about 20% of the population aged 65+. Support may be from formal care, informal care or both, and the type has different consequences for care receivers and their social networks. This paper examines the relationship between informal and formal care and the use of health services among older people in Spain. Using a sample of 1,148 respondents aged 65+ from the Spanish National Health Survey of 2003, the authors analysed the association between the sources of care (formal, informal, both or no care) and the frequency of three types of health-care utilisation: hospitalisation, emergency services and medical consultations. After controlling for sex, age, level of difficulty in the sources of daily living, self-perceived health status and social class, it was found that older people with disabilities who received neither informal nor formal care were more likely to consult physicians than those who received informal care, but that there were no significant relationships between the type of care and health services use. The findings provide new information about the consequences of the different types of care of older people with disabilities, and suggest specifically that informal care substitutes for some tasks usually done by health professionals. (KJ/RH) 
ISSN: 0144686X 
From: http://www.journals.cambridge.org/ASO

Health, disability and marital quality: is the association different for younger versus older cohorts?; by Jeremy B Yorgason, Alan Booth, David Johnson. 
An analysis of declines in health and the onset of disability and their links to marital quality using longitudinal data revealed that decreases in health were associated with declines in marital quality, but that the onset of disability was linked to enhanced marital quality. Self reports of decline in health had most effects on marital quality, whereas reports that individuals' spouses experienced declines in health were related to more extensive damage to marital quality. This was especially true when wives were reporting health declines to their husbands. Husbands' reports of wives' disability were linked to increases in marital quality. When reporting on husbands' disabilities, wives did not report increases in marital quality. As hypothesised, stage in the life course did moderate the associations observed. Specifically, health decrements were associated with greater changes in marital quality among young and middle aged than among an older cohort. (RH) 
ISSN: 01640275 
From: http://www.communitycare.co.uk

Housing support for people with learning disabilities; by Bob Hudson. 
Community Care, issue 1718, 17 April 2008, pp 32-33. 
Supporting People programmes are part of the personalised care agenda. The author examines findings of research at the University of Nottingham and the Norah Fry Centre, University of Bristol on how such programmes fare in meeting service users' aspirations. He comments on the limited nature of the funding, housing options and provision on offer. The report on the research, 'Support for living? The impact of the Supporting People programme on housing and support for adults with learning disabilities', is by Rachel Fyson, Beth Tarlton and Linda Ward. (RH) 
ISSN: 03075508 
From: http://www.communitycare.co.uk

Impact of late-life self-reported emotional problems on disability-free life expectancy: results from the MRC Cognitive Function and Ageing Study; by Karine Pérès, Carol Jagger, Fiona E Matthews (et al). 
Depression in old age is a major public health problem, though its relationship to onset of disability and death is not well understood. Longitudinal analysis of 11022 individuals from the Medical Research Council Cognitive Function and Ageing Study (MRC CFAS) in Cambridgeshire, Newcastle, Nottingham, Oxford, Gwynedd and Liverpool have been followed at intermittent times intervals over 10 years. Subjects reporting at baseline that they had consulted about emotional problems for the first time since the age of 60 were considered along with a subgroup where a general practitioner suggested depression. Disability was defined as an IADL or ADL disability that required help at least once a week. Total Disability-Free Life Expectancy (TLE or DFLE) were calculated using multi-state models, separately by gender, and with presence of emotional problems of depression and multi-morbidity as covariates. Emotional problems after age 50 before first interview resulted in significantly reduced remaining years without disability. The effect of depression was most marked in the subgroup of older people with three or more other health conditions. (RH)
A sample of 167 urban older Chinese people with visual problems were interviewed using a structured questionnaire to assess self-reported visual functioning, general health, spirituality, and both generic and vision-specific health-related quality of life (HRQOL). Objective visual function was clinically measured by ophthalmologists in terms of distance visual acuity. This study found that spirituality was positively associated with both general physical health and general mental health, with a higher correlation with personal mental health than that with general physical health. Moreover, spirituality was associated significantly with vision-specific HRQOL, including multiple domains, and that these factors may play an important role in the process of adaptation to age-related vision loss among Chinese older people with vision impairment. (RH)

In Focus: Always change; by Carol Pollington.
Often the word “transition” is associated only with young people, but everyone goes through significant periods of change all through their lifecourse. This article is the author's experience of having Usher 2, a progressive condition leading to deafblindness which she noticeably developed in her mid-forties. The article is a reflection upon some of the major changes in her life and the challenges of growing older with the condition - an insert of what has helped the author cope is included. (KJ)

This paper critically examines new policies currently being implemented in England aimed at increasing the choice and control that disabled and older people can exercise over the social care support and services they receive. The development of these policies, and their elaboration in three policy documents published during 2005, are summarized. The paper then discusses two issues underpinning these proposals: the role of quasi-markets within publicly funded social care services; and the political and policy discourses of consumerism and choice within the welfare state. Despite powerful critiques of welfare consumerism, the paper argues that there are nevertheless very important reasons for taking choice seriously when considering how best to organize and deliver support and other services for disabled and older people. A policy discourse on consumerism, however, combined with the use of market mechanisms for implementing this, may be highly problematic as the means of creating opportunities for increased choice, and, on its own, risks introducing new forms of disadvantage and social exclusion. (KJ/RH)

Independent living: a cross-government strategy about independent living for disabled people; by Office for Disability Issues (ODI), Department for Work and Pensions - DWP; Department for Transport - DfT; Department of Health - DH; Department for Communities and Local Government - DCLG; Department for Innovation, Universities and Skills - DIUS. London: Office for Disability Issues, 2008, 136 pp.
This Independent Living Strategy sets out a strategy to improve disabled people's experiences and life chances. It brings together initiatives - across Government departments - which will enable more people to have choice and control over the support they receive, remove barriers to independent living, and improve access to services. This main report on the Strategy outlines the rationale and intended consequences (with examples) on the following commitments: promoting independent living; action and learning site and regional initiatives; maximising disabled people's housing opportunities; transport and mobility; health; employment and economic well-being; personalisation, choice and control; support, information, advocacy and brokerage; joined-up approaches for independent living for older people, young disabled people and disabled parents; and monitoring progress. Use of Public Service Agreements (PSAs) and other frameworks in measuring progress is outlined. Views are sought on implementing the strategy and the involvement of older people in the consultation which runs until 20 June 2008. (RH)
Independent living - a cross-government strategy about independent living for disabled people: summary [of Age Concern's response]; by Age Concern England - ACE. London: Age Concern England, June 2008, 3 pp (Policy response - ref: 1708(S)).

The Office for Disability Issues (ODI) has published an Independent Living Strategy setting out a strategy to improve the experiences and life chances of disabled people of all ages. This summary of Age Concern's response considers the strategy in the context of government policy, such as the Partnerships for Older People Project (POPPs), the Disability Discrimination Act (DDA), non-means tested benefits, and the Department for Work and Pensions (DWP) Green Paper, 'In work, better off: next steps to full employment'. (RH)

Price: FOC


Independent living executive summary: a cross-government strategy about independent living for disabled people; by Office for Disability Issues (ODI), Department for Work and Pensions - DWP; Department for Transport - DfT; Department of Health - DH; Department for Communities and Local Government - DCLG; Department for Innovation, Universities and Skills - DIUS. London: Office for Disability Issues, 2008, 24 pp.

The Independent Living Strategy brings together initiatives - across Government departments - which will enable more people to have choice and control over the support they receive, remove barriers to independent living, and improve access to services. The Strategy includes the following Government commitments: promoting independent living; action and learning site and regional initiatives; maximising disabled people's housing opportunities; transport and mobility; health; employment and economic well-being; personalisation, choice and control; support, information, advocacy and brokerage; joined-up approaches for independent living for older people, young disabled people and disabled parents; and monitoring progress. Views are sought on implementing the strategy and the involvement of older people. This summary outlines the main points of the strategy and the consultation which runs until 20 June 2008. (RH)

From: Office for Disability Issues, 6th Floor, Adelphi, 1-11 John Adam Street, London WC2N 6HT. E-mail: office-for-disability-issues@dwp.gsi.gov.uk Website: www.officefordisability.gov.uk/publications

Independent living strategy: summary report; by Office for Disability Issues (ODI), Department for Work and Pensions - DWP; Department for Transport - DfT; Department of Health - DH; Department for Communities and Local Government - DCLG; Department for Innovation, Universities and Skills - DIUS. London: Office for Disability Issues, 2008, 24 pp.

The Independent Living Strategy aims to give more people choice and control over their support; take away the barriers to independent living; and make it easier for disabled people to use services. This is an Easy Read version of the Strategy, and outlines promises on: telling people about independent living; more information about independent living; housing; transport; health; jobs; choice and control over a person's support; support, information, advocacy and information; joined-up approaches for independent living for older people, young disabled people and disabled parents; and checking progress. It explains the consultation on involving disabled people and making sure the Strategy happens. The consultation runs until 20 June 2008. The full report is available from: (www.officefordisability.gov.uk/docs/ilr-executive-report.pdf) (RH)

From: Office for Disability Issues, 6th Floor, Adelphi, 1-11 John Adam Street, London WC2N 6HT. Textphone: 020 7712 2032. E-mail: office-for-disability-issues@dwp.gsi.gov.uk Website: www.officefordisability.gov.uk/publications


The study aimed to investigate the lived experiences of older people with lifelong intellectual disability and to explore the meaning of active ageing for this group. Data were collected using semi-structured interviews with 16 service users (aged 50+), 16 service providers, and 16 key informal network members from regional/rural and urban areas in Queensland and Victoria, Australia. Themes were identified as follows: being empowered. being actively involved; having a sense of security; maintaining skills and learning; having congenial living arrangements; having optimal health and fitness; being safe and feeling safe; and having satisfying relationships and support. Service users wanted to 'keep on keeping-on' in areas of life that gave them pleasure rather than discontinuing them because of age. They wanted more control over issues affecting their lives and to be given meaningful roles. Mental stimulation, companionship, reliable support and safety were valued by this group. (KJ/RH)

A recent study has revealed the extent of the obstacles to choice and control in residential settings for people with learning disabilities. The Social Care Institute for Excellence (SCIE) provides an overview of some recent research on residential services and learning disabilities, and suggests online resources for relevant policy documents. (RH)


Increasing numbers of older people with moderate or mild learning disabilities live independently in homes which they own. However, some face crises that limit their abilities to continue to do so. This report looks at the situation for older owner occupiers who: live in homes needing urgent repairs and/or adaptations; have reached a point of crisis at home; lack some comprehension, or have behavioural difficulties that adversely affect their abilities to manage their everyday lives; are living in complex situations; or are facing the likelihood of crises recurring in the future. Case studies illustrate problems such as self-neglect, while the work of Coventry's Orbit Care & Repair is cited as a model that will meet the expectations of 'Transforming social care' (LAC 2008 1; Department of Health). A separate 4-page pamphlet (same title) outlines the main points of this report; it also refers to Care & Repair England's In Our Homes project and the related resource materials which can be accessed on its website (at www.careandrepair-england.org.uk/learning/index.htm). (RH)


This study investigates long-term care preferences across three hypothetical scenarios and over one year of time among a sample of 420 disabled older women receiving informal care. Unpaid or paid help in one's home was preferred, given scenarios of instrumental activities of daily living (IADL) and activities of daily living (ADL) needs; nursing home care was most preferred for dementia care. While aggregate preferences for long-term care were relatively stable, there was considerable fluctuation in individuals' preferences over time, with just 52.5%, 44.4%, and 44.6% of participants retaining their initial first choice across IADL, ADL, and dementia scenarios, respectively. Implications of study findings are discussed. (KJ/RH)


Growing evidence points to relationships between patterns of childbearing and health outcomes for mothers, yet a need remains to clarify these relationships over the long term and to understand the underlying mechanisms. Using data for 1608 participants from the US National Longitudinal Study of Mature Women (NLS-MW), the authors found that the long-term consequences of childbearing vary by health outcome. Early childbearing is associated with higher risk of activities of daily living limitation at age 65 to 83, though effect appears stronger among White than Black mothers until socioeconomic status (SES) is controlled. Early childbearing is also associated with greater levels of depressive symptomatology, though this association is mediated by SES and health. Late childbearing is associated with more depressive symptoms net of early life and current SES, child proximity and support, and physical health. Finally, no significant effects of high parity are found. These findings emphasise the need to better understand the mechanisms linking childbearing histories to later physical and psychological well-being. (RH)
Neighbourhood deprivation and incident mobility disability in older adults; by Iain A Lang, David J Llewellyn, Kenneth M Langa (et al).
Living in a deprived neighbourhood is known to have adverse effects on individual health and is associated with self-reported difficulties for older people. This study uses data for 4148 participants aged 60+ from the English Longitudinal Study of Ageing (ELSA); neighbourhood deprivation was measured using the Index of Multiple Deprivation (IMD), 2004. Neighbourhood deprivation had a statistically significant effect on physical function, following adjustment for individual socio-economic factors, health behaviours and health status. Compared to those living in the least deprived 20% of neighbourhoods, those in the most deprived neighbourhoods had a high risk ratio (RR) of incident self-reported mobility difficulties of 1.75 and RR of incident-impaired gait speed of 1.63. In adjusted models, 4% of older people in neighbourhoods in the least deprived 20% had incident mobility difficulties over a 2-year period, whereas 13.6% of older people had incident mobility difficulties in neighbourhoods in the most deprived 20%. Older people living in deprived neighbourhoods are significantly more likely to experience incident mobility difficulties than those in less-deprived neighbourhoods. The mechanisms underlying this relationship are unclear and research to identify mechanisms and appropriate interventions is needed. (RH)
ISSN: 00020729
From: http://www.ageing.oupjournals.org

The ODI was set up in December 2005 to help government departments work together more effectively on issues of disability; lead on projects that involve those with disabilities; and, ensure equality for disabled people is reflected in government's priorities. The 2008 report provides an update on the work being carried out to deliver the Government's vision of equality for disabled people by 2025. The current Minister for Disabled People is Jonathan Shaw. (KJ)
From: Office for Disability Issues, 6th Floor, The Adelphi, 1-11 John Adam Street, London WC2N 6HT. E-mail: office-for-disability-issues@dwp.gsi.gov.uk http://www.odi.gov.uk

The optimal sequence and selection of screening test items to predict fall risk in older disabled women: the Women's Health and Aging Study; by Sarah E Lamb, Chris McCabe, Clemens Becker (et al).
Falls are a major cause of disability, dependence, and death in older people. Brief screening algorithms may be helpful in identifying risk and leading to more detailed assessment. The aim was to determine the most effective sequence of falls screening test items from a wide selection of recommended items including self-report and performance tests, and to compare performance with other published guidelines. Data were from a prospective, age-stratified, cohort study. Participants were 1002 community-dwelling women aged 65 years old or older, experiencing at least some mild disability. Assessments of fall risk factors were conducted in participants' homes. Fall outcomes were collected at 6 monthly intervals. Algorithms were built for prediction of any fall over a 12-month period using tree classification with cross-set validation. Algorithms using performance tests provided the best prediction of fall events, and achieved moderate to strong performance when compared to commonly accepted benchmarks. The items selected by the best performing algorithm were the number of falls in the last year and, in selected subpopulations, frequency of difficulty balancing while walking, a 4 m walking speed test, body mass index (BMI), and a test of knee extensor strength. The algorithm performed better than that from the American Geriatric Society/British Geriatric Society/American Academy of Orthopaedic Surgeons and other guidance, although these findings should be treated with caution. Suggestions are made on the type, number, and sequence of tests that could be used to maximize estimation of the probability of falling in older disabled women. (KJ/RH)
ISSN: 10795006
From: http://www.geron.org

Outcomes of community-based social service interventions in homebound elders; by Mary E Charlson, Janey C Peterson, Beth L Syat (et al).
Of 56 newly housebound clients (mean age 82) that had been referred to social services in this US study, 33% had depressive symptoms (>7 on the Geriatric Depression Scale - GDS). At baseline, clients were at or below the 25th percentile for five of eight domains of the SF-36, and mental and physical summary scores. Further, at baseline, 90% had difficulties with mobility and instrumental activities of daily living (IADLs); 61% had ADL limitations. At 6-month follow-up overall, 26% had depressive symptoms. Greater comorbidity was associated
with more depressive symptoms at both baseline and follow-up. By 6 months, 18% had deteriorated on the Functional Autonomy Scale (FAS), while 11 improved. More clients had changes in quality of life, regarding the physical component score, 13% had important deterioration, while 63% improved. Similarly, 33% declined on the mental component while 27% improved. Among newly housebound older people, those with significant depressive symptoms are more likely to experience deterioration in function and quality of life over 6 months. However, those with more support showed significant improvement in the SF-36 mental component scale at 6 months. (RH) 

ISSN: 08856230
From : http://www.interscience.wiley.com

Parental marital disruption, family type, and transfers to disabled elderly parents; by Liliana E Pezzin, Robert A Pollak, Barbara Steinberg Schone.

The authors used data from the US Asset and Health Dynamics Among the Oldest Old (AHEAD) survey to estimate the joint probabilities that an adult child provides time and/or cash transfers to a parent, and to analyse a five-level categorical variable capturing parent-child living arrangements. The estimates suggest significant detrimental effects of parental divorce and step relationship on time transfers and in the probability of co-residence with the index child. Family type, as captured by the composition of the index child's sibling network according to kin relationships to the parent also affected transfers and living arrangement choices of adult children. The findings that transfers from adult children to their separated disabled ageing parents depend on parental marital status and kin relationship suggest that changing family patterns are altering the traditional role of the family as a support network. These findings raise concerns about the care likely to be available to future cohorts of older people who will have experienced substantially higher rates of divorce, remarriage and step parenthood than the cohort considered in this study. (RH) 

ISSN: 10795014
From : http://www.geron.org

Person centred support: a guide for service users: useful information for service users who got involved in the Standards We Expect project about person centred support; by Peter Beresford, Catherine Bewley, Fran Branfield (et al), Standards We Expect Project, Centre for Social Action, De Montfort University; Shaping Our Lives, National User Network; Centre for Citizen Participation, Brunel University. Leicester: Standards We Expect Project, Centre for Social Action, De Montfort University, March 2008, 32 pp.
The Standards We Expect Project - which began in 2005, ending in June 2008 - was funded by the Joseph Rowntree Foundation (JRF), and looked at services for people with disabilities from the barriers and equalities approach. The Project thinks that person centred services are about helping people to live their lives as they want to. It found eight important things about person centred support: choice and control; setting goals; good relationships; listening; information; being positive; learning; and flexibility. This information pack is for service users who came to the training workshops and took part in the Project. It aims to share ideas and provide access to information on rights, services, money support (e.g. direct payments and individual budgets) and housing. (RH) 


Person-centred support: what service users and practitioners say; by Michael Glynn, Peter Beresford (et al), Joseph Rowntree Foundation - JRF; Shaping Our Lives; De Montfort University; Centre for Citizen Participation, Brunel University; Values into Action - VIA. York: Electronic format - Joseph Rowntree Foundation - JRF, 2008, 93 pp.

Person-centred support means putting the person rather than the service at the centre of the process in providing services: the aim is for provision to be shaped by people's rights and needs. This research asks what person-centred support means to people who use, work with and manage services; what barriers exist to making services person-centred; and how the obstacles might be overcome. The report builds on new evidence from the national Standards We Expect Project (which was funded by the Joseph Rowntree Foundation - JRF), bringing together for the first time direct experiences in 20 areas of the UK from different service sectors and a wide range of service user groups. Some of the findings are drawn from a Get Together day attended by service users, practitioners and managers involved in the project, and confirming the participatory nature of the research. (RH) 


This proposal sets out a framework for the prohibition of discrimination on the grounds of religion or belief, disability, age or sexual orientation outside the labour market. It establishes a minimum uniform level of protection from within the European Union for people who have suffered such discrimination. This proposal supplements the existing EC legal framework under which the prohibition of discrimination on grounds of religion or belief, disability, age or sexual orientation applies only to employment, occupation and vocational training. (RH)

Quality of private personal care for elderly people with a disability living at home: correlates and potential outcomes; by Claudio Bilotta, Carlo Vergani.


100 older outpatients of a geriatric medicine unit in Milan, Italy living at home were recruited to this cross-sectional study between May 2005 and February 2007, along with their private aides and 80 informal carers. Cases were stratified according to the quality of private care as described by participants and informal caregivers. In cases of individuals suffering from overt cognitive impairment, only informal caregivers’ opinions were taken into account. Comparisons were made between the “poor or fair care” group (n=15) the “intermediate care” group (n=39) and the “optimal care” group (n=45). Considering the characteristics of private aides, there was a significant trend across the three groups in terms of language skills and level of distress with life conditions. A statistical analysis performed on participants without an overt cognitive impairment (n=59) and informal carers showed an increase in the European Quality of Life Visual Analogue Scale score and a decrease in the Caregiver Burden Inventory score across the three groups. No significant differences were found across the three groups in terms of social variables, functional and cognitive status, prevalence of depressive disorders and morbidity. Good language skills or non-distressing living conditions of private aides appear to be correlates of an optimal quality of care for community-dwelling older people with a disability. Better quality of life for these outpatients, and less distress for their informal caregivers appear to be potential outcomes of the quality of personal care. (RH)

ISSN: 09660410
From: http://www.blackwellpublishing.com/hsc


This article presents the results of a study on the correlates of disability in old age. At the descriptive level and in the regression model that includes only demographic variables as controls, it was found that the odds of Black and Hispanic elderly persons being disabled were greater. However, when socioeconomic factors and demographic factors were taken into account, the racial/ethnic disadvantage disappears. In the model that dealt with disability based on the composite indexes of disability (that is, all types of disability combined) and in the
model that dealt with disability based on functional limitations, it was found that the odds of Black and Hispanic elderly persons being disabled were smaller than the odds of White elderly persons being disabled. The authors conclude that socioeconomic factors - not race/ethnicity - correlate with disability in old age. Implications for policy are discussed. (KJ/RH)

ISSN: 01634372
From: http://www.tandfonline.com

The purpose of this study was to examine racial/ethnic differences in the relationship between functional disability and the use of health care services in a nationally representative sample of older adults by using the Andersen behavioural model of health services utilisation. The study used 12 years of longitudinal data from the US Health and Retirement Study (HRS, 1992-2004), a nationally representative sample of 8,947 community-dwelling adults older than 50 in 1992. Nonlinear multilevel models used self-reported health care service utilisation (physician visits and hospital admissions) to predict racial/ethnic differences in disability (activities of daily living or ADLs, and mobility limitations). The models also evaluated the roles of other predisposing (age and gender), health need (medical conditions and self-rated health), and enabling factors (health insurance, education, income, and wealth). Blacks and Latinos' use of physician visits and hospital admissions was associated with significantly more activity of daily living disability than Whites. Blacks' use of physician visits and hospital admissions and Latinos' hospital admissions were associated with more mobility disability than for Whites. Other predisposing, health need, and enabling factors did not account for these racial/ethnic differences. Nationally, health care use for Blacks and Latinos was associated with more disabilities than for Whites after accounting for predisposing, health need, and enabling factors. The findings suggest that improving health care quality for all Americans may supersede equal access to health care for reducing ethnic and racial disparities in functional health. (KJ)

ISSN: 00169013
From: http://www.geron.org

Rainy days and silver linings: using equity to support the delivery of housing or services for older and disabled people; by Housing Learning and Improvement Network - Housing LIN, Care Services Improvement Partnership - CSIP, Department of Health - DH.: Care Services Improvement Partnership - CSIP, October 2008, 72 pp.
Published at a time of turbulence in the housing market, this report sets out the landscape of equity release possibilities for older home owners, and describes a range of models that use equity in a variety of ways to provide additional housing or support for other vulnerable people. These include commercial equity release products; non-commercial loans provided by not-for-profit organisations such as community development financial institutions (CDFI); third party equity; and housing market renewal products. The aim is to help older and disabled people, professionals, registered social landlords (RSLs), and voluntary and commercial organisations in seeking information on, or an understanding of, equity. (RH)

From: http://networks.csip.org.uk/IndependentLivingChoices/Housing/Topics/type/resource/?cid=4211

Reseaching age and multiple discrimination; by Richard Ward, Bill Bytheway (eds), Centre for Policy on Ageing - CPA; Centre for Ageing and Biographical Studies (CABS), Open University. London: Centre for Policy on Ageing, 2008, 100 pp (The representation of older people in ageing research series, no 8).
These papers originate from a seminar in March 2006 with the title 'Age-old prejudices: research with older people in a discriminatory world', held at the Centre for Policy on Ageing (CPA), and organised jointly by CPA and the Open University's Centre for Ageing and Biographical Studies (CABS). The seminar's aim was to explore how older people encounter discrimination, and the processes involved in researching such experiences. Three of the four papers report on research undertaken in association with the OU's RoAD (Research on Age Discrimination) project. First, RoAD researchers examine the experiences of older members of three ethnic minority communities in Leeds and Bradford. In "The same hairdo", Anthea Symonds and Caroline Holland of the OU report on older women's experiences of hairdressers, and the sorts of salon where they "belong" or "fit in". Next, more RoAD project contributors present findings of a small-scale study on how age discrimination relates to and constrains sexuality in later life. Chi Hoon Sin, formerly of the Disability Rights Commission, anticipates the establishment of the Commission for Equality and Human Rights (CEHR), by looking at constructions of age or ageing and disability or "disabilism". In their conclusion, the editors comment that while the forms of discrimination that have been discussed are unlikely to be resolved by policy and legislation such as the Equality Act 2006, the four papers support the value of involving older people in research on discrimination and ageing. (RH)
Secretary of State report on disability equality: health and care services; by Department of Health - DH. London: Department of Health - DH, 1 December 2008, 103 pp (Gateway ref: 10962).

This report draws on evidence and case studies reflecting national, regional and local points of view, to assess progress in meeting the requirements of the Disability Equality Duty across the health and social care sector. It also explains use of Equality Impact Assessments to identify where policies need to be adapted to promote equality for disabled people, and how health and social care commissioners are held to account. Chapter 4, Removing barriers to independent living, is of particular relevance, covering personalisation and personal health budgets. In delivering personalised services, the Department of Health (DH) aims to promote better health and well-being, ensure better care, and ensure better value for all. Among proposals for action are: breaking through the barrier of “attitude”; improving information; consulting and involving disabled people; putting the evidence of what works into practice; and delivering services in partnership. An easy read version (see download link), ‘Health and care services for disabled people: how are we doing?’ includes short explanations of the Disability Equality Scheme and personal budgets (PBs). (RH)

From: Download from website:


The effectiveness of education programs to improve emotional status, daily living and self-efficacy in people aged 60+ with age-related macular degeneration (AMD) is reviewed. Electronic searches of three databases and manual searches of references lists located randomised controlled trials (RCTs) and quasi-experimental studies. Health education programmes aimed at increasing knowledge of AMD, skills training or behavioural change were included. Data extraction and quality assessment were undertaken by two reviewers. A narrative analysis was possible. Three protocols were reported in four studies (n=532) with three follow-up studies: all contained elements of self-management programmes. Effect sizes for the three outcomes ranged from small to very large (0.14 to 1.21) Self-management programmes appear effective for older people with AMD. Small sample size, use of non-traditional statistics and methodological quality meant only narrative analysis was possible. Future studies with more robust methodology including intent-to-treat analysis are still required. (RH)

ISSN: 14406381

The social care system: beyond repair or missing vital parts?; by Andrew Reece.


Putting People First and the Social Care Reform Grant have been presented as “once in a lifetime” opportunities to get the “broken” social care system fit for purpose. There is a risk that the guidance attached to the reform grant will force councils to focus on the transformation of processes and systems, rather than on what really matters, the transformation of disabled people's lives. Like In Control, Putting People First locates the problem in “resource allocation” and proposes that councils develop new systems to improve this. An alternative view is that the transformation of disabled people's lives can be delivered by improvements in the components of the current system. How these improvements can be funded is also considered. (RH)

ISSN: 14769018
From: http://www.pavpub.com

Social networks and health-related quality of life among Chinese older adults with vision impairment; by Chong-Wen Wang, Cecilia L W Chan, Andy H Y Ho (et al).


167 mainland China urban older adults with visual problems were interviewed using a structured questionnaire to assess self-reported visual functioning, general health, social networks and vision-specific health-related quality of life (HRQOL). Objective visual function was clinically measured by ophthalmologists in terms of distance visual acuity. Findings indicate that age-related vision loss is significantly associated with older people's social networks. Multiple regression analyses show that social networks are mildly related to vision-specific HRQOL, even after controlling for other variables, and that friendship network was a significant predictor, independent of family network, of vision-specific HRQOL. Previous studies have emphasised the importance of family network, whereas this study finds that friendship network correlates more strongly with HRQOL measures in Chinese visually impaired older people. This suggests a need to expand intervention beyond the family system. (RH)

There is a paucity of evidence regarding the ability of health professionals to recognize and manage frailty in community settings before it contributes to significant functional dependency. The purpose of this study was to examine, through a systematic review of the literature, tools that can identify community-dwelling older adults in different stages of frailty. Multiple electronic databases were searched (Medline, Embase, Psycinfo, Cinahl, Scopus, Ageline, Eric, Hapi), which yielded 27 articles that met established criteria. Most commonly used tools included Fried et al's Frailty Phenotype (2001); Rockwood et al's Frailty Classification (1999); and Speechley and Tinetti's Classification of Frailty and Vigorousness (1991). With the rapidly ageing population, an increasing number of health services are being provided in the community. It is important that therapists have the necessary tools to enable timely and well-targeted intervention. (KJ/RH)


With the number of older drivers increasing, self-regulation of driving has been proposed as a viable means of balancing the autonomy of older adults against the sometimes competing demand of public safety. In this study, the authors investigate self-regulation of driving among a group of older adults with varying functional abilities. Participants in the study comprised 1,543 drivers aged 75 years or older. They completed an objective measure of visual attention from which crash risk was estimated, and self-report measures of driving avoidance, driving exposure, physical functioning, general health status, and vision. Crash records were obtained from the United States State Department of Public Safety. Overall, participants were most likely to avoid driving in bad weather, followed by driving at night, driving on high traffic roads, driving in unfamiliar areas, and making left-hand turns across oncoming traffic. With the exception of driving at night, drivers at higher risk of crashes generally reported greater avoidance of these driving situations than lower risk drivers. However, across all driving situations a significant proportion of higher risk drivers did not restrict their driving. In general, self-regulation of driving did not result in reduced social engagement. Some older drivers with visual attention impairments do not restrict their driving in difficult situations. There is a need for physicians and family members to discuss driving behaviours with older adults routinely to ensure their safety. The association between visual attention and driving restriction has implications for interventions aimed at preserving mobility in the older population. (KJ/RH)


33 mothers of developmentally disabled (DD) children and 33 mothers in a comparison group responded to a series of quantitative measures of well-being and open-ended questions. In general, quantitative results indicated lower levels of well-being for mothers of DD children. However, these results were examined in the context of educational and financial realities and access to adequate social support. Analysis of the qualitative data resulted
in the themes of enhancements to well-being, challenges to well-being and normative experiences of being a parent. Results point to the need to further understand reciprocity in the mother-child relationship and the influence of severity of the developmental disability on a mother's well-being. (RH)

ISSN: 08952841
From: http://www.tandfonline.com

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

Two charitable trusts - the Calouste Gulbenkian Foundation, and the Mercers' Company - provided financial support to five local Age Concern projects to undertake work focusing on empowering older people with learning disabilities and their families. The projects focused on one or more of these areas of work: supporting inclusion; developing partnerships; research and development; and independence, voice and choice. The five pilot project locations selected - Coventry, Leicester, Norfolk, Norwich and Nottingham - variously undertook activities on collecting information, consulting people, raising awareness, improving communication, and delivering services. Les Bright, independent consultant, undertook the programme evaluation and wrote the evaluation report on which this briefing is based (e-mail: BrightLes@aol.com). (RH)
From: Sally Steele, Research and Development Unit, Age Concern England: Sallyanne.steele@ace.org.uk

2007

A significant number of overseas visitors and UK residents travelling to events and destinations within the UK is likely to be over retirement age or have some kind of disability. So far, most special provision has been access for wheelchairs or the installation of hearing aid loops. New technologies offer possibilities for providing services which can help blind and partially sighted visitors, people with other disabilities, or those needing assistance in other ways. Visitors and tourist need accessible, intelligent information systems, and; machines that are easy to use. The author outlines the potential of a range of such technologies: radio frequency identification devices (RFID); smart card systems; mobile communications; wireless systems; NFC - near field communication devices (that interconnect with mobile phones, for example); biometric systems; accessible web sites; wayfinding; location-based services; and transport information systems. Thus, many technologies could offer significant benefits to disabled visitors, and the author outlines how systems could be made available. (RH)
ISBN: 1860480330
Price: FOC
From: RNIB, 105 Judd Street, London WC1H 9NE. email: john.gill@rnib.org.uk Detailed guidelines on web at: www.tiresias.org/guidelines
Adaptation to chronic vision impairment: does African American or Caucasian race make a difference?; by Charla A McKinzie, Joann P Reinhardt, Dolores Benn.
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

Age Concern's response to the Office for Disability Issues consultation 'Equality for Disabled People - how will we know we are making progress?'; by Age Concern England - ACE. London: Age Concern England - ACE, May 2007, 3 pp (Policy response - summary, ref: 1807(S).
Age Concern England (ACE) responds to the Office for Disability Issues (ODI) on issues relating specifically to older people, regarding implementing the Cabinet Office's Life Chances of Disabled People strategy. However measures to achieve equality for disabled people are quantified, those with mental health problems and learning disabilities must be included. Other useful indicators suggested are retirement income; independence and the ability to participate in and contribute to society; and the effects of health inequalities. A full version of this response is available on ACE’s website. (RH)
Price: FOC

Age distribution and risk factors for the onset of severe disability among community-dwelling older adults with functional limitations; by Ying Wu, Hai Huang, Bei Wu (et al).
The findings from this study provide practical implications for identifying at risk individuals and developing healthy behaviour to delay onset of severe disability. Data were obtained from the initial 6088 community-dwelling sample from the US National Long Term Care Survey in 1982 and the follow-up interviews in 1984, 1989, 1994 and 1999. Multiple proportion hazard regression was conducted using age at onset of severe disability as the dependent variable. Explanatory variables included chronic diseases and sociodemographic and personal characteristics. Of the 3485 older people who were not severely disabled initially, 1364 were identified as developing severe disability over time. The onset age ranged from 66 to 109, with the peak occurring at age 82 or 83. Predictors for earlier onset of severe disability were paralysis, arthritis, obesity, hypertension and middle education level. (RH)
ISSN: 07334648
From: http://jag.sagepub.com

Linda Riordan’s Private Members’ Bill was supported by five other Labour MPs. If enacted, the Bill will require a duty to provide treatment to all patients suffering from age-related macular degeneration (ARMD) free of charge. The Bill had one reading on 16 January 2007 and then was dropped. (KJ/RH)
Price: £1.50
From: TSO, Publications Centre, PO Box 29, Norwich NR3 1GN.

Assistive technology and telecare to support adults with learning disabilities: key findings from the TATE (Through Assistive Technology to Employment) Project; by Ann Aspinall, Steve Barnard, TATE Project.
This paper describes the TATE (Through Assistive Technology to Employment) Project. TATE is a European Social Fund Equal project that developed electronic assistive technology (EAT) to enhance the independence and employability of adults with learning disabilities. This paper describes the model developed by the TATE Project for the implementation of EAT into organisations for adults with learning disabilities. The TATE Project has resulted in positive benefits to the lives of people with learning disabilities through the use of EAT and there has subsequently been much interest generated in further promoting the use of EAT within the UK and the EU. (KJ/RH)
The Audit Commission report, "Fully equipped" (2000) commented on the potential effectiveness of NHS and local authority equipment services. This research report confirms and builds on that evidence, using two methods. The main one was to search databases including ISI Web of Knowledge, ASSIA, Sociological Abstracts, Medline, Dissertation Abstracts and SIGLE. Supplementary to that was a request to occupational therapists in England, Wales and Northern Ireland for local evidence not otherwise found by a literature search. Attention is also drawn to the researchers' definitions for assistive technology, cost benefits, and saving. The report presents evidence discovered as follows: savings through falls prevention; other health care cost savings; savings in home care; saving the cost of residential care; better quality of life for the same expenditure; saving the health of carers; and preventing waste. Assessment of each research item's quality of evidence is summarised for transparency of methodology, quality of sampling, objectivity, reasonableness of assumptions, reliability of findings, financial soundness and accuracy, and transferability of findings. An executive summary (6 pp) is also available. (RH)

Whistle-blowing is the act of speaking out about wrong-doing in the workplace. Adults with learning disabilities are particularly vulnerable to abuse, and care staff play an important role in witnessing and reporting such abuse. This paper explores the experience of whistle-blowing on abuse in social care settings, and looks at how whistle-blowing can help to protect people with learning disabilities from abuse. It is based on a research project carried out jointly by the Ann Craft Trust (a national charitable organisation that seeks to protect people with learning disabilities from abuse) and the Centre for Social Work, University of Nottingham. (RH)

The consequences of diseases in later life have been judged predominantly through mortality, resulting in an emphasis on the fatal rather than non-fatal disability conditions. The authors used a longitudinal study with follow-up at 2, 6 and 10 years to assess the impact of different diseases on both total life expectancy (TLE) and disability-free life expectancy (DFLE). The Medical Research Council Cognitive Function and Ageing Study (MRC CFAS) investigators interviewed 13,004 people aged 65+ from five UK areas (Newcastle, Nottingham, Oxford, Cambridgeshire and Gwynedd) starting in 1991. People aged 75+ were over-sampled. Disability (mild, moderate and severe) was assessed through basic activities of daily living (ADL) and instrumental ADL (IADL) scales at baseline and at follow-ups at 2, 6 and 10 years. TLE and DFLE were compared for those with and without each of nine conditions. At age 65, men had a TLE of 15.3 years, of which 12.1 (79%) were free of any disability, whereas women of the same age had an average TLE of 19.4 years, with 11 years (57%) disability free. Men (women) aged 65 years without stroke had 4.8 (4.6) more years of TLE and 6.5 (5.8) years DFLE. Without diabetes, men (women) lived 4.4 (5.6) years longer and had 4.1 (5.1) years disability free. More disability-free years were gained than total life years in those people who were free of stroke, cognitive impairment, arthritis, and/or visual impairments at baseline. This finding suggests that elimination of these conditions would result in a compression of disability. (RH)
Comparison of depressive symptoms between homebound older adults and ambulatory older adults; by Namkee G Choi, Graham J McDougall. 
Due to the social isolation imposed by chronic illness and functional limitations, housebound older people are more vulnerable to depression than their mobility-unimpaired peers. This study compared 81 low-income housebound older people aged 60+ with 130 ambulatory peers attending senior centers (day centres) in a large Texas city, with respect to their depressive symptoms, depression risk and protective factors, and self-reported coping strategies. Even controlling for sociodemographics, health problems and other life stressors, being homebound, as opposed to participating in day centres, was significantly associated with higher depressive symptoms. However, when the coping resources, social support and engagement in frequent physical exercise in particular were added to the regression model, the housebound state was no longer a significant factor, showing that the coping resources buffered the effect of the housebound state on depressive symptoms. In terms of self-reported coping strategies even among depressed respondents, only a small proportion sought professional help, and that was largely limited to consulting their regular physician and social workers, who may not have had professional training in mental health interventions. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Constructions of frailty in the English language, care practice and the lived experience; by Amanda Grenier.
The way frailty is conceptualised and interpreted has profound implications for social responses, care practice and the personal experience of care. This paper begins with an exegesis of the concept of frailty. It examines the dominant notions of frailty, including how 'frailty' operates as a 'dividing practice' through the classification of those eligible for care. The definitions and uses of 'frailty' in three discursive locations are explored in the Oxford English Dictionary; the international research literature; and older women's accounts of their lived experience. Three distinctive discourses are found; and applying a Foucauldian analysis, it is shown that the differences reflect overlaps and tensions between biomedical concepts and lived experiences, as well as negative underlying assumptions and 'subjugated knowledge'. The concept of frailty represents and orders the context, organisational practices, social representations and lived experiences of care for older people. The evidence (from Quebec) suggests that if, as the older women's accounts recommend, socially- and emotionally-located expressions of frailty were recognised in addition to the existing conceptions of risk of the body, frailty might no longer be thought of primarily as a negative experience of rupture and decline. To encourage the change, it is suggested that practice focuses on the prevention of frailty and associated feelings of loss, rather than reinforcing the feelings and experiences which render a person 'frail'. (RH)
ISSN: 0144686X
From: http://www.journals.cambridge.org/jid_ASO

The Office for Disability Issues (ODI) commissioned SWQ Limited to carry out this study, to inform the first stage of the Independent Living Review, a 12-month project being carried by the ODI tackling barriers to independent living (IL). The study comprises a literature review analysing more than 100 documents on the 'independent living approach'; and five case studies of individual circumstances and different types of supports. It assesses costs and benefits at individual, service delivery and national levels. The last case study focuses on independent living for older people, and examines two projects: the Portsmouth Prevention and Wellbeing Network (PPWN); and the Dorset Partnerships for Older People Programme (POPP) pilot initiative. The findings indicate the existence of individual and service delivery evidence; however, material at macro-economic level is relatively sparse. Evidence from the case studies shows that investment in IL would result in "sizeable long-term cost savings for the Exchequer": there would be an increase in tax revenues, a reduced state benefits bill, and less pressure on health and social care services. An executive summary (11 pp) is also available. (RH)
From: Office for Disability Issues, 6th Floor, Adelphi, 1-11 John Adam Street, London WC2N 6HT. E-mail: office-for-disability-issues@dwp.gsi.gov.uk Website: www.officefordisability.gov.uk/publications
The Office for Disability Issues (ODI) commissioned SWQ Limited to carry out this study, to inform the first stage of the Independent Living Review, a 12-month project being carried by the ODI tackling barriers to independent living (IL). This summary report introduces the concept of independent living (IL) and the study's aims and objectives; outlines the methodology used for a literature review; and comments on the characteristics of the available evidence on the 'independent living approach'. It summarises conclusions from five case studies of individual circumstances and different types of supports, and about service delivery and macro-economic implications. It comments on possible barriers to implementation of independent living, and gaps in the evidence for evaluating the costs and benefits of IL. (RH)

From: Office for Disability Issues, 6th Floor, Adelphi, 1-11 John Adam Street, London WC2N 6HT. E-mail: office-for-disability-issues@dwp.gsi.gov.uk Website: www.officefordisability.gov.uk/publications

Credit where it's due: [implications of direct payments for disabled people to open and use a bank account]; by Mark Hunter.
Community Care, no 1660, 15 February 2007, pp 24-25.
The system of direct payments has highlighted how difficult it is for disabled people to open and use a bank account. Pressure from users has led to some banks offering new facilities for visually impaired people, wheelchair users, those with hearing impairments and other disabilities. This article looks at these developments in banking services, also a recent report from Leonard Cheshire highlighting the problems with using chip and PIN for card payments. (RH)
ISSN: 03075508
From: http://www.communitycare.co.uk

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).
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

Dementia Screening Questionnaire for Individuals with Intellectual Disabilities [DSQIID]; by Shoumitro Deb, Monika Hare, Lindsay Prior (et al).
Most adults with Down's syndrome develop Alzheimer's dementia relatively early in their lives, but accurate clinical diagnosis remains difficult. The authors used qualitative methods to gather information from carers of people with Down's syndrome about the symptoms of dementia. They provided the items for the Dementia Screening Questionnaire for Individuals with Intellectual Disabilities (DSQIID) which was then tested for its psychometric properties. The DSQIID was administered to carers of 193 adults with Down's syndrome, 117 of whom were re-examined by clinicians who confirmed a diagnosis of dementia for 49 according to modified ICD-10 criteria. The authors established that a total score of 20 provides maximum sensitivity (0.92) and optimum specificity (0.97) for screening. The DSQIID has sound internal consistency for all its 53 items, and good test-retest and inter-rater reliability. The authors established a good construct validity by dividing the items into four factors. The DSQIID is therefore a valid and user-friendly observer-rated questionnaire for dementia in adults with Down's syndrome. (RH)
ISSN: 00071250
From: http://bjp.rcpsych.org
Development of a multidisciplinary support pathway for people with learning disabilities with complex needs and/or whose behaviour challenges services; by Anna Gaughan. London Journal of Care Services Management, vol 2, no 1, October-December 2007, pp 54-78.

This paper describes the process undertaken by local partner organisations across a health and social care economy, to develop and agree a multidisciplinary support pathway for the local inpatient assessment and treatment unit for people with learning disabilities whose behaviour challenges current services. It provides a brief overview of how the social care and health system defines "challenging behaviour" and how this affects the way in which services are being developed for this group of people. The paper attempts to highlight the place in a system-wide pathway for "assessment and treatment services" within the context of an underpinning philosophy of enabling each individual to live an ordinary life within their local community, irrespective of the level of behaviour that presents a challenge. The paper also emphasises the need to set the development of local support pathways in the context of "whole system" working effectively together. This requires effective partnership working and leadership behaviour across all parts of the local system, including commissioning, provider development, and mainstream and specialist services. It also requires a gradual and supported transfer of skills and competence from "specialist services" to mainstream services, such that local capacity and capability can be developed to enable people to remain in their own homes and communities. Early results from discussions with the local partners involved in this initiative highlight the usefulness of the process, leading to the development of an integrated care pathway approach from a number of different perspectives. This paper highlights some of the critical challenges for both commissioners and providers as they develop system-wide capacity and capabilities, and reminds them that developing this pathway is only one small part of the jigsaw. (RH)

ISSN: 17501679
From: http://www.henrystewart.com


Direct payments have brought new opportunities for self-determination and independent living for disabled people in the UK, featuring prominently in government strategy and the 2006 White Paper, ‘Our health, our care, our say’. However, ten years after direct payments legislation, take-up remains low and implementation varies greatly. Rates of take-up in England remain more than double those in other parts of the UK, raising questions about devolution and equity. This paper presents data from a national study to examine some of the mechanisms underlying uneven outcomes for disabled people in different parts of the UK, with particular reference to the politics of devolved governance. The analysis focuses on scope for interpretations of policy; resources for information and training; the impact of mandatory duties and targets; extensions to new user groups; and the role of support organisations and disability activism. The evidence suggests that local variations have been produced not only by "local" factors, but also by different opportunity structures for policy development in England, Scotland, Wales and Northern Ireland. This raises questions about the impact of devolution on equity and opportunity for disabled people in the UK. (RH)

ISSN: 00453102
From: http://bjsw.oxfordjournals.org


Psychosocial variables associated with illness and age-related losses during old age are explored. This study used data from the UK Economic and Social Research Council (ESRC) and Medical Research Council (MRC) Health Services Collaboration Quality of Life Survey, a cross-sectional survey of 999 people aged 65+. Variables included health problems and limitations, self-perceptions of health, optimism, and quality of life. In general, those aged 80+ show high prevalence of health problems and disability, good self-perception of health, and quality of life. However, among this oldest age group, those in better health were more optimistic, but more problems meant lower self-perception of health, quality of life and optimism. This does not fully confirm the disability paradox (high disability and high optimism and self-perception of quality of life). The dual process coping model helps us to understand the results of this study. First is an attempt to avoid losses; afterward, people lower their goals and standards to meet constraints and foster adaptation. (RH)

ISSN: 08982643
From: http://www.sagepublications.com

Age Concern England (ACE) responds to the Department for Communities and Local Government (DCLG) consultation paper on disabled facilities grants (DFGs) with regard to: changes in the DFG means test; the relaxation of the DFG ring fence; options for new property charges and delivery mechanisms (including the re-designation of stair lifts as community equipment). ACE is concerned that without extra resources to fund the new proposals, older people may be even more disadvantaged. (RH)

Price: FOC

Does disparity in the way disabled older adults are treated imply ageism?; by Robert L Kane, Reinhard Priester, Dean Neumann.
Although the nearly one in seven Americans who have disabilities share many characteristics, the attitudes toward and the programmes, care models, expenditures, and goals for people with disabilities differ substantially across age groups in ways that suggest ageism. Expenditures per recipient are substantially higher for younger individuals with disabilities, largely as a result of more effective advocacy. Programmes that are rejected by younger people with disabilities are considered mainstream for older people. As demographic, social and economic circumstances change, preserving the programmatic separation will become more problematic. Increased competition for finite resources may motivate a closer examination of commonalities across disabilities in an effort to achieve greater equity. (RH)
ISSN: 00169013
From: http://www.geron.org

Does the context of spousal loss affect the physical functioning of older widowed persons?: a longitudinal analysis; by Min-Ah Lee, Deborah Carr.
The extent to which acute and chronic stressors related to spousal loss affect bereaved spouses' physical functioning is examined, and how these patterns differ for men and women. The authors use data from the Changing Lives of Older Couples (CLOC) study in Detroit, which tracks older people prior to the death of a husband or wife and 6, 18 and 48 months after. The results reveal that widowed people whose spouses had serious ongoing health problems before the death report more severe perceived limitation in performing daily activities 18 and 48 months after loss. A further finding is that widowed people who were not with their spouses when they died have greater functional limitation 18 and 48 months after loss. However, gender interaction term analyses reveal that the health effects of spousal death context hold for widowers only. These findings suggest that the ways older people die may have long-term physical health consequences for their surviving spouses, and these ramifications differ for widows and widowers. (RH)
ISSN: 01640275

Dual sensory impairment in older people; by Social Care Institute for Excellence - SCIE.
Community Care, issue 1701, 29 November 2007, pp 34-35.
The Social Care Institute for Excellence (SCIE) reviews some research published in the last ten years regarding the effects of dual sensory impairment on older people - that is being deafblind or having vision and hearing impairment. Dual sensory impairment is certain to become increasingly prevalent as people live longer, and therefore will be encountered by non-specialist social care and health workers, carers and family members. Sources of web-based information are also suggested. (RH)
ISSN: 03075508
From: http://www.communitycare.co.uk

Employment support agencies in the UK: current operation and future development needs; by Richard Wistow, Justine Schneider.
Disabled people are amongst the most excluded in society, while people with learning disabilities have the lowest rates of employment. Supported employment is a new approach to tackling this problem; however, its development has been incremental. In this article, the authors explore some of the features of agencies providing employment support to disabled people. They also describe the views of managers of 31 employment support agencies, based on semi-structured telephone interviews. The survey sought to understand the types of service provided, the staff and caseload numbers, the training offered, and the targets used. The authors also asked
managers what would help them in delivering employment opportunities to disabled people. Managers’ responses highlight gaps between current policy and practice. Particular attention is given to the use of targets, fragmented funding and what managers consider is required to improve employment opportunities for disabled people. Managers endorsed the vision expressed in current policy, and identified numerous obstacles to implementation in employment support. Taken together, their views can be used to guide the development of supported employment. (RH)

ISSN: 09660410
From: http://www.blackwellpublishing.com/hsc


The study evaluates the outcome of an Internet at Home intervention experiment intended to decrease loneliness in chronically ill and physically handicapped older Dutch people through introducing them to the use of an electronic communication facility. To determine the effectiveness of the experiment in terms of reducing loneliness, 15 older people were interviewed three times: shortly before the start, two years later and immediately after termination of the experiment, while their loneliness scores at zero and post-measurement were compared with those of a control group. Both participants and control groups experienced a reduction in loneliness over time, significantly greater for participants compared to controls. When looking in more detail, the effect of the experiment was only significant regarding emotional loneliness and among the highest educated. Findings of the qualitative research enabled the researchers to understand the mechanics through which the intervention helped alleviate loneliness. E-mail was found to facilitate social contact. Furthermore, the computer and Internet were often used to pass the time, taking people’s minds off their loneliness. Unexpectedly, the intervention also improved people’s self-confidence. The decline in loneliness is likely to be greater if those with more favourable circumstances are selected and if more social functions of the Internet are used. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

Examination of the relationship among hearing impairment, linguistic communication, mood and social engagement of residents in complex continuing care facilities; by Peter Brink, Michael Stones. The Gerontologist, vol 47, no 5, October 2007, pp 633-641.

Earlier evidence has not been conclusive about whether hearing loss in older people is associated with mood (i.e. depressive symptoms and anhedonia) and social engagement (i.e. reduced psychosocial involvement and reduced activity levels). If hearing impairment results in poor mood and lower levels of social engagement, then remedying hearing impairment might result in higher quality of life. This study aimed to determine whether functional hearing impairment in continuing care residents is associated with mood and social engagement. It included all residents in Ontario admitted to complex continuing care facilities between April 2000 and March 2001. Through the Canadian Institute of Health Information, the authors gathered health information by using the Minimum Data Set 2.0 questionnaire (MDS 2.0). The results were consistent with the hypothesised direct effect of functional hearing impairment on mood. Path analyses showed that hearing impairment impairs linguistic communication and that impaired linguistic communication is related to lower levels of mood and social engagement. This study adds to the literature supporting an association between hearing impairment and mood. The study also suggests that questionnaires used to assess hearing such as the MDS 2.0 are suitable for early detection of hearing problems and may be used to refer residents to audiology services. (RH)

ISSN: 00169013
From: http://www.geron.org

An exploration of access to health and social care services by older deaf people in Scotland: report; research carried out in partnership with Deaf Connections, Glasgow; by Caroline Donaldson, Ailsa Cook, Royal Bank of Scotland Centre for the Older Person’s Agenda - COPA, Queen Margaret University Edinburgh. Musselburgh: The Royal Bank of Scotland Centre for the Older Person’s Agenda, September 2007, 43 pp.

There were some 758000 people in Scotland in 2007 who were either deaf or hard of hearing. This report outlines the methods used in a research project conducted focus groups with 18 older deaf people who were users of Deaf Connections services in the west of Scotland. Findings are presented on the three key issues identified in analysis of the focus group data: communication support, deaf awareness, and specialist services. Among the report’s recommendations for policy and practice to improve services for deaf people are: joint partnership working between health and social care service providers and organisations providing specialist services to older deaf people; deaf awareness training; and increased involvement and participation of deaf
Factors related to potentially harmful behaviors towards disabled older people by family caregivers in Japan; by Megumi Sasaki, Yumiko Arai, Keigo Kumamoto (et al).
412 pairs of disabled older people living in Kyoto Prefecture, Japan and their family caregivers participated in the study. All of these disabled older people were users of visiting nursing services under the public Long-Term Care insurance system. Caregivers were asked to complete questionnaires regarding their potentially harmful behaviour (PHB) towards their older relative, caregiver burden, patient-caregiver kinship, their older relative's behavioural disturbances, age and sex. Visiting nurses obtained information on the older person's severity of dementia or physical impairment, age and sex. More than 30% of the caregivers admitted PHB towards their older relatives, the most frequently reported including verbal aggression (16.8%) and ignoring (13.6%). A logistic regression analysis revealed that adult children and caregivers of older disabled people with behavioural disturbances were more likely to show PHB. In the present study, PHB towards older people by family caregivers was associated with patients' behavioural disturbances and patient-caregiver kinship, i.e. an adult child as a caregiver. These findings should be taken into account when planning strategies to prevent PHB by family members. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Genetic and environmental influences on hearing in older women; by Anne Viljanen, Pertti Era, Jaakko Kaprio (et al).
As part of the Finnish Twin Study on Ageing, hearing was measured in 193 monozygotic (MZ) and 114 dizygotic (DZ) female twin pairs aged 63-76. Audiometric measured hearing was tested using standardised methods in soundproof conditions. Self-reported hearing was assessed by a structured question. Quantitative genetic modelling was used for data analysis. No significant difference in age, exposure to noise, hearing aid use, auditory diseases or accidents, or number of self-reported chronic conditions or prescription medicines were observed between MZ and DZ twins. A genetic component in common accounted for 75% of the variance in the better ear's hearing threshold level, and 54% in the better ear's speech recognition threshold level according to a bivariate genetic analysis. In addition, 10% of the variance in the better ear's speech recognition threshold level was explained by its specific genetic component. Individual difference in audiometrically measured air-conducted hearing threshold level (0.5-4kHz) and speech recognition threshold level in the better ear were largely accounted for by genetic differences between individuals. In contrast, self-reported hearing appears to be accounted for solely by environmental factors. (RH)
ISSN: 10795006
From: http://www.geron.org

Growing old is no gradual decline; by Kate Rees.
An active later life that enhances our quality of life is what we all hope for. But what can be offered to the someone who is so physically disabled that participating in any activity is impossible - what quality of life can be given then? In this article, the author describes her mother's life in a nursing home. She concludes that a combination of good management, training and support for staff can contribute to those being cared for feeling valued and loved, despite their inability to be active. (KJ/RH)
ISSN: 13663666
From: http://www.pavpub.com

Health, disability and social work: new directions in social work research; by Steve Trevillion.
Social work research in health and disability has been largely shaped by its encounter with the social model of disability. This critical commentary comments on recent trends, for example the disappearance of community-based social work practice, which is being replaced with service user led and outcomes-focused approaches. (RH)
Home-care programmes for older adults with disabilities in Canada: how can we assess the adequacy of services provided compared with the needs of users?; by M Tousignant, N Dubuc, R Hébert et al.
The need for care homes will probably continue to increase over the next decade as one response to innovative health practices designed to help people receive services at home instead of in institutions. However, there are no data for determining whether home-care programmes can meet user needs. This cross-sectional study describes the functional autonomy profile of the users of public home-care programmes in Quebec, Canada; and compares the level of adequacy between required and provided services in public home-care programmes for older people with disabilities. The population studied consists of all users of public home-care services in one administrative region of Quebec over the period September-December 2002. Each user was assessed with the Functional Autonomy Measurement System (SMAF) and then classified into one of the 14 Iso-SMAF profiles. The total number of hours of care required was determined using the median number of hours of nursing care, personal care and support services associated with each profile. For the sake of comparison with the services required, the services provided were calculated from an administrative databank that included statistics of the time sent by health professionals on caring for home-care users. The ratio of hours of services provided to the number of hours of service required by home-care users highlights a discrepancy between the services provided and user needs. The results of this study show the feasibility of describing users of public home-care programmes and the adequacy of services provided in relation to user needs. Based on these results, public home-care programmes in the province of Quebec appear to be under-funded. (RH) ISSN: 09660410
From: http://www.blackwellpublishing.com/hsc

The ageing of the population and increasing longevity result in predictions of sizeable increases in long-term care expenditures. Other analyses have shown significant decreases in disability prevalence among older people in the US. This study provides an empirical quantification of the net result of these two forces (increased expenditure due to ageing versus potential expenditure reductions due to decreased disability) using the Medicare Current Beneficiary Survey. The analyses show that the implication of ageing and increasing longevity for long-term care expenditures are modest relative to the effects of future increases in functional abilities in older people. (RH)
ISSN: 14747464
From: http://www.journals.cambridge.org

Identification of deafblind dual sensory impairment in older people; by Diane Roberts, Thomas Scharf, Miriam Bernard et al., Social Care Institute for Excellence - SCIE.
This briefing focuses on issues relating to the identification of people over the age of 60 in the UK who have dual sensory loss in the form of a combined hearing and sight impairment (deafblind). Five key messages are cited which focus on simple interventions that can be effective in improving the quality of life of people with dual sensory impairment. However, a more specialist assessment may be required and the use of the single assessment process as part of this process should be instigated. (KJ/RH)
From: Download from website: http://www.scie.org.uk/publications

Impact of spouse vision impairment on partner health and well-being: a longitudinal analysis of couples; by William J Strawbridge, Margaret I Wallhagen, Sarah J Shema.
Participants were 418 older people from the Alameda County Study in California. Visual impairment was assessed in 1994 with a 9-point scale assessing difficulty in seeing in everyday situations; outcomes were assessed in 1999. Longitudinal analyses included multivariate statistical models adjusting for paired data and partners' own visual impairment, age, gender. chronic conditions, and financial problems. Results on outcome for partners' own visual impairment are included for comparative purposes. Gender differences were assessed with interaction tests. Spouse visual impairment negatively affected partner depression, physical functioning, well-being, social involvement and marital quality. These effects were not greatly different in magnitude from those associated with partners' own visual impairment. Three of four outcomes with significant gender differences evidenced stronger impacts of husbands' visual impairment on wives' well-being and marital quality.
than the reverse. Spouses do not live in isolation: characteristics of one affect the other. Both treatment and rehabilitation programmes should includes visually impaired patients' spouses and other family members. Why wives appear more sensitive to their husbands' visual impairment is unclear and warrants further study. (RH)

From: http://www.geron.org


Findings, 2106, August 2007, 4 pp.
The Supporting People programme began in April 2003, and was designed to separate out the costs of bricks- and-mortar housing from the costs of the support necessary for vulnerable adults to attain or maintain independent tenancies. These findings outline a research project by Rachel Fyson, Beth Tarleton, Linda Ward, in which they examined how local Supporting People teams were interpreting national guidelines in relation to the provision of housing-related support, and to explore the impact that this was having on people with learning disabilities in England. It was also hoped to find out how the core aims of the 'Valuing people' White Paper - of promoting rights, choice, independence and control of people with learning disabilities - were being supported by this programme. The full report, 'Support for living? The impact of the Supporting People programme on housing and support for adults with learning disabilities', is published by the Policy Press. (KJ/RH)

ISBN: 09583084


In Focus: Caring for older deafblind people: [three separate articles]; by Jim Lewis, Colin Anderson.
These three separate articles consider different aspects of deafblindness in older people - the challenges facing family carers; the role of carers who offer residential and domiciliary care; and how Marcella Holden (a woman of 80 who is deafblind) has adjusted to a new life living with her daughter in a rural village, West Buckland, in Somerset. (KJ/RH)

ISSN: 13674064

From: http://www.sense.org.uk/tsarticles

Inequalities in health expectancies in England and Wales: small area analysis from 2001 Census; by Domenica Rasulo, Madhavi Bajekal, Mohammed Yar.
Inequalities in the expectation of life without disability and life in good health are investigated using small area statistics (ward level) from the 2001 Census for England and Wales. Inequalities were examined both nationally and within regions by computing life expectancies and health expectancies in groups of wards (twentieths) aggregated according to the Carstairs deprivation score. The results showed that the inequality gaps were significantly larger for health expectancies compared with life expectancy; they were wider for disability-free life expectancy than healthy life expectancy; and, for all measures, were wider for males. Within regions, the gradient in health inequalities with increasing deprivation varied. Those living in the least deprived wards had similar levels of health expectations across all regions. There was more geographical variation in the most deprived areas with lowest health expectations in the northern regions. (RH)

ISSN: 14651645

From: http://www.statistics.gov.uk

The main objective of the COST 219ter Action is to increase the accessibility of next generation telecommunication network services and equipment to older people and people with disabilities by design or, alternatively, by adaptation when required. (KJ)
ISBN: 1860480349

Price: -

From: Available to download from website: http://www.cost219.org

Standards play an increasingly important role for information and communication technology (ICT) systems. While the primary purpose of standards is to facilitate trade, there is awareness of the value of consumer
representation in this process, and of involvement by accessibility specialists in design of systems, too. This document notes that while people with disabilities could influence the content of standards, the problem remains of knowing that a standard is being developed, or knowing in sufficient time to have any influence. It provides a succinct introduction to accessibility standardisation, writing a standard, participation in meetings, implementation, and information dissemination. (RH)

ISBN: 1860480349

From: COST 219ter; available as PDF or HTML at http://www.tiresias.org/cost219ter/pubs.htm

Longitudinal body composition changes in old men and women: interrelationships with worsening disability; by Francesco Fantin, Vincenzo Di Francesco, Giorgia Fontana (et al).


Few studies have evaluated prospectively body composition changes and their relationships with worsening disability as people age. Patients from 11 general practices in Verona, Italy (97 women and 62 men, mean ages 71.4 and 71.6 respectively) underwent dual energy x-ray absorptiometry determinations at baseline and 2- and 5.5-year follow-ups to measure total body and leg fat (FM) and total, appendicular and leg fat-free mass (FFM). Height, weight, body mass index (BMI) and waist circumference (as well as reported disabilities using a four-level scale) were also evaluated at the same time intervals. In both sexes, total FM did not change significantly, while total appendicular and leg FM and total, appendicular and leg FFM significantly decreased. In weight-stable men and women, appendicular and leg FM significantly increased and BMI and waist circumference, and total FM significantly increased. Men lost significantly more total, appendicular and leg FFM than did women, irrespective of whether they maintained or lost weight. Over the follow-up period, 43.3% of women and 43.5% of men declined in one or more levels of reported disability. The authors evaluated the effect of age, baseline BMI, FM, FFM, number of diseases, baseline 6-minute walking test, categories of weight change, total, appendicular, or leg FFM changes, total FM and waist changes on the probability of a decline in one or more levels of reported disability score over the follow-up period, taking gender into account. Patients having appendicular and leg FFM were 2.15 and 2.53 times, respectively, more likely to report increased disability than were patients without FFM loss. (RH)

ISSN: 10795006

From: http://www.geron.org


Using the 11-item Treatment Evaluation Inventory (TEI), a community sample of 79 housebound and 127 ambulatory older adults rated their acceptance of four depression treatments for two hypothetical cases with mild-to-moderate or severe levels of depressive symptoms. The four treatments were clinic-based cognitive therapy (CT), in-home cognitive bibliotherapy (CB), antidepressant medication (AM) and regimented physical exercise (PE). Older people had significantly less favourable attitudes toward AM than CT as a treatment for mild-to-moderate symptoms, and they were less accepting of CB than CT for severe symptoms. Concerns about becoming dependent on medication and about its side effects as well as the understanding of loneliness and isolation as causes of depression appear to have affected their scores. African American and Hispanic older adults showed attitudes that were as favourable as those of their non-Hispanic white peers toward all four types of depression treatments. Housebound older adults had less favourable attitudes towards CB than did their ambulatory peers. (RH)

ISSN: 13607863

From: http://www.tandfonline.com

Making decisions about simple interventions: older people's use of walking aids; by Rachael Gooberman-Hill, Shah Ebrahim.


Walking difficulty is common in old age. Simple and inexpensive interventions, such as walking aids, provide considerable assistance. However, older people's views on walking aids are likely to affect their uptake, and we have little knowledge about their motivations for use. A longitudinal UK qualitative study with 11 men and 13 women aged 69-90 (mean age 80) at first interview explored views on their use of walking aids. Of the 24 people interviewed at the start of the study, 12 used walking aids, mainly walking sticks. These aids came from a range of sources, including informal ones. Over the course of the study, some participants adopted walking aids or changed the types of aids that they used. As time passed, participants' initial misgivings about use of walking aids subsided, and walking aids were described as improving confidence and facilitating activity and participation. Decisions to start using walking aids were influenced by both gradual and sudden changes in
ability and by culturally informed views about ageing. Views on ageing initially acted as a barrier to the use of aids but then acted as facilitator to use. Walking aids enable continued activity and participation and it is likely that they provide benefits of health and well-being. Health care providers can draw on the knowledge about the impact of beliefs about ageing to help them reach shared decisions with older people about the use of walking aids. (RH)

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

NHS learning disability services; implications of the Cornwall Report; by John Dow.
"NHS bodies who run care homes or domiciliary agencies must immediately seek to register their services with the Commission for Social Care Inspection (CSCI)”. This was the first of a number of national recommendations in a report by the Healthcare Commission in 2006 following an investigation into services for people with learning disabilities at Cornwall Partnership NHS Trust. This article considers the implications of this recommendation in the context of the requirements of the Care Standards Act 2000. (KJ/RH)
ISSN: 14769018
From: http://www.pavpub.com

Older carers of adults with a learning disability confront the future: issues and preferences in planning; by Laura Bowey, Alex McGlaughlin.
The "Valuing people” White Paper (Cm 5086; TSO, 2001) requires services to secure a plan for all service users and learning disabilities living with older carers, and promises them and their families more choice and control over how and where they live. This paper examines the views of older carers aged 70+ of 62 adults with a learning disability about planning for the future. 56 took part in interviews in their own homes and 6 completed a questionnaire. All carers were white and recruited from one local authority. Findings indicate that a significant proportion (34 or 55%) is either not ready or is unwilling to make future plans. Barriers to planning include: a perceived lack of need due to the existence of two carers; a lack of awareness of time scales involved in securing housing; difficulties in letting go; a lack of confidence in available housing options; and the existence of mutually supportive relationships. The findings show a need for a proactive approach to information and support provision to enable these families to work through a process of making plans for the future. This is essential to prevent the need for emergency placements in response to crisis and in turn to ensure that adults with learning disabilities have genuine choice and involvement in how and where they live. (RH)
ISSN: 00453102
From: http://bjsw.oxfordjournals.org

People admitted to hospital with physical disability have increased length of stay: implications for diagnosis related group re-imbursement in England; by Ian Carpenter, Jacqui Bobby, Elena Kulinskaya (et al).
Age and Ageing, vol 36, no 1, January 2007, pp 73-77.
Different degrees of physical and cognitive impairment of patients in some Healthcare Resource Groups (HRGs, the basis of tariff-based reimbursement in England) results in wide variation in the actual costs of their care. The author report a study of 1942 consecutive emergency admissions to hospitals in East Kent from March to July 2004, with one or more of six presenting conditions (stroke, hip fracture, myocardial infarction, acute respiratory infection, chronic obstructive airways disease and falls). Patients with high dependency in activities of daily living (ADLs) had longer lengths of stay (40%) longer) when compared to those with lower dependency after excluding effects of HRG and other covariates. These patients, presenting with conditions common in older patients, would have incurred estimated annual costs of £1.9 million in excess of their HRG tariff-based reimbursement. Physical function measures should be used to better define HRGs and reduce financial risk under case-mix based reimbursement. (RH)
People with learning disabilities: an ageing population; by Noelle Blackman.
Just like everyone else, people with learning disabilities (PWLD) are living longer. This means that there are new considerations to be made by professionals and services working to support them. However, it is also important to remember the PWLD are a broad group of people with differing abilities and needs, and there are many different issues that need to be considered. These considerations are a challenge which - despite having known that this situation was approaching for more than a decade - as a society we are only just beginning to recognise and respond. The author thinks that her article is likely to raise more questions than she will answer, but that recognising the issues is the first step towards developing a response. (RH)

Physical and psychological factors associated with stair negotiation performance in older people; by Anne C Tiedemann, Catherine Sherrington, Stephen R Lord (et al).
An inability to negotiate stairs is a marker of disability and functional decline and can be a critical factor in loss of independence in older people. There is limited research in the underlying factors that impair performance in this important activity of daily living (ADL). In this Australian study, 664 community-dwelling people aged 75-98 underwent stair negotiation tests as well as tests of lower limb strength, vision, peripheral sensation, reaction time, and balance and completed questionnaires measuring psychological and health status. Many physiological and psychological factors were significantly associated with stair negotiation speed. Multiple regression analyses revealed that knee extension and knee flexor strength, lower limb proprioception, edge contrast sensitivity, reaction time involving a foot-press response, leaning balance, fear of falling, and the Short Form 12 Health Status Questionnaire (SF-12) pain and vitality scores were significant and independent predictors of ascent and descent performance. The combined set of variables explained 47% of the variance in stair ascent performance and 50% of the variance in stair descent performance. Measures of strength, balance, vision, fear and vitality also significantly discriminated between people who did and did not require the use of the handrail when performing the tests. In community-dwelling older people, impaired stair negotiation is associated not only with reduced strength but also with impaired sensation, strength and balance, reduced vitality, presence of pain, and increased fear of falling. (RH)

Physical, cognitive and psychosocial variables from the Disablement Process Model predict patterns of independence and the transition into disability for the oldest-old; by Elizabeth Braungart Fauth, Steven H Zarit, Bo Malmberg (et al).
The Disablement Process Model was used to predict whether 146 Swedish people aged 86+ maintained their disability or disability-free status over 2- and 4-year follow-ups, or whether there was a transition into a state of disability during this time. The sample was grouped by ability in activities of daily living (ADLs) as being functional survivors (non-disabled over time), increasingly disabled (initially non-disabled but later disabled), chronically disabled (disabled at all waves), or deceased. Variables from baseline were used to predict group membership into these four longitudinal outcome groups. Results indicate that demographic factors, physical impairments, physical and cognitive limitations, and psychosocial variables at baseline predicted membership into the functional survivor group after 2 years, and most continued to distinguish between functional survivors and other groups after 4 years. These findings indicate key variables that may be useful in predicting shorter term longitudinal changes in disability. By understanding the physical, cognitive and psychosocial variables that predict whether a person develops a disability within the next 2 or 4 years, we may be better able to plan for care or implement appropriate interventions. (RH)
Pie in the sky? Not at all: [implications of the comprehensive spending review for social services]; by Steve Broach.
Community Care, no 1659, 8 February 2007, pp 32-33.
Despite Every Child Matters, outcomes for disabled children and their families are still very poor. Every Disabled Child Matters is a campaign established by Contact a Family, the Council for Disabled Children, Mencap and the Special Education Consortium. This campaign believes that services for disabled children need more funding, coupled with prioritising within local government's and health agencies' performance management frameworks. The 2007 comprehensive spending review (CSR) is the ideal time to address inequalities in outcomes for disabled children and their families. The author looks at the opportunities the review affords for improving services for disabled children and their families. RH
ISSN: 03075508
From: http://www.communitycare.co.uk

Positive and negative social exchanges and disability in later life: an investigation of trajectories of change; by Shahrzad Mavandadi, Karen S Rook, Jason T Newsom.
Various aspects of social ties are thought to influence the onset, progression and course of disability in older adulthood. The present study examined the extent to which distinct longitudinal trajectories of positive and negative exchanges were associated with patterns of physical disability. A sample of 482 community-dwelling older people with little or no disability from the Later Life Study of Social Exchanges, a 2-year longitudinal survey, were followed. Results identified multiple, distinct trajectory groups for positive and negative exchanges and disability. Latent class growth analysis revealed that individuals with chronically high of low positive exchanges were likely to experience low and increasing levels of disability. With respect to negative exchanges, individuals with moderately increasing negative exchanges showed patterns of increasing disability and disability remission, whereas chronically low or absent negative exchanges were associated with low and increasing levels of disability. (RH)
ISSN: 10795014
From: http://www.geron.org

Prevalence of dementia in intellectual disability using different diagnostic criteria; by A Strydom, G Livingston, M King (et al).
The Becoming Older with Learning Disability (BOLD) memory study is a two-stage epidemiological survey of adults with intellectual disability but not Down syndrome aged 60+ and living in five London boroughs, with comprehensive assessment of those who screen positive. Dementia was diagnosed according to ICD-10, DSM-IV and DC-LD criteria. The aim of the study was to describe the clinical features and prevalence of dementia and its subtypes, and to compare the concurrent validity of dementia criteria in older people with intellectual disability. The DSM-IV dementia criteria were more inclusive. Diagnosis using ICD-10 excluded people with even moderate dementia. Clinical subtypes of dementia can be recognised in adults with intellectual disability. Alzheimer's dementia was the most common, with a prevalence of 8.6%, almost three times greater than expected. (RH)
ISSN: 00071250
From: http://bjp.rcpsych.org

Profiling disability within nursing homes: a census-based approach; by Marianne Falconer, Desmond O'Neill.
Information from the 2002 Irish National Census was used to examine the prevalence of disability in nursing home residents compared to its prevalence among older people in the community in Ireland. Disability was measured using a 6-item questionnaire embedded in the Census form. Prevalence of disability was quantified among the general population and nursing home residents aged 65+. Comparisons were made by sex, and number and type of disabilities between nursing home residents and their age-matched peers living in the community. A high level of disability was found in nursing homes, with almost 90% having a recorded disability compared with less than 30% of those aged 65+ living in the community. Nursing home residents had on average 4.5 disabilities, ranging from hearing and visual problems to difficulties remembering and concentrating. Thus, there is a very high level of physical, sensory and cognitive disability among nursing home residents. Strategic health and functional questions in national censuses may be helpful in planning appropriate services for older people in residential care, as well as tracking trends in disability. (RH)
This is the report of a review of the Independent Living Funds, commissioned in June 2006 by the Department for Work and Pensions from independent consultants. The Independent Living Fund was first established in 1988 as a transitional arrangement to provide cash to support severely disabled people living at home, and who were at risk of losing the value of domestic assistance allowances provided under the old Supplementary Benefits system. The ILF proved popular and in 1993 a commitment was made to maintaining a fund to provide support and a second ILF (the 1993 Fund) was established to receive new cases while the original fund was closed to new applications, and replaced by the Extension Fund. Since 1993 there have been two ILFs operating in parallel. The time is right to reconsider the role and contribution of the ILF. Since 1988 there have been many changes in the wider world of social care. At the time that it was established, the ILF was unique as the first example of a 'cash for care' scheme in the UK. This is no longer the case with the arrival of Direct Payments, In Control, and - most recently - the pilot development of Individual Budgets. This is a comprehensive review which fully considers the ILF operational framework and provides both conclusions and 68 separate recommendations, some of which are concerned with improving the operation of the ILF, whilst many advocate wholesale reform. Three appendices comprise the methodology used; feedback from consultation events; and a glossary of acronyms. The DWP is expected to make an initial response in the latter part of 2007. A summary of the Review is also available from the website. (KJ)  
Price: FoC  

This booklet offers information and advice about hearing and sight loss for those working with older people. It explains what dual sensory loss is and how it affects older people. It explains how older people can be supported and helped in residential care and in their own homes. It also includes a list of other information sources, and the Deafblind Manual Alphabet signing and Block Manual Alphabet signing, both of which can be a means of communication with those who are deafblind. (KJ/RH)  

The authors sampled 284 frail older people presenting for assessment in Sydney, Australia. Moderate to severe visual impairment was defined as visual acuity <20/80 (better eye) and moderate to severe hearing loss as hearing thresholds >40 decibels (better ear). Community support service use included home-delivered meals, home help, and community nurse visits. After adjusting for age, sex and two or more comorbid conditions, moderate to severe visual impairment, but not moderate to severe hearing loss was significantly associated with increased use of community services. (RH)  
ISSN: 08982643  
From: http://www.sagepublications.com

Smoking is a risk factor for decreased physical performance in elderly women; by Prema B Rapuri, J Christopher Gallagher, Lynette M Smith. Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 62A, no 1, January 2007, pp 93-100.  
In 489 women aged 65-77 from the STOP IT (Site Testing Osteoporosis Prevention / or Intervention) trial, the authors examined the association of smoking with physical performance measures of muscle function and whether the effect of physical performance measures is mediated through the effect of vitamin D on oestrogen metabolism. Timed rise, timed walk at normal and fast speed, grip strength, and serum biochemical measurements were compared between smokers, past smokers and non-smokers. Analysis of covariance was used to compare physical performance variables, while adjusting for confounding variables. Compared to past smokers and non-smokers, current smokers were significantly slower on timed rise and timed walk tests and had decreased grip strength. The effect of current smoking on physical performance was equivalent to a normal age-related decline in physical performance tests of 7-11 years depending on the test. The results suggest that current
smoking is a risk factor for decreased muscle strength leading to a decreased physical performance in older women and affecting vascular function, too. (RH)
ISSN: 10795006
From: http://www.geron.org

As the number and share of the population aged 65+ continues to grow steadily in OECD countries, improvements in older people's functional status could help mitigate the rise in demand for, and expenditure on, long-term care. This paper assesses the most recent evidence on trends in disability among those aged 65+ in 12 OECD countries: Austria, Belgium, Canada, Denmark, Finland, France, Italy, Japan, the Netherlands, Sweden, the UK and the US. The focus is on reviewing severe disability (or dependency), defined where possible as one or more limitations in basic activities of daily living (ADLs). One of the main findings is that there is clear evidence of a decline in disability in only five of the countries (Denmark, Finland, Italy, the Netherlands and the US), while in Belgium, Japan and Sweden the rate is increasing. Australia and Canada report a stable rate over the past few years. In France and the UK, data from different surveys show differing trends in ADL disability. Projections to 2030 indicate with greater longevity, there will be an increase in prevalence of disability and the need for long-term care. (RH)

A twin-study of genetic contributions to hearing acuity in late middle age; by Arthur Wingfield, Mathew Panizzon, Michael D Grant (et al).
Declines in hearing acuity, especially in the high frequency range, often appear in middle age. This study's aim is to characterise genetic and environmental influences that may underlie this pattern. 179 monozygotic and 150 dizygotic twin pairs aged 52-60 were selected from the Vietnam Era Twin Registry and individually tested for hearing acuity in the frequency range from 500 to 8000 Hz. Biometric modelling was used to quantify genetic and environmental influences. For individuals' better ears, approximately two-thirds of the variance in hearing acuity in middle and high frequency ranges could be accounted for by genetic factors. For individuals' poorer ears, which would be expected to show lower heritability, approximately one half of the variance in the middle and high frequency ranges could be accounted for by genetic influences. Within a given frequency range, the same genetic factors influenced both the better and poorer ears. In contrast, although there was some overlap of genetic influences on the middle and high frequencies within a given ear, there were also some genetic influences that were specific to each frequency. Results suggest that genetic effects play an important role in the level of hearing loss that often appears in late middle age; and factors such as noise exposure and medications with ototoxic properties should be noted in identifying those most vulnerable to such environmental risk factors. (RH)
ISSN: 10795006
From: http://www.geron.org

The intention of the Disability Discrimination Act 2005 (DDA) is to protect disabled people, including those with a long-term health condition, against discrimination and unfair treatment, and to ensure full and equal participation in learning and public life. This guidance covers all aspects of the DDA relevant to colleges, universities and adult education providers in England, Scotland and Wales. It covers an institution's duties as an employer of disabled people, as a provider of services to the public, and as a provider of educational services to students. It also covers an institution's responsibility to promote disability equality across the whole range of its functions, and to produce a Disability Equality Scheme, including good practice information. (RH)
Price: FOC

This is a review of the 100-page report published in January 2007 by the Healthcare Commission on abuse in the service for people with learning disabilities provided by Sutton and Merton Primary Care Trust at Orchard Hill Hospital. It focuses on and provides extended quotations about the service design, placement planning and commissioning. (KJ/RH)

ISSN: 14668203
From: Website: http://www.pavpub.com


Data from the study Aging with MS: Unmet Needs in the Great Lakes Region were used to investigate religious service use by 1275 adults with multiple sclerosis. The findings indicate that nearly two-thirds of the sample currently use religious services to improve their health or well-being. Individuals whose MS is stable and those who have had the disease longer are significantly more likely to use religious services to improve their health. Religious organisations should continue providing outreach and increasing accessibility for individuals with disabling conditions. In addition, health care professionals should be aware of the importance of religious services to people with MS and do their part to enable participation for those who desire it. (RH)

ISSN: 08982643
From: http://www.sagepublications.com


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

ISSN: 02610183
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2006

Age Concern's response to Consultation by the Disability Rights Commission on the definition of disability: summary; by Age Concern England - ACE. London: Age Concern England - ACE, April 2006, 2 pp (Policy Response - summary, ref: 0906(S)).

The Disability Rights Commission (DRC) has consulted on changing the definition of disability contained in the Disability Discrimination Act 1995. The proposed change is to a definition of discrimination based on the intentions of the person discriminating. While Age Concern England (ACE) welcomes the proposed change, it notes that it would create another difficulty: that it might be difficult to prove that discrimination was on grounds of impairment, for example if the alleged discriminator argued they did not know the person had a disability. This summary outlines ACE's argument on this point. (RH)

Price: FOC


In most western nations, laws discourage discrimination in paid employment on the basis of disability, but for these policies to be of benefit, individuals must define their functional limitations as disabilities. There is a strong relationship between age and disability among those of working age; yet it is unclear whether older workers attribute their limitations to disability or to 'natural ageing'. If the latter is true, they may not believe that
they need to qualify for workplace accommodations (i.e. adaptations or interventions in the workplace). Similarly, if an employer attributes a worker's limitation to 'natural ageing' rather than to a disability, they may not offer compensatory accommodation. This paper uses data from the Canadian 2001 Participation and Activity Limitation Survey, to ascertain whether workers who ascribe their functional limitation to ageing are as likely as those who do not to report a need for workplace accommodation. It also looks at whether those who identify a need for compensatory accommodation and who ascribe their limitation to ageing have unmet workplace-accommodation needs. The findings suggest that, even when other factors are controlled - e.g. the type and severity of the disability, the number of limiting conditions, gender, age, education, income and occupation - those who made the ageing attribution were less likely to recognise the need for an accommodation; and among those who acknowledged a need, those who ascribed their disability to ageing were less likely to have their needs met. (RH)

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

Bathing disability and the risk of long-term admission to a nursing home; by Thomas M Gill, Heather G Allore, Ling Han (et al).
Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 61A, no 8, August 2006, pp 821-825.
The prevalence of disability in bathing and the likelihood of long-term nursing home admission increase substantially with age. The authors studied 734 community-dwelling people aged 70+ who were non-disabled in four essential activities of daily living (ADLs). Participants were followed with monthly telephone interviews for a median of 75 months, to determine the occurrence of persistent (i.e. present for at least 2 consecutive months) disability in bathing and the time to the first long-term nursing home admission, determined at longer than 3 months. 113 (15%) of participants had a long-term nursing home admission. At least one episode of persistent bathing disability occurred among 59 (32.9%) participants with a long-term nursing home admission, and 210 (32.8%) without long-term admission. Thus, the occurrence of persistent disability in bathing is independently associated with the risk of a long-term nursing home admission, but has no effect on short-term admissions. Interventions directed at the prevention and remediation of bathing disability have the potential to reduce the burden and expense of long-term care services. (RH)

ISSN: 10795006
From: http://www.geron.org

Caregivers of frail elders: updating a national profile; by Jennifer L Wolff, Judith D Kasper.
Family caregivers are the backbone of long-term care provision in the US. Data from the 1989 and 1999 National Long-Term Care Survey (NLTCS) and Informal Care Survey were used to develop nationally representative profiles of disabled older people and their primary informal caregivers at two points in time. The proportion of chronically disabled community-dwelling older people who were receiving informal assistance from family or friends declined over the period, whereas the proportion receiving no help increased. On average, recipients of informal care were older and more disabled in 1999 than in 1989. Primary caregivers were children (41.3%), spouses (38.4%) and other family or friend (20.4%); children were more likely and others less likely to serve as primary caregivers in 1999 relative to 1989. Primary caregivers provided frequent and high levels of help at both points in time. A striking increase was found (from 34.9% to 52.8%) in the proportion of primary caregivers working alone, without secondary caregiver involvement. In the context of projected demographic trends and budgetary constraints to public health insurance programmes, these data underscore the importance of identifying viable strategies to monitor and support family caregivers in the coming years. (RH)

ISSN: 00169013
From: http://www.geron.org

A challenging time: [growing old with dual sensory impairment]; by Francesca Wolf.
The author has been speaking to a range of older people with sensory impairments to find out about their lives. It emerged that there was little specialised support for such people and that the lack of regular communication with other people leads to frustration and isolation. Three cases are presented, which highlight the work of communicator-guides, who accompany people with sensory impairments for a short time each week to help maintain a level of independence. (KJ/RH)

ISSN: 13674064
From: http://www.sense.org.uk
Charles Bonnet syndrome: forgotten but important; by Murali Krishna, Peter Decalmer.
Geriatric Medicine, vol 36, no 10, October 2006, pp 27/36.
Visual hallucinations occur in a number of ophthalmological, medical and neuropsychiatric disorders. Charles Bonnet syndrome is less frequently diagnosed but is a rather common cause of visual hallucinations in older adults. In this article, the authors review the history and discuss the assessment and management of this condition.
ISSN: 0268201X
From: http://www.gerimed.co.uk

Charles Bonnet Syndrome and the elderly; by Sitara Khan, Jeffrey Lim.
Geriatric Medicine, vol 36, no 4, April 2006, pp 39-42.
Charles Bonnet Syndrome (CBS) describes the phenomenon of hallucinations in older people with visual impairment. The hallucinations are vivid, complex and well formed. They frequently have no personal meaning, are recognised as being unreal by the patients, and can sometimes be voluntarily terminated by the patient. In this article, the authors discuss the syndrome’s clinical course. (RH)
ISSN: 0268201X
From: http://www.gerimed.co.uk

Comparative analyses on national measures to combat discrimination outside employment and occupation: mapping study on existing national legislative measures - and their impact in - tackling discrimination outside the field of employment and occupation on the grounds of sex, religion or belief, disability, age and sexual orientation, VT/2005/062; by Aileen McColgan, Jan Niessen, Fiona Palmer, Human European Consultancy; Migration Policy Group. Utrecht: Electronic format, December 2006, 74 pp (includes annex).
This report sets out in brief form the law across EU Member States, Bulgaria and Romania relating to discrimination on grounds of sex, sexual orientation, disability, religion and belief and age to the extent that such discrimination falls outside the current scope of EC law. The particular focus is on discrimination in access to education, goods and services, and issues around social protection and social advantages. The report is drawn up on the basis of detailed reports in respect of each of the countries surveyed, and a further five ”comparator” countries: Australia, Canada, New Zealand, South Africa, and the US. Much of the report focuses on the law of the existing and prospective EU Member States, but occasional reference is made to the comparator countries. While all the Member States surveyed exceed the EU requirements in at least some respects, and in many the protection provided in excess of EU requirements is significant, the extent of this protection varies considerably. (RH)

Deafness and dementia: consulting on the issues; by Kate Allan.
The author describes a consultation exercise that looked at the issues for two groups of people with dementia: those with acquired hearing loss, and those who had always been deaf. The consultation exercise was carried out to obtain insight into the important challenges which need to be tackled. The study sought the views of service users, relatives, care practitioners (mostly care assistants) and British Sign Language (BSL) or English interpreters - 43 people in all. Issues covered in this research focus include recognising deafness, social isolation, implications for communication, hearing aids, and the needs of deaf sign language users with dementia. The consultation exercise was undertaken jointly by the Dementia Services Development Centre (DSDC), University of Stirling and Deaf Action in Edinburgh. (RH)
ISSN: 13518372

Depression in late-life: shifting the paradigm from treatment to prevention; by Ellen M Whyte, Barry Rovner.
Late-life depression is very common and is associated with high rates of morbidity and mortality. While the field of geriatric psychiatry is focused on depression treatment, prevention is an enticing option. Prevention of late-life depression would decrease both emotional suffering and depression-associated morbidity and mortality, and may decrease dependence on non-mental health professionals to detect depression and to initiate a treatment referral. This paper reviews current thinking on prevention research with a particular focus on its application to late-life depression. To illustrate these issues, the authors discuss recent and ongoing clinical trials of interventions to prevent depression in two populations of older people: those with age-related macular degeneration (AMD) and those with cerebrovascular disease. (RH)
DHEAS levels and mortality in disabled older women: the Women’s Health and Aging Study I; by Anne R Cappola, Qian-Li Xue, Jeremy D Walston (et al).


Dehydroepiandrosterone sulphate (DHEAS) is an endogenously produced sex steroid that has been hypothesised to have anti-ageing effects. Low DHEAS levels are associated with mortality in older men, but the relationship between DHEAS levels and mortality in women is not clearly defined. The relationship between serum DHEAS level and 5-year mortality was analysed by a cohort of 539 disabled women aged 65-100 enrolled in the Women’s Health and Aging Study I (WHAS-I). Using Cox proportional hazard models, the authors calculated multivariate-adjusted mortality risks by DHEAS quartiles and by DHEAS continuously, allowing for a non-linear relationship. Case-specific mortality was also examined. A U-shaped relationships between DHEAS level and mortality was found. After adjusting for multiple covariates, women in the top and bottom DHEAS quartiles had more than 2-fold higher mortality than did those in the middle quartiles. Women with higher DHEAS levels tended to have greater cancer mortality, whereas those with lower DHEAS tended to have greater cardiovascular mortality. Disabled older women with either high or low levels of DHEAS are at greater risk than are those at intermediate levels. More research is needed to determine whether targeted DHEA supplementation would provide any clinical benefit. (RH)

Direct payments: creating a two-tiered system in social care?; by David Leece, Janet Leece.


In 2003, the UK government placed a mandatory responsibility on local authorities to offer direct payments to eligible people. Given the extent to which the government is committed to extending the number of people using cash payments and research that shows the enormous benefits to users, then some areas of research into the take up are sadly neglected. For example, is it the case, as some literature suggests, that direct payments are being disproportionately utilized by middle-class, affluent disabled people, effectively creating a two-tiered system in social care? The research in this paper provides some insight into this question by reporting a unique study to look at statistically significant differences in the financial situation of direct payment users compared with users of traditional services. (KJ/RH)


The Commission for Social Care Inspection (CSCI) Disability Equality Scheme details how CSCI intends to meet its duties under the Disability Discrimination Act 2005 as an employer, regulator and inspectorate. The Scheme is part of CSCI’s wider Equalities and Diversity Strategy, published in August 2006. (RH)


The Commission for Social Care Inspection (CSCI) is developing an equalities and diversity strategy, on how it will meet its duties under the Human Rights Act 1998 and current equal opportunities legislation. The strategy is particularly aimed at four groups: people who use social services and their carers; staff at CSCI; local councils who plan for, commission and provide services; and regulated providers. (RH)

Dysphonia: the voice of change; by Nimesh Patel.

Geriatric Medicine, vol 36, no 11, November 2006, pp 63-66.

Voice change is common with advancing age and its causes are frequently multifactorial. It can be disabling and/or an indication of serious disease that needs to be detected and appropriately managed through a team approach. This article discusses the causes of dysphonia, the physiological changes that can precipitate the condition, and the care required for the patient. (KJ/RH)

Geropsychological interventions have become a necessary component of quality long-term care (LTC) designed to address residents' co-morbidities involving emotional, functional and behavioural difficulties. This two-part empirical study was conducted to investigate the impact of multimodal cognitive-behavioural therapy (MCBT) for the treatment of pain, depression, behavioural dysfunction, functional disability and health care utilization in a sample of cognitively impaired LTC residents who were suffering from persistent pain. In Study one, 44 consecutive new patients received a comprehensive psychological evaluation, eight sessions of cognitive-behavioural therapy and follow-up psychological evaluation over a five week period. Analyses indicated that patients exhibited significant reductions in pain, activity interference and emotional distress due to pain, depression and significant increases in most activities of daily living. They also exhibited significant reductions in the intensity, frequency and duration of their behavioural disturbances but not the number of behavioural disturbances. In Study two, as a follow-up, a retrospective chart review was conducted to compare the treatment group with a matched-control group on post-treatment health care use. Comparisons between the two groups on Minimum Data Set (MDS) ratings indicated that the treatment group required significantly fewer physician visits and change orders than the control group. Implications of these collective findings are that geropsychological treatment is likely to improve certain aspects of residents' quality of LTC. (KJ/RH)

Equalities and diversity strategy; by Commission for Social Care Inspection - CSCI.: Commission for Social Care Inspection, August 2006, 43 pp (CSCI-166). The Commission for Social Care Inspection (CSCI) has developed an equalities and diversity strategy on how it will meet its duties under the Human Rights Act 1998 and current equal opportunities legislation. The strategy is particularly aimed at four groups: people who use social services and their carers; staff at CSCI; local councils who plan for, commission and provide services; and regulated providers. An executive summary (8 pp, CSCI-167) is also available. (RH)

Estimating the cost of free home care for disabled people in Wales; by David N F Bell, Department of Economics, University of Stirling. Stirling: Electronic format only, February 2006, 62 pp. According to the Family Resources Survey, levels of disability among those aged 65+ are relatively high in Wales, such that informal care is a more intensive activity than elsewhere in Great Britain. The context for this study is the Welsh Labour Party's commitment in its 2003 Manifesto to introduce free home care services for disabled people. The study discusses issues relating to the definition of disability that may be used for free home care; reviews the Survey of Local Authority Disability Services (SLADS); and estimates the costs of providing free domiciliary personal care. Although Scotland has already adopted a policy of free personal care for over 65s, this study concludes that the costs are highly dependent on highly uncertain factors including: the substitutions between formal and informal care; the level of unmet demand; the costs of privately purchased personal care; the growth rate of costs; and changes in life expectancy. (RH)

The Graz Declaration on disability and ageing; by Graz Declaration Coalition, Graz.: Electronic format only, June 2006, 6 pp. The Graz conference on ageing and disability held in June 2006 under the Austrian Presidency produced a Declaration to be communicated to the President of the Commission of the European Union (EU). The Declaration will also be presented to national and regional governments and their respective bodies. It is an intent to disseminate the principles of it as widely as possible throughout the EU. This Declaration is made in the context of an ageing European population which must cater for increased disability involving an estimated 15 million people in the next decade. Conference presentations and results of the workshop, "Assistive Technologies" are also available from the website. (KJ)
Hierarchy levels, sum score and worsening of disability are related to depressive symptoms in elderly men from three European countries; by Carolien L. van den Brink, Geertrudis A M van den Bos, Marja Tijhuis (et al). Journal of Aging and Health, vol 18, no 1, February 2006, pp 125-141.

Disability in older people has been associated with depressive symptoms in many studies. This study investigated the predictive value of hierarchy levels and sum scores of disability and change in disability on depressive symptoms. It uses longitudinal data for 723 men aged 70+ from the Finland, Italy and the Netherlands Elderly (FINE) Study collected in 1990 and 1995. Self-reported disability was based on three disability domains (instrumental activities, mobility and basic activities) and depressive symptoms on the Zung questionnaire. Severity levels of disability were positively associated with depressive symptoms. Men with no disability scored 5 to 17 points lower on depressive symptoms than did those with disability in all domains. Among men with mild disability, those who had worsening disability status in the preceding 5 years scored 5 points higher on depressive symptoms than did men who improved. Hierarchic severity levels, sum score of disability and preceding changes in disability status are risk factors for depressive symptoms. (RH)
ISSN: 08982643
From: http://www.sagepub.com


Among nursing home patients, depression and/or anxiety have a strong negative impact on well being, as reported in this study population of 350 nursing home patients from 14 nursing homes in the Netherlands. The study was based on data collected in the Amsterdam / Groningen Elderly Depression (AGED) study. Presence of depression and/or anxiety was associated with significantly less well-being, but not with more disability. Presence of depression and/or anxiety was also significantly associated with four of the seven indicators of health care service use measured in this study: less assistance in activities of daily living (ADLs); more consultation of medical specialists; a higher mean number of medications; and more use of antidepressants. Future studies should focus on interventions for improving the detection, diagnosis and treatment of depression and/or anxiety in the nursing home. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Improvement in depressive symptoms and changes in self-rated health among community-dwelling disabled older adults; by B Han, M Jylha. Aging & Mental Health, vol 10, no 6, November 2006, pp 599-605.

6771 participants who reported their self-rated health in the 1993 and 1995 Assets and Health Dynamics among the Oldest-Old (AHEAD) surveys and aged 65+ in 1993 were analysed in this study. Multivariate logistic regression models indicate that changes in depressive symptoms and changes in self-rated health clearly coincide. Among participants with functional disability in 1993 and 1995, a decrease in depressive symptoms was associated with decreased odds of having decline in self-rated health, and was associated with increased odds of having improvements in self-rated health. Similar results were found for those with no functional disability in 1993 but with functional disability in 1995. Among those living in the community who remained disabled at follow-up or who experienced disability only at follow-up, even just a small decrease in depressive symptoms was associated with increased odds of having improvement in self-rated health and with decreased risks of having decline in self-rated health. Reducing the number of symptoms of depression among those disabled older people would be beneficial in improving their self-rated health as well as maintaining and promoting their quality of life. (RH)
ISSN: 13607863
From: http://www.tandfonline.com


Relationships between people with health problems and their partners, families and friends are usually described as "informal care". The authors question whether "informal care" is an appropriate label for how older people describe their relationships with partners or other significant friends or relatives at times of change in health and mobility (walking). 7 men and 8 women aged between 58 and 85 (mean 72.5 years) were recruited on grounds of having difficulty walking. Each was interviewed on four occasions. 9 of the interviewees lived with partners, 4 of whom were interviewed. Whether living alone or with a partner, all participants discussed key social relationships. Analysis used standard methods of qualitative inquiry, including thematic and narrative case study approaches. The participants had several ways of coping with health changes and the onset or escalation of
immobility. These included working together to ensure recovery, working together to maintain independence, and experiencing and recognising considerable difficulty coping with change. Adaptation within relationships reflected the experience of abrupt or gradual change as well as expectations for the future. Participants did not describe their relationships in terms of “carer” or “cared for”. Means of coping with changing circumstances in mobility and health are inextricable from the work that goes on within partner, familial or friendship relationships. As older people seldom describe their relationships with significant others as “care”, it may be more appropriate to discuss informal care provision with patients by using the language of relationships. (RH)


The contributors to this book consider the management and practice of intimate and personal care for people with learning disabilities. Part 1 focuses on the wider context of intimate and personal care provision. The editors describe their research with support workers on attitudes to their care provision role. Contributors variously consider a “person-centred approach” in relation to: ethnicity and culture; sexuality; and health and hygiene. Part 1 ends with a discussion of the role played by policies and procedures in the delivery of intimate and personal care. Part 2 concentrates on “best practice”, starting with a critical look at the characteristics of multi-disciplinary working. The remaining chapters focus on care needs of particular groups. These include adults with mild learning disabilities (and promoting their independence); adults with profound or multiple learning disabilities (and supporting planned dependence); and older people with learning disabilities. A concluding chapter reflects on the issues, concerns and dilemmas raised. (RH)

"It's fantastic!": [Extra care housing for disabled people]; by Jim Ledwidge. Community Care, no 1608, 2 February 2006, pp 36-37.

Extra care housing has been used to give older people independence, but it can also dramatically improve the lives of disabled people. This article supports this assertion, by describing an innovative large supported housing scheme in Bradford, which demonstrates the use of extra care housing for severely disabled people under pension age as an alternative to residential care. The author illustrates how the right environment and support reduces levels of dependency and reduces the need for intensive packages of care. (RH)


We know that people with learning disabilities are living longer, making them more likely to develop dementia. The authors report on their investigation for the Joseph Rowntree Foundation (JRF) on whether we are prepared to meet the needs of this group. Their study considered three models of care - ageing in place, in place progression, and referral out. These models provide a framework to consider the issues facing older people with a learning disability when the developed dementia. Within each of the models, specific issues requiring attention are identified: night care; training; creating an enabling environment; diagnosis; and co-residents. The authors' report, “Home for good?: preparing to support people with a learning disability in a residential setting when they develop dementia”, was published by Pavilion Publishing in 2004. (RH)


In Russia, charity started developing into a public welfare system after the transition to Christianity. Peter the Great played an important role in establishing the social welfare system. According to his decree from 8 June 1701, "charity issues for beggars, sick people, and elderly" started their existence. During the reign of Catherine the Great, decrees about public welfare were approved at regional level. This article outlines systems for social welfare, nursing homes and medical care for older people in Saratov region, Russia. (RH)

Low socioeconomic status (SES) has been associated with increased disability in later life. In a study of 1025 individuals aged 65+ living in the Chianti area (Italy), the aim was to determine whether SES has an impact on mobility functioning and to explore which physiological impairments are also associated with SES and may explain the relationship with mobility. Number of years of education was used as an indicator of SES. Mobility function was assessed using gait speed (400m) and the Short Physical Performance Battery (SPPB). Mobility-related physical impairments were assessed with tests of executive functioning, nerve conduction velocity, muscle power, hip-ankle range of motion, Ankle-Brachial Index, and visual acuity. Linear regression models were used to study the association between number of years of education and mobility and to estimate the contribution of each of the selected physiological impairments to the association. Adjusting for age and sex, slower gait speed (1.16 vs 1.26 m/s) and lower SPPB scores (9.55 vs 10.11) were seen in those with five or less years of total education compared with those with more than 5 years of total education. Leg power and executive function decreased the strength of association between educational level and gait speed by more than 15%. Controlling for all selected impairments decreased the education-gait speed association by 49%. Low education continued to be significantly associated with gait speed. Adjusting for all physiological impairments substantially reduced the low education-SPPB score association by 100%, and this association was no longer significant. Low SES is related to multiple physiological impairments, which explain a large amount or the association between education and gait limitations. Further work must be done to understand the mechanisms whereby low SES translates into the impairments that play an important role in mobility. (RH)

ISSN: 10795006
From: http://www.geron.org


Welfare states treat different groups of needy people differently. Such differential rationing may reflect various considerations of policymakers, who act in economic, political and cultural contexts. This article aims to contribute to a theoretical and empirical understanding of the popular cultural context of welfare rationing. It examines European public perceptions of the relative deservingness of four needy group: older people, sick and disabled people, unemployed people, and immigrants. Hypotheses, deduced from a literature review, are tested against data from the 1999/2000 European Values Study survey. It is found that Europeans share a common and fundamental deservingness culture across countries and social categories. There is a consistent pattern that older people are seen as most deserving, closely followed by sick and disabled people. Unemployed people are seen as less deserving still, and immigrants as least deserving of all. Conditionality is greater in poorer countries, in countries with lower unemployment, and in countries where people have less trust in fellow citizens and in state institutions. At the national level, there is no relation with welfare regime type or welfare spending. Individual differences in conditionality are determined by several socio-demographic and attitudinal characteristics, as well as by certain features of the country people live in. (RH)

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From: http://esp.sagepub.com


Making the Link is a project being developed by the Royal National Institute of the Blind (RNIB) and funded by the Department of Health (DH). The project is aimed at improving health and social care for older people with sight problems, by focusing on some of the standards for the National Service Framework for Older People (NSF), and applying them to older people with sight problems. The project will identify, develop and disseminate good practice by establishing two pilot sites and conducting desk research. This article reports on the project's background and development. (RH)

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From: http://www.pavpub.com
The Nutrition, Aging and Memory in Elders (NAME) Study: design and methods for a study of micronutrients and cognitive function in a homebound elderly population; by Tammy M Scott, Inga Peter, Katherine L Tucker (et al).
The Nutrition, Aging and Memory in Elders (NAME) Study is designed to advance the current level of knowledge by investigating potential mediating factors by which micronutrient status contributes to cognitive impairment and central nervous system abnormalities in older people. NAME targets housebound elders because they are particularly at risk for poor nutritional status. Subjects aged 60+ were recruited from the three Aging Service Access Points (ASAPs) in Boston, MA. Preliminary data for the first 300 subjects are reported. These data show that the NAME protocol is feasible and that the enrolled subjects are racially diverse, at risk, and had similar basic demographics as the population from which they were drawn. The aim of the NAME study is to evaluate novel relationships between nutritional factors and cognitive impairment. These data may provide important information on potential new therapeutic strategies and supplementation standards for older people to maintain cognitive function and potentially reduce the public health costs of dementia. (RH)
ISSN: 08856230
From: http://www.sagepub.com

Perceived overprotection : support gone bad?: [support for those with visual impairment]; by Verena R Cimarolli, Joann P Reinhardt, Amy Horowitz.
Perceived overprotection is a potentially problematic aspect of receiving support on the ability to adjust to a chronic condition, specifically age-related vision loss. Perceived overprotection is an especially crucial issue for this population of chronically ill older people, because of the safety issues associated with visual impairment, and because perceptions on the part of the older person that the support providers may lead to excess disability. Participants were 584 older men and women with age-related vision impairment who applied for services at a vision rehabilitation agency. Path analysis was used to examine the effects of perceived overprotection on two positive indicators of adjustment: vision-specific adaptation and environmental mastery. Moreover, antecedents of perceived overprotection were examined. Higher levels of perceived overprotection were associated with less optimal adjustment to age-related vision loss, with lower scores on measures of vision-specific adaptation and environmental mastery. Higher levels of functional disability and instrumental support received were associated with higher levels of perceived overprotection. Findings indicate that support providers of older people with visual impairment as well as vision rehabilitation service providers need to be a aware of the detrimental impact of perceived overprotection. (RH)
ISSN: 10795014
From: http://www.geron.org

Perceived social support, hassles, and coping among the elderly; by Lisa M Fiksenbaum, Esther R Greenglass, Judy Eaton.
An essential aspect of ageing is successful coping. This entails learning how to deal effectively with changes, losses, disappointment and decline. This study examined the relationship between coping, social support, daily hassles, functional disability, and physical and psychological health status in a sample of 234 older Canadians living in the community. Data were collected using a confidential and anonymous questionnaire. Results of structural equation analyses showed that social support was associated with fewer daily hassles. By virtue of increasing protective coping, social support was also indirectly related to daily hassles. Further results indicate that protective coping was inversely related to health hassles and functional disability. (RH)
ISSN: 07334648
From: http://www.sagepub.com

Perception of unmet basic needs as a predictor of physical functioning among community-dwelling older adults; by Natalie Sachs-Ericsson, Chris Schachtsneider, Dan G Blazer.
The association between lower social economic status (SES, typically indexed by income and education) and physical disability has been clearly established. Although income and education are not easily modifiable among older people, perceptions of resource deficits may be more easily influenced through interventions. This study of 4162 community-dwelling older people examined the influence of their perceptions that their basic needs were not being met on their physical functioning problems over a 10-year period using growth curve analyses. Baseline problems meeting basic needs influenced the growth in physical functioning problems, even after controlling for objective indices of SES and for health problems and behaviours. Interventions focused on
providing older people with resources for meeting basic needs may substantially reduce the subsequent level of disability. (RH)
ISSN: 08982643
From: http://www.sagepublications.com

Personalised social care for adults with disabilities: a problematic concept for frontline practice; by Michele Foster, Jennifer Harris, Karen Jackson (et al).
The complexities and contradictions of frontline practice that pose problems for personalised social care were explored as part of the "Outcomes of Social Care" research programme at the University of York Social Policy Research Unit (SPRU). In semi-structured interviews, community care workers, social workers, occupational therapists and care managers in a social service department (SSD) were asked about their current assessment and documentation system: the assessment documents currently used; how they approached information gathering and the topics they explored with service users; and their experience of documenting assessment and care management. The paper argues that the validity and sustainability of personalised social care in frontline practice relies on developing a thorough understanding of the complex and implicit assessment processes operating at the service user/ practitioner interface, and the inevitable tensions that arise for practitioners associated with the organisation context and broader service environment. The findings demonstrate variability among practitioners in how they collect information, and more importantly, the critical role practitioners occupy in determining the kinds of topics to be explored during the assessment process. In doing so, it shows how practitioners can exert control over the decision-making process. More importantly, it provides some insight into how such processes are shaped by the constraints of the organisational context and broader service environment. Complexities and contradictions may be an inherent part of frontline practice. The issues discussed in this paper, however, highlight potential areas that might be targeted in conjunction with implementing personalised social care through enhanced choice for people with disabilities. (RH)
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From: www.blackwellpublishing.com/hsc

Older women (81 Black, 168 White; mean age 68.2 years) completed measures of physical activity, self-efficacy, physical function and performance, and functional limitations at the baseline of an ongoing study. Analysis indicated that physical activity was associated with self-efficacy for exercise, efficacy for gait and balance, and physical function performance. Both measures of efficacy and physical functional performance were associated with functional limitations. Demographic and health status variables did not differentially influence these relationships. Although cross-sectional in nature, the findings suggest that physical activity, self-efficacy and functional performance may all play a role in reducing functional limitations. Of particular relevance, is the fact that both physical activity and self-efficacy represent modifiable factors that can enhance function. (RH)
ISSN: 10795014
From: http://www.geron.org

Psychosocial effects of age-related macular degeneration; by K Berman, H Brodaty.
Age-related macular degeneration (AMD) affects approximately 10% of people aged 65-74 and 30% of those aged 75+. AMD is a major cause of blindness in old age; it is progressive and irreversible. The authors used MEDLINE, psychINFO and CINAHL from 1966 to 2004 to review the literature on AMD's psychosocial effects. AMD is associated with functional impairment, high rates of depression, anxiety and emotional distress, and increased mortality. Risk factors for depression are not well-defined, except for the degree of functional impairment and impending or actual loss of vision in the second eye. Behavioural and self-management programmes may be effective in managing depression associated with AMD, but few studies have been performed, and none using drugs or multimodal therapy. AMD will become even more prevalent as the population ages. Identification of the risk factors for psychological consequences and of effective interventions remain to be recognised. (RH)
ISSN: 10416102

Current triennial report of this renamed Series (formerly A/F 7). The data are compiled from the triennial return SSDA 902 submitted by Local Authorities to the Department of Health. Key points and a historical summary for England is included in this edition. (KJ)

Price: FOC
From: Department of Health, Room 457C, Skipton House, 80 London Road, London SE1 6LH.
http://www.ic.nhs/uk/pubs/blindeng06/report/file

Relationship between self-report and performance measures of function: a systematic review; by Liliana Coman, Julie Richardson.
Canadian Journal on Aging, vol 25, no 3, Fall 2006, pp 253-270.
The authors conducted a systematic review of studies examining correlations between assessments of function obtained using self-report and those obtained using performance-based measures for older people living in the Community. Articles were identified using MEDLINE, CINAHL and AGELINE, and hand-searching techniques. 17 studies met the inclusion criteria for review. Correlations between self-report and performance ranged from -0.72 to 0.60. 60% of the studies compared self-report instruments measuring disability with performance measures addressing functional limitations. In studies that assessed the same functional tasks and functional limitations using the two methods, the correlation varied between 0.60 and 0.86. When the construct measured by the two methods was the same, the correlations were moderate to large, and therefore, measurement of functional limitations by self-report or performance probably reflected a similar assessment of function. (RH)
ISSN: 07149808
From: http://www.utpjournals.com

Relationships between long-term stroke disability, handicap and health-related quality of life; by M D Patel, K Tilling, E Lawrence (et al).
This report of a longitudinal, observational study provides a broader and more representative description of long-term stroke outcome than has been previously reported. 490 people from the South London Stroke Register (SLSR) sustaining strokes 1995-1997 were assessed at 1 year; 342 were assessed 3 years post-stroke for disability (Barthel index, BI), handicap (Frenchay activity index, FAI) and health-related quality of life (HRQoL) (SF-36). At 1 and 3 years, 26.1% and 26.3%, respectively, were disabled (BI <15), 55% and 51%, respectively were handicapped (FAI = 0-15), and survivors had low mean Physical Health Summary Scores (PHSS), 37.1 and 37.9, but satisfactory mean Mental Health Summary Scores (MHSS), 46.6 and 47.7. There was a gradual positive relationship between all SF-36 domains; and the categories of BI and FAI Spearman rank correlations were significant between BI and all SF-36 domains at both time points. The correlation of disability and handicap is variable with different domains of HRQoL; it is strong with PHSS and weak with MHSS. Future studies on stroke should assess disability, handicap and HRQoL as primary outcome measures in order to acquire a broader measure of stroke outcome. (RH)
ISSN: 00020729
From: http://www.ageing.oxfordjournals.org

Risk and protective factors of different functional trajectories in older persons: are these the same?; by Gertrudis I J M Kempen, Adelita V Ranchor, Eric van Sonderen (et al).
1765 Dutch older people, participants in the Groningen Longitudinal Aging Study (GLAS), were assessed for disability in 1993 and again in 2001 regarding risk and protective factors. In 2001 as compared to 1993, the authors distinguished three groups of disability functioning trajectories: substantially poorer, somewhat poorer, and no change or better functioning. They assessed sociodemographic, health and psychosocial risk or protective factors in 1993. When analysed separately, risk and protective factors had similar (but mirrored) associations with functional trajectories. However, in a multivariate approach, the authors identified old age, depressive symptoms, and low mastery as risk factors for functional decline, whereas they identified young age, good perceived health and self-efficacy expectancies as factors that predicted trajectories of healthy functioning. Risk and protective factors of functional trajectories in older people are not the same. (RH)
ISSN: 10795014
From: http://www.geron.org
Treating age-related macular degeneration; by James Self, Poorna Abeysiri, Andrew Lotery.
Geriatric Medicine, vol 36, no 4, April 2006, pp 27/34.
Age-related macular degeneration affects approximately one in three of the population by the age of 75. It is the commonest cause of blindness in the Western world, accounting for all cases of registered blindness in people aged 65+. In this article, the authors review the causal factors, the symptoms, how the disease progresses, and they discuss how best to treat the condition. (RH)
ISSN: 0268201X
From: http://www.gerimed.co.uk

US trends during the 1990s in late-life difficulty and assistance with self-care activities are described. Among older Americans living in the community and experiencing difficulty with self-care activities, assistive technology use increased substantially, whereas use of personal care declined. The authors use a decomposition technique to demonstrate that these shifts in assistance towards technology account for half of the decline in the number of people dependent on personal care. (RH)
ISSN: 00169013
From: http://www.geron.org

Use of home care services effectively reduces feelings of burden among family caregivers of disabled elderly in Japan: preliminary results; by Keigo Kumamoto, Yumiko Arai, Steven H Zarit (et al).
There is a paucity of observational studies of the impact of home care services on burden or other aspects of the caregiver's experience. This study examined whether the use of care services was associated with lower feelings of burden among 82 pairs of people with dementia and their principal family caregivers in a town in the north of Japan. After controlling for the effects of severity of impairments, the use of home care services was found to be associated with lower feelings of burden, suggesting that such care services provided under long-term care (LTC) insurance have been successful in reducing burden. (RH)
ISSN: 08856230
From: http://www.interscience.wiley.com

Views of disability in the United States and Singapore; by Lois M Verbrugge, Kalyani K Mehta, Ellen Wagenfeld-Heintz.
How do older people with disabilities feel about assistance, and what do "independence", "dependence" and "disability" mean to them? The authors interviewed 34 American and 30 Singaporean people aged 70+; responses were compared using qualitative and quantitative analyses. The US seniors insisted on being in charge of their daily lives with minimal help of any kind. The Singaporeans received family help daily, but felt that they were a burden and yearned for more personal freedom. In both countries, independence meant receiving no personal help for tasks or having personal autonomy. Dependence did not necessarily refer to the opposite situation. The Americans had broad criteria for a "person with a disability"; the Singaporeans had narrow criteria. Singaporeans expressed great empathy to people with disabilities, whereas Americans evaluated society's progress concerning them. Common research concepts appear to have different embedded cultural meanings in the two societies. (RH)
ISSN: 01640275
From: http://www.sagepublications.com

2005

Adults with a learning disability living with elderly carers talk about planning for the future: aspirations and concerns; by Laura Bowey, Alex McGlaughlin.
Most adults with a learning disability live with family carers, many of whom are ageing and have support needs of their own. Planning for the future thus becomes the key to preventing a crisis situation when family care is no longer viable because of death or ill health. Existing knowledge and practice are largely based upon the perspective of professionals and carers. This study explores the views, aspirations and concerns of people with a learning disability, about living at home and planning for the future. Findings show that participants were very aware of the need for alternative housing or support in the future, and had clear preferences about their future options. However, they also showed extensive concern for their family carers and this often impacted on their
willingness to plan for the future or to move to alternative housing. Their demonstrable awareness of the inevitable death or ill-health of family carers, and willingness to engage with the implications, emphasise the importance of involving adults with a learning disability in planning for their future, as well as providing them with bereavement support. (RH)

ISSN: 00453102
From: http://bjsw.oxfordjournals.org


"Improving the life chances of disabled people", published by the Prime Minister's Strategy Unit (part of the Cabinet Office), sets out a long term strategy intended to ensure that disabled people are able to fully participate and contribute to society. While the strategy notes that many of its proposals could help older people, it is primarily about the needs of disabled people below pension age. Age Concern is critical of this point of view, and argues that older people should be included in measures to implement the strategy. This summary of its response outlines its reasons. A full version of this response can be obtained from Age Concern's website. (RH)

Price: FOC

Are foot disorders associated with functional limitation and disability among community-dwelling older adults?; by Julie J Keysor, Julie E Dunn, Carol L Link (et al).

Community-dwelling adults aged 65+ were enrolled in a population-based cross-sectional study of foot disorders and health outcomes examining whether foot disorders, ankle weaknesses and foot pain are related to functional limitation or disabilities in older people. Demographics, health outcomes, comorbidities, self-reported foot and knee pain, function and disability, and observed structural foot disorders, body mass index (BMI) and ankle muscle strength were assessed for 717 participants. Regression analyses were used to examine the associations. Foot disorders were not associated with functional outcomes of disability. Ankle weakness was associated with performance-based function, self-report function, and disability. Foot pain was associated with self-report function and disability. Foot pain and ankle weakness seem to be related to important health outcomes in older people. (RH)

ISSN: 08982643
From: http://www.sagepublications.com

Assessing the barriers to achieving genuine housing choice for adults with a learning disability: the views of family carers and professionals; by Laura Bowey, Alex McGlaughlin, Claire Saul.

It has been reported that the capability of adults with a learning disability to choose their housing is too often impeded by the views and actions of their family carers and involved professionals. This study further explores these apparent barriers to providing a genuine housing choice for adults with learning disabilities. It discusses findings from a series of focus groups which explored family and professional views about housing and choice. The views expressed indicate that risk is a fundamental concern for both professionals and families when considering more independent housing for this group. Although opportunities for choice were generally supported, many argued for the need to assess the ability to make informed decisions. There were also examples of problematic relationships between professionals and carers, creating a barrier to choice. Carers need involvement, information and support during the development of housing plans, if the needs of the primary service-users are to be met. The barriers identified have to be removed if service-users are to truly become the focus of decisions and be enabled to make genuine informed choices. (KJ/RH)

ISSN: 00453102
From: http://bjsw.oupjournals.org

Cataracts and the aging driver; by Donald W Kline, Wenchen Li.

Progressive age-related declines in vision make everyday tasks more difficult for older people. The consequences of age-related visual change are particularly evident in the presence of serious disorders of the eye such as cataracts. A near-universal visual outcome of ageing, cataracts increase the opacity and light scattering properties of the lens. In turn, these changes impair acuity, contrast sensitivity and colour discrimination, especially under conditions of dim illumination or strong glare. Research shows that the performance, safety, mobility, comfort and driving habits of older drivers are affected adversely by cataract-induced visual loss. Conversely, the striking improvements in sight with surgical replacement of the cataractous lens appear to
enhance ageing drivers' performance and safety. However, the relative benefits of treating cataracts unilaterally versus bilaterally have yet to be determined, as do the direct and mobility-mediated effects of cataract and cataract treatment on psychosocial variables that contribute to well-being and quality of life. (RH)
ISSN: 01635158
From : http://www.transactionpub.com

Change in self-rated health and mortality among community-dwelling disabled older women; by Beth Han, Caroline Phillips, Luigi Ferrucci (et al).
The US Women's Health and Aging Study (WHAS) examined disabled older women (age 65+) at baseline and every 6 months for 3 years. During the follow-up period, 253 out of the 905 examined participants died. After baseline characteristics were adjusted for, baseline self-rated health was not related to mortality. After controlling for covariates at the most recent observation and covariates measured only at baseline, the most recent self-rated health was not associated with mortality either. After adjusting for time-dependent covariates and covariates measured only at baseline, decline in self-rated health was significantly associated with increased mortality. Change over time in self-rated health is a stronger predictor of mortality than self-rated health at baseline and at the most recent observation. Older women with "fair" health are worse off if they are on a declining health trajectory than if their "fair" health is stable. Family caregivers and clinicians need to closely monitor change in the self-rated health of this population. (RH)
ISSN: 00169013
From : http://www.geron.org

Cognitive impairment as a strong predictor of incident disability in specific ADL-IADL tasks among community-dwelling elders; by Hiroko H Dodge, Takashi Kadowaki, Takehito Hayakawa (et al).
In a 3-year follow-up of older people living in the community in Azuchi, Japan, cognition was assessed using the Hasegawa Dementia Scale, to examine the cross-sectional association between cognitive impairment and functional disability in each activity of daily living and instrumental activity of daily living (ADL / IADL) item. Cognitive impairment was also examined as a risk factor for incident disability in each ADL-IADL item. Cross-sectionally, severity of cognitive impairment was associated with disability in each ADL-IADL task, with larger effects shown for ADL items. Longitudinally, minimally or mildly cognitively impaired individuals had a significantly higher risk of losing functional abilities compared to those with intact cognition. The population attributable risk (PAR%) indicated that cognitive impairment accounts for 11% to 36% of incident disability in ADL-IADL tasks, with the highest PAR% shown for the ability to feed oneself. Cognitively impaired subjects are heterogeneous; the severity of cognitive impairment has a different impact on incident loss of task-specific ADL-IADL abilities, and comorbidities could affect disabilities differently. Consideration of these heterogeneities will enrich future studies on the impact of cognitive impairment on ADL-IADL abilities. (RH)
ISSN: 00169013
From : http://www.geron.org

Community-based health coaching, exercise, and health service utilization; by Stephen K Holland, Jay Greenberg, Lynette Tidwall (et al).
The outcomes of the California Public Employees Retirement System's (CalPERS) Health Matters programme, a replication of a health promotion and fitness course known as the Senior Wellness Program (SWP) are reported. Eligibility for the randomised controlled sample of 504 included one or more qualifying chronic health conditions, age 65+, member of a participating health plan, and owner of a CalPERS long-term care insurance policy. Disability risk factors were measured via questionnaires, and included health status, pain, exercise, depression, and social activity. Activity was compiled in project records. After 12 months, Health Matters members were engaged in significantly more stretching and aerobic exercise than the controls. For those with moderate or higher symptoms scores, depressive symptoms decreased. Health Matters extends the SWP model to younger, more active and healthier individuals with improvements in duration of exercise and stretching; use of other health promotion activities was low. (RH)
ISSN: 08982643
From : http://www.sagepublications.com
Dementia care in England and the social model of disability: lessons and issues; by Jane Gilliard, Robin Means, Angela Beattie (et al).


The development and potential value of a social model of disability as a framework to support a better understanding of dementia care is the focus of this article. The social model has not yet fully included cognitive impairment, although considerable work has been carried out with regard to learning disability. By applying this model to dementia care, those who surround people with dementia can review the impact that they as “non-demented” people have on others; can reconsider the value of hearing and responding to personal experiences; can reframe the focus to consider abilities instead of losses; and can better understand the impact of public policy. The article also considers the present shortcomings of a disability model in terms of how it relates to dementia care, and concludes with some thoughts for future consideration. This article draws heavily on the findings of a research project conducted by Dementia Voice and the University of the West of England (UWE), to consider the needs of two sub-groups of people with dementia: younger people (i.e. those under the age of 65) and those from minority ethnic groups. (RH)

ISSN: 14713012

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


The strategy covers issues concerning employment, support for people with health conditions and disabilities, and retirement. In Chapter 5, “Preparing for retirement”, whilst the DWP’s goal is “to ensure that people have the information and opportunities to work and save for retirement”, the Department is also committed to supporting people to work longer. Chapter 6, “Security and dignity in retirement” notes the challenges of an ageing population. There is a proposal for Joint Teams between local authorities and the Pension Service’s local service, which will carry out a single assessment visit to a pensioner to identify potential entitlement to Pension Credit and other benefits. Overall aims include: delivering better employment outcomes for those who have been disadvantaged in the past (including older workers); enabling citizens to plan for their retirement, with the choice of working longer; tackling pensioner poverty; and a reformed benefit structure. (RH)

ISBN: 0101644728

Price: £16.00

From: TSO, PO Box 29, Norwich NR3 1GN. www.tso.co.uk/bookshop

Dependence, independence or inter-dependence?: revisiting the concepts of ‘care’ and ‘dependency’: by Michael Fine, Caroline Glendinning.


Research and theory on dependency and care-giving have to date proceeded along largely separate lines, with little sense that they are exploring and explaining different aspects of the same phenomenon. Research on care, initially linked to feminism during the early 1980s, has revealed and exposed to public gaze what was hitherto assumed to be a natural female activity. Conversely, disability activists and writers who have promoted a social model of disability have seen the language of and the policy focus upon care as oppressive and objectifying. Dependency is an equally contested concept: sociologists have scrutinised the social construction of dependency; politicians have ascribed negative connotations of passivity; while medical and social policy discourse employs the term in a positivist sense as a measure of physical need for professional intervention. In contrast, autonomy and independence are promoted as universal and largely unproblematic goals. These contrasting perspectives have led social theory, research and policies to separate and segregate the worlds of carers from those for whom they care. Drawing on the work of Kittay and others, this paper explores the ways in which sociological perspectives can develop new understanding of the social contexts of care and dependence. (KJ/RH)

ISSN: 0144686X

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

Differences in functional disability of rural American Indian and white older adults with co-morbid diabetes; by R Turner Goins, S Melinda Spencer, Yvette D Roubideaux (et al).


In 2002, interviews were conducted with 62 rural American Indian and 64 White community-dwelling people aged 65+ in Cherokee, North Carolina. Examination of disability levels by group suggested that functional disability for Whites was concentrated in the lower levels (1-2 limitations), whereas for American Indians disability was concentrated in the higher levels (3 or more limitations). Adjusted prevalence rates indicated that American Indian older people were significantly more likely than Whites to require assistance with dressing.
walking, bathing and shopping. Conversely, for reaching the toilet in time, Whites were significantly more likely than American Indians to report a limitation. Results of this study, coupled with previous literature, suggest that American Indians were more functionally disabled than other racial/ethnic groups and have a marked need for future long-term care. (RH)

ISSN: 01640275
From: http://www.sagepub.com

This Act amends the Disability Discrimination Act 1995 in respect of issues relating to public authorities, transport, and a range of "other matters" such as discriminatory advertisements. (RH)
ISBN: 0105411051
Price: £7.50
From: TSO, PO Box 29, Norwich NR3 1GN. http://www.tso.co.uk

Disabled people and social justice; by Robina Goodlad, Sheila Riddell (eds).
This themed section of six articles and a list of further useful sources explores the implications of different aspects of social justice for disabled people. In "Social justice and disabled people: principles and challenges", Goodlad and Riddell provide an overview of the key policy and theoretical concerns. Sally Witcher focuses on "Mainstreaming equality: the implications for disabled people", while Patrick Thornton discusses issues relating to "Disabled people: employment and social justice". Sally Riddell and colleagues consider the future potential of a new form of social welfare in "The development of direct payments in the UK: implications for social justice". Tom Shakespeare, in "Disability, genetics and global justice", reminds us that 2003, the European Year of People with Disabilities, was also the 50th anniversary of the discovery of the double helix structure of DNA. Lastly, in "No wheelchairs beyond this point: a historical examination of wheelchair access in the twentieth century in Britain and America", Nick Watson and Brian Woods consider issues of physical access for people with disabilities. (RH)
ISSN: 14747464
From: http://www.journals.cambridge.org

Diseases and impairments as risk factors for onset of disability in the older population in England and Wales: findings from the Medical Research Council Cognitive Function and Ageing Study; by Nicola A Spiers, Ruth J Matthews, Carol Jagger (et al).
Part of the Medical Research Council Cognitive Function and Ageing Study (MRC-CFAS) reports the association between self-reported diseases and impairments and 2-year onset of disability in a prospective study of people aged 65+ living in urban and rural areas of England and Wales. The authors initially reviewed risk factors for onset of disability in 33 prospective studies of functional decline in older people published 1998 to 2001. In the present study, disability was defined as requiring help from another person at least several times a week, and was assessed by dependency in activities of daily living (ADLs). Among prevalent conditions, arthritis (population attributable risk 11.4%) and cognitive impairment indicated by a Mini Mental State Examination score of 21 or more (population attributable risk 6.8%) were powerful predictors of incident disability. Baseline cognitive impairment, stroke, treated diabetes, chronic airways obstruction, coronary heart disease (CHD) and treated hypertension were significantly associated with both incident disability and mortality, whereas Parkinson's disease, eyesight problems and arthritis were significantly disabling conditions not associated with mortality. Prevalent and incident conditions must be considered as risk factors to accurately assess potential benefits from prevention. (RH)
ISSN: 10795006
From: http://www.geron.org

The effect of rehabilitation on depression among visually disabled older adults; by A Horowitz, J P Reinhardt, K Boerner.
Aging & Mental Health, vol 9, no 6, November 2005, pp 563-570.
There has been a great deal of interest in identifying the impact of rehabilitation on psychological well-being, as well as functional ability, among older people with disabilities, but empirical data remain limited. This descriptive study of a vision rehabilitation service examines the effect of specific vision rehabilitation services (low vision clinical services, skills training, counselling, optical device use, and adaptive device use) on change in depression in a sample of older people with age-related vision impairments. 95 participants were interviewed at application for services and then about 2 years later. Findings from hierarchical regression analysis indicated
that low vision clinical services, counselling, and use of optical devices, in separate models, each significantly contributed to a decline in depression, after controlling for age, health status, vision status, functional disability, as well as baseline depression. When all service variables were entered into the same equation, they explained an additional (10% of the variance) in change in depression. Given the well-documented robust relationship between disability and depression, findings point to the influence of vision rehabilitation interventions on both physical and psychological functioning, and underscore the need for future, controlled research on rehabilitation service models that address mental health issues. (RH)

ISSN: 13607863
From: http://www.tandfonline.com

Elderly and disabled waiver services: important dimensions of personal care from the client's perspective; by Anne P Glass, Pamela B Teaster, Karen A Roberto (et al.).: Haworth Press, 2005, pp 59-78.

Home Health Care Services Quarterly, vol 24, no 3, 2005, pp 59-78. Twenty-five interviews were conducted (18 clients and 7 family caregivers) to identify what clients and caregivers considered to be the most important dimensions of personal care provision. Respondents were generally satisfied with their current aides (care assistants). However, there are unmet needs, including care at additional times of the day or week, also problems, particularly aides arriving late. The most common problems reported from past experience with previous aides included those who arrive late, did not show up, or who were viewed as "lazy". Eight important dimensions were identified, including having aides who are reliable, honest, easy to be around, and who possess a good knowledge base. (KJ/RH)

ISSN: 01621424
From: http://www.tandfonline.com

End this lottery: [funding of care for those with Multiple Sclerosis]; by Mike O'Donovan. Care and Health Magazine, issue 110, 19 April 2005, p 19.
The Multiple Sclerosis Society decided to ask its members how they would improve care and the author explains the feedback that was received. The findings have been published in a report, 'The social care lottery', which concludes that a change in philosophy is needed at the heart of service delivery. The full report is available by email (campaigns@mssociety.org.uk). (KJ/RH)

ISSN: 14779994
From: http://www.careandhealth.com

It is intrinsic to the spirit and to the letter of European Union (EU) legislation that accessibility to electronic communication networks is available to all, and the EU has produced a set of Directives accordingly. This publication aims to show how, with powers devolved from the EU to national regulators, problems of accessibility to telecommunications can be overcome. It outlines the current legislative framework for electronic communications; scope for regulatory measures; and outcomes such as inclusive design. COST219 is supported by the EU Framework Programme. (RH)
ISBN: 1860480322
From: Patrick Roe, EPFL-STI-ITOP, LEMA, Bâtiment ELB, Station 11, CH-1015, Lausanne, Switzerland. E-mail: patrick.roe@epfl.ch COST 219ter website: www.cost219.org

Equipping staff to support people with an intellectual disability and dementia in care home settings; by Heather Wilkinson, Diana Kerr, Colm Cunningham. Dementia: the international journal of social research and practice, vol 4, no 3, August 2005, pp 387-400. The knowledge, experience and skills of direct care staff working in care home settings are essential to ensuring a good quality of life for a person with intellectual disability (ID) who develops dementia. Drawing on the findings of a wider study, the issues of training, support and the wider needs of staff when trying to support a resident who develops dementia are explored, specifically as relating to the role played by staff and the need to determine their experiences and related training needs. The article outlines the policy and practice context, and gives a brief description of the research methods. The authors discuss: the attitudes and practices of staff; supportive changes at an organisational level; and the knowledge and training needs of staff and specific gaps in knowledge. The authors argue that, within the policy and practice context of aiming to support residents to “age in place”, support for staff is a crucial aspect of ensuring that such an approach is effective and provides a coordinated approach to planning, resourcing and support. (RH)
The factor structure of the Hospital Anxiety and Depression Scale in older individuals with acquired amputations: a comparison of four models using confirmatory factor analysis; by Deirdre Desmond, Malcolm MacLachlan.


The Hospital Anxiety and Depression Scale (HADS) is a 14-item scale designed as a brief assessment of both anxiety and depression in non-psychiatric patients. Factor structure of the HADS was investigated in a sample of 680 veterans with limb amputations who were aged 66-92. Of the four models evaluated, a 3-factor model based on L A Clark and D Watson’s Tripartite theory of anxiety and depression (1991) provided the best description of the data. (RH)

ISSN: 08856230
From : http://www.interscience.wiley.com

Functional disability, disability transitions and depressive symptoms in late life; by Yang Yang, Linda K George.


The authors use longitudinal residual change models from the 1986 and 1992 waves of the US National Institute of Aging Established Populations for Epidemiologic Studies of the Elderly (EPESE), Duke University, to estimate how stable functional statuses and disability transitions are related to change in depressive symptoms. Both stable disability status and transitions in disability statuses are significantly related to change in depressive symptoms (Center for Epidemiologic Studies depression scale, CES-D). Stable disability statuses in strength and mobility, instrumental activities of daily living (IADL) items and activities of daily living (ADL) items have increasing effects on increment in CES-D scores by the follow-up. The onset of disability has stronger effects on change in CES-D scores than recovery. These effects also differ by types of transitions in disability statuses. Alternative interpretations of the findings are discussed. (RH)

ISSN: 08982643
From : http://www.sagepub.com

Further evidence for the importance of subclinical functional limitation and subclinical disability assessment in gerontology and geriatrics; by Fredric D Wolinsky, Douglas K Miller, Elena M Andresen (et al).


The prevalence of subclinical status for functional limitations and disability over a 2-year period was determined with subjects in the African American Health (AAH) Project, 998 African American men and women aged 49-65 in St Louis, MO, who received comprehensive in-home evaluations of healthcare and two annual telephone follow-ups. The baseline prevalence of subclinical status was 26.15% for walking a half mile, 26.8% for climbing steps, 39% for stooping, crouching or kneeling, 29.1% for lifting or carrying 10 lbs, and 22.7% for doing heavy housework. The adjusted odds ratios for the task-specific subclinical status measure at baseline on developing difficulty one or two years later were 1.68 for walking, 4.46 for climbing steps, 2.48 for stooping, crouching or kneeling, 2.51 for lifting or carrying 10 lbs, and 2.22 for doing heavy housework. Performance tests (tandem stand, chair stands and preferred gait speed) did not have consistent independent effects on the onset of functional limitation or disability. The subclinical status measures were the main predictors of the onset of difficulty in all tasks and functions 1-2 years later. Interventions to reduce frailty should focus on self-reported subclinical status as an early warning system. (RH)

ISSN: 10795014
From : http://www.geron.org

Future need and demand for supported accommodation for people with learning disabilities in England; by Eric Emerson.

Housing, Care and Support, vol 8, no 4, December 2005, pp 17-22.

Despite changes in the nature of supported accommodation services for people with learning disabilities, little progress was made during the 1970s, 1980s and 1990s in tackling unmet need. While the advent of Supporting People has more recently led to an increase in the volume of provision, unmet need continues to be a major concern to people with learning disabilities and their families. There is good reason to believe that, as a result of changes in the demographic profile of people with learning disabilities, changes in expectations and changes in the pattern of informal care, this issue will become substantially more pressing over the next two decades. This paper attempts to estimate the nature and extent of increased need. (RH)
The Older Family Carers Initiative (OFCI) was a three year project designed to support Learning Disability Partnership Boards across England to identify and meet the needs of older family carers of people with learning disabilities, as prioritised in the White Paper, 'Valuing people'. The project began in 2002 and closed in 2005 with a new toolkit developed to help the Boards, entitled "Valuing Families: a toolkit for family friendly services". This is the seventh in a series of good practice guidelines, part of the resources that were developed to reflect the lessons learned and the good practice developed across the country to support older family carers. This Guideline explains autistic spectrum disorder and how families can get help and post-diagnostic support to manage the condition. A list of useful contacts is also given. It is available from FPLD as a download; see website for details. (KJ/RH)

The growing numbers of individuals with intellectual disabilities (ID) affected by Alzheimer's disease (AD) and related dementia has raised new challenges for community care providers. This article examines means of providing community group home-based care in a sample of care providers in five different countries. The aim is to identify trends that have emerged. Two samples of group homes for adults with ID affected by dementia were studied to determine: what are the physical characteristics of the homes; what physical environmental adaptations have been made in response to behavioural deteriorations expressed by residents with dementia; and what are the demands of staff resulting from dementia care. Findings revealed staffing and design of homes varied but generally abided by general practices of dementia care. Homes relied on existing resources to manage changes posed by dementia care. Programmatic and environmental adaptations were implemented to address progression of dementia, and residents with dementia presented more demands on staff time with respect to hygiene maintenance and behaviour management when compared to other residents not affected by dementia. (RH)

Hospitalization and development of dependence in activities of daily living in a cohort of disabled older women: the Women's Health and Aging Study I; by Cynthia M Boyd, Qian-Li Xue, Jack M Guralnik (et al).
Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 60A, no 7, July 2005, pp 888-893.
The US Women's Health and Aging Study I (WHAS I) comprises 784 disabled women aged 65+ living in the community. The objective of this study was to determine whether admission to hospital predicts long-term activities of daily living (ADL) dependence in older women who were previously ADL independent although disabled. The authors evaluated participation who were independent in ADLs at baseline and excluded women with incident stroke, lower extremity joint surgery, amputation, or hip fracture. They examined the association...
between self-reported incident hospital admissions in three consecutive 6-month intervals and incident dependence in at least one ADL at 18 months. Of the 595 evaluated, 32% had at least one admission to hospital; these women were more likely to become dependent in ADLs than those not admitted to hospital (17% vs 8%). Admission to hospital was independently predictive of development of ADL dependence that persisted at 18 months after baseline. (RH)

ISSN: 10795006
From: http://www.geron.org

"I'm like a tree a million miles from the water's edge": social care and inclusion of older people with visual impairment; by John Percival, Julienne Hanson.
The care and support of older people with visual impairment is a neglected public policy issue, despite the growing numbers affected by sight loss in later life. The report, "Housing and support needs of older people with visual impairment: experiences and challenges" (published by the Thomas Pocklington Trust in 2002) is a study of 400 people aged 55+ in Plymouth, Birmingham and London and their experiences of sight loss, coping strategies, support needs, home environments, social contacts and information needs. This paper reports on a prominent concern arising from the research - the connection between unmet social care needs and social exclusion. Discussion focuses on identifying and assessing needs, major problems and priorities mentioned by interviewees, and service initiatives that promote inclusive social care. Conclusions are reached that social workers and other allied professionals can best promote socially inclusive support through inter-agency co-operation. Practical suggestions are presented as to the possible shape and direction of collaborative work. (RH)
ISSN: 00453102
From: http://bjsw.oupjournals.org

The impact of a vulnerable adult protection policy on the psychological and emotional well-being of adults with a learning disability; by Corinna Bruder, Biza Stenfert Kroese, Sarah Bland.
This qualitative study investigated how the proceedings of a vulnerable adult protection policy is understood by referrers to affect the psychological and emotional well-being of adults with a learning disability. During the research process, seven referrers of vulnerable adults discussed twelve different cases in in-depth interviews. The interviews and matching case notes of protection meetings released by social services were analysed using grounded theory techniques. The result is a model that highlights how appraisals of the experience, the emotional and behavioural reactions of the vulnerable adults are shaped by the nature of the abuse, the actions taken by protection meetings, the expectations of the vulnerable adults and the availability of support. The definitions of 'vulnerable adult' and 'abuse' are those used in the Department of Health (DH) policy document, "No secrets" (2000). (RH)
ISSN: 14668203
From: Website: http://www.pavpub.com

Independent living for disabled people: making it happen; by Simone Aspis, British Council of Disabled People (BCODP).
Housing, Care and Support, vol 8, no 4, December 2005, pp 34-36.
While the option of independent living is central to the vision and the substantive policy proposals presented in the Green Paper, "Independence, well-being and choice" (Cm 6499; TSO, 2005), there is no definition of what independent living actually means. The British Council of Disabled People (BCODP) supports many of the ideas in the Green Paper, such as the proposed introduction of individualised budgets. BCODP also has concerns about the continuing lack of basic rights to receive support and to live independently in one's own home, and about the way in which the new vision will be financed and implemented. (RH)
ISSN: 14608790
From: Website: http://www.pavpub.com

The intersection of aging, disability, and supportive environments: issues and policy implications; by Debra Sheets, Phoebe Liebig.
As old age becomes an established part of life, disability is an increasingly common experience. Although the overall health profile of older people is improving, the high prevalence of chronic disabling conditions means the numbers of older adults ageing into disability is growing rather dramatically, due to the fact that more disabled people survive into old age and more aged people become disabled. The ageing of the disabled population and the potential their situation portends for ageing advocates and disability activists to address common issues affecting the intersection between formerly disparate populations is highlighted. It is suggested
that supportive living environments provide an opportunity for coordinated political action. It is important to understand the changing demographics of disability and the need for supportive living environments. Identifying issues that hinder or buttress efforts to build coalitions between the ageing network and disability community is also imperative. Public policies in the United States serving both populations are reviewed to extend understanding of the benefits and challenges of such approaches. The authors conclude by identifying how efforts to develop cooperative approaches can provide models for other governments to address the needs of their older and disabled populations within their own countries. (KJ/RH)


Considerable cross-sectional evidence has highlighted the lower employment rates and earnings for disabled people in Britain. This study uses data from the Labour Force Survey (LFS) to examine disabled people's labour market progression in Britain along several dimensions: growth; low pay transition probabilities; changes in labour market participation; the rate of training; and the rate of upward occupational mobility. The analysis also explores the extent of heterogeneity in the labour market progression of disabled people with respect to differences in age, education, occupation and disability severity. The evidence indicates that the earnings trajectories of disabled people lag behind those for non-disabled people, especially for men. The median annual change in earnings is 1.4% lower for disabled men and 0.6% lower for disabled women, compared to non-disabled men and women respectively. Moreover, disabled people are approximately three times more likely to exit work than their non-disabled counterparts, a difference that increases markedly for more severely disabled people. The evidence highlights the need for policy to tackle the barriers that disabled people face in the workplace, not merely in access to jobs. (RH)


A person-environment (P-E) framework was used to examine individual capabilities and social and physical environment attributes for their association with unmet assistance needs in activities of daily living (ADLs). Analyses were replicated for 5 ADLs (bathing, dressing, transferring, toileting, eating), and test the relative risk of those living in flats compared to those living in houses. Data were obtained for a subset of 9,646 having one or more ADL limitations from the US National Health Interview Survey, Supplement on Disability Followback Survey (NHIS-D). Slightly less than 1 in 3 subjects with a specific ADL limitation had unmet needs for the ADL. This was true across all ADLs. The likelihood of unmet ADL assistance increased with the number of ADL limitations and other health status indicators. It was at least 30% higher among those living in flats than in houses, and higher among Hispanics. There were no differences by age or gender. The P-E framework postulates that individuals seek settings matched to their capabilities, but findings suggest that many are at risk for adaptation at any one time. Specific risk factors are identified. Selection factors such as preferences, expectations and adaptation options available have not been directly measured. (RH)


Disabled people living in rural areas face multiple disadvantages arising both from their disability and where they live. This research investigated disabled people’s experiences of rural housing, the built environment and access to services in five local authority areas: East Lindsay, Lincolnshire; Penwith, Cornwall; Wear Valley, County Durham; South Lakeland, Cumbria; and Shepway, Kent. The emphasis of the research is on the choices available and how these choices are constrained by disability. The research also investigated the care and support received, and the importance of informal family and community-based networks in helping to provide care and sustain independent living. Also examined in the report are rural transport, access to rural services, and disabled people’s use of personal computers and the internet. A CD-ROM is also available containing large print
versions of the research summary, main research report, and the technical report and working papers for the five study areas. (RH)

From: North Harbour Consulting Limited, 20 Newlyn Way, Port Solent, Portsmouth PO6 4TN. Email: northharbour@btconnect.com

This annual directory lists the public and private companies, not-for-profit providers, partnerships and individuals operating three or more care homes, providing long term care for older people and people with physical disabilities. The aim is to map corporate activity in the long term sector in independent nursing and residential care and to document ownership trends. The directory has two sections (in more recent editions only), separate details of providers of care for either older or physically disabled people; and providers for those with learning disabilities and those who are mentally ill (which includes drug and alcohol addiction). Each directory has topical comment and there is an index of advertisers. (KJ)
ISBN: 1854401045
Price: £170.00
From: Laing and Buisson, 29 Angel Gate, City Road, London EC1V 2PT.

Healthful eating is important for optimal diabetes self-care. However, the level of food sufficiency may influence the degree of adherence to dietary self-care behaviours through the affordability of nutritionally appropriate food. This was a longitudinal study of a randomly recruited sample of 268 housebound older people in the US Nutrition and Function Study (NAES), who regularly received home-delivered meals and completed baseline and 1-year in-home assessments. The study examined whether housebound older people with diabetes were at greater risk for heightened food insufficiency over one year, despite regular receipt of home-delivered meals. Based on an economic context model, self-reported data were collected on fundamental and proximate factors, food sufficiency, and intervening events. Determinants of heightened food insufficiency were examined with multivariate logistic regression models. Not only did food sufficiency diminish over time in this sample, but it became or remained worse for older people with diabetes, and was associated with perceived inadequacy of economic resources, too. Those who have diabetes or are at risk of food insufficiency should be identified, in order to develop strategies that integrate nutrition with diabetes care plans, and supporting a multidisciplinary, chronic care model to improve diabetes management and outcomes. (RH)
ISSN: 00169013
From: http://www.geron.org

Magnitude and patterns of decline in health and function in 1 year affect subsequent 5-year survival; by Subashan Perera, Stephanie Studenski, Julie M Chandler (et al). Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 60A, no 7, July 2005, pp 894-900.
Indicators of physical function and health status can predict important outcomes in older people, but little is known about the meaning of change in these measures. This study assesses the magnitude and patterns of change occurring in 1 year in six measures of health and function, and simulated the effect on survival for 5 years. This prospective cohort study was based in two US health care systems. Data were collected during home visits at baseline and every 3 months for one year. Subsequent deaths occurring within 5 years were ascertained using the National Death Index. Of 439 older people, 88 (20%) died within the subsequent 5 years. The optimal magnitude of decline to predict 5-year mortality was 0.1 metres per second gait speed, 1 point in the Short Physical Performance Battery, and 0.05 points for Euroqol. Independent contributions were found for decline in gait speed, Short Physical Performance Battery, global health, and activities of daily living (ADLs). More than half of the episodes of decline were transient. Persistent decline at 1 year consistently predicted death, and transient decline in gait speed and global health increased mortality risk compared with no change. (RH)
ISSN: 10795006
From: http://www.geron.org

Four grassroots development projects were supported by the Joseph Rowntree Foundation (JRF) to generate practical learning about how to make change happen for black and minority ethnic disabled people.
EQUALITIES (based in Waltham Forest) aimed to increase the local voice of black and minority ethnic disabled people and carers. The International Somali Community Trust (ISCOM, based in Hackney) employed direct advocacy and set up a user forum for Somali-speaking disabled people. People in Action (based in Leeds), supported by ROOOTS, six African Caribbean people with learning difficulties, to deliver training for local service providers. Tassibee (a project in Rotherham) trained Pakistani Muslim women with experience of mental health difficulties to run self-help groups. Becca Singh, a freelance researcher, was commissioned to work with these projects to identify common lessons. These findings are based on her full report, "Improving support for black disabled people: lessons from community organisations on making change happen". (RH)

Price: FOC
Full report (ISBN 1859353908) £7.95 (+£2.00 p&p) from York Publishing Services, 64 Hallfield Road, Layertorpe, York YO31 7ZQ.

Consumers, designers, service providers and regulators need to work together to develop and implement new telecommunication services of practical benefit to people with disabilities. This publication provides examples of new types of telecommunication services in the home (e.g. telecare and telemedicine), at work, and out and about. COST219 is supported by the EU Framework Programme. (RH)
ISBN: 1860480313
From: Patrick Roe, EPFL-STI-ITOP, LEMA, Bâtiment ELB, Station 11, CH-1015, Lausanne, Switzerland. E-mail: patrick.roe@epfl.ch COST 219ter website: www.cost219.org

Measurement of assistive device use: implications for estimates of device use and disability in late life; by Jennifer C Cornman, Vicki A Freedman, Emily M Agree.
Cross-sectional data from six US surveys were used to compare rates of assistive device use and disability among community-dwelling adults aged 65+. Estimates for the use of any device are similar across surveys, ranging from 14% to 18% for people aged 65+. However, one survey design element - the restriction of device-use questions to those reporting difficulty with daily activities - omits a potentially sizeable group: those who use devices but report no difficulty. Including this group of device users significantly increases the prevalence estimates of both device use and disability. The use of assistance and perceptions of difficulty are inextricably interwoven, and attention to the measurement of these concepts is needed. Survey designers may want to consider asking questions about assistive device use independent of questions about difficulty. In addition, researchers who study disability may want to consider including those who report using devices but no difficulty, a group that may become more prevalent as new cohorts age. (RH)
ISSN: 00169013
From: http://www.geron.org

Mobility disability in the middle-aged: cross sectional associations in the English Longitudinal Study of Ageing; by David Melzer, Elizabeth Gardener, Jack M Guralnik.
Mobility disability is an early sign of the disability process in older people. The authors used cross sectional interview data for 11,392 community-living respondents aged 50+ from the 2002 English Longitudinal Study of Ageing (ELSA): Mobility status, based on reported difficulty walking a quarter of a mile. In the middle aged, 8% of women and 9% of men reported having much difficulty or being unable to walk that distance, equating to 787,000 people in England. Factors which at least doubled the odds of mobility disability for those aged 50-64 were chronic obstructive lung disease, angina, stroke, recently treated cancer, comorbidity, and lower-limb or back pain. Factors associated with mobility disability in older groups were similar. 38% of mobility disability in the middle-aged population was related to high levels of lower limb pain and 15% in high levels of back pain. Given these factors, prevention of later disability progression may require more attention being paid to mobility difficulties and its causes in the middle-aged. (RH)
ISSN: 00020729
From: http://www.ageing.oupjournals.org
Occupational adaptation or well-tried, professional experience in rehabilitation of the disabled elderly at home; by Ann Johansson, Anita Björklund.
The aim of this Swedish pilot study was to examine whether the use of the Occupational Adaptation Model increases independence and experienced health for disabled elderly in home rehabilitation in primary care. The study had an integrated design, in which the data were collected through a quasi-experimental plan in combination with semi-structured interviews with disabled older people. The data were analysed both quantitatively and qualitatively. The results indicated that the use of the model increases experienced health, and gives the occupational therapist a tool for helping disabled elderly people to understand and engage themselves in their life situations. (KJ/RH)
ISSN: 01924788
From : http://www.tandfonline.com

Older people with learning disabilities: part 1 : Individuals, ageing and health; by Robert Jenkins.
In the first of two articles, the author considers how nursing care needs to develop in order to support the growing numbers of people with learning disabilities who are living into older age. Here, the definitions, health issues and nursing needs are examined. (RH)
ISSN: 14720795
From : http://www.nursingolderpeople.co.uk

Older people with learning disabilities: workforce issues; by Shereen Hussein, Jill Manthorpe.
The life expectancy of people with learning disabilities has increased substantially. Services for older people with learning disabilities are provided by various sectors and practitioners (generic health and social care, or specialist learning disability or old age). The literature suggests that practitioners do not feel well-equipped to support people with learning disabilities as they grow older, and older people's services do not always have the opportunity to share experiences and skills. This paper highlights areas such as dementia support, where the intersection between services is not clear. The paper also explores what might help practitioners to meet the needs of people with learning disabilities as they grow older. (RH)
ISSN: 14769018
From : http://www.pavpub.com

Pain disability among older adults with arthritis; by Nadine T James, Carl W Miller, Kathleen C Brown (et al).
Answers to two research questions were sought: does psychological distress reliably predict pain disability, and do certain theoretically important host, sociodemographic and health-related factors reliably predict pain disability? Descriptive, univariate and multivariate regression analyses were used to assess key psychosocial, disease and host factors in a sample of 141 Americans aged 50+ with arthritis. Psychological distress, overall health, disease activity and disease self-efficacy were found to predict pain disability. Sample members with greater pain disability experienced heightened psychological distress, poorer perception of their overall health, more surgeries, higher unemployment, more intense disease activity, longer disease duration, and lower disease self-efficacy. (RH)
ISSN: 08982643
From : http://www.sagepub.com

Participant characteristics predicting voluntary early withdrawal from a multidisciplinary program providing home-delivered meals and dietitian/social work case management to homebound elders; by William J McAuley, Megan E McCutcheon, Shirley S Travis (et al).
The authors examine whether the baseline characteristics of participants enrolled in the System to Enhance Nutrition Services for the Elderly (SENSE) project, a multidisciplinary programme providing home-delivered meals and dietitian/social work case management to housebound older people predicted voluntary early withdrawal. 69 participants voluntarily withdrew early and 111 completed the project. Six hypotheses were based on a conceptual framework incorporating: agreement between project elements and individuals' needs or preferences; and whether participants would improve and no longer require or desire the intervention. Three of the hypotheses were supported by means of logistic regression analysis. Voluntary early withdrawers at baseline were more mobile, ate less often, and responded that food tastes good less often. The results suggest that carefully considering the interaction of potential participant characteristics and project interventions will improve their retention in a nutrition project. (RH)
The White Paper, "Valuing people" (2001; Cm 5086) made explicit the link between care management and person centred planning (PCP). This book provides an analysis of PCP for people with learning disabilities, and supports the implementation of policies promoting social inclusion, deinstitutionalisation and user-centred services. The book is arranged in three parts, the first examining the structures and processes underlying PCP. Part 2 focuses on best practice experience in PCP, in which contributors consider promoting empowerment, the role of communication, and ethnicity and the multicultural context. Part 3 examines key issues for the development and implementation of PCP: clinical support and commissioning; direct payments and barriers to take-up; risk management; and adult protection processes. A final chapter draws together considerations for making PCP and care management work. (RH)

Price: £19.95
From: Jessica Kingsley Publishers, 116 Pentonville Road, London N1 9JB. Email: post@jkp.com Website: www.jkp.com

Person-centred planning training for consumer-directed care for the elderly and disabled; by Courtney B Davis, Carol B Cormman, Marcia J Lane (et al).
Care Management Journals, vol 6, no 3, Fall 2005, pp 122-130.
SC Choice, a Real Choice Independent Living Grant, identified the need for a training course in South Carolina for person-centred planning that would include the development of training materials and a training course for implementing the transformation from agency case manager to case adviser. The development of this training included receiving the person-centred planning training currently used by disability agencies as well as interviews and focus groups with interested staff and participants. A training course for the Elder Disabled Waiver population using adult learning techniques is described. Included in this training are the philosophy, the activities and the necessary steps to complete person-centred planning for the transition of a case manager to a care adviser in a consumer-directed programme for older people. (RH)

ISSN: 15210987
From: http://www.springerpub.com

Physical disability contributes to caregiver stress in dementia caregivers; by David G Bruce, Glenys A Paley, Pamela Nichols (et al).
Previous findings of studies on the impact of physical illness on caregiver health have been inconsistent. The authors wanted to determine whether physical disability - as determined by the SF-12 survey that provides information on both physical and mental health problems - contributes to caregiver stress. The authors interviewed 91 Australian primary caregivers (aged 38-85) of people with dementia who had been referred by their family physician for the first time for formal support services or memory evaluation. Caregivers completed the SF-12 version of the Medical Outcomes Study Short Form Health Survey. Most caregivers reported stress (76.9%), having medical conditions (72.4%), or taking medications (67%). The Mental Component Summary (MCS) of the SF-12 but not the Physical Component Summary (PCS) scores were significantly lower than community norms, indicating an excess of disability due to mental health problems. Nevertheless, 40.7% had PCS scores indicating some degree of physical disability. Using multiple logistic regression analysis, PCS scores but not the presence of medical problems were independently associated with caregiver stress. These results suggest that caregivers of people with dementia should be assessed for disabling physical conditions and mental health problems. In addition, reducing the impact of physical disability could ameliorate caregiver stress. (RH)

ISSN: 10795006
From: http://www.geron.org

Physical health, depression and cognitive function as correlates of disability in an older Korean population; by Jae-Min Kim, Robert Stewart, Nicholas Glozier (et al).
The World Health Organization Disability Assessment Schedule II (WHODAS-II) measures functioning and disability in concordance with the bio-psycho-social model of the WHO's International Classification of Functioning, Disability and Health. This study reports administering the WHODAS-II to a community sample of 1,204 Koreans aged 65+. Level of disability, as measured by the scale, was principally correlated with...
physical health, depression and cognitive function, and these measures accounted for most associations between sociodemographic factors and disability. These associations persisted in participants without dementia. In participants with dementia, physical illness and accommodation type were the principal correlates of scores on the WHODAS II. (RH)

ISSN: 08856230
From: http://www.interscience.wiley.com

Predictors of ADL disability trajectories among low-income frail elders in the community; by Lydia W Li. Research on Aging, vol 27, no 6, November 2005, pp 615-642. Baseline data for a cohort of 3,161 participants aged 65+ in Michigan's Medicaid Waiver Program were taken in 1999, a maximum 15 repeated observations being made over 3 years. Using the hierarchical linear modelling approach to analyse the data showed that major risk factors for poor activity of daily living (ADL) disability trajectory include being Black, older, living with non-spouse others, and no confidence in functional improvement. Presence of arthritis, cancer and cognitive limitations had significant and modest effect on ADL disability trajectories. The findings have implications for community-based intervention programmes for frail older people living in the community. (RH)

ISSN: 01640275
From: http://www.sagepub.com

Prevalence and risk factors for self reported visual impairment among middle-aged and older adults; by Amy Horowitz, Mark Brennan, Joann P Reinhardt. Research on Aging, vol 27, no 3, May 2005, pp 307-326. Data were collected by telephone interviews from a nationally representative sample of 1,219 Americans aged 45+ for this study on the prevalence of risk factors for self-reported visual impairment. Hierarchical logistic regression examined independent risk factors of self-reported visual impairment. 17% of the sample self-reported visual impairments, increasing to 26.5% of those aged 75+. Greater age, not being Hispanic, in poor or fair self-rated health, and low availability of informal social support were significant risk factors associated with visual impairment. The prevalence of visual problems among adults suggests unmet needs for both basic eye care and vision rehabilitation interventions to reduce functional limitations that can result from visual impairment. Longitudinal research is needed to examine prevalence and incidence of vision loss as a function of population ageing and changing health behaviours. (RH)

ISSN: 01640275
From: http://www.sagepub.com

Racial disparities in disability: recent evidence from self-reported and performance-based disability measures in a population-based study of older adults; by Carlos F Mendes de Leon, Lisa L Barnes, Julia L Bienias (et al). Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 60B, no 5, September 2005, pp S263-S271. Although disability levels have been declining in older people, there is little current information regarding racial differences. This study uses data from the Chicago Health and Aging Project (CHAP), a longitudinal study of 6158 Black and White adults. Data were collected during three face-to-face interviews between 1993 and 2002. Disability was ascertained using three self-report measures and a performance-based measure of physical function. Using longitudinal data analysis, overall racial differences in disability and the degree to which they varied by age and gender were examined. After an average 6 years of follow-up, Blacks reported significantly higher disability levels than Whites after adjustment for age and sex. There was a significant increase in disability during follow-up on all four measures. Racial differences in disability did not vary consistently by age at baseline or over time, but were greater among women. Findings were largely similar for self-report and performance-based measures of disability. Adjustment for socioeconomic status substantially reduced racial differences in disability, although some of the differences remained significant especially among women. Overall, racial disparities in disability have not been eliminated, are greater among women, and have their origin earlier in adulthood. (RH)

ISSN: 10795014
From: http://www.geron.org

The state of care management in learning disability and mental health services 12 years into community care; by Paul Cambridge, John Carpenter, Rachel Forrester-Jones (et al). British Journal of Social Work, vol 35, no 7, October 2005, pp 1039-1062. This paper reports on the organisation of care management from a longitudinal study of community care for people resettled from long-stay learning disability and psychiatric hospitals. The "12 years on" study followed up 275 people with learning disabilities and 125 with mental health problems across 12 learning disability and 8
mental health study services. The diversity of care management arrangements found at earlier points in the evaluation remained evident. Also, many of the former "care in the community" service users were excluded from mainstream care management arrangements in their localities. The difficulty of developing person-centred arrangements in learning disability and the lack of integration of the Care Programme Approach (CPA) and care management were evident. The findings and observations are placed in the wider policy and practice context, with suggestions for taking care management forward nationally and locally. (RH)

ISSN: 00453102
From: http://bjsw.oupjournals.org

Supporting older families of people with learning disabilities: a briefing from the Foundation for People with Learning Disabilities; by Hazel Morgan, Dalia Magrill, Older Family Carers Initiative (OFCI), Foundation for People with Learning Disabilities. London: Mental Health Foundation, 2005, 8 pp. This is a briefing from the Foundation for People with Learning Disabilities' Older Family Carers Initiative (OFCI). The three-year initiative has come up with a clear set of policy messages to help health and social care service providers to meet the needs of older family carers and their relative with a learning disability. The authors have found that there is still a long way to go to implement fully those aspects of the "Valuing people" White Paper (Cm 5086) relating to older families. This briefing makes recommendations for policy makers, commissioners, and learning disability partnership boards. It draws attention to key themes including: building up families' confidence and maintaining continuity of support; the need for joined up approaches; the need for information; and tackling the poverty of many older family carers. (RH)

From: The Mental Health Foundation, Sea Containers House, 20 Upper Ground, London SE1 9QB. Email: fpld@fpld.org.uk Website: www.learningdisabilities.org.uk

Teleshopping for older and disabled people: an evaluation of two pilot trials; by James Barlow, Mary Breeze, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, 2005, 66 pp (The digital age: opportunity or exclusion?). Bristol is typical of larger urban areas with an ageing population and competing pressures on social services. This research project designed and tested various models of teleshopping in collaboration with Bristol City Council and the Dolphin Society (a charity in Bristol) in relation to the city's existing home shopping service. The authors outline other initiatives in the UK, and the current impetus towards teleshopping arising from changes in government care policy. Their description of Bristol's current home shopping service confirms older people's lack of access to computers or digital interactive TV, and lack of computer knowledge. The findings from trials of four different teleshopping models are reported and evaluated in relation to the current home shopping system. An intermediate home shopping model is suggested, which involves a simplified ICT-supported system and does not involve individual service users having to have internet access or use a bank card. Future prospects for social services led teleshopping are discussed, in which major supermarkets will need to play a greater role. (RH)

ISBN: 1859352782
Price: £14.95
From: York Publishing Services, 64 Hallfield Road, Layerthorpe, York YO31 7NZ. PDF download available - http://www.jrf.org.uk Alternative formats such as large print, Braille, audio tape or disk available from Communications Department, Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.


Home shopping is an important aspect of community care services for older and disabled people, but is costly and complex to administer. As social services try to find the necessary resources to support home shopping, new approaches involving internet- or phone-based "teleshopping" services are being explored. James Barlow of Imperial College London and Mary Breeze of Bristol City Council designed and tested several methods of teleshopping in Bristol, which, like many other cities, has an ageing population and competing pressures on its social services. Their full report, "Teleshopping for older and disabled people: an evaluation of two pilot trials", is published by the Joseph Rowntree Foundation (JRF) as part of the Digital Age series. These findings outline the intermediate teleshopping model that can be used before internet access becomes widespread. (RH)

ISSN: 09583084
Price: FOC
Trajectories of ADL disability among community-dwelling frail older persons; by Lydia W Li.
This study examines how changes in activity of daily living (ADL) disability of community-living frail older people changes over a 2-year period, and how the pattern of change varies between those who subsequently died or were institutionalised and those continued to live in the community. Multiple waves of data for 3,161 participants aged 65+ from Michigan's Medicaid Waiver Program were analysed using the hierarchical linear modelling (HLM) approach. The results suggest that changes in ADL disability were non-linear, and patterns of change varied by their subsequent status. Participants who subsequently died or were institutionalised exhibited a steep increase in ADL disability during the last few months before the events, whereas continuing community residents were relatively stable in ADL disability during the study period. Within each group, substantial individual variation in ADL disability trajectories exists. (RH)
ISSN: 01640275
From: http://www.sagepub.com

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 60A, no 8, August 2005, pp 1028-1034.
Data drawn from National Disability, Impairments and Handicap Surveys conducted by Spain's National Statistics Institute (Instituto Nacional de Estadística) in 1986 and 1999 were used in this study of disability trends in people aged 65+. Only severe disability was studied, but disabilities overcome through use of external technical aids were included. From 1986 to 1999, a relative annual decline of 3.7% in overall disability was observed for men. The decline was somewhat less marked for women, participants aged 75+, and those with the lowest level of education. In men, there was a relative annual decline of just 3% in walking and hearing disabilities, of under 1% in seeing and cognitive disabilities, and a slight rise in self-care disability. Trends among women were similar, though self-care disability rose by 1.78%. In the period 1986-1999, total and disability-free life expectancy rose across all age groups in both sexes. In men aged 65+, the proportion of life expectancy with disability fell from 42.1% in 1986 to 21.6% in 1999; the comparable figures for women were 49.8% in 186 and 30.6% in 1999. Indeed, a reduction in life expectancy with disability was observed even in those age 80+. Form 1986 to 1999, prevalence of severe disability in Spanish older people decreased substantially, and the decrease of life with disability was compressed between a later onset and time of death. Among women, however, self-care disability - the type of disability requiring more social resources for its attention - underwent a steep rise. (RH)
ISSN: 10795006
From: http://www.geron.org

The impact of ill health and disability on pensioners' service needs and service delivery requirements is examined in this qualitative research commissioned by the Department for Work and Pensions (DWP). The research was based on in-depth interviews with 75 older people with health problems or disabilities, also focus groups with staff from the Pension Service (TPS). The report analyses and explores the relationship between ill health or disability and service needs. Other factors - variously other intermediaries or sources of help and support, local geography and income - affected service needs. A general lack of awareness or knowledge of TPS, or confusion with other organisations, was apparent. Responses from TPS staff and local partner organisations suggest ways in which services could be provided to ill or disabled older people (RH)
ISBN: 184123852X
From: Corporate Document Services, 7 Eastgate, Leeds LS2 7LY. E-mail: orderline@cds.co.uk Website: http://www.cds.co.uk

2004
Even those without disability experience difficulties with technology in everyday life. People with disabilities, such as low vision or poor manual dexterity, have long had to deal with devices that have not been designed with their needs in mind, and there is concern that this could lead to greater social exclusion. This publication
gives an overview of guidelines that are available on the Internet to help designers, engineers and technicians to solve problems of making technology more accessible and easier to use for everyone. The concept of "Inclusive design" is introduced: "the design of mainstream products and services that are accessible to, and usable by as many people as reasonably possible, in a wide variety of situations and to the greatest extent possible without the need for special adaptation or specialised design". The publication covers the range of technologies encountered in the application areas of transport, financial transactions, public access terminals, telecommunications, computing, television, smart housing, and e-Government. (RH)

ISBN: 1860480306

From: RNIB, 105 Judd Street, London WC1H 9NE. email: john.gill@rnib.org.uk Detailed guidelines on web at: www.tiresias.org/guidelines

Adaptation to disability among middle-aged and older adults: the role of assimilative and accommodative coping; by Kathrin Boerner.


The purpose of this study was to investigate the links between coping, disability and mental health in adults who are confronted with age-related vision loss. Drawing on the model of assimilative and accommodative coping (e.g. Bradstädter, 1999), hierarchical regressions were designed to examine the effects of coping and disability on mental health. Participants were 56 middle-aged and 52 older Americans who had been recruited from a community-based rehabilitation agency. Findings demonstrate a critical role of accommodative coping for adaptation, with beneficial effects on mental health that were more pronounced in the case of high disability for younger participants. Finally, findings suggest that dealing with disability may pose more of a mental health risk in middle than in late adulthood. (RH)

ISSN: 10795014

From: http://www.geron.org

Advancing the taxonomy of disability in older adults; by Suzanne G Leveille, Linda P Fried, William McMullen (et al).


Refinement of the traditional task-based classification of disability is needed to advance the field of disability research, and to inform clinical practice. The authors propose an enhancement of the taxonomy of disability that incorporates information about symptoms and impairments that directly contribute to disability. In the first step of this new development, they present evidence from the US Women's Health and Aging Study (WHAS) to support five categories of disability related to pain, balance, weakness, endurance, and other symptoms. (RH)

ISSN: 10795006

From: http://www.geron.org


Two sets of issues are explored: supporting older parental carers and middle-aged adults with an intellectual disability to care, plan and prepare for the transition from parental care; and ensuring that people with a lifelong disability can age successfully. The book is arranged in five parts, and aims to increase professionals' understanding of ageing as it relates to people with a lifelong disability and their families. Part 1, on perspectives on ageing, includes successful ageing and strategies to counter age discrimination. Part 2, on physical and psychological needs, looks at healthy ageing and emotional well-being. Part 3 highlights social dimensions of ageing: lifestyle choices, housing and support options, and the informal networks of family, friends and acquaintances. Part 4 examines the issues confronting on older parents caring for adult children with lifelong disability, and the provision of support to the older parents themselves. Part 5 considers the types of service development and policies required to foster successful ageing for people with lifelong disabilities. Each section includes vignettes based on older people and their families encountered in various research projects. (RH)

ISBN: 1843100770

Price: £19.95

From: Jessica Kingsley Publishers Ltd., 116 Pentonville Road, London N1 9JB.

Data for 1,002 community-dwelling disabled women aged 65+ from Baltimore, Maryland (participants in the US Women's Health and Aging Study 1) were used to determine the relationship between self-report of 14 diseases and standardised algorithms. Self-report of doctor diagnosis of hip fracture, Parkinson's disease (PD), diabetes mellitus, cancer, stroke and disc disease appears to be valid. In general, increasing comorbidity and age, and decreasing cognition and education do not reduce validity for diseases where agreement was excellent overall. (RH)

ISSN: 00028614
From: http://www.americangeriatrics.org

The black/white disability gap: persistent inequality in later life?; by Jessica A Kelley-Moore, Kenneth F Ferraro.

Previous research on differences between black and white older people has produced inconsistent results on whether a gap in disability status exists and whether it persists over time. The present research identifies several reasons for the inconsistent results to date. Data from the North Carolina Established Populations for the Epidemiologie Studies of the Elderly (EPESE, 1986-1992) is used to estimate the disability gap and trajectory over time for both black and white older people. Results indicate that a disability gap between black and white adults exists, but after adjusting for socioeconomic resources, social integration and other health indicators, the trajectories of disability by race are not significantly different. Controlling for incident morbidity over time accounts for the significant difference in level of disability between the two groups. This research thus supports the "persistent inequality" interpretation, indicating that black adults have higher morbidity and disability earlier in life compared to white adults, and that the gap neither converges nor diverges over time. (RH)

ISSN: 10795014
From: http://www.geron.org


903 older Taiwanese were studied over a 4-year period (1994-1998) using the Chinese version of the Multidimensional Functional Assessment Questionnaire (CMFAQ). Only the subjects free of ADL disability at baseline were included in separate logistic regression models to predict disability in physical and instrumental ADL. The hypothesised association between chronic conditions and future functional disability were cross-nationally confirmed. Arthritis, diabetes and hypertension were significantly predictive of the onset of physical ADL (PADL) disability. Diabetes was the only medical predictor of instrumental ADL (IADL) disability. Age and educational level were significant predictors of PADL and IADL. Prevention programmes for chronic disease need to pay more attention not only to the disabled population, but also to secondary prevention among those older people who have higher medical risk of developing disability. (RH)

ISSN: 14406381


This report outlines a selection of the research and development activity relating to assistive technology (AT) funded by the government in 2003. Categories covered include communication aids; aids for people with hearing, visual or learning impairments; housing; and mobility. Full details of all the work funded are available on the Foundation for Assistive Technology (FAST) website (www.fastuk.org), together with information on research funded from other sources. (RH)

From: Downloaded document: www.dh.gov.uk

Coalitions between aging and disability interests: potential effects on choice and control for older people; by Rosalie A Kane.: National Academy on an Aging Society, Fall 2004, pp 15-18.

Crossing Network Lines: Facilitating Partnerships and Building Coalitions across Disability Service Networks to Improve Service Delivery was the title of a symposium held in St Louis, MO on 7 October 2004. The author of this article suggests that when discussing the subject of this symposium, it is axiomatic that partners and
coalitions almost by definition must serve the interests of all parties to any alliances. She puts on a gerontologist hat to focus on the advantages of such coalitions for older people needing long-term support (more usually referred to as long-term care). Could partnerships and coalitions with disability groups result in more user-friendly long-term care for older people with more consumer choice and control and more options for community care? To that end, who should coalesce, for what reason, and for how long? (RH)

ISSN: 10553037

From: http://www.agingsoociety.org

The communication and psychosocial perceptions of older adults with sensory loss: a qualitative study; by Chyrisse Heine, Colette J Browning.
Decreased vision and/or hearing acuity often result in poor communication and psychosocial functioning. This qualitative study aimed to identify communication difficulties and conversational strategies used by subjects, and to explore their perceptions of their social adjustment, quality of life, and physical and mental well-being. Participants were aged 60+ with sensory loss, and attended the Vision Australia Foundation of Victoria. In-depth interviews revealed that participants experienced frequent communication difficulties. They identified the personal, situational and environmental triggers responsible for communication breakdown, and described the compensation and avoidance strategies that they used. They acknowledged that frequent communication breakdown resulted in decreased socialisation. The problems of adjusting to sensory loss, depression, anxiety, lethargy and social dissatisfaction were cited as factors that affected their physical and mental well-being; while being optimistic, coping with their sensory loss, and maintaining social contact contributed to an improved quality of life. All participants expressed interest in being involved in further communication intervention programmes. (RH)

ISSN: 0144686X

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

Concurrent and long-term predictors of older adults' use of community-based long-term care services: the Caregiver Health Effects Study; by Jamila Bookwala, Bozena Zdaniuk, Lynda Burton (et al).
The authors used two waves of the Caregiver Health Effects Study, an ancillary study of the US Cardiovascular Health Study (CHS), and comprised a sample of 186 older people caring for a disabled spouse. Caregiver-related need variables as predictors of service use were of primary interest and included caregiving demands, caregiver mental and physical health, and mastery. Their contribution to service use was examined after controlling for known predictors of service use. At Time 1, more caregiver depressive symptoms predicted greater service use than at Time 2; more caregiver activity restriction and depressive symptoms predicted greater formal service use; and increases in caregiver activity restriction and depressive symptomatology over time predicted increases in service use. Caregiver-related need variables play a significant role in defining older people's usage patterns of community-based long-term care services. (RH)

ISSN: 08982643

From: http://www.sagepub.com

The Community Care (Direct Payments) Act 1996 allows local authorities to offer disabled people cash in lieu of care services, a facility now also available to older people and carers. The study reported in these findings explored the range of practice and experience in the delivery of direct payments in three local authorities in North East England. It was prompted by evidence that implementation of direct payments is, on average, slower in this region than in others. Hosted by Disability North, the Direct Payments North project covered two local government regions: Yorkshire and Humberside; and the North East. The full report, 'Making direct payments work: identifying and overcoming barriers to implementation' by Frances Haler with Angela Stewart, is published for the Joseph Rowntree Foundation (JRF) by Pavilion Publishing, from whom a supplementary booklet, 'Smooth routes to direct payments' is also available. (RH)

ISSN: 09583084

Price: FOC

Developing methods for systematic reviewing in health services delivery and organization: an example from a review of access to health care for people with learning disabilities: Part 1: Identifying the literature; by Rosalind McNally, Alison Alborz.


The objectives were to identify literature on: (i) theory, evidence and gaps in knowledge relating to the help-seeking behaviour of people with learning disabilities and their carers; (ii) barriers experienced by people with learning disabilities in securing access to the full range of health services; and (iii) interventions which improve access to health services by people with learning disabilities. Data sources consulted included 28 bibliographic databases, contact with experts, and current awareness and contents alerting services in the area of learning disabilities. 2221 items were identified as potentially relevant; 82 studies were fully evaluated. The process of identifying relevant literature was characterized by a process of clarifying the concept under investigation and sensitive search techniques, which led to an initial over-identification of non-relevant records from database searches. Thesaurus terms were of limited value, forcing a reliance of using free-text terms and alternative methods of identifying literature to supplement and improve the recall of the database searches. A key factor in identifying relevant literature was the depth and breadth of knowledge built up by the reviewers whilst engaged in this process. (KJ/RH)

ISSN: 14711834
From: http://www.blackwellpublishing.com/hir


Recognition of the relationship between older people and disabled people is a relatively recent area of interest for both scholars and practitioners. Indeed, even within the world of ageing, disability has been diffracted into distinctions and sub-groups of: older people with late-life disabilities; older people with cognitive disabilities, psychological disabilities, and local trauma disabilities; and older people with more or fewer deficits in activities of daily living (ADLs). In the US, these sub-groups are often dealt with by different agencies at federal, state and local level. The author considers some consequent disparities in service eligibility and provision. By way of illustration, statistics on home care and nursing home spending by US State for 1998 and 2003 are presented. (RH)

ISSN: 10553037
From: http://www.agingsoociety.org

Disability and home care dynamics among older unmarried Americans; by Vicki A Freedman, Hakan Aykan, Douglas A Wolf (et al).


Using a sample of older Americans from the AHEAD (Asset and Health Dynamics Among the Oldest Old) study, the authors examine changes to total hours, paid hours and unpaid hours of care in response to decline and improvements in personal care (activities of daily living, or ADLs) and routine care (instrumental ADLs or IADLs) disability. They use Tobit models to model changes in the total hours of care received in the previous month, and changes in paid and unpaid hours. Changes in the total hours of care received respond to both increases and decreases in the count of ADL limitations. Although increases in the count of IADL limitations are met with substantial increases in the total hours of care, diseases are not met with correspondingly large declines in care. The same general picture is found for unpaid and paid care, and for Medicaid-funded home care. Disability and care are not static constructs in old age. Older unmarried people experienced worsening,
stabilising and recovery of function, and their care hours change accordingly. Evaluations of home care programmes need to recognise these realities. (RH)

Disability symptoms and the price of self-sufficiency; by Lois M Verbrugge, Purvi Sevak.
Symptoms of disability are tiredness, slowness and pain doing daily tasks made difficult by health. The authors study factors that increase and decrease disability symptoms, especially effects of equipment and personal assistance. In the US National Health Interview Survey Disability Supplement Phase 2, people aged 55+ with personal care and household management disabilities were asked about fatigue, taking a long time and pain when doing tasks on their own and with assistance. Poor overall health and disability and severe disability in tasks increase disability chances by 11% to 18%. Assistance users are 19% to 20% less likely to have symptoms than non-users. Personal help, alone, or with equipment, relieves the symptoms better than equipment only, by 9% to 19%. Equipment-only users are self-sufficient, a highly-prized situation. Because they actively engage in tasks, symptoms are still likely. This trade-off of psychological gain with comfort loss may be preferable to personal help. (RH)

Findings, 054, October 2004, 4 pp.
It is accepted that disabled people face additional costs to enable them to meet their needs. However, there has been no clear evidence about the true extent of these costs. This research, conducted by the Centre for Research in Social Policy with the support of Disability Alliance, presents budget standards for groups of disabled people who have different needs arising from physical or sensory impairments. The budget standards represent the amounts disabled people (of working age) require in order to cover the costs of an acceptable and equitable quality of life. They were developed by disabled people themselves, through a series of rigorously conducted focus groups. The budgets were not based on “wish lists”. Rather, they represent the minimum essential resources necessary to meet disabled people's needs, to enable them to achieve, as far as possible, a “level playing field” with non-disabled people. They were arrived at through debate and negotiation within the focus groups. These findings are based on a report by Noel Smith and colleagues, "Disabled people's costs of living: 'More than you would think'”, published by the Joseph Rowntree Foundation (JRF) (KJ/RH)

Data from India’s National Family Health Survey (NFHS) 1992-93, the National Sample Survey (NSS) of 1986-87 (42nd round) and 1995-96 (52nd round), the Sample Registration Scheme (SRS), and Censuses for India were used for a macro analysis comparing disease and disability burden in men and women aged 60+. As well as reporting on chronic disease and physical disability, this article presents findings on population growth patterns, expectancy of life, and living arrangements of older people in India. When compared to men, the expectation of healthy life for women in India has been improving. (RH)

Do impaired older persons with health care needs occupy US assisted living facilities?: an analysis of six national studies; by Stephen M Golant.
The assisted living facility (ALF) is the fastest growing institutional long-term care alternative for frail older people in the US. This analysis assesses the extent to which older people with physical and cognitive disabilities and health care needs occupy ALFs in the US. The six studies reviewed had several methodological weaknesses, resulting in different statistical populations of ALFs, samples with very different numerical and attribute properties, and findings based on disparate indicators. The older residents of ALFs were less physically and cognitively impaired than those in nursing homes. ALF facilities were more likely to admit or retain frail older
people when they had relatively minor or less serious physical or cognitive impairment or health care needs. ALFs are found to be an extraordinarily diverse shelter and care alternative: their residents can include very frail older people with serious chronic health problems. Average duration of stays may be as long as 3 years. It is suggested that researchers need to conduct more carefully executed studies with replicable methodologies that produce unbiased and generalisable findings. (RH)


The Government intends to make all government information and transactions available electronically by 2005. An increasing proportion of useful commercial and social information is available electronically by 2005. However, disabled people - and older people, too - can face particular challenges using the Internet, for example, cost, access difficulties and unfamiliarity with electronic technology. These findings summarise research by Doria Pilling, Paul Barrett and Mike Floyd of the Rehabilitation Resource Centre at City University, who examined whether the provision of information, goods and services through the Internet removes many of the access barriers faced by disabled people, or adds to them. Views were obtained from 193 enquirers to AbilityNet, a UK charity giving free computing advice to disabled people, and from five focus groups. The full report, 'Disabled people and the Internet: experiences, barriers and opportunities' is published by the Joseph Rowntree Foundation (JRF). The researchers conclude that disabled people are generally interested in using the Internet, but may be held back by practical problems. (RH)

Effect of widowhood on disability onset in elderly men from three European countries; by Carolien L van den Brink, Marja Tijhuis, Geertrudis A M van den Bos (et al).

Data for 736 men aged 70+ at baseline from the longitudinal Finland, Italy and Netherlands Elderly Study (FINE) in 1990, 1995 and 2000 measured the effects of becoming widowed on the onset of different forms of disability. Disability was defined as dependency in activities of daily living (ADLs) and was measured for 14 items grouped in three domains: IADLs (preparing meals, etc.), mobility, and basic ADLs (e.g. feeding oneself). Men who became widowed developed more IADL disabilities than men who were still married. Men who had been widowed for less than 5 years developed more IADL disabilities than those who had been widowed for 5 years or more. Widowed men living alone showed fewer disabilities in mobility than those living with others. The effects on disability onset did not differ between countries. Widowhood in older men is a risk factor for dependency in IADLs and mobility. The growth in the number of widowers may lead to higher demands on family care and professional care. (RH)

The effects of social networks on disability in older Australians; by Lynne C Giles, Patricia A Metcalf, Gary F V Glonek (et al).

Six waves of data from the Australian Longitudinal Study of Ageing were used. Data are from 1,477 participants aged 70+. The effects of total social networks and those with children, relatives, friends and confidants on transitions in disability status were analysed using binary and multinomial logistic regression. After controlling for a range of health, environmental and personal factors, social networks with relatives were protective against developing mobility disability and Nagi disability (S Z Nagi's Epidemiology of disability among adults in the US, 1976). Other social sub-networks did not have a consistent effect on the development of disability. The effects of social relationships extend beyond disability in activities of daily living (ADLs). Networks with relatives protect against disability in mobility and Nagi tasks. (RH)

Elderly and invisible?: [dual sensory impairment]; by Sarah Butler.

The vast majority of people with a dual sensory impairment are aged over 65, and this article outlines the main causes. The author uses case studies of unmet need, and showing that those whose work is with older sensorily
impaired people have had no training in sensory impairment - even though organisations such as RNIB and Sense can provide such training. (RH)
ISSN: 13674064
From: http://www.sense.org.uk

Geriatric Depression Scale short form and Zung Self-Rating Depression Scale: a study of home-bound elders; by Gail Herbert Iglesias.
This study investigates the correlation between the Zung Self-Rating Depression Scale (ZSDS) and the short form of the Geriatric Depression Scale. A convenience sample of 188 housebound, ill persons aged 65-93 was used. The two scales were correlated and the internal reliability of the GDS was .825. For the GDS short form, 37% of the sample had scores of 8 or higher; for the SDS 20% had scores higher than 50, falling within the range of persons with probably depressive symptomatology. Results are discussed in terms of screening for depressive symptomatology in ill, older persons living in the community. (KJ/RH)
ISSN: 07317115
From: http://www.tandfonline.com

The Older Family Carers Initiative (OFCI) was a three year project designed to support Learning Disability Partnership Boards across England to identify and meet the needs of older family carers of people with learning disabilities, as prioritised in the White Paper, 'Valuing people'. The project began in 2002 and closed in 2005 with a new toolkit developed to help the Boards, entitled "Valuing Families : a toolkit for family friendly services". This is the sixth in a series of good practice guidelines, part of the resources that were developed to reflect the lessons learned and the good practice developed across the country to support older family carers. It considers questions concerning emergency planning, who should be involved in the process and the information that needs to be collected and how it is used. It is available from FPLD as a download; see website for details. (KJ/RH)
From: Website: http://www.learningdisabilities.org.uk

Health information needs of visually impaired people: a systematic review of the literature; by C A Beverley, P A Bath, A Booth.
While access to, and provision of, information is key to reducing inequalities in health and social care, it does not always meet the needs of groups such as the visually impaired. Out of 1114 references identified in this systematic review on the health information needs of visually impaired people, only 16 met inclusion criteria, and quality of reporting of the literature was poor. Most of the studies were concerned with information for healthy living, while the remaining focus was on information about, or coping with, visual impairment, and about accessing health services (e.g. medication labels, appointment letters). Most of the studies conducted to date relate to format of the information, while surprisingly few empirical studies have examined the health information needs of the group. Gaps identified in the literature include: types of health information; non-format aspects (e.g. content and timing); sources of health and social care information; treating visually impaired people as a heterogeneous group; and recognising the value of actively involving visually impaired people in the research process. Thus, the paucity of evidence places a heavier onus on future research. (RH)
ISSN: 096660410
From: www.blackwellpublishing.com/hsc

Hearing and the elderly: a simple cure; by Angela King.
Geriatric Medicine, vol 34, no 6, June 2004, pp 9/15.
A simple cure*, a new report from the RNID reports that the one in seven patients who is deaf or hard of hearing has experienced communication failures with healthcare professionals. The prevalence of deafness is much higher in older people: more than 50% of people aged 60+ have some loss of hearing. The author, who is Senior Audiology Specialist at RNID, discusses the survey results and recommendations for communication improvement, for example widening the use of existing technology, such as visual alert displays and loop systems. (RH)
ISSN: 0268201X
From: www.gerimed.co.uk
Identifying the extent of challenging behaviour in adult learning disability services; by Carol Hayden, Martin Stevens.
Staff perceptions of problematic behaviour from service users are reported in relation to an ongoing study that set out to investigate and explain the extent of challenging behaviour in 21 social service-run day and residential services in one large county authority in England. This part of the study uses staff reports of levels of problematic behaviour as indicative of potentially challenging behaviour. The study uses an adapted version of an established instrument, the BPI (Behaviour Problems Inventory), as a survey tool completed by staff for all service users in a one-month period (January 2000). The findings of this exercise are based on 1,390 service users, near to a census at the time of the survey. The study shows 'non-compliance' to be the most problematic and prevalent behaviour from the point of view of staff. Overall, the research illustrates a split between the majority of service users who present staff with problematic behaviour in a relatively minor to moderate way, and a small group of individuals (less than 2%) who present much more extreme behaviour. Brief reference is made to other data collected in the study when it helps in the interpretation of the behaviour patterns identified by the BPI. (KJ/RH)
ISSN: 00453102
From: http://bjsw.oupjournals.org

Hearing loss is increasingly common in older people and is negatively associated with health and well-being. This study analyses the relationship between a spouse's self-assessed hearing loss and his or her partner's physical, psychological and social well-being 5 years later. Subjects were 438 older married couples from the Almeida County Study in California. Hearing loss and adjustment variables were assessed in 1994 and outcomes in 1999. Longitudinal analyses included multivariate statistical models using generalised estimating equations to adjust for paired data and partners' hearing loss, age, gender, chronic conditions and financial problems. Spouse hearing loss increased the likelihood of subsequent poorer physical, psychological and social well-being in partners. The negative impact of husbands' hearing loss on wives' well-being appears stronger than the reverse. Findings suggest that early diagnosis and treatment of hearing loss constitute important clinical strategies to enhance the well-being of both hearing-impaired individuals and their spouses. The findings also lend support to policy change to cover hearing devices by insurance. (RH)
ISSN: 10795014
From: http://www.geron.org

The impact of structural and functional characteristics of social relations as determinants of functional decline; by Kirsten Avlund, Rikke Lund, Bjorn E Holstein (et al).
This study examines whether aspects of social relations at baseline are related to functional decline at 5-year follow-up in non-disabled older men and women. Data for this study were collected as part of the NORA study (Nordic Research on Ageing) of 651 non-disabled 75 year olds in Jyväskylä, (Finland) and Glostrup (Denmark). Possible selection problems were considered by using three outcome measures: first, functional decline among the survivors (n=425); second, functional decline, including death, assuming that death is part of the general decline pattern (n=565); and third, mortality (n=651). Social relations were measured at baseline by several items focusing on the structure and function of the social network. For men, no weekly telephone contact was related to functional decline and mortality. For women, less than weekly telephone contact or membership of a retirement club and not sewing for others were significantly related to functional decline and mortality. The associations were strongest when those who had died were included in the outcome measure. (RH)
ISSN: 10795014
From: http://www.geron.org

This guide aims to help older and disabled people to organise building work in their homes, either with help from others or on their own. It gives advice on deciding about the work that is necessary, employing a builder and finding the money to pay for the work. It also gives information about where to go for more help if this general advice is not enough. It particularly aims to help older and disabled people who are living on low
Incomes in homes which they own, and for whom home repairs and adaptations can be especially difficult. The guide has been written with help from a sub-group of the Elders Council of Newcastle upon Tyne. (KJ/RH)

From: Care & Repair England, 3rd Floor, Bridgford House, Pavilion Road, West Bridgford, Nottingham NG2 5GJ. E-mail: info@careandrepair-england.org.uk www.careandrepair-england.org.uk

In the long-term: [two personal experiences of finding long-term care arrangements for those with MS]; by Ian Cook.


While most people with multiple sclerosis (MS) will not need long-term care, it is something that many people need to consider at some point. While some people may have time to plan and adjust to new arrangements, others may face unexpected decisions because of rapid changes in their health or circumstances. This article describes the experiences of two people and how they came either to choose care packages enabling them to live at home rather than in residential care. (RH)

ISSN: 13698818

From: www.mssociety.org.uk

Individual differences in the effects of disease and disability on depressive symptoms: the role of age and subjective health; by Yuri Jang, Leonard W Poon, Peter Martin.


Everyone is affected differently by disease and disability. The hypothesised effects of age and subjective health were tested using 252 older Americans divided into three age groups (i.e. 60s, 80s and 100s). Two major findings emerged. First, as expected, individuals with advanced old age had higher levels of health problems. However, their perceptions of health and expressive symptoms were less affected by disability when compared to the younger old. Second, regardless of age, the effects of disease and disability on depressive symptoms were mediated through subjective health. Findings suggest age differences in the consequences of health problems, and the importance of subjective perceptions to bridge physical and mental health. Issues such as age differences within older populations, the resilience of centenarians, and the intervening roles of subjective health are discussed further. (RH)

ISSN: 00914150

From: http://baywood.com


This booklet is designed to help prisoners with general advice and information on their rights and benefits. Information on useful organisations and support is also given. (KJ)

Price: FOC

From: Prisoners Admin. Group (PAG), Room 703, Cleland House, Page Street, London SW1P 4LN. tel: 020 7217 6331

Involving people with learning disabilities in research: issues and possibilities; by Tony Gilbert.

Health & Social Care in the Community, vol 12, no 4, July 2004, pp 298-308.

Advances in the social position of people with learning disabilities have led to a situation where research and evaluation studies are increasingly required to include the views and opinions of people with learning disabilities. Indeed, some of the major funding bodies now insist on the inclusion of people with learning disabilities as a condition of research funding. This paper explores some of the developments and challenges in research with people with learning disabilities. The author provides a selective overview of developments, with the aim of demonstrating the richness, ingenuity and potential of research involving people with learning disabilities. The paper focuses on the ethics and philosophy of participatory research; the methodologies employed at particular points in the research process that are designed to ensure the involvement of participants in research; and building capacity in participatory research as a precondition to the further development of this approach. An investment in the capacity would enable this approach to move into the mainstream of research activity involving people with learning disabilities. (RH)

ISSN: 09660410

From: www.blackwellpublishing.com/hsc

Issues in the further integration of aging and disability services; by Michelle Putnam.: National Academy on an Aging Society, Fall 2004, pp 1, 19-23.


Growing older and experiencing disability have been perceived as different phenomena, since in the past younger and middle aged people who acquired impairments did not live as long as their non-disabled peers. This
article notes that in the US, policy initiatives have begun to target older people and those with disabilities under one bureaucratic umbrella. The civil rights movement in the late 1960s and early 1970s was instrumental in launching community-based Centers for Independent Living (CILs), also advocacy. The article also notes shifts in attitudes towards older people with disabilities, leading to the 1990 Americans with Disabilities Act (ADA), and eventually, to some cross-network collaboration. (RH)

ISSN: 10553037
From: http://www.agingsoociety.org

This is a follow-up to the review conducted by the Scottish Health Advisory Service (SHAS) in September 2001. Among aspects covered are in-patient services, service user involvement, joint working, and some progress with advocacy services. (RH)
Price: FOC
From: NHS QIS, Elliott House, 8-10 Hillside Crescent, Edinburgh EH7 5EA. www.nhshealthquality.org

The life course of activity limitations: exploring indicators of functional limitations over time; by J Scott Long, Eliza K Pavalko.
Five panels of data from the young and mature women's cohorts of the US National Longitudinal Surveys (NLS) are used to: examine patterns of limitations in activities as women age; compare how limitations develop over the life course; explore how limitations in one activity are associated with limitations in others; and investigate whether limitations develop incrementally or occur in clusters. The authors find that: scales of functional limitations are not dependent on the age of the respondent; activity limitations emerge in clusters; and relationships between items do not consistently fall into upper and lower body groups. Scales of functional limitations are equally applicable to younger and older women, but further research is needed to compare substantive results using different methods of scale construction. (RH)
ISSN: 08982643
From: http://www.sagepub.com

Living well with arthritis: a phenomenological study of leisure occupations; by Regena Stevens-Ratchford, Jennifer Lookingbill.
This study examined leisure occupations and successful ageing in a sample of 14 older adults with arthritis. A phenomenological qualitative method was used in which data was gathered using an interview guide. The findings revealed three patterns of lived experiences: Continuing to enjoy lifelong occupations; Distraction from the pain; and Leisure occupations for successful ageing. These patterns indicated the benefits of engaging in leisure occupations and their relationship to successful ageing. The study found that leisure occupations contribute to successful ageing and contentment with life: leisure occupations provide meaning and purpose to life and support successful ageing. (KJ/RH)
ISSN: 01924788
From: http://www.tandfonline.com

A longitudinal study of Parkinsonism and disability in a community population of older people; by Anne M Murray, David A Bennett, Carlos F Mendes de Leon (et al).
Parkinsonism signs in patients without Parkinson's disease (PD) are often undetected but occur frequently in older people and are often considered benign. The authors conducted a prospective, longitudinal, community-based population study in East Boston, MA, using a stratified random sample of 155 community residents aged 65+. Four categories of Parkinsonism signs were measured at baseline: bradykinesia, gait disturbance, rigidity, and tremor. Parkinsonism was defined as the presence of two or more categories of Parkinsonism signs; cases of PD were excluded from the analyses. Parkinsonism at baseline strongly predicted subsequent disability. On average, a person with Parkinsonism had a disability level at follow-up equal to that of a comparable person approximately 16.7 years for men and 8 years for women. The rate of developing disability of people with Parkinsonism increased each year. Gait impairment and bradykinesia strongly predicted subsequent disability, while tremor and rigidity did not. The effect of Parkinsonism was attenuated but still persistent in people with coexistent moderate-to-severe impairment or stroke. Thus, Parkinsonism predicts progressive disability in the older community population, and has a marked ageing effect on disability level. (RH)
A semi-structured interview method (the “Yesterday Interview”) has been proposed by the World Health Organization (WHO), and is used to reconstruct the preceding 24-hour period in terms of activity, social and environmental context, and subjective enjoyment. Data were collected on 24 control subjects and a sample of 99 community-based patients diagnosed with either Parkinson’s disease with or without dementia, Alzheimer’s disease (AD), or dementia with Lewy body. The interview reveals a pattern of altered activity in a number of domains, relative to the age-matched control group, with a marked tendency for non-productive (passive) activity, particularly in the dementing disorders. The Yesterday Interview and ICF framework may provide useful tools for further outcome research in the area of neurodegenerative disease. (RH)

Mental illness and disability among elders in developing countries: the case of Nepal; by Sree Subedi, Mark Tausig, Jamrdan Subedi (et al).
Prevalence of psychiatric disorders among older people in a rural village in Nepal is documented. In addition, the authors investigate the relationship between psychiatric illness and functional disability, to assess the impact of disorder on social functioning. A semi-structured interview checklist to diagnose six disorders was used with 182 people aged 50+. Those aged 60+ were examined to assess the functional impact of mental health conditions, by measuring functional disability. 18% of elders seem to have a diagnosable psychiatric disorder. Furthermore, in general, these elders were also less likely to receive assistance with the disabilities they report, compared with those who did not experience a psychiatric disorder. Documenting the extent of psychiatric disorder in older people in developing societies sensitises health planners to the growing reality of ageing in their societies and the need for expanded physical and psychiatric health care services (RH)

In 2001, the Scottish Executive appointed Colin Buchanan and Partners to monitor issues relating to impact of the introduction of free concessionary travel in Scotland on 30 September 2002 for women aged 60+ and for men aged 65+, and extended to men aged 60+ in April 2003. This report outlines the main findings, including comments on travel alternatives if the concession is not available, and general attitudes towards concessionary travel. Five technical reports referred to in the report are accessible on the Scottish Executive Social Research website. (RH)

From: http://www.sagepub.com

In 2001, the Scottish Executive appointed Colin Buchanan and Partners to monitor issues relating to impact of the introduction of free concessionary travel in Scotland on 30 September 2002 for women aged 60+ and for men aged 65+, and extended to men aged 60+ in April 2003. This is one of five technical reports, which analyses data on bus usage in Aberdeen, Dundee, Edinburgh, and Glasgow before and after the introduction of concessions. (RH)

From: Download document: http://www.scotland.gov.uk/socialresearch
Panamanian grandmothers' family relationships and adjustment to having a grandchild with a disability; by J Emmett Gardner, Avraham Scherman, Maria S Efthimiadis (et al). 

Thirty Panamanian grandmothers of children with special needs provided information regarding their family relationships and adjustment to having a grandchild with a disability. Categories of analyses were established only after the data was fully collected and reviewed. Results indicate that for most Panamanian grandmothers, their changes in family relationships are not dramatic when they have a grandchild with a disability. However, 25% clearly report a deteriorated relationship with their sons-in-law. They view their relationship with their grandchild with a disability to be one that provides a mixture of affection, love, acceptance and patience. In the area of role adjustment, they see a need to become more involved in areas that include assisting their grandchildren and/or her family with caregiving and household responsibilities, economic and medical support, or in areas related to school, academic, spiritual or recreational activities. With respect to emotional adjustment, Panamanian grandmothers distinguish themselves from those in the US, in experiencing reduced emotional stress, and dwelling less of personal loss, grief, or role stigma. Culture appears to have a genuine influence on these results. (RH)
ISSN: 00914150
From: http://baywood.com

The scheme changed from orange to blue badges from 1st April 2000 to comply with the European-wide standard, and thereby aid recognition and acceptance throughout the European community. Blue badge statistics are now incorporated as part of the publication "A Bulletin of Public Transport Statistics GB" (annual) to be found on the Department for Transport website and are not published separately any longer. The annual statistical data can however be downloaded as a separate file in pdf format. This data made available from the returns of local authorities are available in electronic format from the 2004 edition of the Bulletin. (KJ)
Price: FOC
From: Downloaded document (9/2/05): http://www.dft.gov.uk

Under Section 29 of the National Assistance Act 1948, Councils are required to compile and maintain classified registers of people who are deaf, blind and hard of hearing. Current triennial report of the return SSDA 910 (formerly series A/F 20), which contains detailed statistics on persons registered with local authority social service departments in England, as being deaf or hard of hearing. Registration is not compulsory, so the figures do not provide a complete picture. (KJ)
Price: FOC
From: Department of Health, PO Box 777, London SE1 6XH.

Planning for the future with adults with a learning disability living with older carers; by Laura Gorfin, Alex McGlaughlin.
Planning for the future for those adults with a learning disability who live with older carers is an important aspect of the White Paper "Valuing people" (Cm 5086, TSO, 2001). Indeed, such planning is essential if crisis situations are to be avoided, particularly the double shock to service users of losing their home at a time when they are also bereaved. Most research about future planning has tended to focus on the perspective of the family carer rather than that of the service user. To rectify this situation, this paper considers the findings of a project which directly sought the views of adults with a learning disability, including their experiences of living with their older carers and planning for their future housing and support. The findings demonstrate that adults with a learning disability are very aware of the likelihood of an end to family care, and that they have preferences about their future housing and support. However, planning for the future can be difficult because of the mutually supportive relationships that often exist in these families. (RH)
ISSN: 14608790
From: Website: http://www.pavpub.com
Poor mental and physical health differentially contributes to disability in hospitalized geriatric patients of different ages; by Alessandra Marengoni, Hedda Aguero-Torres, Stefania Cossi (et al).


Functional impairment is extremely high in older people, especially those who are admitted to acute hospital care. Several studies have shown independent associations between comorbidity, cognitive impairment, depressive symptoms and disability in older people. This study examined 830 patients aged 65+ admitted to an acute care geriatric ward in Brescia, Italy. Prevalence of functional disability (defined as need of physical assistance in at least one of the basic activities of daily living, ADLs) at discharge was 29.3% for those aged 65-74 and 55.2% for those aged 75+. Depressive symptoms, comorbidity and cognitive impairment often coexist, interact and are differentially associated with function depending on age. Considering that depressive symptoms are a modifiable problem, their detection in hospital settings may help clinicians in targeting those at high risk of functional disability. (RH)

ISSN: 08856230
From: http://www.geron.org

Predictors of the use of assistive devices that address physical impairments among community based frail elders; by Machiko R Tomita, William C Mann, Linda F Fraas (et al).


Use of assistive devices is a health behaviour that helps maintain independence and living at home. This study identifies predictors of the use of assistive devices that help older people with physical impairment who live at home. 694 cognitively intact, physically frail people aged 60+ were visited in their homes; on average, 9.5 devices were identified. Predictors were determined by hierarchical multiple regression analyses. Among 15 independent variables, physical disability level (higher severity) was the strongest overall predictor. Medication intake (more) was the only predictor among the health indicators. Of demographic variables, ethnicity (White) was the strongest predictor, followed by region (south) and living requirements (living alone). Of psychosocial variables, depression was an important predictor in hindering assistive device use. (RH)

ISSN: 07334648
From: http://www.sagepub.com

Prevalence, attributes and outcomes of fitness and frailty in community-dwelling older adults: report from the Canadian Study of Health and Aging; by Kenneth Rockwood, Susan E Howlett, Chris MacKnight (et al).


Population samples of the prevalence, attributes and outcomes of frailty and fitness in older people are limited. The authors report data from the (n=9008) community-dwelling sample of the Canadian Study of Health and Aging (CSHA), a representative 5-year prospective cohort study. Fitness and frailty were determined by self-reported exercise and function level and testing of cognition. 171 per 1000 were very fit and 12 per 1000 were very frail. Frailty increased with age, so that by age 85+, 44 per 1000 were very frail. The risk of adverse health outcomes increased markedly with frailty. Compared with older adults, those who were moderately or severely frail had a relative risk for institutionalisation of 8.6 or of death of 7.3. These risks persist after adjustments for sex, comorbid conditions and poor self-rated health. At all ages, men reported higher levels of exercise and less frailty compared to women. Decreased fitness and increased frailty were also associated with poor self-ratings of health and more social isolation. Fitness and frailty form a continuum and predict survival. Exercise influences survival, even in old age. Relative fitness and frailty can be determined quickly in a clinical setting or potentially useful markers of the risk for adverse health outcomes, and add value in traditional medical assessments that focus on diagnosis. (RH)

ISSN: 10795006
From: http://www.geron.org

Problems with vision associated with limitations or avoidance of driving in older populations; by William A Satariano, Kara E MacLeod, Theodore E Cohn (et al).


The role of disease processes that affect vision is examined, along with reported troubles with vision, physical symptoms affecting the eyes, and the objective measures in reported driving limitation due to problems with eyesight among older drivers. The study uses data from 1,840 participants in the Study of Physical Performance and Age-Related Changes in Sonomans (SPPARCS), a California community-based longitudinal study of ageing and physical performance affecting performance in people aged 55+. Each of 16 visual conditions was assessed for impact on reported driving, and significant associations were reported for all 16 conditions. "Avoiding physical activity due to vision" and "trouble seeing steps up or down stairs" had the strongest
associations. However, "glasses or contact lenses required for driving" and "trouble with glare from sunlight" had the highest attributable risks. Addressing specific problems attributable to vision should substantially reduce driving limitations due to eyesight. (RH)

ISSN: 10795014
From: http://www.geron.org

Protecting people with learning disabilities from abuse: a key role for learning disability nurses; by Rachel Davies, Robert Jenkins.
Learning disability nurses are in a prime position to help protect clients from abuse. However, current training programmes are not preparing nurses adequately to fulfil this role. This article argues that a shift in organisational culture is required in order to ensure new knowledge is properly integrated with nurses' experience and training needs. (RH)
ISSN: 14668203
From: Website: http://www.pavpub.com

Public policy writ small: coalitions at the intersection of aging and lifelong disabilities; by Edward F Ansello.: National Academy on an Aging Society, Fall 2004, pp 1, 3-6.
In the absence of articulated US national public policy that is directed at the well-being of ageing adults with lifelong disabilities and their family caregivers, purposeful, often short-lived local and regional coalitions are creating ways of maximising existing resources to serve these populations. In the process, these coalitions operationalise a "make do" philosophy of services that highlights among other things, the strengths of inter-system collaboration and the weaknesses of piecemeal public policies that have led to insular bureaucracies and narrowly-focused practices. This article outlines key factors in developing coalitions, and then how they succeed. (RH)
ISSN: 10553037
From: http://www.agingsoceity.org

Reasons given by older people for limitation or avoidance of driving; by David R Ragland, William A Satariano, Kara E MacLeod.
Data from the Study of Physical Performance and Age-Related Changes in Sonomans (SPPARCS) in California are used in this study. 2,046 participants aged 55+ reported whether or not they limited or avoided driving. 21 medical and non-medical reasons for limiting or avoiding driving were examined by age and gender. The study finds that while most older people continue to drive, many - especially older women - report one or more reasons to limit or avoid driving. Among medical reasons, problems with eyesight are cited most often; no other health problem was identified as as major limitation. Among non-medical reasons, being concerned about an accident or crime, and having no reason to drive were often cited. Important predictors of reported driving limitations were low income, limited functional status and self-report of poor vision. Understanding factors that affect older people's driving patterns - including medical and non-medical reasons - will assist in developing both enhancements to extend safe driving years and responses to the consequences of driving reduction. (RH)
ISSN: 00169013
From: http://www.geron.org

Retirement transitions and spouse disability: effects on depressive symptoms; by Maximiliane E Szinovacz, Adam Davey.
The effects of retirement, type of retirement and a spouse's disability on depressive symptoms were analysed, using data from the US Health and Retirement Survey (HRS) for 1992, 1994, 1996 and 1998 for 12,652 respondents (aged 51-61 at base). Results suggest that depressive symptoms increase where retirement is abrupt and perceived as being too early or forced, and was particularly the case for such women retirees who experienced increasing spouse activities of daily living (ADL) limitations. There is no similar effect for men. In contrast, for working retirees who retired on time, depressive symptoms decrease with increasing spouse ADLs. These results highlight the importance of retirement context on post-retirement well-being. They suggest that both type of retirement transition and marital context - such as a spouse's disability - influence post-retirement well-being, and that these effects differ by gender. (RH)
The role of social engagement in life satisfaction: its significance among older individuals with disease and disability; by Yuri Jang, James A Mortimer, William E Haley (et al).
Social engagement (social network and participation in social activities) and its relation to life satisfaction was examined in 354 community-living, cognitively intact older people (mean age 73.4) with different combinations of diseases and disabilities. The sample was drawn from the Charlotte County Healthy Aging Study (CCHAS) in Florida. Specifically, the analysis focused on the 108 with disease but no disability, and the 168 with both disease and disability. The latter group had significantly lower levels of participation in social activities and life satisfaction. However, compared to those with disease but no disability, their level of social engagement was more strongly associated with life satisfaction. Disabled individuals may compensate for their lower physical function by placing more emphasis on social networks and social activities. (RH)

Services for people with physical impairments and mental health support needs; by Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF; May 2004, 4 pp.
People with physical impairments who also have mental health support needs have tended to be overlooked by both policy-makers and those commissioning services. Research undertaken in partnership with Mind by Jenny Morris on the experiences of this group of people found high levels of dissatisfaction with services and some key areas of concern. Her full report, 'One town for my body, another for my mind: services for people with physical impairments and mental health support needs' is published by the Joseph Rowntree Foundation (KRF), who are also publishing a literature review relating to the project, 'People with physical impairments and mental health support needs'. (RH)

Socio-demographic correlates of mobility disability in older Brazilians: results of the first national survey; by David Melzer, Maria Isabel Parahyba.
The first national disability prevalence data for older Brazilians is presented, based on interviews with a representative sample of 28,943 people aged 60+ from the 1998 National Household Survey (PNAD), conducted by the Brazilian Institute of Geography and Statistics. Disability in Brazil's older population shows familiar prevalence patterns by age and gender similar to those for England, especially for men. Disparity in income and educational attainment in Brazil are the most important markers associated with group differences in mobility disability prevalence in old age. (RH)

Stability and change in social negativity in later life: reducing received while maintaining initiated negativity; by Kathrin Boerner, Joann P Reinhardt, Tenko Raykov (et al).
Participants, 570 older Americans with chronic visual impairment, were interviewed three times over an 18-month period. Analyses focused on family relationships, because social negativity needs to be more persistent in family compared with non-kin relationships. Social negativity received and initiated are addressed separately to determine whether or not they show similar patterns and links to instrumental support over time. Social negativity received showed a decrease over time, whereas levels of social negativity initiated remained more stable. Links with instrumental support were positive but stronger for received compared with initiated social negativity. The differential pattern of stability and change over time in received versus initiated social negativity and their links to instrumental support suggest different origins for the initiation versus receipt of social negativity. (RH)
Technology has made available many extra phone features and services in recent years, some of which can be a real help for older people or someone with a disability. The first part of this guide looks at the different kinds of generally available phone equipment and the features which may help. This is followed by a summary of specialised equipment and accessories, and details of the services, both mobile and fixed-line, offered by BT and other operators. (KJ/RH)

Price: FOC
From: Ricability, 30 Angel Gate, City Road, London EC1V 2PT.  http://www.ricability.org.uk

Findings, N34, November 2004, 4 pp.
The National Family and Parenting Institute undertook research into improving supportive practice for disabled parents. The study by Richard Olsen (Nuffield Community Care Studies Unit, University of Leicester) and Helen Tyers (independent social worker and a disabled parent) drew on discussions with parents, and visits to four local authorities - Camden, Doncaster, Kingston-upon-Thames and Nottinghamshire - which have already begun to develop work in this area. These findings outline the types of support valued by parents, and lessons for senior managers and policy makers (including principles of good practice). The full report, "Think parent: supporting disabled adults as parents", is published by the Joseph Rowntree Foundation (JRF), and is available from York Publishing Services. (RH)

ISSN: 09583084
Price: FOC

This is the third report in a series of five looking at ways to promote the independence and well-being of older people. It looks specifically at some of the new ways to sustain and support frail or disabled older people and people with dementia, rather than reacting only when things go wrong. It describes a range of initiatives from the UK and the US, and presents evidence on their impact, not only on older people's well-being, but also in the wider system. It highlights the key steps and factors to consider in implementing a proactive approach to older people. (RH)

ISBN: 1862404739
Price: £15.00
From: Audit Commission Publications, PO Box 99, Wetherby LS23 7JA. Report also available on website: www.audit-commission.gov.uk/olderpeople

Supporting good nutrition for people with learning disabilities; by Karen Kennedy, Jenny Pannell, Neil Summers.
Nutrition and exercise matter for everyone, including people with learning disabilities. Poor nutrition and lack of exercise can have adverse effects on emotional and physical health and well-being, which then affect the ability to cope with the demands of everyday life, including independent living and enjoyment of voluntary or paid work, college and leisure activities. Support staff need training and advice to understand this if they are to facilitate optimal quality of life. This article includes case studies on two women with moderate learning difficulties. (RH)

ISSN: 14608790
From: Website: http://www.pavpub.com

Trajectories of impairment, social support, and depressive symptoms in later life; by Miles G Taylor, Scott M Lynch.
Research has increasingly focused on the dynamic nature of disability and depressive symptoms in later life. Here, the authors investigate the relationship between long-term patterns of disability, perceived and received social support, and depressive symptoms in later life. They use random coefficient growth models of four waves of the Duke Established Populations for Epidemiologic Studies of the Elderly (EPESE) data to determine whether disability, support and depressive symptoms follow linear trajectories across age, and whether support
mediates the relationship between disability and depressive symptoms. They find that disability, social support and depressive symptoms are strongly interrelated processes in later life. Their results are consistent with previous research in showing that perceived, rather than received, support mediates the relationship between disability and depressive symptoms, but their results extend previous research in showing that this mediation occurs across time. (RH)

ISSN: 10795014
From: http://www.geron.org

As part of the "Here to Help" series of investigations into household poverty in Britain, RNIB and British Gas reveal how older blind and partially sighted people are at particular risk when living in poverty. This report is based on a major survey of 588 blind and partially sighted adults in England, Scotland and Wales. It highlights the sparse nature of support for a growing number of older people encountering sight problems in later years. Although seven out of eight people surveyed had been "registered" with their local authority as blind or partially sighted, the report indicates problems with lack of care, support, or equipment provision to help with everyday tasks. Case studies indicate ways in which RNIB and/or British Gas can help with people's particular circumstances. (RH)
From: RNIB, 105 Judd Street, London WC1H 9NE. www.rnib.org.uk/campaign

Variation in thresholds for reporting mobility disability between national population subgroups and studies; by David Melzer, Tzuo-Yun Lan, Brian D M Tom (et al).
Disability questions require older people to report difficulties with everyday activities using broad responses. The authors aimed to estimate thresholds on tested performance at which self-reports change from one category to another, across a range of sociodemographic subgroups. They also aimed to compare reported and tested performance across two national population studies. Samples were from the third US National Health and Nutrition Examination Study (NHANES III) and the Longitudinal Aging Study Amsterdam (LASA). Measures of gait speed, chair stands and peak expiratory flow rate in both studies yielded the validated index of mobility-related physical limitations (MOBLI). Comparisons between the two studies show that lower reported mobility difficulty or inability prevalence in the Dutch sample is attributable both to reporting a higher level of limitation and to better functioning. There is evidence of differences in thresholds for reporting mobility disability, especially across age and income groups in older Americans. (RH)
ISSN: 10795006
From: http://www.geron.org

Vision impairment and combined vision and hearing impairment predict cognitive and functional decline in older women; by Michael Y Lin, Peter R Gutierrez, Katie L Stone (et al), Study of Osteoporotic Fractures Research Group (United States).
Of 6,112 women aged 69+ participating in the US Study of Osteoporotic Fractures (SOF) between 1992 and 1994, 5,345 participants had their hearing measured, 1,668 had visual acuity measured, and 1,634 had both measured. Participants completed the modified Mini Mental State Examination (MMSE) and/or a functional status assessment at baseline and follow-up. About one-sixth (15.7%) of the sample had cognitive decline; 10.1% had functional decline. In multivariate models adjusted for sociodemographic characteristics and chronic conditions, vision impairment at baseline was associated with cognitive and functional decline. Hearing impairment was not associated with cognitive or functional decline. Combined impairment was associated with the greatest odds for functional and cognitive decline. Sensory impairment is associated with cognitive and functional decline in older women. Studies are needed to determine whether treatment of vision and hearing impairment can decrease the risk for cognitive and functional decline. (RH)
ISSN: 00028614
From: http://www.americangeriatrics.orghttp://www.blackwellpublishing.com

Visual impairments, functional and health status, and life satisfaction among elderly Bedouins in Israel; by Esther Iecovich, Richard E Isralowitz.
Age-related visual impairment is a major cause of functional limitations. It often affects social, emotional, mental and physical well-being, as well as everyday functioning ability. This study examines the impact of
visual impairment on daily functioning and subjective well-being on older Bedouins. Participants were 88 Bedouins aged 60+ at a day centre in a Bedouin town in southern Israel. Most of the respondents had visual impairments in terms of close and distance sight. Visual impairment was found significantly correlated with perceived daily functioning and health status as well as a sense of life satisfaction. Those having visual impairment reported more problems with performing activities of daily living (ADLs), their health status is more deteriorated and their life satisfaction is lower compared with those not having visual problems. A discussion of the findings is provided in terms of policy and service provision for older people. (RH)

ISSN: 01635158
From: http://www.transactionpub.com

Volunteering for all?: exploring the link between volunteering and social exclusion; by Justin Davis-Smith, Angela Ellis, Steven Howlett (et al), Institute for Volunteering Research; University of East London. London: Institute for Volunteering Research, 2004, 86 pp.

The question of whether volunteering is inclusive and the broader link between volunteering and social exclusion has been a key theme for the volunteering movement in recent years. Funded by the Community Fund, this report summarises findings of research which looked at what volunteering can do to reduce social exclusion, the challenges faced in making volunteering more inclusive, and the steps taken by organisations to overcome barriers. The report highlights barriers to formal volunteering faced by individuals from black and minority ethnic (BME) groups, disabled people, and those with a record of offence. The research used a combination of qualitative and quantitative methods including: a literature review; consultation and interviews with organisations; and questionnaire surveys and focus groups with volunteers and non-volunteers from the three target groups. Case studies and in-depth interviews were carried out with staff and volunteers in three contrasting urban and rural areas - Sheffield, Haringey and East Devon. Conclusions and recommendations consider the impact of volunteering and valuing diversity in volunteering. (RH)

From: Institute for Volunteering Research, Regent's Wharf, 8 All Saints Street, London N1 9RL. www.ivr.org.uk

Your guide to ... community equipment services; by Mike George.

Disabled people rely on community equipment to help them lead more independent lives, yet much of it is second-rate, out of date, or inadequately serviced. The author suggests some points for best practice, drawing attention to the requirement under section 31 of the Health Act 1999 for health services and local authorities to have pooled budgets. (RH)

ISSN: 14779994
From: http://www.careandhealth.com

2003

Ageing and intellectual disability in Israel: a study to compare community residence with living at home; by Hefziba Lifshitz, Joav Merrick.

The present study was conducted to compare ageing phenomena in 29 people with intellectual disabilities aged 40+ living in community residences with those of 31 living with their families. The aims were to compare the health status between the two types of settings, to compare the health status between the study sample and the general Israeli population of the same age group, and to investigate whether deterioration occurs among the participants in activities of daily living (ADLs), cognitive ability and leisure activity. Health problems had already appeared by age 40 in these participants, most frequently visual impairment (33%), hearing impairments (20%) and heart problems (20%); dental problems were found in 30%. The community-based residence group displayed more medical problems than those living at home. The data provided in this study can serve as a preliminary base for the development of geriatric services for older people with intellectual disabilities in the community, and can also provide a basis for further comparison with peers in the general population. (RH)

ISSN: 09660410

Aging with a long-term disability: voices unheard; by E Ann Moore Wiley.

Research concerning the emerging population of people ageing with a long-term disability (including spinal cord injury and those surviving polio myelitis and now dealing with post polio syndrome) is heavily weighted towards quantitative methods. Results from a literature search revealed many articles using quantitative research methods and few articles using qualitative research methods. Those few articles using qualitative research
methods that include analysis of life stories or narratives, are reviewed. Proposed assumptions are discussed that integrate the body of knowledge elicited from qualitative research. (KJ/RH)

ISSN: 02703181


Angels of the night: evening and night patrols for homebound elders in Sweden; by Bo Malmberg, Marie Ernsth, Birgitta Larsson (et al).
Home Help and Primary Health Care, the two organisations that provide services to older people in Sweden, have collaborated to develop evening and night patrols. This study describes the patrols' work by examining how staff members view their work and the specific work content. The authors developed two questionnaires: one to be answered jointly by patrol teams, and one to be completed by each member of a team. All patrols in the municipality of Jönköping were asked to participate. The most frequent kind of help provided by evening and night patrols involves personal care, but help with medications and injections are also frequent. The staff reported that it is becoming more common for the patrols to assist people with terminal illnesses. The patrols also increasingly assist people with psychiatric problems. However, staff feel that the job may be becoming too diverse, and that they need further training for the range of tasks they are asked to perform. The patrols are very flexible in the services provided. Without the patrols, staff members believe that many older people would have to leave their homes to go into institutions. (RH)

ISSN: 00169013

From: http://www.geron.org

The burden and patterns of disability in activities of daily living among community-living older persons; by Thomas M Gill, Brenda Kurland.
Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 58A, no 1, January 2003, pp 70-75.
The onset of disability in activities of daily living (ADLs) is considered a sentinel event in the life of an older person, but recent evidence suggests that newly disabled older people have high rates of recovery. The authors studied 754 community-living Americans aged 70+, categorised according to their risk of disability: low, intermediate, high. These participants from the Precipitating Events Project were interviewed each month for 2 years, to determine the presence and severity of disability in four key ADLs: bathing, dressing, walking and transferring. Of the 664 non-decedents, rates of any disability were 7.7%, 48.7% and 65.2% respectively for the three risk groups. Whereas only 6.9% of non-decedents in the low-risk group had more than one month of disability, 38.2% and 50.6% of non-decedents in the intermediate and high risk groups respectively, had multiple months and/or episodes of disability. Patterns of disability were quite diverse; no single pattern represented the disability experience of more than half the decedents or non-decedents in any of the risk groups. The results obtained here provide strong evidence in support of disability as a reversible and often recurrent event. (RH)

ISSN: 10795006

From: www.geron.org

The relationship between various definitions of disability and the use of home health care is examined. Using data from the 1993 Survey of Asset and Health Dynamics among the Oldest Old (AHEAD), four measures of disability are constructed based on the concepts of difficulty and assistance. Home health care use was most likely when presence of both assistance and difficulty were included in the definition of disability. Regardless of the measure used, women, white people and unmarried people had higher likelihoods of using home health care than men, black people and married people respectively. If used as a service eligibility criterion, an inclusive measure of disability would result in a large number of potential service users. Efforts to control expenditures through the use of a narrower measure that requires the presence of assistance may disadvantage some subgroups of the older population. (KJ/RH)

ISSN: 01621424

From: http://www.tandfonline.com

Comparing incomes when needs differ: equivalence for the extra costs of disability in the UK; by Asghar Zaidi, Tania Burchardt, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International
Equivalisation of incomes for household size and composition is accepted practice when measuring poverty and inequality; adjustments to take account of other variations are rarely made. This paper explores the financial implications of one possible source of additional needs: disability. Using two UK household surveys - the Family Resources Survey (FRS), and the British Household Panel Survey (BHPS) - the authors seek to establish whether there are extra costs of living associated with disability, and to quantify them using the "standard of living" approach. The underlying theory is that a household's standard of living is a function of income and needs. The extra cost of disability can be derived by comparing the standard of living of households with and without disabled members at a given income, having controlled for other sources of variation. Results show that extra costs of disability are substantial, especially for those living alone, and that these costs rise with severity of disability. The authors find that unadjusted incomes significantly understate the problem of low income amongst disabled people, and thereby to the population as a whole. (RH)

Price: FOC
From: Centre for Analysis of Social Exclusion, London School of Economics, Houghton Street, London WC2A 2AE.

A comparison of assistive technology and personal care in alleviating disability and unmet need; by Emily M Agree, Vicki A Freedman.
Three dimensions of residual difficulty (pain, fatigue, and time intensity) and reports of unmet need across care arrangements were compared. Samples from the US 1994-1995 National Health Interview Survey Phase 2 Disability Supplements (NHIS-D2) include adults with limitations in bathing, transferring, walking and getting outside. Even when differences in underlying disability are accounted for, assistive technology (AT) confers no additional benefit in the three dimensions of residual difficulty analysed. AT users equally or more often report that tasks are tiring, time consuming, or painful, even when they use assistance. Though this would appear to indicate unmet needs for care, fewer TA users report a desire for hands-on personal care. Designing appropriate and cost-effective home care for people with disabilities requires a better understanding of the ways in which technology users may differ from others and the circumstances under which technology can be most effective. (RH)
ISSN: 00169013

Coping strategies and its effects on depression among caregivers of impaired elders in Japan; by K Abe, T Kashiwagi, S Tsuneto.
Aging & Mental Health, vol 7, no 3, May 2003, pp 207-211.
A postal survey was conducted among family members who provided care for physically and mentally impaired older people in Otta City, Japan. 166 responses from family caregivers were used for analysis. Results of exploratory and confirmatory factor analysis indicated three factors categorised as "Resignation", "Consulting and complaining", and "Distancing". Results of structure equation modelling also suggested a significant effect of "Resignation" on caregivers' mental health. Although the factor structure of coping strategies was similar to other studies conducted in Western countries, the effects of coping strategies were quite different. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Deceiving, theorizing and self-justification: a critique of independent living; by Christine Oldman.
The concept of independent living - enabling housing to be more accessible - is questioned. The article starts with an examination of some key paradigms of later life, and uses their insights to expose the powerful and deceptive discourse of "independent living", which is described as "one of social policy's most persuasive mantras". The theoretical perspective that informs the whole article is that of postmodernism with a critical gerontology perspective. The critique of independent living that this article offers is applied within the overlapping area of housing and community care to a special case, that of physically impaired older people, in three separate but related instances: academic, policy and political. Taking a critique of independent living beyond theory into policy development may achieve a closer fit between what older people want their living environments to be and what they currently have. (RH)
ISSN: 02610183
This is one of three draft guidance documents on housing adaptations for disabled people prepared jointly by the Office of the Deputy Prime Minister (ODPM) and the Department of Health (DH). It describes the various statutory duties laid upon both social services and housing authorities in relation to their adaptations service. It draws on identified good practice from local authorities in advising on the key issues about how the service should be organised, and the full process of service provision from first contact to completion of an adaptation. (RH)
From: Office of the Deputy Prime Minister, PO Box 236, Wetherby, West Yorkshire LS23 7NB. Website: http://www.housing.odpm.gov.uk/information/index.17.htm

Delivering adaptations: good practice system review checklist: [draft guidance for consultation on housing adaptations for disabled people]; by Office of the Deputy Prime Minister - ODPM; Department of Health - DH. London: Office of the Deputy Prime Minister - ODPM, 2003, 8 pp (Product code 02HC00917/3).
This checklist is provided to assist partner agencies in a locality working together to deliver an effective adaptation service. It is aimed at those responsible for planning and design or service delivery, as well as service users and their advocates. This is one of three draft guidance documents on housing adaptations for disabled people prepared jointly by the Office of the Deputy Prime Minister (ODPM) and the Department of Health (DH). (RH)
From: Office of the Deputy Prime Minister, PO Box 236, Wetherby, West Yorkshire LS23 7NB. Website: http://www.housing.odpm.gov.uk/information/index.17.htm

Delivering adaptations: responding to the need for adaptation - an overview: [draft guidance for consultation on housing adaptations for disabled people]; by Office of the Deputy Prime Minister - ODPM; Department of Health - DH. London: Office of the Deputy Prime Minister - ODPM, 2003, 12 pp (Product code 02HC00917/2).
This is one of three draft guidance documents on housing adaptations for disabled people prepared jointly by the Office of the Deputy Prime Minister (ODPM) and the Department of Health (DH). It offers advice to local authorities on establishing a housing adaptation service for disabled people that meets their needs and statutory entitlements. (RH)
From: Office of the Deputy Prime Minister, PO Box 236, Wetherby, West Yorkshire LS23 7NB. Website: http://www.housing.odpm.gov.uk/information/index.17.htm

Home Improvement Agencies (HIAs) play an important role in promoting independence for vulnerable people, particularly those living in private sector housing. This guide draws on the experience of six HIAs involved in a good practice research project jointly undertaken by Foundations and the the Centre for Housing Policy at the University of York, the latter commissioned by the Thomas Pocklington Trust. The aim was to investigate key issues that would lead to improved HIA services for visually impaired people. Coverage includes: raising awareness of visual impairment; carrying out assessments that meet users' needs; technical assistance and adaptation guidance; working with contractors; and ensuring client satisfaction. (RH)
ISBN: 0954545702
Price: £9.95
From: Foundations, Bleaklow House, Howard Town Mill, Glossop, SK13 8HT.
http://www.foundations.uk.com

Dementia in people with an intellectual disability; by Shoumitro Deb.
Reviews in Clinical Gerontology, vol 13, no 2, May 2003, pp 137-144.
There are many similarities and some differences in the clinical expression of dementia in people who have an intellectual disability (ID). Adults who have Down's syndrome (DS) are particularly vulnerable to developing Alzheimer's disease (AD) neuropathology from age 40+. This article reviews evidence on the prevalence of and risk factors for dementia in people who have DS. It discusses the two main diagnostic or screening instruments: the Dementia Scale for Down Syndrome (DSDS) and the Dementia Questionnaire for persons with Mental Retardation (DMR). (RH)
ISSN: 09592598
From: journals.cambridge.org
Depiction of elderly and disabled people on road traffic signs: international comparison; by Richard P Gale, Christopher P Gale, T A Roper (et al).
Older people should not be stigmatised as being impaired or disabled. The authors had observed that some countries did not depict older people in this way, and wondered how road signs worldwide illustrate older people as well as those with disabilities. They summarise the results of their requests to British missions abroad for pictures, photographs or other images of road signs that warned about older people, deaf people, blind people, or those with any other physical disability. (RH)
ISSN: 09598138
From: http://www.bmj.com

Determinants of stability and changes in self-reported work disability among older working-age populations; by Namkee G Choi.
Data from the US Health and Retirement Study 1992-1994, were used to analyse the prevalence and incidence of self-reported work disability among older working-age populations over a 2-year period. Also analysed was the effect of stability and changes in physical and functional health conditions on the stability/changes in self-reported work ability or disability, controlling for socioeconomic and occupational characteristics. Findings show a high rate of transitions into and out of work-disabled status over the period. Although objective physical and functional health problems and low self-ratings of health at wave 1 were significant determinants of self-reported work disability at wave 1, most subsequent changes in objective physical and functional health conditions over the period were not significantly associated with the changes in self-report of work disability between waves 1 and 2. Improved health conditions were not significantly associated with regained work ability between the two waves. Of the demographic variables, female gender significantly increased the likelihood of reporting work disability at wave 2, while being black or Hispanic significantly decreased the likelihood of reporting regained work ability at wave 2. (KJ/RH)
ISSN: 08959420
From: http://www.tandfonline.com

Developing integrated support for deafblind people: social services going it alone?; by Michael Wood, Janet Leece.
This paper considers recent guidance on social care for deafblind adults and children issued to local authorities in March 2001 by the Department of Health (DH) under Section 7 of the Local Authority Social Services Act 1970. It uses Staffordshire Social Services Department's response to the guidance as a case study to identify areas of good practice, and makes practical suggestions for implementation. The guidance places the responsibility for improving provision to deafblind people squarely on social services, rather than including other agencies such as health and education. The paper argues that this may be hindering the development of integrated services. (KJ/RH)
ISSN: 14769018

Disability, dependence and old age: problematic constructions; by Sharon Dale Stone.
Canadian Journal on Aging, vol 22, no 1, Spring 2003, pp 59-68.
This paper argues that fear of ageing can more precisely be recognised as a fear of disability, and that fear of disability can be centrally understood as a fear of dependence. Accordingly, we are not likely to see older people being treated as important members of society until we see a change in attitudes towards disability. The argument is developed with reference to a consideration of attitudes toward and treatment of older people and people with disabilities, a consideration of the social construction of dependency, and an examination of statistics of the Canadian population of people with disabilities. The ubiquity of disability across all age groups means that there needs to be a reconceptualisation of disability as part of the human experience. (RH)
ISSN: 07149808
From: http://www.utpjournals.com

Disability-free life expectancy of elderly people in a population undergoing demographic and epidemiologic transition; by Sutthichai Jitapunkul, Chaiyos Kumanusont, Wiput Phoolcharoen (et al).
In many demographically developing countries, life expectancy is increasing very rapidly, but little information is available on survival free of disability. In this study of 4,048 Thai people aged 60+, prevalence rates of long-term disability and dependency in self-care activities of daily living (ADIs) were 19% and 6.9% respectively. Rates of disability increased with age, and women were more disabled than men. The life expectancy and
disability-free life expectancy at age 60 were, respectively, 20.3 years and 16.4 years for men, and 23.9 years and 18.2 years for women. Self-care life expectancies at age 60, calculated from the prevalence of needing help with basic self-care activities were 18.6 years for men and 21.3 years for women. Women spent proportionately more of their longer life expectancy in a disabled state than men. Men and women can, respectively, expect that 19% and 24% of their life expectancy at age 60 will be spent in a disabled state, but may expect only about 10% of their life expectancy to be spent unable to manage basic self-care ADLs. Thus, self-care life expectancy is a useful indicator for monitoring the achievement of national health and social policy objectives. (RH)

ISSN: 00020729


This large-scale qualitative study aims to provide a greater understanding of the life experiences of disabled people in Britain. The research explores the complex conceptual and personal issues surrounding the lives of this diverse population, in particular the nature of personal identity and the roles that disability, age, gender, ethnicity and sexuality play in shaping disabled people's self-identity. The report considers three key areas where "compounded" or "multiple" disadvantage might occur: experiences of education and training; the world of work and transitions to retirement; and access to goods and services. Other research objectives were to explore disabled people's perceptions of social exclusion and their experiences of discrimination and prejudice. Respondents were either people who had participated in previous studies, or who had been contacted through local voluntary organisations for disabled people. The research was designed to include a combination of one-to-one interviews and group discussions. (RH)

ISBN: 1841235709
Price: £34.00
From: Corporate Document Services, 7 Eastgate, Leeds LS2 7LY. E-mail: orderline@cds.co.uk Website: http://www.cds.co.uk


The presence of dementia should not preclude assessment for a hearing aid, and all patients with hearing impairment require thorough examination. This Greater Manchester study monitored the effects of hearing aids on people with hearing loss and dementia. Almost half of the mildly hearing impaired patients with dementia in the sample improved when hearing loss was restored. The study notes that people with dementia can tolerate routine audiological procedures. 10% of the patients with dementia and hearing loss also benefited from removal of ear wax. Whilst hearing does not improve cognitive function or reduce behavioural or psychiatric symptoms, there is evidence that patients improved on global measures of change. (RH)

ISSN: 00020729


GO Findings: 24 - Research Findings from the Growing Older Programme, October 2003, 4 pp.
In this research, frail older people include those with severe physical and/or mental conditions or disabilities at the end of their lives. The research aims to contribute to understanding the meaning of quality of life (QoL) for frail older people, from the perspectives of the older people themselves. The authors use a symbolic interactionist framework, to take a subjective qualitative approach to QoL as a multidimensional concept, including social, psychological, emotional, cultural, spiritual and environmental dimensions. The QoL and life experiences of frail older people with dementia and/or communication difficulties were explored, using innovative methods to elicit their views. The ethnographic research included six focus groups, naturalistic observation in four settings, and observations with 52 individuals who had moved into care homes in the previous 6 months. (RH)

Price: FOC
From: ESRC Growing Older Programme, Department of Sociological Studies, Elmfield, Northumberland Road, University of Sheffield, Sheffield S10 2TU. www.shef.ac.uk/uni/projects/gop/index.htm
Giving while in need: support provided by disabled older adults; by Kathrin Boerner, Joann P Reinhardt. 
The ability to provide support to others may become an especially critical issue for those who are dealing with a progressive, chronic impairment that typically results in increased functional disability, and thus places them in greater need of support. This multilevel analysis examined change in support provision over time, as well as the degree to which sociodemographic, health, functional disability, use of rehabilitation services, and the receipt of support predicted support provision. Participants, 440 older people with a progressive, chronic visual impairment, were interviewed three times over an 18-month period. Affective and incremental support provided to family and friends each showed a decrease over time. Age, gender and education emerged as predictors of support provided at baseline. Receipt of support was positively related to support provision at all three time points, both within and across support types. Findings indicate there may be be feasible ways of providing support, even by older people who are in need of support themselves. (RH)
ISSN: 10795014
From : http://www.geron.org

The Older Family Carers Initiative (OFCI) was a three year project designed to support Learning Disability Partnership Boards across England to identify and meet the needs of older family carers of people with learning disabilities, as prioritised in the White Paper, 'Valuing people'. The project began in 2002 and closed in 2005 with a new toolkit developed to help the Boards, entitled "Valuing Families : a toolkit for family friendly services". This is the first in a series of good practice guidelines, which are part of the resources that were developed to reflect the lessons learned and the good practice developed across the country to support older family carers. It is available from FPLD as a download; see website for details. (KJ/RH)
From : Website: http://www.learningdisabilities.org.uk

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From : Website: http://www.learningdisabilities.org.uk

The Older Family Carers Initiative (OFCI) was a three year project designed to support Learning Disability Partnership Boards across England to identify and meet the needs of older family carers of people with learning disabilities, as prioritised in the White Paper, 'Valuing people'. The project began in 2002 and closed in 2005 with a new toolkit developed to help the Boards, entitled "Valuing Families : a toolkit for family friendly services". This is the second in a series of good practice guidelines, part of the resources that were developed to reflect the lessons learned and the good practice developed across the country to support older family carers. It discusses additional questions that need to be asked when identifying older family carers: who should we be identifying; how should we identify them; how do we ensure they are willing to be identified; and who should take ownership of identifying older family carers? This guideline should be read in conjunction with Guideline 3. It is available from FPLD as a download; see website for details. (KJ/RH)
From : Website: http://www.learningdisabilities.org.uk
Good practice guidelines in supporting older family carers of people with learning disabilities: Guideline 4 : Carers' needs assessments; by Older Family Carers Initiative (OFCI), Foundation for People with Learning Disabilities - FPLD. London: Foundation for People with Learning Disabilities - FPLD, 2003, unnumbered. The Older Family Carers Initiative (OFCI) was a three year project designed to support Learning Disability Partnership Boards across England to identify and meet the needs of older family carers of people with learning disabilities, as prioritised in the White Paper, 'Valuing people'. The project began in 2002 and closed in 2005 with a new toolkit developed to help the Boards, entitled "Valuing Families : a toolkit for family friendly services". This is the fourth in a series of good practice guidelines, part of the resources that were developed to reflect the lessons learned and the good practice developed across the country to support older family carers. This guideline stresses the need to provide services that meet assessed needs, rather than just recording information. It is available from FPLD as a download; see website for details. (KJ/RH)

From: Website: http://www.learningdisabilities.org.uk

Good practice guidelines in supporting older family carers of people with learning disabilities: Guideline 5 : Involving older family carers; by Older Family Carers Initiative (OFCI), Foundation for People with Learning Disabilities - FPLD. London: Foundation for People with Learning Disabilities - FPLD, 2003, unnumbered. The Older Family Carers Initiative (OFCI) was a three year project designed to support Learning Disability Partnership Boards across England to identify and meet the needs of older family carers of people with learning disabilities, as prioritised in the White Paper, 'Valuing people'. The project began in 2002 and closed in 2005 with a new toolkit developed to help the Boards, entitled "Valuing Families : a toolkit for family friendly services". This is the fifth in a series of good practice guidelines, part of the resources that were developed to reflect the lessons learned and the good practice developed across the country to support older family carers. This guideline emphasises the importance of involving both the family carers and the people with learning disabilities themselves in consultation and planning structures. It is available from FPLD as a download; see website for details. (KJ/RH)

From: Website: http://www.learningdisabilities.org.uk

Health in London 2003: review of the London Health Strategy high level indicators; by London Health Commission; Greater London Authority - GLA; London Health Observatory. London: London Health Commission, 2003, 92 pp. 2003 is the European Year of Disabled People, and this report includes a focus on the experience of disabled Londoners. As in the 2002 review, this report highlights important inequalities in health, and the factors that influence health. It adds to information in the 2002 review on the ten high level indicators in the London Health Strategy. Of the ten indicators, those most relevant to older people's health are: proportion of homes judged unfit to live in; burglary rate per 1000 population; air quality indicators; road traffic casualty rate per 1000 resident population; life expectancy at birth; and proportion of people with self-assessed fair, poor or bad health. (RH)

From: London Health Commission, City Hall, The Queen's Walk, London SE1 2AA.

health.commission@london.gov.uk

Hearing and vision impairment and the social networks of older Australians; by Christopher Lind, Louise Hickson, Linda Worrall (et al). Australasian Journal on Ageing, vol 22.1, March 2003, pp 20-25. A group of 240 self-selected, community based older Australians (aged 60 to 93) were tested for vision and hearing acuity, and reported on their hearing and vision difficulties and social networks. Participants had an average of 16 people in their social networks, which typically included a spouse and four other members of the immediate family. Dual sensory loss (i.e. some degree of hearing and visual impairment) was evident in 19% of the participants. Those with dual sensory loss had more intense networks; however, they had a reduced quality of social networks compared to others in the sample. (RH)

ISSN: 14406381

The impact of hearing loss on quality of life in older adults; by Dayna S Dalton, Karen J Cruickshanks, Barbara E K Klein (et al). The Gerontologist, vol 43, no 5, October 2003, pp 661-668. The impact of hearing loss on hearing handicap, communication difficulties, function and health-related quality of life is investigated. Data are for 2,688 people aged 53-97 (42% male) from a 5-year follow-up Epidemiology of Hearing Loss Study, a population-based longitudinal study conducted in Beaver Down, WI. Difficulties with communication were assessed by using the Hearing Handicap for the Elderly - Screening Version (HEE-S), with additional questions regarding communication difficulties in specific situations. Health-related quality of life was assessed using measures of activities of daily living (ADLs), Instrumental ADLs (IADLs) and the Short Form 36 Health Survey (SF-36). Hearing loss measured by audiometry was categorised on the basis of the pure
tone hearing thresholds at 0.5, 1, 2 and 4 kHz. 28% of the participants had a mild hearing loss; 24% had a moderate to severe hearing loss. Severity of hearing loss was significantly associated with having a hearing handicap and with self-reported communication difficulties. Individuals with moderate to severe hearing loss were more likely than those without hearing loss to have impaired ADLs and IADLs. Severity of hearing loss was significantly associated with decreased function in both the Mental Component Summary score and the Physical Component Summary score of the SF-36 as well as with six of the eight individual domain scores. Severity of hearing loss is thus associated with reduced quality of life in older people. (RH)

ISSN: 00169013
From: http://www.geron.org

Findings, 823, August 2003, 4 pp.
Part M of the Building Regulations requires housebuilders to construct new housing to standards that enable disabled people - particularly wheelchair users and those with mobility or ambulant impairments - to visit a house and have access to a ground floor living space and toilet. It also seeks to enable occupiers to cope better with any reduction in their mobility. There is little or no information about the impact of the Regulations on the design of new dwellings. This study, by Rob Imrie at Royal Holloway University of London, researched the attitudes of builders and building control officers towards Part M and how the Regulation is being interpreted and applied. The full version of Rob Imrie's report is published by the Department of Geography, Royal Holloway. (KJ/RH)
ISSN: 09583084
Price: FOC
From: Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Website: www.jrf.org.uk

Between February and November 2002, the SSI inspected disability services in eight local councils with social services responsibilities: Bolton, Bromley, Dorset, Gateshead, Liverpool, Redcar & Cleveland, Solihull and Tameside. 'Independence matters' takes as its value base the social model of disability, which recognises that social and environmental barriers limit opportunities for disabled people to take part in society on an equal basis with other people. Examples of good practice illustrate the findings which are presented on these four key themes: independence at home; identity and belonging; active citizenship; and systems and processes (that is, the way councils work). The short summary gives the main points on the four key themes. Appendices C-G of the main report are available only on the report's website, as is a British Sign Language version of the summary. (RH)
Price: FOC
From: Department of Health, PO Box 777, London SE1 6XH. NHS Responseline: 08701 555 455. Website: www.doh.gov.uk/ssi/independencematters03.htm

The influence of health, social support quality and rehabilitation on depression among disabled elders; by A Horowitz, J P Reinhardt, K Boerner (et al).
Participants were 95 visually impaired older Americans (age 65+) seeking visual rehabilitation services, who were interviewed at application and some 2 years later. Hierarchical regression analyses focused first on concurrent relationships at baseline, and then used baseline health and social support variables, along with indicators of change in vision and use of rehabilitation services, in order to predict change in depression over time. Findings indicate that being unmarried, in poorer health, having lower quality of relationships with family, and lower stability in friendships were significant independent risk factors for initial depression, explaining 50% of the variance. Decline in depression over time was predicted by younger age, better self-rated health, stability of friendships, and use of rehabilitation services that, along with baseline depression, explained 61% of variance in depressive symptomatology at 2-year follow-up. The importance of qualitative aspects of social support for older disabled people is highlighted, as is the distinction that needs to be made between factors predicting concurrent mental health status and those predicting change in status over time. (RH)
ISSN: 13607863
From: http://www.tandfonline.com


Vision loss in later life can contribute to deterioration of confidence in the older person, in addition to its impact on safety. Vision rehabilitation strategies, in particular orientation and mobility techniques, can play an important role in restoring feelings of confidence, comfort and safety. (RH)

Lost from view: [gaps in services for visually impaired people]; by John Percival.

Community Care, no 1454, 9 January 2003, pp 38-39.

Wide gaps in services for visually impaired people have emerged in a new study of 400 participants aged 55+ living in various types of housing in Plymouth, Birmingham and London. They included individuals who were in touch with specialist services, as well as those who were not. The author discusses the results, which are variously published by the Thomas Pocklington Trust as an Occasional paper, Research findings and a full report, "The housing and support needs of older people with visual impairment". (RH)

ISSN: 03075508

Moderating effects of psychosocial attributes on the association between risk factors and disability in later life; by Y Jang, W E Haley, J A Mortimer (et al).


The particular focus of this study is how neuroticism and social resources (social network, received support, and satisfaction with support) modify the linkages between risk factors and disability. The main and moderating effects were empirically tested using a sample of 444 cognitively intact community-dwelling older people in Florida (mean age 72.3). The likelihood of disability increased with advancing age, more chronic conditions, higher levels of neuroticism, more received support, and less satisfaction with support. In addition to the main effects, neuroticism and received support interacted with age and chronic conditions, strengthening the association between risk factors and disability. Results suggest that personality and social support deserve greater attention as factors that can alter the disability process. (RH)

ISSN: 13607863

From: http://www.tandfonline.com

A new approach to the qualitative evaluation of functional disability in dementia; by X Kurz, J Scuvee-Moreau, B Rive (et al).


Dementia patients suffer from the progressive deterioration of cognitive and functional abilities. Instrumental disabilities usually appear in the earlier stages of the disease, while basic disabilities appear in the more advanced stages. This study aimed to find a new method for classifying dementia patients based on their disabilities by using a basic and Instrumental Activities of Daily Living (ADL) scale. Functional disability was assessed in a Belgian cohort using the Katz and Lawton IADL scales. The clustering method used according to the scores obtained allocated patients between three clusters: dependent, non-dependent with instrumental functional disability (ND-IFD), and non-dependent. Dependence, as defined by these clusters, significantly correlates with age, residential setting, Mini Mental State Examination (MMSE) score, patient's quality of life, and costs. This new classification of patients suffering from dementia will provide better understanding of functional disabilities and will complement the evaluation of disease severity based on cognitive function. (RH)

ISSN: 08856230

Older people with a sensory impairment: the assessment and management of care; by Catherine Robinson, Diane Seddon, Vanessa Webb (et al).


The findings of a recent study about the assessment and management of care for older people who may have a sensory impairment are explored. Using qualitative research methods, the work focused on non-specialist practitioners who are responsible for the assessment and management of care for older people and their carers. The findings are based on the analysis of in-depth interviews with non-specialist practitioners, specialist workers, and managers from statutory and voluntary sector agencies. Older people with a hearing or visual impairment are not a homogeneous group of people with a single set of needs or service support networks. It is the existence of non-specialist practitioners, carrying out the assessment and management of care for older people that draw together in one study the three areas of visual, hearing and dual impairments. The findings relate to practitioners' awareness of sensory impairment in their local community; how practitioners assess and manage care; access to services; staff training and development; and information strategies. The interface between non-specialists and practitioners with particular expertise in sensory impairment is also examined. (RH)
Onset of mobility disability among community-dwelling old men and women: the role of tiredness in daily activities; by Kirsten Avlund, Mikkel Vass, Carsten Hendriksen.
Tiredness in daily activities is an important risk factor for onset of mobility disability. Questions about tiredness in daily activities may be used to identify non-disabled individuals at high risk of functional decline. 1,396 older non-disabled people (74-75 and 80 years old) living in 17 communities in Denmark were surveyed by questionnaire at baseline and after 18 months. Tiredness in daily activities was measured by questions about tiredness in six mobility activities. Onset of mobility disability was measured at onset of need for help in one to six mobility activities. Men and women who felt tired in their daily activities at baseline had a higher risk of onset of mobility disability at follow-up. In addition, for men, low social participation, poor psychological function and physical inactivity were independent risk factors of onset of mobility disability, while for women these were home help, low sense of coherence and physical inactivity. This study highlights the need for alertness to and management of tiredness as an early sign of functional decline in a preventive perspective. (RH)

The paradox of ageing with developmental disabilities: increasing needs, declining resources; by Kenneth J Doka, Claire Lavin.
People ageing with developmental disabilities is a new and still somewhat hidden population, which, though estimates of size vary, has survived to later life due to better health care and de-institutionalisation. Yet, as this population ages, this will raise new challenges for gerontologists and specialists in the developmental disabilities field. The situation of people ageing with developmental disabilities is characterised by a paradox: that as they age, they are likely to experience cognitive and physical deficits that increase their need for services and support. Yet their family-based support systems (who are also ageing) may be less available and social services may be ill-suited to assist. This not only calls into question the policies and programmes designed to serve this population, but also the way we educate and train professionals working in the fields of gerontology and developmental disabilities. (RH)

People with a learning disability: their concerns about dementia; by Heather Wilkinson, Diana Kerr, Catherine Rae.
Journal of Dementia Care, vol 11, no 1, January/February 2003, pp 27-29.
Now that people with a learning disability live longer, more of them are developing dementia. In planning the services they need, an important first step is to ask them what they think. The authors discuss their findings from work with focus groups, which look in particular at attitudes to growing older, and the experiences, knowledge and concerns around dementia. (RH)

The predictive validity for mortality of the index of mobility related limitation: results from the EPESE study; by David Melzer, Tzuo-Yun Lan, Jack M Guralnik.
The authors have previously reported the empirical identification of three simple tests to provide an index of (ambulatory) mobility-related physiological limitations (MOBLI). This study measuring MOBLI’s predictive value for future mortality uses data from the East Boston and New Haven sites of the Established Populations for Epidemiologic Studies of the Elderly (EPESE) sixth annual study follow-up conducted in 1988-1989. Included were 3,040 people, with information about self-reported walking difficulties, walking speed, time to complete 5 chair stands and peak expiratory flow. Age- and sex-adjusted death rates over a 4-year follow-up were compared. As the MOBLI index score was found to be associated with subsequent mortality over 4 years, the authors suggest considering MOBLI for local validation and use in epidemiological comparisons of older populations across countries over longer periods of time. (RH)

Predictors of depressive symptoms in older people: a survey of two general practice populations; by Tess Harris, Derek G Cook, Christina Victor (et al).
Cross-sectional studies have shown strong associations between disability, social support and depressive symptoms in older people; but socio-economic effects are less clear and little is known about the health locus of control. In a postal survey of 2,276 patients aged 65+ from two London practices, 1602 responded (70.4%) and
provided Geriatric Depression Score 15 (GDS-15) data, with 23.5% (381/1602) scoring >5. After adjusting for age, sex and practice, high depression scores were associated with: physical health and disability (e.g. severe versus no disability); social support (e.g. dissatisfaction with support); socio-economic (e.g. no occupational pension); and health locus of control (e.g. internality). After adjusting for disability, association with general measures of physical health were reduced but still significant, while associations with social support, socio-economic factors, and health locus of control were unaffected. All four groups of factors were included in a final model for predicting depressive symptoms. (RH)

ISSN: 00020729

Rate of decline in social and cognitive abilities in dementing individuals with Down's syndrome and other learning disabilities; by Simon B N Thompson.
Sixteen clients in the South of England with learning disabilities (8 Down's syndrome, 8 non-Down's syndrome), and diagnosed with dementia, were assessed using specially selected neuropsychological assessment tools at two time points separated by six months. Findings support previous studies with participants over 12 months. Hence, the rate of change in these abilities is faster than previously suspected. (KJ/RH)
ISSN: 07317115
From: http://www.tandfonline.com

Review of longer-term problems after disabling stroke; by John Young, Jenni Murray, Anne Forster.
The authors sought to identify all community-based observational surveys and reviews reporting the types and prevalence of longer-term stroke-related problems. 46 quantitative studies and 4 reviews were identified, covering a wide range of services, psychological and social issues, and undertaken in various countries. This review examines their coverage on: information provision and knowledge; transfer of care; community services; social and emotional impact of stroke and on carers; leisure activities; return to employment; and quality of life. Two broad themes emerge. First, the complexity and diversity of problems faced by stroke patients and their families suggests that there are unlikely to be any easy solutions. Reference is made to the shared multi-agency approach to care that will be afforded by the single assessment process (SAP), for which "several potential assessment instruments" are available. The other theme relates to the high levels of dissatisfaction with post-acute care services. The ability to match patient and carer needs to appropriate services reinforces the importance of a systematic assessment process. (RH)
ISSN: 09592598
From: journals.cambridge.org

This inspection concentrated on health services provided for children and adults (under 65) with physical disabilities. While specific issues for disabled older people in Grampian Region are considered in other (unspecified) reviews on older people, an important aspect of this review was the health needs of people with long term complex and chronic disabilities living in the community. This report was undertaken by the Scottish Health Advisory Service (SHAS) prior to its integration into NHS Quality Improvement in Scotland on 1 January 2003. (RH)
Price: FOC
From: Scottish Health Advisory Service, Elliott House, 8-10 Hillside Crescent, Edinburgh EH7 5EA.
www.nhshealthquality.org

As with the previous visit in 2000 by the Scottish Health Advisory Service (SHAS), this review concentrates on health services provided for adults (under 65) and children with physical disabilities. Most of the people in this category have a neurological disability such as stroke, acquired spinal cord or brain injury (ABI), or multiple sclerosis. A second significant group has neurological injuries which are congenital, such as varying types of muscular dystrophy and cerebral palsy. This report reviews progress since 2000, gives examples of good practice, and makes recommendations on aspects of the service such as advocacy. (RH)
Price: FOC
From: Scottish Health Advisory Service, Elliott House, 8-10 Hillside Crescent, Edinburgh EH7 5EA.

To determine the effectiveness of screening for visual impairment, 4,340 people aged 75+ (excluding those resident in hospitals or nursing homes) were randomly sampled from 20 general practices, which were part of the MRC trial of assessment and management of older people in the community. Universal screening (assessment and visual acuity testing) was compared with targeted screening, in which only participants with a range of health related problems were offered an assessment that included acuity screening. The study found that including a vision screening component by a practice nurse in a pragmatic trial of multidimensional screening for older people did not lead to improved visual outcomes. (RH)

ISSN: 09598138


Cross-sectional data from a study collected around 1990 for three cohorts of men aged 70+ from Finland (n=340), the Netherlands (n=481), and Italy (n=340) points to variations between the three countries on self-reported disability and performance-based limitation scores. Mean self-reported disability was worse in Italy and the Netherlands than in Finland. Italian men scored worse on the performance-based tests. Dutch men reported more disabilities than men in Finland and Italy. Self-reported disability was positively associated with performance-based score and did not differ between countries. (RH)

ISSN: 00028614


This article describes a major sporting event specifically designed for frail older adults and young adults with disabilities living at home in the community in Australia. The organization committee representing day respite centres, students and faculty from Queensland University of Technology (QUT), and the Home and Community Care (HACC) Resource Unit, Queensland Health, has successfully conducted the Seniors' Games in Brisbane (Queensland) for the last seven years. Since 1995, approximately 600 participants each year (with an average age of 85) from South East Queensland day respite centres have participated in modified activities supported by volunteer nursing, physiotherapy and physical education students. Promoting activity in frail older people has been shown to improve function, prevent or decrease disability, promote self-esteem and self-confidence, foster enjoyment in team activity, and help to bridge the generation gap. (KJ/RH)

ISSN: 01924788
From: http://www.tandfonline.com


It is well known that many disabled people are out of work and living in poverty. However, little is understood about the process of becoming disabled: who is most at risk, how it affects income, and the impact on the rest of the family. These findings are based on “Being and becoming: social exclusion and the onset of disability” by Tania Burchardt, and published as CASEpaper report 21 (CASE, London School of Economics), which can be downloaded free of charge from http://www.lse.ac.uk/case. Her study seeks to unpick the relationship between the onset of disability and social exclusion for people of working age. (RH)

ISSN: 09583084
Price: FOC
From: Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Website: www.jrf.org.uk


This particular report presents a range of statistics on people with a disability or long-term illness. It compares their social and economic circumstances with those of other people. The data is gathered from several sources. This report is largely based on statistics from: the 2001 Census, Labour Force Survey (LFS), Welsh Health Survey (WHS, 1998), and the Welsh House Condition Survey (WHCS, 1998). The report notes large variations in levels of long-term illness between local authorities: the highest levels are in Merthyr Tydfil, Blaenau Gwent and Neath Port Talbot; the lowest are in Monmouthshire and Cardiff. (KJ/RH)

Findings, 963, September 2003, 4 pp.

A Task Force on Supporting Disabled Adults in their Parenting Role received evidence that people with physical or sensory impairments, learning or mental health difficulties, long-term illness or HIV/AIDS experience common barriers in receiving appropriate support in their parenting roles. The Task Force consisted of representatives from government, social services, voluntary organisations and disabled parents' organisations. It took evidence from parents, professionals and researchers, and found most difficulties were caused by negative attitudes and unequal access to support. These findings outline the results of the research and some recommendations for improving practice by bodies including the Department of Health (DH), the Valuing People Support Team, the Independent Living Fund, and social services departments (SSDs). The full report, 'The right support: report of the Task Force on Supporting Disabled Adults in their Parenting Role', is by Jenny Morris and published by the Joseph Rowntree Foundation (JRF). (RH)

ISSN: 09583084

Price: FOC


Symptoms of depression in older adults with multiple sclerosis (MS): comparison with a matched sample of younger adults; by I I Kneebone, E C Dunmore, E Evans.


The depression scores of 27 people aged 65+ with multiple sclerosis (MS) were compared with those of a matched sample of younger adults, both from the same survey of 529 people. The association between cognitive (attitudinal) variables known to explain significant variance in depressive symptoms in younger adults with MS was then considered in the older adult sample. Consistent with findings from studies with general community samples, older people with MS reported significantly fewer depressive symptoms than younger people with MS. The relationship between cognitive variables and depressive symptoms found previously in younger adults was also evident for the older adults. MS-related helplessness was found to be significantly higher in older as opposed to younger adults with MS, the opposite of what was predicted, given differences between the groups in depression scores. Differences in cognitive variables do not appear to explain differences between younger and older people with MS in terms of depressive symptoms. Support is offered for the view that a decrease in emotional responsiveness may explain differences in depressive symptoms between younger and older people with MS, rather than this being the result of emotional control exerted via cognitive means. (RH)

ISSN: 13607863

From: http://www.tandfonline.com

Vision and driving self-restriction in older adults; by Catherine G West, Ginny Gildengorin, Gunilla Haegerstrom-Portnoy (et al).


Subjects were participants in the Smith-Kettlewell Eye Research Institute (SKI) Vision Study, and comprised 629 current drivers aged 55+ who had their driving behaviour, health and physical function assessed and vision function tested in 1993-95. These subjects completed a vision-related questionnaire and a battery of vision tests designed to assess visual performance under commonly encountered conditions of variable lighting and contrast. Even if they do not acknowledge the visual impairment as the cause for restricting their driving, older people with early changes in spatial visual function and depth perception appear to recognise their limitations and restrict their driving. Poor visual attention, a risk factor for crashes, may not be recognised. Additional studies of driving self-restriction in relation to risk factors for crashes in older people may help refine this strategy of reducing driving-related injury and death. (RH)

ISSN: 00028614

Vision screening for older people: the barriers and the solutions; by Anthony Carnicelli, Jill Keeffe, Kerri Martin (et al).


The need for detection of vision impairment in older people has been well-established. This study aimed to facilitate access to vision screening for people aged 65+ in Whitehorse, Melbourne, Australia, through aged care, health and community services. 147 people within these organisations were trained to use a vision
screening kit. However, it was estimated that only 20% of participants used the kit, citing a number of barriers, the main ones being time restraints, conflict with other duties, and wanting an outside organisation to perform testing. Overall, out of 510 people, 442 (87%) could be tested and 169 (38%) were detected with vision impairment. Of these, 40 (24%) were under care, and 129 (76%) were referred for further examination. As a result of this study, the authors recommended that vision screening be integrated into provision of care services to older people and patients as part of a holistic approach to health. (RH)

ISSN: 14406381

From: http://www.cota.org.au

Visual factors should be assessed in older people presenting with falls or hip fracture; by Ahmed H Abdelhafiz, Christopher A Austin.


Visual impairment - although not routinely assessed - is an important risk factor for falls and hip fracture in older people. Impaired vision is highly prevalent and commonly unreported in the older population, particularly in women and those living in nursing homes. Measurement of visual functions such as visual acuity, contrast sensitivity, and depth perception may identify older people at risk of falls and hip fracture. Visual loss in older people is correctable in most cases. Intervention strategies - for example, change of glasses or cataract extraction - may have the potential of improving visual function and preventing falls in older people. The authors explore the relationship between visual impairment and risk factors for falls and hip fractures through a MEDLINE review of relevant literature since 1966. (RH)

ISSN: 00020729


Age-related visual impairment is a major cause of functional limitations in mobility and independent living. Research findings suggest that social, emotional, mental and subjective well-being are affected likewise. This study of a sample of 152 Jewish older people aged 60+ in the southern region of Israel examines the relation between ethnicity and visual problems - that is, whether Jewish older people from various ethnic origins differ in terms of their perceived visual status and use of spectacles to improve their eyesight. The study also examines the extent to which visual problems affect the ability to perform activities of daily life (ADLs) and people's subjective well-being. The findings show ethnicity to be associated with perceived visual status, type of visual problems, spectacles usage, and reasons for not using spectacles whenever their use was necessary. Visual impairment was also found to significantly affect ability to perform ADL and instrumental activity of daily living (IADL) functions in older people from Asian-African countries, and to affect life satisfaction among older people from European-American countries only. Study findings are discussed in terms of policy and service provision. (RH)

ISSN: 10165177


Improvements in the accessibility of public transport have been mostly brought about by requirements following the Disability Discrimination Act 1995 (DDA). Since 1999, service providers, including those who run airports, ports, and railway and bus stations, have had to make "reasonable adjustments" to make them accessible. This guide explains what the wheelchair user can expect from newer trains, trams, coaches, buses and taxis. It includes information on where accessible services are running, and gives tips on travelling with a wheelchair. It includes a table of the dimensions of the wheelchairs available, and which of them will fit onto public transport. (RH)

ISBN: 0900621613

Price: -

From: Ricability, 30 Angel Gate, City Road, London EC1V 2PT.  www.ricability.org.uk

2002


This response is to "Disabled persons' parking badge scheme", a consultation paper from the Disabled Persons Transport Advisory Committee (DPTAC, January 2002). It discusses eligibility, administration of the scheme, concessions, and enforcement. It notes that the most of the abuses are caused by non blue badge holders, and not by holders of the badges themselves. (RH)

When older observers are de-focused optically to the same reduced acuity levels as their younger adult counterparts, they are better able to read distant text. This study sought to determine if this ability extended to intrinsically blurred (i.e. image-processed) stimuli of different types. 12 young (aged 20 to 27) and 12 older (aged 61 to 73) healthy community-dwelling adult observers with excellent acuity were compared on their ability to identify low-pass filtered real words, nonsense words, scenes and faces arranged in a sequence of decreasingly blurred images. Young observers were able to identify the images correctly earlier in the blur sequence than their older counterparts. This finding suggests that compensatory changes in the eye's optical media rather than the older observer's greater experience with blur accounts for their superior legibility performance with optically de-focused text. While the image-enhancing effects of the age-related decline in pupil size (senile miosis) may be involved, further research is needed to clarify the mechanism(s) underlying this ability. (RH)

ISSN: 01635158


These articles are expanded versions of papers that were presented at the 11th World Conference of the International Association for the Scientific Study of Intellectual Disabilities, held in Seattle, Washington, US in August 2000. Contributions from Australia, Israel and Ireland, or about ethnic groups (African-American grandmother carers and Puerto Ricans) concern families’ perceptions and needs about the day-to-day living challenges posed by their relatives' intellectual disabilities. (RH)

ISSN: 01634372


These articles are expanded versions of papers that were presented at the 11th World Conference of the International Association for the Scientific Study of Intellectual Disabilities, held in Seattle, Washington, US in August 2000. The themes in this section are age-associated health challenges and care for adults with dementia (6 articles); and approaches to helping with end of life challenges (3 articles). (RH)

ISSN: 01634372


This study examines the association of hearing impairment and chronic diseases (diabetes mellitus, lung disease, cardiac disease, stroke, cancer, peripheral artery disease, osteoarthritis, rheumatoid arthritis) with psychosocial status (depression, self-efficacy, mastery, loneliness, social network size) in older people. The sample consists of 3,107 people aged 55 to 85 participating in the Longitudinal Aging Study Amsterdam (LASA). The findings emphasize the negative effect of hearing impairment on quality of life. (KJ/RH)

ISSN: 08982643


A typology is presented of older parents caring for adult offspring with lifelong disabilities, as well as barriers to residential planning from the perspectives of older parents caring for adult offspring with lifelong disabilities. Project participants included 54 older parents and one grandparent (all age 60+) in focus groups in six provinces across Canada. Transcripts were analysed using different analytical procedures, including pattern identification, clustering of conceptual groupings, identification of relationships between variables, constant comparisons, and theoretical memos. Older parents' reluctance to engage in the planning of future living options was found to be multi-factorial and linked to the macro- and micro-systems within which these families were embedded. (RH)

Presents findings from a survey of the number of vehicle badges issued by local authorities to people with disabilities. A summary of the results collected for each year of the survey appears as Table 1. Table 2 and 3 itemise the returns for each local authority in England. Table 4 shows the number of applications, renewals and refusals for badges for the year under review. The scheme changed from orange to blue badges from 1st April 2000 to comply with the European-wide standard, and thereby aid recognition and acceptance throughout the European community. Blue badge statistics are to be incorporated as part of the publication "A Bulletin of Public Transport Statistics GB" to be found on the Department for Transport website and will not be published separately in future. (KJ)

Price: FOC
From: Department of the Environment, Transport and the Regions, Room 2/17, Great Minster House, 76 Marsham Street, London SW1P 4DR.

Carers of people with learning disabilities and their experience of the 1995 Carers Act; by Carol Robinson, Val Williams.
Drawing on research conducted in south west England between 1997 and 1999, this paper seeks to highlight the impact of the Carers (Recognition and Services) Act 1995 on carers of people with learning disabilities. The research examined the views and experiences of carers who had had needs assessments, those being cared for, and professionals conducting assessments. The paper concludes that the Carers Act is not widely used, or understood, by this group of carers. Recommendations for improving practice include changes to the current terminology, new triggers for a carer's needs assessment, and a greater input from other agencies, especially health services. Full results of the authors' research project on the effects of the Act on potential conflicts of interest with the person with learning difficulties have been published as "In their own right: the support needs of family carers of people with learning disabilities" (Policy Press, 2000). (KJ/RH)

ISSN: 00453102

Class, caring and disability; evidence from the British Retirement Survey; by Karen Glaser, Emily Grundy.
There has been an increasing interest in the caring responsibilities of middle generation individuals as numerous studies have noted the continuing family obligations of people in later life. The authors used data from the United Kingdom Office of Population Censuses and Surveys (OPCS) Retirement Survey of 1988/89 to examine social class differentials in the provision of care by 55-69 year olds. Their results show few social class differences in the provision of co-resident care to a parent (for those aged 55-69 in 1988/89 with at least one living parent). However, there were significant social class differences in the provision of care to a spouse. Working class individuals were more likely to be caring for a spouse than their middle class counterparts, because of the higher prevalence of disability in this group. (KJ/RH)

ISSN: 0144686X

Cognitive and functional decline in adults aged 75 and older; by Sandra A Black, Ronald D Rush.
A longitudinal survey of 365 community-dwelling people aged 75+ (128 Hispanic Americans, 112 African Americans and 125 non-Hispanic whites) in Galveston, Texas were assessed for cognitive impairment with a modified version of the Short Portable Mental Status Questionnaire (SPMSQ). Substantial functional decline was found to be associated with each additional error on the mental status measure; substantial cognitive decline was associated with each additional antecedent disability. These findings were evident across all three ethnic groups, even when taking into account the effects of demographic factors and chronic health conditions. Awareness of the specific chronic health conditions that increase the risk for cognitive or functional decline in various ethnic groups, and of the effect of comorbid disease may also help to prevent or delay decline in older people. (RH)

ISSN: 00028614
Combined hearing and visual impairment and depression in a population aged 75 years and older; by Taia Lupsakko, Maija Mäntyjärvi, Hanna Kautiainen (et al).
Depression is associated with both visual and hearing impairment. The aim of this Finnish population-based study was to investigate the association between functional sensory impairment, especially combined sensory impairment and depressive symptoms and depression diagnosed according DSM-IV criteria. Of the 470 people aged 75+ in the study group, 72 (15%) had depression according to DSM-IV criteria. 12% in the Functional Hearing Impairment (FHI) group, 20% in the Functional Visual Impairment (FVI) group, 18% in the Combined Sensory Impairment (CSI) group, and 15% in the Adequate Sensory Function (ASF) group suffered major depression. Although depressive symptoms were common in those with double sensory impairment, major depression was not experienced more often than by others aged 75+. (RH)
ISSN: 08856230

Critical incidents in the lives of elders with a disability: factors leading to institutional placement; by John B Doherty, Kevin L. DeWeaver.
The process by which older people with disabilities are forced to relocate from their homes to congregate living facilities - in this case sheltered housing or nursing homes - is of critical societal importance. This article is a descriptive exploration of the lived experiences of 41 Americans aged 60+ who made such a transition. The social work profession serves the most vulnerable members of society. This research should help social workers to better understand this vulnerable population, and the personal, professional and policy implications that stem from such research. (RH)
ISSN: 01634372
From: http://www.tandfonline.com

Disability onset among aging Canadians: evidence from panel data; by Derek Hum, Wayne Simpson.
Past studies of ageing and disability have been restricted to and by cross-sectional data. When cross-sectional surveys measure income, disability status and age at a common point in time, it is impossible to discern the process and consequences of a disability onset. In other words, it is not possible to examine the circumstances of the same individuals before and after disability onset, nor whether effects differ according to the age at which the disability occurs. The present study uses a new Canadian panel data set, the Survey of Labour and Income Dynamics (SLID), to examine the prevalence of disability with respect to age, gender and other socio-economic characteristics. However, its unique contribution is its investigation of disability onset, and the rates of entry into, and exit from, disability status by age group and gender. Further, the authors assess the financial circumstances of those who become disabled vis-à-vis a “control group”. (RH)
ISSN: 07149808

The effect of religious coping on caregiving appraisals of mothers of adults with developmental disabilities; by Helen B Miltiades, Rachel Pruchno.
71 Black and 71 White American women aged 50+ were matched on demographic characteristics to control for the association between race and socioeconomic status. Structural equation analysis was used to examine the relationship between race, religious coping and caregiving appraisals. Black women were more likely to use religious coping, which was associated associated with higher levels of caregiving satisfaction, but not with burden. Blacks experienced higher levels of caregiving satisfaction, but also experienced higher levels of caregiving burden due to their poor health. The needs of Blacks should be considered when developing “best practices” in service provision. Culturally sensitive outreach approaches should not ignore the importance of faith and faith-based organisations in the lives of Blacks. (RH)
ISSN: 00169013

Equivalisation of incomes for household size and composition is now accepted practice in the measurement of poverty and inequality. Adjustments to take account of variations in need - other than household size - are rarely made. Data from two UK household surveys - the Family Resources Survey (FRS), and the British Household Panel Survey (BHPS) - are used to explore one possible source of additional needs, namely disability. The
authors seek to establish whether there are extra costs of living associated with disability, and to quantify any such costs identified. The intuition underlying the approach is that the standard of living achieved by a household is a function of income and needs. The extra costs of disability are derived by comparing the standard of living of households with and without disabled members at a given income, and controlling for other sources of variation. Extra costs of disability are substantial, especially for disabled people living alone, and that these rise with severity of disability. Comparisons of different income distributions demonstrate that the problem of low income for disabled people is significantly understated. (RH)

From: Available free of charge at: www.lse.ac.uk/depts/sage
Anne Scott, ESRC SAGE Research Group, London School of Economics, Houghton Street, London WC2A 2AE. e-mail: a.scott@lse.ac.uk

Evaluation of a nutrition education newsletter for home delivered meal participants; by Nancy Fey-Yensan, Catherine English, Heather Museler (et al).
Housebound older people are at high nutrition risk and are hard to reach through traditional, community-based nutrition education efforts. The purpose of this work was to assess home-delivered meal participants' changes in nutrition knowledge, attitude and behaviour after receiving a single-concept, monthly nutrition newsletter that was delivered with their meals. 152 recipients completed a retrospective self-administered survey designed to measure perceived changes. Exposure to the newsletter was significant in affecting a positive change in overall knowledge, attitudes and behaviours. This approach appears to be an effective and inexpensive way of delivering nutrition information to housebound older adults. (KJ/RH)
ISSN: 01639366
From: http://www.tandfonline.com

Examination of the association of age, disability and mood among Jewish older adults in Israel; by H Litwin.
Secondary analysis of data for 2,079 Jewish people aged 60+ from a 1997 survey by the Israeli Central Bureau of Statistics (CBS) was used. Mental health, measured using a Hebrew version of the General Health Questionnaire short form (GHQ-12), was successively regressed on age, sociodemographic characteristics, functional disability and physical health status, and on the interaction of age and disability. A significant association between age and mood emerged when confounding variables were not controlled. This association remained, to a lesser degree, after sociodemographic variables were entered. The addition of disability and health variables reversed the direction of the association. Finally, the entry of the interaction term (age x disability) bolstered the net association of age and mood. The analysis underscored the interaction of age and disability as a major threat to mental health in current ageing cohorts. (RH)
ISSN: 13607863
From: http://www.tandfonline.com

Family care for older adults with disabilities: toward more targeted and interpretable research; by Joseph E Gaugler, Robert L Kane, Rosalie A Kane.
Family care of older people is key to the long-term care system in the US, and its importance has led to an abundance of research over the past 20 years. The present review critically examines methodological topics (i.e. definitions of family caregiving, measurement of of caregiving inputs) and concepts (i.e. family involvement in long-term residential settings, and the care receiver's perspective on care) that have not had sufficient attention in the caregiving literature. (RH)
ISSN: 00914150

Frail and disabled users of home care: confident consumers or disentitled citizens?; by Jane Aronson.
Health care cuts and restructuring are shifting the site of acute care from hospitals to homes and prompting Canadian provincial governments to introduce varying forms of mixed economies in home care. Typically, such arrangements seek to drive down public costs and to reposition service users as "consumers" of market-modelled care. This paper draws on an ongoing study of frail older women and women with disabilities receiving home care in Ontario, and explores the significance for service users of these economic and political objectives. Rather than feeling like consumers free to exercise choice and demand quality in the mixed economy of home care, these women experienced their positioning within it as insecure and subordinate, and its supply as unpredictable and meagre. The implications of these findings for fashioning secure and equitable public responses to older and disabled citizens who need assistance at home over the long term are discussed. (RH)
ISSN: 07149808
Health and long-term care use trajectories of older disabled women; by Shahla A Mehdizadeh. 
A sample of older disabled women in Ohio who completed pre-admission review was divided into three groups on the basis of the setting in which they received their initial long-term care services. The author was able to establish a long-term care career for the sample members, beginning with receiving long-term care in the community, followed by a transition stage in which care was received in the community and in a nursing home, and finally by a stage at which they entered and remained in a nursing home. As the sample proceeded along their long-term care career and their health and disability worsened, a clear shift was found in the kind of care needed from hospital and home care to nursing home care. There was also a shift in the major payer, from Medicare to Medicaid. As the baby boomer generation ages, a much larger number of women will be disabled and need health and long-term care services. For a considerable number of these American women, Medicaid gradually becomes the major payer for care, an issue that needs close observation. (RH) 
ISSN: 00169013

Hearing and vision loss within residential care facilities: the need for improved service delivery; by Mark C Flynn, Esther J Kennedy, Julianne Johns (et al). 
Functional assessments of speech understanding could provide a quick and simple assessment of the required level of assistance for each of the 178 residents participating in this New Zealand project. Despite 87.1% of the sample having a significant hearing impairment, only 43.3% currently wore hearing aids. Linked to poor hearing aid use was the fact that 43.9% of hearing aids required some degree of maintenance. Otoscopic examinations revealed 42.1% of ear canals to be occluded with cerumen to a degree that medical intervention was required. Sentence identification revealed the importance of aiding and access to contextual and visual cues (lip-reading) for this population. The study confirms the high prevalence of hearing impairment in older people, and makes a case for rehabilitation services being directed towards this population, particularly in the areas of hearing and maintenance, cerumen removal, and provision of communication skills training to residential care workers. (RH) 
ISSN: 14406381

GO Findings: 4 - Research Findings from the Growing Older Programme, June 2002, 4 pp. 
A significant minority of disabled older people - some very old and living alone - refuse the help and services they are offered and may need. This small qualitative study of 35 older people (average age 82) who had recently become housebound, suggests that there are conflicts between the need to sustain one's identity and self-worth, and the acceptance of help and services. The research findings are outlined, and the case is made for early intervention that matches services to needs, and which in turn can also raise morale. (RH) 
Price: FOC 
From: ESRC Growing Older Programme, Department of Sociological Studies, Elmfield, Northumberland Road, University of Sheffield, Sheffield S10 2TU. www.shef.ac.uk/uni/projects/gop/index.htm

Housing and older people: changing the viewpoint, changing the results: a new model of ageing for housing providers; written by the School of Policy Studies, University of Bristol [on behalf of] HOPE Housing for Older People in Europe, and the Housing Corporation; by Maria Brenton, Frances Heywood, Liz Lloyd, School of Policy Studies, University of Bristol; Housing for Older People in Europe (HOPE); Housing Corporation. London: London & Quadrant Housing Trust, 2002, 36 pp. 
Three UK members of HOPE were involved in the project on which this report is based: London & Quadrant Housing Trust, Anchor Trust, and New Leaf Supporting Independence Ltd. The Rights-based Model of Ageing for housing that is introduced is rooted in the principles of equal rights for all, based on the following seven key rights: choice and control (self-determination); recognition of the importance of home; valued occupation; provision for diversity; acceptance of the ageing process; an age-friendly environment; and a good quality of life. The report explores current attitudes towards age and ageism in housing; outlines work already being undertaken to challenge ageist policies and attitudes; and develops good practice regarding the application of the Rights-based Model of Ageing to the provision of housing within the existing policy context. The guidance draws on examples of good practice already implemented across Europe. The publication has been funded by the Housing Corporation Innovation and Good Practice Guide. (RH) 
From: London & Quadrant Housing Trust, Osborne House, Osborne Terrace, London SE3 9DR.
The housing and support needs of older people with visual impairment; by Thomas Pocklington Trust. London: Thomas Pocklington Trust, 2002, unnumbered (Research findings issue 1).
Visual impairment is one of the most prevalent and disabling conditions that arises in later life, and yet very little research has been conducted that could inform the development of appropriate services. Thomas Pocklington Trust engaged researchers from University College London (UCL) and the University of Bristol to examine the housing and support needs of 400 visually impaired people aged 55+. This summarises the report's main findings, which also highlights needs with regard to social contact and inclusion, and for more accessible information. (RH)
From: Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk

Sight loss in later life has significant emotional consequences (e.g. depression), and its aftermath commonly includes diminution of valued skills and interests. A range of methods of enquiry was used in this 18-month study - which was commissioned by the Thomas Pocklington Trust - on the needs of older people with sight loss. The study investigated strategic issues of interest to Pocklington, particularly with regard to housing: the comparative merits of specialist and mainstream housing; the home environment, and size and layout of accommodation; community care and home support needs; preferences for specialist accommodation such as sheltered housing; and attitudes to moving and "home for life". Researchers from University College London (UCL) and the University of Bristol worked on the project. Interviews were conducted with 400 participants aged 55+ across three areas, Plymouth, Birmingham and London. The research provides evidence that older people with visual impairment are less able than their sighted peers to carry out activities of daily living (ADLs) independently or with as much confidence. (RH)
From: Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk

Estimates of group differences in functional disability may be biased if items exhibit differential item functioning (DIF). For a given item, DIF exists if people in different groups do not have the same probability of responding, given their level of disability. Men and women from age groups 18-49, 50-69, and 70 and over are compared, to assess the extent to which DIF affects estimates of age and gender group differences in disability severity in adults with some functional disability. Data are from the 1994/1995 US National Health Interview Survey Disability Supplement. Analyses focused on 5,570 adult respondents who received help or supervision with at least one of 11 activities of daily living (ADLs) or instrumental activities of daily living (IADLs) tasks. 9 items manifested significant DIF by age or gender. DIF was especially large for "shopping" and "money management". Without adjusting for DIF, middle-aged people were less disabled than older men, and women were less disabled than men among non-older people. Comparisons of disability across socioeconomic groups need to take DIF into account. (RH)
ISSN: 10795014

Is it contagious?: affect similarity among spouses; by C R Goodman, R A Shippy. Aging & Mental Health, vol 6, no 3, August 2002, pp 266-274.
Theories of emotional contagion suggest that spouses mutually experience affective or emotional states. However, empirical support for this theory is limited. This study uses a dyadic approach to examine affect similarity of depressive symptoms between 123 elders dealing with a recent vision loss and their spouses. Guided by a stress predictor model, hierarchical regression analyses of predictors of spouse depressive symptoms revealed that the spouse's race, health, care-giving appraisal, self-efficacy, conflict with other family members regarding their partner, and their partner's depressive symptoms significantly predicted spouse depression. Specifically, spouses who were white, in poorer health, experienced more care-giver burden, had more family conflict, and poorer self-efficacy, were more likely to be depressed. (RH)
ISSN: 13607863
From: http://www tandfonline.com

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Efforts to evaluate the effectiveness of clinical and community-based interventions designed to impact late-life disability have been hindered significantly by limitations to current instrumentation. The authors applied Nagi's disablement model to write questionnaire items assessing disability in terms of frequency and limitation in performance of 25 life tasks. Validity and reliability were evaluated with 150 ethnically and racially diverse adults aged 60+ who had a range of functional limitations. Factor analysis resulted in a 16-item disability component with two dimensions: one focused on frequency of performance (consisting of a personal and social role domain), and the other dealing with limitation in performance of life tasks (consisting of an instrumental and management domain). Thus, the Late-Life Function and Disability Instrument has potential to assess meaningful concepts of disability across a wide variety of life tasks with relatively few items. (RH)
ISSN: 10795006

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 57A, no 4, April 2002, pp M217-M222.

Self-reported capability in physical functioning has long been considered an important focus of research for older people. The authors report development of a physical functioning questionnaire that assessed difficulty of performing 48 common daily tasks, and which they tested with 150 racially and ethnically diverse people aged 60+ who had a range of functional limitations. Analyses resulted in a 32-item function component with three dimensions: upper extremity, basic lower extremity, and advanced lower extremity functions. Expected differences in summary scores of known-functional limitation groups support its validity. Test-retest reliability over a 1- to 3-week period was extremely high. The Late-Life Function and Disability Instrument has potential to assess activity concepts related to upper and lower extremity functioning across a wide variety of daily physical tasks and individual levels of physical functioning. (RH)
ISSN: 10795006

Later life and the social model of disability: a comfortable partnership?; by Christine Oldman.

There has been very limited debate about the usefulness of links between later life and disability studies. This paper reviews the arguments for and against a closer association. The social model of disability makes crucial the separation of disability from impairment, and shows that it is society that does the disabling. This is never so clear as in the case of housing policies for older people, the focus of this article. Older people suffer discrimination and have to submit to a medical model of later life if they receive health or social care services. The argument against an association between later life studies and disability studies is that later life is an immensely diverse experience, much of it nothing to do with disability. Moreover, some older people reject this negative connotation. This paper argues, however, for a specific application of the social model of disability to the situation of older people with impairments who receive services. It asserts that the social model of disability can be accommodated in critical gerontology and, in particular, in a post-modern perspective. Examples are given of the value of the social model of disability at both the policy and political levels. (KJ/RH)
ISSN: 0144686X


A Disability Rights Task Force was set up to find out about changes needed to give disabled people "comprehensive and enforceable civil rights". This legislative review (and associated consultation) sets out in detail and in technical, legal language all the Task Force recommendations and proposals that the Disability Rights Commission (DRC) believes the Government should consider. (RH)
Price: FOC
From : DRC Helpline: 08457 622 633. enquiry@drc-gb.org

Lifestyle habits and compression of morbidity; by Helen B Hubert, Daniel A Bloch, John W Oehlert (et al).

Studies have show that healthy lifestyles are associated with less disability in an ageing population, and that onset of disability can be postponed with health habits such as greater physical activity and abstinence from smoking. This study tests this "compression of morbidity" hypothesis, by observing functional status in 418
deceased members of an ageing cohort between 1986 and 1999 in relationship to lifestyle-related risk factors, including smoking, physical inactivity, and under- or overweight. Three risk groups were created based on the number of these factors at study entry. The risk-factor-free group showed average disability scores near zero 10-12 years before death, rising slowly over time, without evidence of accelerated functional decline. In contrast, those with two or more factors maintained a greater level of disability throughout follow-up and experienced an increase in the rate of decline 1.5 years prior to death. For those at moderate risk, the rate of decline increased significantly only in the last 3 months of life. The results make a compelling argument for the reduction and postponement of disability with healthier lifestyles, as proposed in the compression of morbidity hypothesis. (RH)
ISSN: 10795006

Linking aging theory and disability models: increasing the potential to explore aging with physical impairment; by Michelle Putnam.
Social theories of ageing are discussed in relation to their preparedness to deal with the phenomenon of ageing with physical impairment. An overview of the social theories of ageing is presented and examined as to how they currently depict and/or include disability in their frameworks, and how they could be used to explore the experience of ageing with physical impairment. Most social theories of ageing are found not to directly deal with ageing and physical impairment or the cumulative experience of disability over the life course. Instead, the author suggests using social models of disability as frameworks in this process. She provides examples of how this might be done with current social theories of ageing. (RH)
ISSN: 00169013

Reading information from electronic screens now used by used by banks, transport systems and the like can be difficult, particularly for older people and those with low vision. This foldout brochure provides updated information about the Tiresias LPfont, a typeface designed to maximise character definition and legibility on screens, labelling and signage. The font was developed by the author together with other experts in the field of ophthalmology. The brochure outlines the effects of ageing on eyesight. The Tiresias typeface was originally designed in response to the need for improving the text for television subtitling. (KJ/RH)
From : RNIB Scientific Research Unit, Falcon Park, Neasden Lane, London NW10 1RN. Website: www.tiresias.org/lpfont

Researchers based at the University of Maryland School of Pharmacy look closely at the needs and characteristics of Medicare's disabled beneficiaries and compare them with those of Americans aged 65+.
Although the disabled use more medication than the over 65s, they have been largely neglected in the debate over a Medicare prescription drug benefit, and are likely to be disadvantaged in policy changes that appear more favourable to older people. Support for this research was provided by the Commonwealth Fund and the Henry J Kaiser Family Foundation. (RH)
From : The Commonwealth Fund, One East 75th Street, New York, NY 10021-2692, USA. www.cmwf.org

A natural locally-based networking approach for singleton disabled elderly: implementation and case illustration; by Yip Kam-shing, Law Sung-on.
Within such business-orientated and competitive lifestyles as Hong Kong's, older people often have poor social support and social networks; many are single and lead lonely lives. From 1991 to 2000, the Good Neighbour Centre of the United Christian Nethersole Community Health Service in Hong Kong implemented a natural locality-based supportive networking approach for disabled single older people. As part of this approach, various psychosocial interventions were developed to strengthen mutual support among neighbours, able-bodied older people, outpatients suffering from mental illness, and volunteers who were matched and integrated with the disabled single older person to form a locality-based naturally supporting community. Different stages of development are identified: network assessment, network matching, network formation, and network strengthening. The concepts of stable and mutual support, mutual development and mutual concern were stressed. Feedback from stakeholders was encouraging and the demonstrated improvement in functional and psychosocial well-being was impressive and clear. Also, according to the principles of the strengths perspective, the approach was strength oriented, that is, it cultivated the potential strengths within in a locally-based
community, challenging the care and concern of members in the community through the loneliness of the single older person, developing mutual support, and nurturing new supportive resources within a locally-based community. Further research may help to consolidate the effectiveness of this approach through new strategies. (RH)

ISSN: 00453102
From: http://bjsw.oxfordjournals.org

A paradoxical model empowering reminiscence group members to transcend physical impediments; by James J Magee.
This is a pilot project with physically impaired members of four reminiscence groups in an assisted living residence. The members had already attended literary discussion groups which primed them for the project. First, they selected authors or characters described as living "once removed from their body." The participants filled this space with a homonym term associated with their physical condition. Finally, they reflected on their conditions from the perspective of the other homonym term. Bemused detachment replaced obsessiveness about their health and eased the interaction and candidness among group members. (KJ/RH)

ISSN: 01924788
From: http://www.tandfonline.com

Personal assistance service choice and decision-making among persons with disabilities and surrogate representatives; by Marie R Squillace, Kevin J Mahoney, Dawn M Loughlin (et al).
Although people with disabilities want and expect to control their own lives, not all may be able to express these desires directly. Surrogate representatives - family caregivers, friends, or neighbours - can be key players in implementing consumer-directed programmes. Data made available through the Cash and Counselling Demonstration and Evaluation (CCDE) consumer preference study in New Jersey (NJ) suggests that surrogates can adequately represent consumers' views about satisfaction with personal assistance, and thus provide encouragement to continued investigation of the utility of surrogate representatives. Study results also replicate previous findings that those with cognitive impairments are able to express preferences for everyday matters. The research provides evidence that consumers with mild to severe disabilities are able to articulate their preferences for personal care when responding to the NJ telephone survey independently (without a surrogate). Understanding the perspective of the impaired consumer is important to encouraging consumer independence and control, to improving quality of life, and to successfully implementing consumer-directed programmes. (RH)

ISSN: 10784470

Planning for death but not serious future illness: qualitative study of housebound elderly patients; by Joseph A Carrese, Jamie L Mullaney, Ruth R Faden (et al).
A resistance to planning in advance for a hypothetical future - particularly for serious illness when death is possible but not certain - is highlighted in findings from in-depth interviews with 20 chronically ill housebound patients aged over 75 from a care programme for older people in east Baltimore, US. 16 of the participants said that they did not think about the future, or did not in general plan for the future. 19 were particularly reluctant to think about, discuss, or plan for serious future illness. Instead, they described a "one day at a time", "what is to be will be" approach to life, preferring to "cross that bridge" when they got to it. Participants considered end of life matters to be in the hands of God, though 13 participants had made wills and 19 had funeral plans. Although some had completed advance directives (living wills), these were not well understood and were intended for use only when death was near or certain. (RH)

ISSN: 09598138

The prevalence and phenomenology of auditory hallucinations among elderly subjects attending an audiology clinic; by Martin G Cole, Lorna Dowson, Nandini Dendukuri (et al).
Auditory hallucinations may be defined as auditory perceptions without an acoustic stimulus. In this cross-sectional Canadian study of 125 men and women aged 65+ referred to an audiology clinic, the prevalence of auditory hallucinations was 32.8%, and included humming or buzzing, shushing, beating or tapping, ringing, other individual sounds, multiples sounds, voices or music. Those with any type of hallucination tended to be younger and had poorer discrimination scores in the left ear and impaired binaural discrimination with lip-reading. Auditory hallucinations are frequent in older people with hearing impairment, and seem to be associated with younger age and asymmetrical hearing. (RH)
Reduced hearing, ownership, and use of hearing aids in elderly people in the UK: the MRC Trial of the Assessment and Management of Older People in the Community: a cross-cultural survey; by Liam Smeeth, Astrid Fletcher, Edmond Siu-Woon Ng (et al).
Reduced hearing in older people is important because it is disabling and potentially treatable. In a cross-sectional survey of 32,656 people aged 75+ in 108 UK family practices, 2,537 (8%) reported a lot of difficulty with hearing and 13,630 (42%) a little or a lot of difficulty. 3,795 (26%) of 14,877 participants who completed a whispered voice test failed the test, the proportion rising sharply with age. Following wax removal, 343 passed a retest. 998 (46%) of the 2189 people wearing a hearing aid at the time of testing failed the whispered voice test. More than half those who failed the test did not own a hearing aid. 2,200 (60%) of 3,846 people who owned a hearing aid said they used it regularly. Level of use was strongly related to perceived benefit. Reduced hearing is common and provision of hearing aids for older people is inadequate. Many people who own a hearing aid do not use it regularly, and even when wearing their aid, many still have socially disabling levels of hearing loss. A major source of morbidity in older people could be alleviated by improvements in detection and management of reduced hearing. (RH)

The relationship between age and depressive symptoms: a test of competing explanatory and suppression influences; by Scott Schieman, Karen van Gundy, John Taylor.
Two samples were used for this American research: a community sample of physically disabled individuals; and a comparison sample matched on age, sex and area of residence. Fewer economic hardships and experiences of negative interpersonal exchanges among older disabled and non-disabled adults also account for part of the negative relationship between age and depressive symptoms. Higher scores on a composite measure of religiosity among older disabled adults also account for part of the negative age effect. Conversely, a lower sense of mastery among older respondents in both samples suppresses the size of the negative age slope. Findings are discussed in terms of stress process and socioemotional selectivity theories, which predict that personal and social arrangements influence the experience of emotions differentially across the life course. (KJ/RH)

OFCOM is the independent regulator and competition authority for the UK communications industries, taking over the roles of Independent Television Commission, the Broadcasting Standards Commission, the Radio Authority and OFTEL. The driving force for there being a single regulator instead of separate organisations is the process of convergence of electronic media. This publication incorporates a commentary on the main technological features to complement the main discussions on issues such as improving accessibility of telecommunications and broadcasting services. (RH)
ISBN: 1860480284
From : RNIB Scientific Research Unit, Falcon Park, Neasden Lane, London NW10 1RN. email: john.gill@rnib.org.uk

NHS Forth Valley covers a population of 274,000 across Falkirk, Stirling and Clackmannan local authorities. The focus of this review was on the provision of general and specialist health services to children and adults with learning disabilities. The report covers the experiences of service users and their carers, and meeting specialist health needs and SHAS quality indicators. Whilst there is evidence of compliance with most of the quality indicators, most of the key areas recommended for improvement concern children's services. (RH)
Price: FOC
From : Scottish Health Advisory Service, Elliott House, 8-10 Hillside Crescent, Edinburgh EH7 5EA.
The review notes the quality of staff in the Western Isles who work with people with mental health problems, and identifies examples of good practice including joint working and the JReach Project (a rural health initiative). Recommendations made in this report include: production of joint strategies (including provision of housing support, day care, respite care and carer support); developing outreach services by extending use of video links; reviewing funding to voluntary organisations; and providing safe travel arrangements for vulnerable patients. (RH)
Price: FOC
From : Scottish Health Advisory Service, Elliott House, 8-10 Hillside Crescent, Edinburgh EH7 5EA.

The role of mastery and social resources in the associations between disability and depression in later life; by Yuri Jang, William E Haley, Brent J Small (et al).
Although disability is widely acknowledged as a risk factor for late-life depression, few studies have considered the potential of psychosocial factors to alter the association between disability and depression. The direct and moderating effects of mastery and social resources were empirically tested with a sample of 406 cognitively intact community-dwelling older people (mean age 72.3) from the Charlotte County Healthy Aging Study (CCHAS) in Florida. Higher levels of mastery and greater levels of satisfaction with support had significant direct effects on depression, and also buffered the adverse impact of disability on depression. The findings support the importance of psychosocial factors in modifying the association between disability and depression, and suggest that efforts to enhance positive psychosocial attributes should be emphasised in interventions for older people. (RH)
ISSN: 00169013

Self-talk versus needs-talk: an exploration of the priorities of housebound older people; by John Baldock, Jan Hadlow.
This article argues that the material and social circumstances of older people living with disabilities means that their priorities and subjective evaluations of quality of life are likely to be categorically different from those used by service provider organisations. Based on a a qualitative study of a purposive sample of older people aged 75+ who have recently become housebound as a result of disability, this paper describes two models of understanding: "Self-talk" (based on information elicited from interviews with older people) and "Needs-talk" (derived from assessment criteria used by local authorities). It is suggested that these two modes are to an extent irreconcilable and limit the degree to which care assessments and care management can satisfy users. This article presents preliminary findings of a project in the ESRC Growing Older Programme. (RH)
ISSN: 14717794

Service utilization among disabled Puerto Rican elders and their caregivers: does acculturation play a role?: by Vanessa Calderón-Rosado, Allison Morrill, Bei-Hung Chang (et al).
This study examined the relationship between language acculturation of 194 dyads of disabled Puerto Rican elders and their caregivers, their length of residence in mainland United States, and their use of formal services. It was found that length of residence in the US, but not language acculturation of the sample group and their caregivers was related to the use of formal services. Caregivers whose own children were born in Puerto Rico as opposed to mainland US, were more likely to use formal services. As bilingual services become increasingly available, language acculturation may be of decreasing importance in explaining service utilization. (KJ/RH)
ISSN: 08982643

Short term change in physical function and disability: the Women's Health and Aging Study; by Carlos F Mendes de Leon, Jack M Guralnik, Karen Bandeen-Roche.
Data from 93 of the 102 American women aged 65+ who participated in the Weekly Substudy of the Women's Health and Aging Study (WHAS) were used to explore the association of changes in physical function with disability. The WHAS Substudy included 24 weekly assessments of three standard performance tests and self-reported disability in activities of daily living (ADLs) and basic mobility. Small but significant changes in ADL and mobility disability were found during weekly follow-up. Baseline performance scores were significantly associated with both ADL and mobility disability, accounting for 27% and 36% of the between-person
variability in each type of disability, respectively. Basic physical function accounts for a substantial proportion of the heterogeneity in ADL and mobility disability in older disabled women, but have a relatively small impact on short-term changes in either type of disability. Effective prevention of disability may require attention to a wider array of risk factors than just limitations in basic physical functions. (RH)

ISSN: 10795014

The significance and consequences of having painful and disabled joints in older age: co-existing accounts of normal and disrupted biographies; by Caroline Sanders, Jenny Donovan, Paul Dieppe.


This paper examines the meanings of symptoms for people with osteoarthritis. The study comprised 27 in-depth interviews with men and women aged between 51 and 91 years (median age = 76) and draws on previous sociological work about experiences of chronic illness, disability and ageing. In particular, the distinction proposed by Bury between 'meaning as significance' (the significance and connotations associated with illness) and 'meaning as consequence' (problems created for the individual by activity restriction and social disadvantage), provides a useful framework to examine the biographical aspects of symptoms. The authors found that older respondents portrayed their symptoms as a normal and integral part of their biography, but also talked about the highly disruptive impact of symptoms on their daily lives. The authors consider how these co-existing accounts of meaning make sense in the context of cultural connotations of ageing, and the implications for meeting health care needs of older people with osteoarthritis. (KJ/RH)

ISSN: 01419889

The spectrum of quality of life impairments in recurrent geriatric depression; by P Murali Doraiswamy, Zeba M Khan, Rafe M J Donahue (et al).


Although there is evidence to suggest that depressed patients function at lower levels than patients with many other chronic disorders, several questions remain unanswered. In this study, the authors examined the variations in quality of life (QOL) scores of 100 older patients (aged 60-88) with moderate to severe recurrent major depression. In the absence of a non-depressed control group, comparisons were made with published older population norms. Disease-specific Quality of Life in Depression Scale (QLDS) and generic Medical Outcome Short Form 36 Health Survey (SF-36). QOL ratings obtained at baseline were analysed. Compared with older population norms, depressed subjects showed significant QOL impairments in five of eight baseline SF-36 items. Given the study's design limitations, the findings confirm the disabling nature of recurrent late-life depression, and the importance of targeting both depressive symptoms and broader QOL outcomes in intervention trials. (RH)

ISSN: 10795006


Technology has made available many extra phone features and services in recent years, some of which can be a real help for older people or someone with a disability. The first part of this guide looks at the different kinds of generally available phone equipment and the features which may help. This is followed by a summary of specialised equipment and accessories, and details of the services offered by BT and other operators. (KJ/RH)

Price: FOC

From: Ricability, 30 Angel Gate, City Road, London EC1V 2PT. www.ricability.org.uk

Use, type and efficacy of assistance for disability; by Lois M Verbrugge, Purvi Sevak.


Personal and equipment assistance are often used to reduce disability. This study predicts assistance use, type, and efficacy in personal care and household tasks. Americans aged 55+ living in the community are studied using the 1994-1998 National Health Interview survey Disability Supplement. Three types of assistance are considered: personal only, equipment only, and both. Efficacy is measured by comparing the degree of difficulty doing a task with versus without assistance. Severe disability and poor overall health are associated with use of both types of assistance. For those using one type of assistance, poor health disability status is linked with personal help, but high severity is linked with equipment use. These results reflect high needs for assistance and limited potential for physiological improvement, maybe coupled with a strong desire for self-sufficiency for those who are severely disabled. Controlling for factors that route people to different types of assistance, equipment is more efficacious than personal assistance. Equipment may have distinctive technical and psychological advantages, for example, it can be tailored to a person's specific needs. (RH)
The utility of the revised elderly persons disability scale (REPDS) in an Asian psychogeriatric patient group; by K Sim, L L Ng. Australasian Journal on Ageing, vol 21, 2, June 2002, pp 101-104. The Revised Elderly Persons Disability Scale (REPDS) was developed in Australia as a measure of disability in psychogeriatric patients. The authors sought to test its utility in an Asian psychiatric hospital, in a study of 33 patients aged 65+ admitted for the first time to an acute psychogeriatric ward at Woodbridge Hospital, Singapore. The total REPDS score was significantly higher in male patients and in patients with dementia, due to there being more male patients with dementia and with dementia generating high disability levels. There was no significant difference in the total disability score between those referred from nursing homes and other sources. REPDS scores decreased during hospital stay, with decreases significant on several scales. The REPDS appeared to have utility in an Asian psychogeriatric unit in allowing disability components to be profiled, while scale score differences and changes over time indicated that the measure was sensitive to change. The measure identified the core problem areas in the disability profile of a psychogeriatric population and of sub-groups with and without dementia, results which can assist clinical service delivery and staff training activities. (RH)

Visugate: all you need to know about visual impairment - in one place on the web; by Visugate - National Library for the Blind. 1st ed: National Library for the Blind, October 2002, A5 leaflet. This leaflet promotes the service of Visugate, an online information gateway, which offers a flexible search service for anyone with an interest in visual impairment. The site is a research tool for people who are blind, partially sighted or deaf-blind, as well as professionals in the field, employers and policy-makers. Over 20 organisations and charities have contributed to the service. (KJ/RH)

Wheelchair users are not necessarily wheelchair bound; by Helen Hoenig, Carl Pieper, Mike Zokewitz (et al). Journal of the American Geriatrics Society, vol 50, no 4, April 2002, pp 645-654. Use of wheelchairs by 153 Americans living in the community who had been prescribed a new wheelchair was ascertained by interview within 7 to 21 days of receiving the wheelchair. Personal factors (e.g. using help to propel the wheelchair) and environmental factors (e.g. home adaptations to accommodate the wheelchair) influenced wheelchair use. In addition, wheelchair use, and the factors affecting wheelchair use, differed by location. Wheelchair users appear to use their wheelchairs selectively, depending on their physical needs and the constraints of their environment. (RH)

Who returns to work and why?: Evidence and policy implications from a new disability and work reintegration study : a summary; by Ilene Zeitzer, International Social Security Association - ISSA. Geneva: International Social Security Association - ISSA, 2002, 36 pp. In industrialised countries, back problems are typically the leading physical cause of receipt of disability benefits. This booklet provides a synopsis of a comparative study of work incapacity and reintegration (the WIR Project) undertaken in the mid-1990s under the auspices of the International Social Security Association (ISSA). The research summarised here aimed to determine whether the various interventions found in the countries examined - Denmark, Germany, Israel, the Netherlands, Sweden, and the United States (US) - make a difference to work resumption patterns, and if so, what are the best interventions. The Project also allowed researchers to measure the effects of such factors as the duration of work absence, medical and vocational interventions, labour market policies and practices, and other social and demographic aspects such as living alone and the availability of social support. (RH)
The "common cause hypothesis" of cognitive aging: evidence for not only a common factor but also specific associations of age with vision and grip strength in a cross-sectional analysis; by Helen Christensen, Andrew J Mackinnon, Ailsa Korten (et al). Psychology and Aging, vol 16, no 4, December 2001, pp 588-599.

A prominent hypothesis in cognitive ageing is the existence of a common factor that is responsible for age-related deterioration in cognitive and non-cognitive processes. A multiple indicators, multiple causes model was used to examine the nature of this common factor and its relationship to age, gender and the apolipoprotein E (apoE) genotype. The common factor was modelled by using 10 indicator variables with 374 participants aged between 77.4 and 98.7 years. A latent factor was identified, with all indicators except blood pressure loading significantly. This factor could be identified in two age strata within the sample. After controlling for the effects of gender, apoE was significantly associated with memory but not with the common factor. The findings suggest that a number of specific processes may operate concurrently with any common cause factor. (RH)

ISSN: 08827974


Data from a south-western Ontario, Canada community sample of 1,549 disabled and non-disabled individuals were examined using ordinary least squares regression for how age patterns in health control, self-efficacy, and self-esteem are influenced by age-correlated social status, health, personality, and social integration variables. Older respondents report lower health control, self-efficacy, and self-esteem. Less education, more physical impairment, poorer global health, less empathy, and less introspectiveness explain about 43% of age's negative association with health control, and more than half of its negative association with self-esteem. Age is also associated more negatively with self-efficacy among disabled people. Social status variables conceal the strength of the age-by-disability interaction coefficient, while health accounts for almost an equal amount. The findings describe how age-correlated personal and social factors contribute to, or statistically conceal, older people's sense of health control, self-efficacy and self-esteem. (RH)

ISSN: 08982643


Cataract surgery is one of the most frequent surgical procedures experienced by older people, but in Canada, long waiting lists are common. The Beck Anxiety Inventory was used in a systematic study of anxiety in 50 older people waiting for the operation. More than a third reported anxiety within the range reported for panic disorder patients. Increased anxiety was found among those with a general tendency to worry about their health, poorer visual functioning and a greater use of palliative coping strategies. These results highlight the importance of assessing anxiety while patients wait for surgery, and for designing interventions and providing assistance to those with elevated levels of anxiety. (RH)

ISSN: 07149808

The BT guide for people who are older or disabled 2001/02: the latest products and services; by British Telecom. London: British Telecom, 2001, 56 pp.

A guide to BT products for those who have problems with hearing, speech, sight, mobility or dexterity, and including information on alarm systems and a list of useful addresses. Guide is also available in braille, large print and on audio tape. (KJ)

Price: FOC
From: BT freephone 0800 800 150 Age and Disability Manager.


Severe walking disability, for the purposes of this article, is defined as customary walking speed of <0.4 metres/second and an inability to walk a quarter of a mile, or being unable to walk. It is not known whether the presence of multiple impairments, or co-impairments, is associated with increased risk of developing new disability. 758 women from the US Women's Health and Aging Study (WHAS) who were not severely walking disabled at baseline participated in this 3-study. Over the course of the study, 173 (22.8%) became severely disabled in walking. The presence of co-impairments was found to be a powerful predictor of new, severe,
walking disability, an underlying cause of dependence in older people. Substantial reduction in the risk of walking disability could be achieved, even if interventions were successful in correcting only one of the impairments, because a deficit in only one physiological system may be compensated for by good capacity in another system. (RH)

ISSN: 00028614


Proposals for community equipment services were included in the NHS Plan. This guidance applies to community equipment services for all age groups. It sets out action that should be taken to improve provision by the development of integrated local authority and NHS equipment services, particularly in conjunction with the intermediate care initiative. The “Guide to integrating community equipment services” provides further details. (RH)

From: Department of Health, PO Box 777, London SE1 6XH. Website: http://www.doh.gov.uk/coinh.htm


The question, “What is the effect on vision of visual screening in older patients?” is considered in a review of studies traced using on-line databases such as EMBASE and MEDLINE. All randomised trials of visual or multicomponent screening in unselected people aged 65+ in a community setting were independently reviewed by two reviewers. Of 2,862 citations and abstracts screened, 154 full text articles were reviewed, and five trials met final inclusion criteria. Implications for future geriatric research are discussed briefly. (RH)

ISSN: 00028614


Hearing and vision impairments of 2,442 community-dwelling men and women aged 50 to 102 from the Almeida County Study (California) were assessed in 1994. Outcomes, measured in 1995, included physical disability (activities of daily living, instrumental ADLs, physical performance, mobility and lack of participation in activities), mental health (self-assessed, major depressive episode), and social functioning (feeling left out or lonely, hard to feel close to others, inability to pay attention). Both impairments had strong independent impacts on subsequent functioning. Visual impairment exerted a more wide-ranging impact on functional status, ranging from physical disability to social functioning. However, the results also highlighted the importance of hearing impairment, even when mild. These impairments can be partially ameliorated through prevention, assessment, and treatment strategies, and requires greater attention by all concerned. (RH)

ISSN: 00028614


This US study examined how adaptive strategies described in a study of well older adults by Clark et al (1996) were being used by four Catholic nuns with physical impairments and disabilities who lived in a continuing care facility. A naturalistic, phenomenological approach was chosen and in-depth interviews were conducted to ascertain if, and how each nun used the adaptive strategies. Spiritual activity, positive attitudes and commitment to service were evident themes in this study and Clark's (1996). Findings suggest that the specific constellation of adaptive strategies may be useful for other religious older adults to manage stressors in their daily lives. (KJ/RH)

ISSN: 02703181


A model is proposed that explains how hearing loss, psychological factors (i.e. attitudes about ageing, personal adjustment to hearing loss, and perceived social support), and perceived strategy effectiveness affect the use of adaptive and non-adaptive strategies. Adaptive strategies are behaviours that improve communication (i.e. asking others to repeat). Maladaptive strategies are coping behaviours that do not promote communication (i.e. pretending to understand a conversation). Non-audiological variables were more important than physical hearing
Disability and mild cognitive impairment: a longitudinal population-based study; by Sylvaine Artero, Jacques Touchon, Karen Ritchie. 

Research on the relationship between cognitive impairment and functional loss has largely focused on the consequences of senile dementia. The present study examines the relationship between mild forms of cognitive disorder without dementia and ability to perform everyday activities in the absence of dementia. Subjects were 368 people aged 65+ in Montpellier, France, recruited from the general public via a general practitioner network. An overall disability prevalence of 26.3% was found in the general population, with 30.8% in those with sub-clinical cognitive impairment. A 3-year follow-up showed cognitive decline over time without dementia to be paralleled by changes in activity performance, with visuo-spatial deficits being the most marked effect on overall functioning. High intelligence quotient (IQ) and education are seen to reduce the degree of activity loss, but only when senile dementia is not present. (RH)
ISSN: 08856230


Data for this analysis came from the North Carolina (Piedmont) site of the Established Populations for the Epidemiologic Studies of the Elderly (EPESE) project, comprising a sample of 4,136 African Americans and Whites aged 65+. Disability data were collected at 7 consecutive yearly intervals. Network size and social interaction showed significant negative associations with disability risks, which did not vary by race, or as a function of time. Social interaction with friends was associated with a reduced risk for disability, but social interaction with children or relatives was not related to disability. Instrumental support was associated with a significantly increased disability risk, with greater adverse effect among White than African Americans. Emotional support was not associated with disability, but a protective effect for activities of daily living (ADL) disability was found after controlling for its intercorrelation with instrumental support. The findings provide further evidence for the role of social relationships in the disablement process, although not all types of such relationships may be equally beneficial. (RH)
ISSN: 10795014

Correlates of attributing new disability to old age; by Catherine A Sarkisian, Honghu Liu, Kristine E Ensrud (et al).

Despite great advances in geriatric medicine, old age is still perceived as a causal agent of functional decline. The Study of Osteoporotic Fractures Research Group's study of 9,704 women aged 67+ in four geographic areas of the US found that 657 reporting no disability at baseline had reported difficulty carrying out one or more of 13 functional activities at 4-year follow-up. The relationship between attributing new disability to old age and the following characteristics measured at baseline were examined: age, level of education, body mass index (BMI), gait speed, grip strength, visual acuity, physical activity level, smoking status, social network level, and depressed mood. Overall, 13.5% of the women attributed new disability to old age. Grip strength was the only other characteristic that remained an independent correlate. Further study is needed to determine whether, how often, and under what circumstances older people who attribute new disability to old age have medical conditions amenable to interventions that could preserve their functioning and improve their quality of life. (RH)
ISSN: 00028614

Disability in the oldest old: "can do" or "do do"?; by Annetje Bootsma-van der Wiel, J Gussekloo, A J M de Craen (et al).

599 participants of a successful ageing study, the Leiden 85-Plus Study in the Netherlands, were interviewed at their place of residence, and screened for cognition (Mini-Mental State Examination - MMSE), and competence in activities of daily living (ADLs) and instrumental ADLs using the Groningen Activity Restriction Scale (GARS). 77% were competent to perform all ADLs and performed them regularly. However, important
structural discrepancies were found between measures of competence and actual performance, which have important consequences when comparing estimates of disability in the oldest old. (RH)

ISSN: 00028614

Despite progress since the 1997 General Election, disabled people are still discriminated against unfairly. The Disability Manifesto has been developed by a coalition of disability and carer charities, and contains recommendations on key issues of importance to disabled people throughout the UK. It discusses the following shared concerns: civil and human rights; poverty and benefits; employment, training, and education; independent living and community services; transport and mobility; housing and the built environment; access to information; health; financial services; culture and leisure; and carers. (RH)

Price: FOC (single copies); £1.00 per copy (2 or more)
From: Library and Information Unit, Scope, 6-10 Market Road, London N7 9PW.

Disabled Peoples' International is a cross-disability human rights organisation set up in 1981, which comprises membership in over 100 countries worldwide. It is a self-advocacy organisation with the objective that disabled people should achieve full citizenship in very society. (KJ)
From: DPI-Europe, 11 Belgrave Road, London SW1V 1RB.

The disablement process in very late life: a study of the oldest-old in Sweden; by Elia E Femia, Steven H Zarit, Boo Johansson.
The study examines physical and functional health problems and their relationship to the activity of daily living (ADL) disability experience of a cross section of Swedish men and women aged over 80. Using a model of disablement, the relationships between disability variables were simultaneously explored. Results confirmed relatively high rates of disability in this age group, with 36% of respondents having some basic ADL difficulty. Functional impairment (vision and grip strength) and functional limitations (upper and lower body limitations and cognition) were strongly related to disability, with functional limitations being a main driving force for disability. The role of psychological variables (depression, subjective health, and social integration) was explored through subsequent model testing. Results showed depression, subjective health, and social integration to potentially mediate the influence of risk factors, impairments and limitations in the model. The study suggests that modifying psychosocial experiences can greatly affect the disability experience. (RH)
ISSN: 10795014

Dispelling fears about aging with a disability: lessons from the disability rights community; by Richard L Beaulaurier, Samuel H Taylor.
There have been revolutionary changes in the way that many people perceive and deal with the issue of disability. These changes affect both the nature of services and the expectations that people may have about disabilities acquired late in life. This raises issues about the fears and anxieties that non-disabled older people have about acquiring a disability as they age. This article considers the most important aspects of the reconceptualisation of disability as it relates to the field of ageing. It proposes a model for addressing fears about acquiring a disability and preparing for life with disabilities typically acquired as people age. (KJ/RH)
ISSN: 01634372
From: http://www.tandfonline.com

DLF Hamilton index: part 1, sections 1 to 5; by Disabled Living Foundation - DLF. London: Disabled Living Foundation, Spring 2001, various pagings.
DLF Hamilton Index is the Disability Equipment Directory. The index is divided into 23 individual sections and is published in 4 parts. Each part is made up of 5 or 6 of these sections contained within the DLF ring binder. One part of the Index is updated every 4 months, thus giving the whole Index a 16 month update cycle. Each set of updated sections is accompanied by the DLF Newsletter. Part 1 covers transport; eating and drinking equipment; beds and bed accessories; chairs and chair accessories and children's equipment (general).

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Price: yearly subscription
From: DLF, 380-384 Harrow Road, London W9 2HU.


DLF Hamilton Index is the Disability Equipment Directory. The index is divided into 23 individual sections and is published in 4 parts. Each part is made up of 5 or 6 of these sections contained within the DLF ring binder. One part of the Index is updated every 4 months, thus giving the whole Index a 16 month update cycle. Each set of updated sections is accompanied by the DLF Newsletter. Part 2 covers powered wheelchairs; manual wheelchairs; equipment for positioning standing and walking; pressure relief; access to indoor and outdoor environments; household equipment.

Price: yearly subscription
From: DLF, 380-384 Harrow Road, London W9 2HU.


The White Paper "Aiming for excellence: modernising social work services in Scotland" (March 1999) set out proposals for National Care Standards for a wide range of social care provision. The National Care Standards Committee (NCSC) set up Working Groups to draft these standards (the Care at Home Working Group chaired by Mary Marshall, the Learning Disabilities Working Group chaired by James Hogg, the Physical and Sensory Impairment Working Group chaired by Etienne d'Aboville, and the Drugs and Alcohol Working Group chaired by Netta Maciver). Care standards for care at home focus on the quality of the experience of those using the service. Standards of care for people with learning disabilities concern rights and responsibilities, where they want to live, feeling safe and being accepted, personal development, support, and health. Key issues in standards for people with physical and sensory impairment include: choice and empowerment; privacy and dignity; living one's own life; communication; health and well-being; and safety and risk. For alcohol and drug problems, core common standards are identified with regard to access, buildings and infrastructure, services, and staffing. (RH)

ISBN: 0755900243
From: Jane McEwan, Regulation of Care Project, Scottish Executive, Room 24, James Craig Walk, Edinburgh EH1 3BA. e-mail: jane.mcewan@scotland.gsi.gov.uk Website: www.scotland.gov.uk/government/rcp


Older people with less education have substantially higher prevalence rates of mobility disability. This study uses data for 8,871 people aged 65-84 from three sites of the Established Populations for Epidemiological Study of the Elderly (EPESE), to establish the relative contributions of incidence, recovery rates, and death to prevalence differences in mobility disability associated with educational status. Differences in person years living with disability between those who had received education for 7 years or less and those with 12 or more years of education were large. The authors suggest that efforts to reduce these disparities in old age should focus mainly on preventing disability. (RH)

ISSN: 10795014


Cataract surgery is both safe and effective for most of those who need it, but the benefits and risks for those aged 85+ are less clear. In these patients - especially those with concomitant cardiovascular diseases - a cautious approach is advised, because of higher risk of systemic complications during surgery. A higher prevalence of pre-existing ocular diseases - for example, age-related maculopathy - may affect cataract surgery outcomes in older patients. Independent of pre-existing ocular diseases, increasing age is associated with poorer cataract surgery outcomes. (RH)

ISSN: 09598138


Research is reviewed which determines the effectiveness of adult day services in improving client functioning, alleviating caregiver stress and delaying nursing home admission. The strengths and limitations of the research
Public spending on housing adaptations - permanent or fixed alterations to make homes more suitable for disabled occupants and their families - amounts to more than £220 million a year, and both numerical demand and unit costs are growing. These findings outline results of a qualitative study by Frances Heywood published as "Money well spent: the effectiveness and value of housing adaptations" (Policy Press, on behalf of JRF), which looked at adaptations from the point of view of those who had received them. The study considers both major and minor adaptations, successes and failures. The benefits were most pronounced where there had been careful consultation with users, and the needs of the whole family and of the integrity of the home had been considered. (RH)
ISSN: 09583084
From: JRF, The Homestead, 40 Water End, York YO30 6WP.

Effects of hearing impairment on use of health services among the elderly; by Carla A Green, Clyde R Pope.
Diagnoses of hearing impairment, depression and chronic illnesses were used in hierarchical regression procedures to predict the volume and probability of any service use by 1,436 randomly selected 65-year-old health maintenance organisation (HMO) members. Hearing impairment substantially increased the likelihood of making at least one visit to a health care provider. For those who make such visits, however, hearing impairment did not lead to use of additional services, despite expectations to the contrary. (RH)
ISSN: 08982643

Explaining the role of sex on disability: a population-based study; by Linda A Wray, Caroline S Blaum (et al).
There is no clear consensus about how a person's sex influences prevalent disability and through what mechanisms. It was investigated whether sex had a direct independent effect on disability, or an interactive effect on the relationship between chronic diseases/conditions and disability; and whether these effects differed in middle-aged versus older adults. Baseline data was drawn from two nationally representative US health interview surveys, the Health and Retirement Study (HRS) and the Study of Asset and Health Dynamics Among the Oldest Old (AHEAD), and disability and covariate measures that were nearly identical in both surveys. Models demonstrated no direct sex effect for activities of daily living (ADL) disability in either age group, after adjusting for key covariates. The implication is drawn that the effect of sex on ADL difficulty is largely explained by social and health-related covariates in middle aged and older adults. In contrast, the independent association of female sex with decreased strength and mobility in both groups cannot be explained by the models' social or health-related variables. Additionally the positive association of body mass index (BMI) with mobility difficulty is significantly worse for women than for men. (KJ/RH)
ISSN: 00169013

Food-related concerns of older adults with macular degeneration; by Georgia W Crews, Carol Ann Holcomb.
Age-related macular degeneration (AMD) is the primary cause of low vision and irreversible blindness in over 65s in the US. This study aimed to identify the food-related concerns of older adults with macular degeneration. Interviews and focus groups were conducted in 16 geographic locations. Concerns were not significantly associated with age, education or sex of participants. Similar concerns were expressed in both focus groups and interviews, but potentially embarrassing issues were mentioned more often during interviews. While there are strengths and weaknesses for each method, use of both interviews and focus groups increased the likelihood that the appropriate content area for the development of a questionnaire was captured. (KJ/RH)
ISSN: 01639366
From: http://www.tandfonline.com

Congestive heart failure (CHF) is a common and increasing problem among older people. Using a comprehensive review of literature, this article describes the public health burden arising out of CHF in the
United States. It describes CHF in terms of functional limitation and disability in elderly people following the National Center for Medical Rehabilitation and Research (NCMRR) disability model. The use of home-based interventions (HBI) to assist people with CHF is discussed. (KJ/RH)

Futures planning for people with learning disabilities living with older family carers; by David Thompson.
Managing Community Care, vol 9, no 2, April 2001, pp 3-7.
People with learning disabilities are increasingly outliving their parents. To avoid traumatic and inappropriate transitions from the family home in later life, services need to improve their relationships with families. This article reviews what is commonly known as "futures planning" for people with learning disabilities who live with their family carers. It also presents the initial findings of six action research projects, which are, in different ways, helping families to think about the future. These projects are part of the Foundation for People with Learning Disabilities' Growing Older with Learning Disabilities (GOLD) programme. (RH)

Genetic and environmental influences on self-reported reduced hearing in the old and the oldest old; by Kaare Christensen, Henrik Frederiksen, Howard J Hoffman.
Interviews conducted in 1995 with 77% of the 3,099 twin individuals aged 75+ from the Danish Twin Registry were contacted again in 1997 and 1999, along with a further 2,778 twins age 70-76 regarding genetic factors in reduced hearing. The authors found that genetic factors play an important role in self-reported reduced hearing in both men and women aged 70+. Because self-reports of reduced hearing involve misclassification, this estimate of the genetic influence on hearing disabilities is probably conservative. Hence, genetic and environmental factors play a substantial role in reduced hearing in the old and oldest-old. This suggests that clinical epidemiological studies of age-related hearing loss should include not only information on environmental exposures, but also on family history of hearing loss, and, if possible, biological samples for future studies of candidate genes for hearing loss. (RH)

Glimmers of hope: [housing adaptation programmes]; by Julian Birch.
The author is calling for more "joined-up" funding for adaptations to the homes of those with disabilities. Too often, the sole source of funding is the housing department, rather than health and/or social services budgets; yet all three stand to gain from well-planned and funded adaptations that result in people staying put in their homes. (KJ/RH)

Grandma's hands: parental perceptions of the importance of grandparents as secondary caregivers in families of children with disabilities; by Sara E Green.
Findings of an American interview survey indicate that: grandparents are a common source of weekly assistance, significantly more common than other relatives, friends or neighbours; and that where grandparents participate, the number of other sources of support is also higher. Moreover, help from grandparents has a positive relationship, while that from other sources of help has a negative relationship to parental ability to maintain a positive emotional outlook and to avoid physical exhaustion. Findings from the interactive interviews suggest that: grandparent participation can promote pride and "normalised attitudes" by helping grandparents get to know the child on an intimate basis. However, when grandparents do not participate, parents may feel the need to manage the information given to, and the emotional responses experienced by, grandparents who have not had the chance to get to know and love the child through frequent, direct contact. Lastly, parents are concerned that if grandparents themselves begin to need help due to increased age and disability, they will not ask for it, because the parents are already overburdened by the unusual demands of their parenting roles. (RH)

Community equipment includes equipment for home nursing, equipment for daily living, and communication aids. Traditionally, these have been supplied by separate NHS and local council services. This document follows on from the guidance in "Intermediate care" (Department of Health, Circulars HSC 2001/01; LAC(2001)11). It
outlines the scope of services that users should expect to receive, and how organisations are put these into effect. (RH)

Price: FOC

From: Department of Health, PO Box 777, London SE1 6XH. Website: http://www.doh.gov.uk/scg/communityequipment.htm


The Health survey of England comprises a series of annual surveys, of which the 2000 survey is the tenth. The Health Survey series is part of an overall programme of surveys commissioned by the Department of Health (DH), and designed to provide regular information on various aspects of the nation's health. This report is one of five topic reports based on data from the 2000 survey. Using an adaptation of the World Health Organization (WHO) classification system for impairments, disabilities and handicaps (ICIDH), the survey's disability questions covered limitations in functional activities (seeing, hearing, communication, walking and using stairs) and activities of daily living (ADLs) (getting in and out of bed or a chair, washing, eating and toileting). Questions on continence were also included. Statistics are presented on the prevalence and severity of different types of disabilities. (RH)
ISBN: 0113225652

Price: £90.00 (sold as set)

From: The Stationery Office, PO Box 29, Norwich NR3 1GN. Websites: www.clicktso.com or www.thestationeryoffice.com Full text at http://www.official-documents.co.uk/document/doh/survey00/daop/daop.htm

How do they manage?: disabled elderly persons in the community who are not receiving Medicaid long-term care services; by Janet O'Keeffe, Sharon K Long, Korbin Liu (et al).

25 functionally impaired older Americans living in the community were interviewed, who applied for but did not enrol in Connecticut's Home Care Program for Elders (CHCPE). Many of those in the sample had high levels of impairment and multiple chronic health conditions, yet remained in the community without CHCPE services because of Medicare home health services combined with extensive levels of informal care. However, these informal care networks were over-extended and vulnerable to breakdown. All but a few of those interviewed were not receiving services through the waiver programme for financial reasons. It was concluded that additional formal help is needed to avoid eventual nursing home placement for many sample members. This could be achieved by expanding the availability of case management services and relaxing programme financial requirements. Furthermore, efforts to reduce Medicare home health expenditures must recognise the heightened vulnerability of many beneficiaries for potentially costly adverse outcomes. (KJ/RH)

ISSN: 01621424

From: http://www.tandfonline.com

In their own words: strategies developed by visually impaired elders to cope with vision loss; by Mark Brennan, Amy Horowitz, Joann P Reinhardt (et al).

The present study developed a typology of self-reported coping strategies used by older people in adapting to visual impairment using qualitative analyses. Narrative data were examined from three previous quantitative studies of adaptation to vision loss. Major themes in coping with vision loss included difficulty in balancing norms of independence with the functional losses resulting from eye disease, and the importance of the informal social network. Importantly, a number of coping mechanisms that have not been examined in previous quantitative work were identified for the present qualitative analyses. (RH)

ISSN: 01634372

From: http://www.tandfonline.com


Inclusive design aims to meet the needs of people who have been unable to use mainstream products because of age or disability. This paper has been researched and written by Ricability, which discusses whether the introduction of legislation, standards, self-regulation or labelling of goods would bring about change in design. Examples of good and poor design are included. (RH)
Instrumental activities of daily living as a potential marker of frailty: a study of 7364 community-dwelling elderly women (the EPIDOS Study); by Fati Nourhashémi, Sandrine Andrieu, Sophie Gillette-Guyonnet (et al).
A number of clinical conditions have been shown to be associated with frailty in older people. The authors hypothesised that incapacities on the Instrumental Activities of Daily Living (IADLs) scale could make it possible to identify this population. They investigated the association between IADL incapacities and the various known correlates of frailty using data for 7346 French women aged 75 and over from the EPIDOS study. Their results confirmed that women with disability or at least one IADL item are frailer, because they had more associated disorders, poorer cognitive function and more frequent falls. Disabilities on this scale could be a good tool for identifying those at risk living at home and in apparent good health. (RH)
ISSN: 10795006

Interactive effect of support from family and friends in visually impaired elders; by Jessica M McIlvane, Joann P Reinhardt.
The interactive relationship of high and low family and friend support for adaptation to chronic vision impairment was examined in 241 men and women using two analyses of covariance models. Women with high support from both family and friends had better psychological well-being, whereas men with high support from both friends and family, or just from family had better psychological well-being. Those with high qualitative friend support and high quantitative family support had better adaptation to vision loss. The complexity of measuring and understanding relationships between social support, well-being, and domain specific adaptation to chronic impairment is demonstrated. (RH)
ISSN: 10795014

The International classification of functioning, disability and health (ICF) is the international standard for health and disability related data, and is complementary to ICD-10 (which provides a diagnosis of diseases, disorders or other health conditions). ICF provides a detailed classification with definitions on: body functions; body structures; activities and participation; and environmental factors. Annexes provide coding guidelines and other background information. (RH)
ISBN: 9241543429
Price: Sw.fr 50
From: WHO Marketing and Dissemination, 1211 Geneva 27, Switzerland. Email: bookorders@who.int

The International classification of functioning, disability and health (ICF) is the international standard for health and disability related data, and is complementary to ICD-10 (which provides a diagnosis of diseases, disorders or other health conditions). ICF provides a detailed classification with definitions on: body functions; body structures; activities and participation; and environmental factors. Annexes provide coding guidelines and other background information. This volume contains a concise version of the ICF. (RH)
ISBN: 9241545445
Price: Sw.fr 14
From: WHO Marketing and Dissemination, 1211 Geneva 27, Switzerland. Email: bookorders@who.int

Is there a slow lane on the information superhighway: issues of exclusion and discrimination confronting older people in the information age; by Alice Tay.
This paper argues that much of the Internet is currently delivering less than it could, more slowly, because of widespread failure not just to allow for, but to capitalise on human diversity, including the knowledge and perspectives of older people and people with disabilities. The human rights aspects of access to information - for example, from the Australian government - are highlighted; and attention is drawn to specific website addresses. (RH)
This is a guide produced to help consumers decide upon a telephone company. It brings together eight of the largest telephone companies and compares what they provide for older or disabled people and how to obtain these services. There is a quick reference comparison table at the end of the guide. (KJ)
ISBN: 090062146X
Price: FOC
From: Ricability, 30 Angel Gate, City Road, London EC1V 2PT.

As well as having products specifically designed for them, blind people also increasingly need to be able to use equipment designed for the general public (e.g banking services). This report outlines some of the scientific and technological research which has been done to alleviate their problems, with special emphasis on projects involving the RNIB Scientific Research Unit. Issues covered include: daily living; mobility and orientation; access to information; and multiple impairment. Many visually impaired older people have had very little benefit from advances in assistive technology, which future research may well rectify. (RH)
ISBN: 186048025X
Price: £5.00
From: RNIB, 224 Great Portland Street, London W1W 5AA.www.tiresias.org

Learning disability and dementia: a training guide for staff; by Diana Kerr, Claire Wilson (eds), Dementia Services Development Centre - DSDC, University of Stirling. Stirling: University of Stirling; Lothian Primary Care NHS Trust, 2001, 103 pp.
This guide has been developed as an extension and revision of "Different realities: a training guide for people with Down's syndrome and dementia", and is the result of work undertaken by the Training Sub-Group of the Older Adults with Learning Disabilities Working Group of the Lothian Primary Care NHS Trust. It has been designed as a flexible teaching resource for groups or trainers, or as a self-study pack for direct care staff caring for adults with a learning disability and dementia, some of whom will be over 65, but some, mainly those with Down's syndrome, will be in their 50s. (RH)
ISBN: 185769130X
Price: £10.00
From: Dementia Services Development Centre, University of Stirling, Stirling FK9 4LA.

Looking inward: introspectiveness, physical disability and depression across the life course; by Karen Van Gundy, Scott Schieman.
The interrelationships between age, physical disability, introspectiveness and depression are investigated using data from a community sample of 1,567 disabled and non-disabled Canadians. This study tests whether: there are age variations in introspectiveness; age variations in introspectiveness differ by physical disability status; introspectiveness mediates the association between age and depression; introspectiveness and disability status have synergistic effects on depression; and if so, whether subjective health differences between disabled and non-disabled account for the joint impact of introspectiveness and disability status on depression. Results show that older people report less introspectiveness than do younger people; this explains part of the negative association between age and depression. Additionally, this negative association is significantly stronger in non-disabled respondents. Adjustment for less introspectiveness in older adults accounts for about 24% of the negative association between age and depression. Disabled respondents experience a more positive relationship between introspectiveness and depression; their poor global health explains most of that pattern. (KJ/RH)
ISSN: 00914150

Employment is an area where disabled people feel discrimination keenly; and opportunities for employment have a major impact on their lives in terms of self-fulfilment, income and interactions in society. This report is based on inspections in Buckinghamshire, Co Durham, Hertfordshire, Knowsley, Plymouth, Salford, Wandsworth, and Wokingham. The inspections assessed the effectiveness of work with disabled people in securing and being supported in employment. The report makes recommendations and provides examples of good practice with regard to: effectiveness of service delivery and outcomes; quality of services for service
users in helping them to make informed choices; fair access to services; cost and efficiency; and organisation and management. (RH)

Price: FOC
From: Department of Health Publications, PO Box 777, London SE1 6XH. Fax 01623 724524. Email: doh@prolog.uk.com Website: www.doh.gov.uk/scg/highsecurity.htm


Employment is an area where disabled people feel discrimination keenly; and opportunities for employment have a major impact on their lives in terms of self-fulfilment, income and interactions in society. This leaflet highlights key messages, good practice and ways in which services to disabled people and people with mental health problems could be improved, based on an inspection of the services provided by eight local councils. (RH)

Price: FOC
From: Department of Health Publications, PO Box 777, London SE1 6XH. Fax 01623 724524. Email: doh@prolog.uk.com Website: www.doh.gov.uk/scg/highsecurity.htm

Measuring disability in nursing home residents: validity and reliability of a newly developed instrument; by Mirjam Valk, Marcel W M Post, Herman J M Cools (et al).

The psychometric features and value of the 24-item multi-dimensional nurse-administered Nursing Home Disabilities Instrument (NHDI) are presented, and assessed on the following domains: Mobility, Activities of Daily Living (ADLs), Alertness, Resistance to Nursing Assistance, Incontinence, Cognition, and Perception. Test-retest and interrater reliability was assessed using the Spearman correlation coefficient; internal consistency was examined by Crohnbach's alpha; and criterion validity tests were performed by comparing the scales with those of the Elderly Residents Rating Scale (BOP). Criterion validity was high for Cognition, ADL and Mobility, and moderate for Alertness. In general, the findings suggest that the NHDI is a useful instrument to achieve a reliable assessment of cognitively impaired older people. (RH)

ISSN: 10795014

Mobility impairments in crash-involved older drivers; by Richard V Sims, Gerald McGwin, LeaVonne Pulley (et al).

To evaluate potential associations of impairments in physical function with motor vehicle crash involvement in older drivers, over 65s in Mobile County, Alabama who had caused an at-fault motor vehicle crash in 1996 and a similar number of controls matched for age and gender were interviewed by telephone regarding demographic variables, medical conditions, medications, driving exposure, and function. Relative to crash-free subjects, crash-involved drivers were significantly more likely to report difficulty walking a quarter of a mile and moving outdoors. Marginally significant associations were observed for trouble carrying a heavy object 100 yards and for the occurrence of falls in the previous year. Increasing numbers of functional limitations were directly related to the chances of crash involvement. Compared to crash-free controls, older crash-involved drivers are more likely to report other mobility-related impairments, possibly including falls. (RH)

ISSN: 08982643

Music and increasing age: a study of the approach to music by members of the University of the Third Age; by Vernon Pickles.

Although the study involved co-operation of members of the University of the Third Age (U3A), it was the author's personal objective to survey the factors that either impede or improve our enjoyment of music with increasing age. This article outlines development of a survey among members of the four U3A music groups in Sheffield, which covered musical taste, equipment, and problems with hearing. (RH)

ISSN: 09652000


People with learning disabilities are a very mixed group with different support needs; they also have the same rights and responsibilities as other people. The National Care Standards Committee (NCSC) has developed these standards with the help of working groups which included both service users and providers. The standards
describe what the service user can expect from the service provider, and focus on his or her experience of
quality of life. Standards are grouped under headings which follow a person's journey through the service:
before moving in; settling in; day-to-day life; and moving on. The standards are based on a set of principles that
recognise the person's rights: dignity, privacy, choice, safety, realising potential, and equality and diversity.
Reference is also made to the Scottish Commission for the Regulation of Care (which will register and inspect
services), and the Scottish Social Services Council (with responsibility for promoting high standards of conduct
and practice for social service workers); both have been set up under the Act, and both will have headquarters in
Dundee. (RH)
ISBN: 0755903390
Price: £5.00
From : The Stationery Office Bookshop, 71 Lothian Road, Edinburgh EH3 9AZ.
www.scotland.gov.uk/government/rcp

National care standards - care homes for people with physical and sensory impairment; by Angus Skinner
As a result of the Regulation of Care (Scotland) Act 2001, there are now no legal differences between residential
and nursing homes in Scotland: they are all care homes. The National Care Standards Committee (NCSC) has
developed these standards with the help of working groups which included both service users and providers. The
standards describe what the service user can expect from the service provider, and focus on his or her experience
of quality of life. Standards are grouped under headings which follow a person's journey through the service:
before moving in; settling in; day-to-day life; and moving on. The standards are based on a set of principles that
recognise the person's rights, as well as physical and sensory impairment, as follows: dignity, privacy, choice,
safety, realising potential, and equality and diversity. Reference is also made to the Scottish Commission for the
Regulation of Care (which will register and inspect services), and the Scottish Social Services Council (with
responsibility for promoting high standards of conduct and practice for social service workers); both have been
set up under the Act, and both will have headquarters in Dundee. (RH)
ISBN: 0755903300
Price: £5.00
From : The Stationery Office Bookshop, 71 Lothian Road, Edinburgh EH3 9AZ.
www.scotland.gov.uk/government/rcp

Nutritional parameters, body composition and progression of disability in older disabled residents living in
nursing homes; by Giovanni Zuliani, Franco Romagnoni, Stefano Volpato (et al).
Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 56A, no 4, April 2001, pp
M212-M216.
The evaluation of nutritional status is one of the primary components of multidimensional geriatric assessment.
The authors investigated the relationship between some markers of malnutrition and the modifications in
functional status for 98 older disabled residents living in a nursing home in Padua, Italy over a 2-year period.
Deteriorating functional status was associated with baseline albumin levels and subscapular skinfold thickness.
The degree of body cell mass (BCM) reduction was strongly related to the number of additional activities of
daily living (ADLs) lost over the 2 years. Signs of malnutrition thus appear to predict further worsening of
functional status. (RH)
ISSN: 10795006

Patterns of onset of disability in activities of daily living with age; by Carol Jagger, Anthony J Arthur, Nicola A
Spiers (et al).
The large general practice that serves Melton Mowbray in Leicestershire includes 3,360 patients aged 75+.
Of these, 1,344 were assessed as initially independent without difficulty in all activities of daily living (ADLs).
This study investigated the order in which ADLs are lost, and whether the order is invariant between sexes and
age groups. 47% subsequently reported disability. The order of activity restriction was bathing, mobility,
toileting, dressing, transfers from bed and chair, and feeding. Women had a higher risk of disability in bathing
and toileting, while for ADLs there was a significant increase in the risk of disability with increasing age. The
order of onset of disability for ADLs was invariant across sex and age group. Lower extremity strength (bathing,
mobility, toileting) appears to be lost to older people before upper extremity strength (dressing, feeding). Further
work is needed to develop prevention strategies to delay the onset of these disabilities. (RH)
ISSN: 00028614
Persistent, consistent, widespread, and robust?: another look at recent in old-age disability; by Robert F Schoeni, Vicki A Freedman, Robert B Wallace.


Logistic analysis of a sample of 124,949 participants aged 70+ from the 1982 to 1996 US National Health Interview Surveys was used to estimate the trend in disability prevalence, after controlling for various sociodemographic factors. The authors found that: the prevalence of disability has declined, but the gains did not persist throughout the period or accelerate over time; only routine care disability has declined, whereas more severe personal care disability shows no improvement; estimates are robust to the exclusion of nursing home populations, but may be sensitive to growth in the assisted living population; estimates of decline in disability prevalence are fairly consistent across five national surveys; gains have been concentrated in the most educated older people; and gains in education appear to be an important confounder of the improvements. (RH)

ISSN: 10795014

Predictors of transitions in disease and disability in pre- and early-retirement populations; by Namkee G Choi, Linda Schlicting-Ray.


Rates of prevalence and incidence of, and transitions in, disease and disability statuses for those aged 51 to 61 are analysed, together with predictors of transition outcomes over a 2-year period: remaining free of disease or disability, getting better, or getting worse. Data from 1992 and 1994 interviews for the US Health and Retirement Study were used for gender-separate binary and multinomial logistic regression analyses. Despite prevalence and incidence rates of chronic disease and functional limitations, the improvement rates in disabilities were also high. For both genders, age, years of education, health-related behaviours, and comorbidity factors were significant predictors of transition outcomes. The significance of health-related behaviours suggest that lifestyle factors may have a bigger influence in this age group than in older groups. (RH)

ISSN: 08982643

Promoting mental health and wellbeing amongst housebound older people; by Lesley Cotterill, Diane Taylor.


In England, health promotion has an important role to play in delivering the aims of the new health and social care modernisation programme, as illustrated by two such strategies in recent policy documents. The first, providing information about health issues, is intended to empower people, promote independence and help them to become and stay healthy. Second, encouraging social participation, is intended to reduce social isolation and stress, build social capital, and promote mental health and well-being. This paper presents findings from a qualitative sociological study of an Ageing Well project for housebound older people, on what they valued about participating in the project, and how it enhanced their sense of well-being. For this group of people, "feeling happy" and maintaining a positive sense of well-being were transitory experiences involving a range of strategies to "manage" information. The lessons for health promotion from this study suggest that providing health-related information may conflict with, rather than complement, efforts to promote mental health by compromising the ways in which people in difficult circumstances construct their sense of well-being and strive to feel happy. (RH)

ISSN: 14717794


Moor Lane Resources Centre, Preston provides a service for physically disabled people as an alternative to traditional day care, and is part of the services managed by Lancashire County Council Social Services Directorate. This conference presentation illustrates the Resource Centre's focus on skill acquisition through education, daily living skills and pre-employment skills. This work has been developed using Individual Action Plans, where the disabled person owns the process and the outcome. (RH)

The relationships among personality and vision-specific function among older people with impaired vision; by Robin J Casten, Barry W Rovner, Susan E Edmonds.


93 visually impaired older people seeking services at a low vision clinic were interviewed immediately following their low vision evaluations. Most data was self-reported, except visual acuity, which was determined by an optometrist. Personality was evaluated with the NEO Five-Factor Inventory, and vision-specific function
was measured by 15 items measuring ability to carry out vision-related tasks. Vision-related function was significantly related to acuity, conscientiousness and depressive symptoms. (RH)

ISSN: 10784470

The relative effect of Alzheimer's disease and related dementias, disability and comorbidities on cost of care for elderly persons; by Donald H Taylor Jr, Margaret Schenkman, Jing Zhou (et al).


The total costs of caring for those without Alzheimer's disease or related diseases (ADRD) was compared with that for those with moderate or severe ADRD. Participants were drawn from community respondents to the 1994 US National Long Term Care Survey (NLTCS). Using regression analysis, the study identified the adjusted effect of ADRD, limitations in activities of daily living (ADLs), and common comorbidities on total costs. Results indicate that those with severe ADRD had higher median costs ($10,234) than did those with moderate ADRD ($4,318) and those without ADRD ($2,268). However, disability measured by ADL limitations was a more important predictor of total cost than was ADRD status. Comorbidities such as stroke, heart attack and chronic obstructive pulmonary disease also increased costs. Therefore, any risk adjustment procedure needs to account for disability and chronic illness, not just ADRD. (RH)

ISSN: 10795014

Resources and costs associated with disabilities of elderly people living at home and in institutions; by Réjean Hébert, Nicole Dubuc, Martin Buteau (et al).


The study was carried out with a representative sample of over 65s in metropolitan, urban and rural areas of Quebec, Canada: 300 living at home, 271 in intermediate facilities (generally for those needing help with instrumental activities of daily living and supervision), and 774 in nursing homes. The aims were to: determine the level of disabilities and resources involved in the care of older people living at home or in institutional settings; estimate the costs (public, private, voluntary) of these resources; compare the costs according to level of disability; and predict the costs associated with disabilities. There were significant differences but large overlap in the disability level, cognitive status and nursing care needed and received between participants from the three settings. Nursing care was responsible for most of the costs in all settings. (RH)

ISSN: 07149808


Since learning disability services in Ayrshire and Arran were previously reviewed by SHAS in 2000, some improvements have been made. The present review focuses mainly on aspects of the inpatient and community services identified in the previous report. Key areas for improvement include: planning and assessing need; delivery of healthcare; service user involvement; joint working; the environment in which services are provided; advocacy; and clinical governance. (RH)

Price: FOC
From: Scottish Health Advisory Service, Elliott House, 8-10 Hillside Crescent, Edinburgh EH7 5EA.


The review examines provision of health services to children and adults with learning disability in Dumfries and Galloway, and the experiences of users and carers. Progress in service development and areas requiring further development are measured against the SHAS Learning Disability Quality Indicators (May 2000). (RH)

Price: FOC
From: Scottish Health Advisory Service, Elliott House, 8-10 Hillside Crescent, Edinburgh EH7 5EA.


The focus of this review is mainly on the provision of services to adults with learning disability in the community and inpatient settings. The report covers meeting specialist health needs and SHAS quality indicators. Key areas for improvement include: planning and assessing need; delivery of healthcare; service user involvement; joint working; inpatient environmental issues; advocacy; and clinical governance. (RH)
This review focuses predominantly on inpatient services provided at Ladiesbridge Hospital in Banff and Woodlands Hospital in Aberdeen. The report covers both how specialist health needs and the SHAS quality indicators are met. The report notes that there is little specific focus on the needs of older people with learning disabilities, particularly those with dementia and their carers. Recommendations made include improvements in training, and the introduction of policies on investigating and reporting abuse. (RH)

Price: FOC
From: Scottish Health Advisory Service, Elliott House, 8-10 Hillside Crescent, Edinburgh EH7 5EA.

Highland Primary Care Trust is responsible for specialist adult community and inpatient learning disability services. This review by the Scottish Health Advisory Service (SHAS) focuses mainly on the quality of care and services for inpatients at New Craigs, and the management and organisation of the service as a whole. As well as using the SHAS Quality Indicators to evaluate the service, reference is also made to the Scottish Executive review of learning disability services, "The same as you?" The problem identified by the report is that services are poorly resourced to meet the needs of different communities in the Highlands. Examples of good practice include reviewing health needs, and the involvement of service users and carers. (RH)

Price: FOC
From: Scottish Health Advisory Service, Elliott House, 8-10 Hillside Crescent, Edinburgh EH7 5EA.

This review reports on progress with learning disability services in Lanarkshire since the previous inspection in February 2000. The report gives many examples of good practice, and notes the positive steps taken following recommendations made in 2000 concerning allegations of ill treatment against patients at Kirklands. The report makes a number of recommendations that take account of the SHAS Learning Disability Quality Indicators and the Scottish Executive's review of learning disability services. (RH)

Price: FOC
From: Scottish Health Advisory Service, Elliott House, 8-10 Hillside Crescent, Edinburgh EH7 5EA.

This inspection of learning disabilities services in Borders Region examines how health needs of people with learning disabilities in the community are being met. It found that the quality of service provided overall is good, but with a number of gaps. Reference is made to the SHAS Learning Disability Quality Indicators throughout the report and in recommendations made for improving the service. (RH)

Price: FOC
From: Scottish Health Advisory Service, Elliott House, 8-10 Hillside Crescent, Edinburgh EH7 5EA.

One of the main conclusions made in this review is that more services are needed in Orkney to make further improvements in the care of older people, and those with mental health problems or a learning disability. The report describes the various aspects of the services, and how they meet SHAS indicators. It acknowledges the difficult balance that needs to be struck in providing general and specialist services to a small population, but concludes that Orkney would benefit from greater specialist input in a number of areas. (RH)

Price: FOC
From: Scottish Health Advisory Service, Elliott House, 8-10 Hillside Crescent, Edinburgh EH7 5EA.

This review examines how services in Shetland for older people, people with mental health problems and those with learning disabilities meet SHAS standards. It finds that a good standard of care is being delivered, and cites many examples of good practice. Recommendations made include concerns about continuing care beds and single care home provision, gaps in services for older people with dementia, and policies and procedures on advocacy services. (RH)

Price: FOC

From : Scottish Health Advisory Service, Elliott House, 8-10 Hillside Crescent, Edinburgh EH7 5EA.

Self-efficacy and the progression of functional limitations and self-reported disability in older adults with knee pain; by W Jack Rejeski, Michael E Miller, Capri Foy (et al).


480 American over 65s who had knee pain on most days of the week and difficulty with daily activity were followed for 30 months. There was a significant interaction of baseline self-efficacy with baseline knee strength in predicting both self-reported disability and stair climbing performance. Participants who had low self-efficacy and low strength at baseline had the largest 30-month decline in these outcomes. These data underscore the important role that self-efficacy beliefs play in understanding functional decline with chronic disease and ageing. Self-efficacy beliefs appear to be most important to functional decline in older people when they are challenged by muscular weakness in the lower limbs. (RH)

ISSN: 10795014

Sense and audibility: hearing loss and hearing aids; by D N Brooks.


Hearing impairment is an inevitable accompaniment to increasing age, and gives rise to progressive hearing difficulty such that by the age of 70, one person in two has difficulty in social communication. The deficit in hearing manifests itself in the frequency of requests for information to be repeated, in raising the volume level on the television and radio, and in the oft-repeated complaint that others do not speak clearly but mutter. (RH)

ISSN: 13649752


The reported prevalence rates of vision and hearing impairments found in this study of nearly 1,000 older African Americans (36.5% and 26% respectively) are considerably higher than rates previously documented in comparable studies of older White populations. Although 84% of these study participants attempted to improve their vision by using glasses, only 4.3% who described their hearing as poor reported using hearing aids. Both poor vision and poor hearing are known to be associated with lower levels of psychological well-being, indicating the need for visual and audiological rehabilitation. (RH)

ISSN: 10795014

Service use and needs of people with motor neurone disease and their carers in Scotland; by Edwin R van Teijlingen, Elizabeth Friend, Ayesha D Kamal.

Health & Social Care in the Community, vol 9, no 6, November 2001, pp 397-403.

The Scottish Motor Neurone Disease Society conducted a study in 1996, in which 153 people were interviewed by care advisers from the Association. Respondents' levels of impairment was also assessed using a standard instrument, the Amyotrophic Lateral Sclerosis Severity Scale (ALSSS). Data was analysed using the SPSS-PC. 60% of the sample was severely disabled as measured on the ALSSS. Health services did not meet the needs of respondents in 19% of cases, and social services failed to do so according to 24% of respondents. 80% of patients with MND had an identified carer. Nearly 4 out of 10 of these carers regularly have their sleep disturbed, and some 25% would have liked to have more help. Differences were also found in service provision between East and West Scotland, with consequent differences in respondents' perceptions regarding the extent to which needs were met. As found in similar studies, the formal health and social care sectors in conjunction with voluntary organisations are only partially managing the welfare of patients with this rare progressive degenerative disease. (RH)

ISSN: 09660410

Data are from 3,635 cognitively intact women aged 65+ living in the community and 1,002 moderately to severely disabled participants from the US Women's Health and Aging Study (WHAS). Scales assessing severity of upper and lower extremity functional limitation were constructed from commonly available questions on functional difficulty. Criterion-related validity was evaluated with self-report and performance-based measures. Scale scores were well distributed in the disabled group and discriminated limitations in the broader community. For both scales, rate of difficulty for all ADLs and IADLs increased with increasing severity score, and percent able and mean performance on respective upper and lower extremity tasks decreased. These scales provide discrete measures of upper and lower functional limitation, and should contribute to a better understanding of the disablement process. (RH)

ISSN: 10795014

Should disability items in the census be used for planning services for elders?; by Robert J Calsyn, Joel P Winter, Robert D Yonker. The Gerontologist, vol 41, no 5, October 2001, pp 583-588.

In the US, Census data have provided planners with information regarding estimates of the numbers of people requiring particular services. The main aim of this study was to determine how well disability questions in the 1990 and 2000 Census correlated with a standard measure of disability. Questionnaires containing both the census disability questions and a standard measure of disability were posted to 4,508 older people; 1,514 completed surveys were returned. To assess reliability, 472 of these respondents were re-interviewed by phone. All three disability measures were collapsed into the following three categories: no needs; instrumental activities of daily living (IADLs) needs only; and activities of daily living (ADLs) needs. All three disability measures exhibited moderate to good test-retest reliability. Using a standard measure of disability as the criterion, validity of the 1990 Census measure was quite low. Validity for the 2000 Census was moderate to good, suggesting that its disability questions may be sufficiently valid for planning purposes. (RH)

ISSN: 00169013


At least 40 people per 100,000 are deafblind; and many are not known to their local social services authority. This guidance is issued under Section 7 of the Local Authority Social Services Act 1970, and responds to concerns highlighted by the Department of Health (DH) deafblindness consultation exercise. It includes policy guidance of relevance to all local authority social services staff, including those who provide services under contract. Further information on deafblindness is available on the DH website (see http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/index.htm for relevant links). (RH)


Cognitive ageing research has documented a strong increase in the co-variation between sensory and cognitive functioning with advancing age. In part, this finding may reflect sensory acuity reductions operating during cognitive assessment. To examine this possibility, the authors administered cognitive tasks used in previous studies to middle-aged people under age-simulation conditions of reduced visual acuity, auditory acuity, or both. Visual acuity was decreased using partial occlusion filters, auditory acuity using headphone-shaped noise protectors. Acuity manipulations reduced visual and auditory acuity in the speech range to values reaching or approximating old-age acuity levels, respectively, but did not lower cognitive performance relative to control conditions. Results speak against assessment-related sensory acuity accounts of the age-related increase in the connection between sensory and cognitive functioning and underscore the need to explore alternative explanations, including a focus on general aspects of brain ageing. (RH)

ISSN: 08827974

The feasibility of performing comprehensive in-home nutritional risk assessments in a prospective research study of urban, frail homebound elderly patients (aged 65-105) is important, given previous reports of difficulties conducting research with older adults. Trained field teams conducted nutritional and health status assessments on 239 subjects, patients of the Boston University Geriatric Services clinical home care programme. Baseline data were obtained on 153 of the 159 interview items from 91% of respondents; three 24 hour dietary recalls from 73%; anthropometry from 60%-93%; and other physical assessments from 63%-94%. Attrition was 21%; mortality was 9% over 12 months. Well-designed, flexibly administered study protocols, modest financial incentives, and careful follow-up contributed to follow-up interview response rates of 81% to 89% among recruits over the study's duration. Clearly, it is feasible to recruit frail older subjects, and for well-trained two-person field teams to conduct comprehensive in-home assessments of nutritional risk in under two hours, with good retention over 12 months of follow-up. (KJ/RH)

ISSN: 01639366

From: http://www.tandfonline.com


Older people with disabilities experience unmet support needs and loneliness. Although support deficiencies can be overcome by peers in support groups, most such groups are inaccessible to the disabled. Accordingly, this project in Nova Scotia, Canada aimed to develop and test the impact of four accessible telephone support groups, each with five or six women participants, each with a professional and peer leader. The groups met once a week for 12 weeks. Qualitative analyses of telephone transcripts and post-intervention interviews revealed decreased support needs, diminished loneliness, and enhanced coping. Selection, training and support of peer and professional leaders, and member control of discussions were important ingredients of successful support groups. (RH)

ISSN: 07149808


Cross-sectional data from the 1994 US National Health Interview Survey's Supplement on Aging was analysed, to examine the prevalence, correlates and negative consequences of unmet need for personal assistance with activities of daily living (ADLs) among older people. Overall, 20.7% of those needing help to perform one or more ADLs (estimated 629,000 people) reported receiving inadequate assistance. For individual ADLs, the prevalence of unmet need ranged from 10.2% (eating) to 20.1% (transferring). The likelihood of having one or more unmet needs was associated with lower household income, multiple ADL difficulties, and living alone. Nearly half of those with unmet needs reported experiencing a negative consequence (e.g. unable to eat when hungry) as a result of their unmet need. The study demonstrates that greater, targeted efforts are needed to reduce the prevalence and consequences of older people's unmet need for ADL assistance. (KJ/RH)

ISSN: 00169013


The development of information and communications technology (ICT) based assistive technology is taking place in a number of sectors. This report presents a brief overview of UK demonstration projects in Telecare and Smart Homes. Information on telecare developments is drawn from the UK National Database of Telemedicine at www.tis.bl.uk and on Smart Homes from the Housing Innovation Knowledge Bank at www.rethinkinghousebuilding.org. Other areas reviewed include environmental controls supplied by the NHS, and links with urban and rural regeneration. This report (first compiled in March 2000) was commissioned by the Department of Health (DH), to underpin the implementation of the Government's commitment to modernise community equipment services, and to extend the number of people able to benefit from assistive technology services. (RH)

From: Dr R G Curry, Editor, UK National Database of Telemedicine. Tel 01428 724692. E-mail: r Curry@dialin.net

While progress has been made since the last White Paper, 'Better services for the mentally ill' (Cmd 6233, HMSO, 1975), this White Paper identifies new national objectives for services for people with learning disabilities, based on four key principles: rights, independence, choice and inclusion. Central to the proposals will be for people with learning disabilities to have as much choice and control as possible, through advocacy and a person-centred approach to planning the services and support needed. In order for carers to fulfil their family and caring roles effectively, the help and support they receive from all local agencies should be increased (in line with the National Carers Strategy). Other chapters cover: access to health care; housing; and leading more fulfilling lives (through better access to education, transport, and disability awareness training). Service delivery is to be achieved through partnership working between all relevant local agencies, while nationally there are to be a Learning Disability Task Force and a Learning Disability Development Fund. (RH)

ISBN: 010150862X
Price: £15.90
From: TSO, PO Box 29, Norwich NR3 1GN.


The White Paper, "Valuing people: a new strategy for learning disability for the 21st century", sets out proposals for improving opportunities and achieving better outcomes for all children, young people, adults and older people with learning difficulties, and for their families too. This guidance focuses on action to implement the proposals, principally for local authorities with social services responsibilities to set up Learning Disability Partnership Boards by 31 October 2001. Also covered is choice in housing. This circular should be cancelled on 31 March 2004. Circulars LAC(92)15 and HSG(92)42 are also hereby cancelled. (RH)

From: Department of Health, PO Box 777, London SE1 6XH. Website: http://www.doh.gov.uk/coinh.htm


The Forth Valley Health Board area covers Falkirk, Stirling and Clackmannanshire local authorities. This report concentrates on health services for younger people (under 65) with disabilities (services for older people are considered in SHAS reviews for older people). An important focus is the health needs of people with long term complex and chronic disabilities who live in the community. The report examines: needs assessment; initial contact with services; rehabilitation services; wheelchair services; and continuing care. It includes examples of good practice, and recommendations for improving the service. (RH)

Price: FOC
From: Scottish Health Advisory Service, Elliott House, 8-10 Hillside Crescent, Edinburgh EH7 5EA.
www.show.scot.nhs.uk/shas

Visual problems and falls; by Rowan H Harwood.

Visual impairment is a risk factor for falls, on average approximately doubling falls risk in a wide variety of studies. Falls risk increases as visual impairment worsens. This article reviews studies on the role of the balance system; and considers visual acuity, depth perception, contrast sensitivity and visual problems. Visual impairment is remediable for 70% or more of older people with relatively simple interventions such as correcting refractive errors and cataract surgery. However, no intervention has yet been proven to reduce falls risk in a randomised controlled trial (RCT). (RH)

ISSN: 00020729

2000

Access to services as a civil and social rights issue: the role of welfare professionals in regulating access to and commissioning services for disabled and older people under New Labour; by Kirstein Rummery, Caroline Glendinning.

This paper draws up a theoretical framework of citizenship, based on Marshall's thesis, that encompasses the idea of access to welfare services (using the example of community care services for disabled and older people) as a civil and social rights issue. The authors critically examine current policy developments in the NHS

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(National Health Service) and local authorities under New Labour that emphasise partnership, particularly the proposals and provisions made under "The new NHS" and "Partnership in action". Their theoretical framework is used to explore issues concerning access to and the commissioning of health and social care under New Labour. They conclude that the role of welfare professionals - particularly general practitioners (GPs) and social workers - and their relationships with service users, patients, carers and their families under New Labour presents a continuing challenge in the citizenship status of disabled and older people. (RH)

ISSN: 01445596

Adaptation to chronic illness and disability and its relationship to perceptions of independence and dependence; by Monique A M Gignac, Cheryl Cott, Elizabeth M Badley.
This study investigated behavioural efforts used by 286 older Canadians with osteoarthritis and/or osteoporosis in adapting to disability arising from their condition. Findings revealed a range of adaptations made, including compensations for loss, optimising performance, limiting or restricting activities, and gaining help from others. The relative use of each of these adaptations varied across five domains of activity: personal care; in-home mobility; community mobility; household activities; and valued activities. Older people's perceptions of their independence, dependence, helplessness, emotional reactivity, and coping efficacy varied depending on the domain of activity examined and the type of adaptation used. (RH)

ISSN: 10795014

Adults only: disability, social policy and the life course; by Mark Priestley.
This article examines the relationship between disability, generation and social policy. The moral and legislative framework for the post-war welfare settlement was grounded in a long standing cultural construction of 'normal' life course progression. Disability and age (along with gender) were the key components in this construction, defining broad categories of welfare dependency and labour force exemption. However, social changes and the emergence of new policy discourses have brought into question the way in which we think about dependency and welfare at the end of the twentieth century. The article suggests that, as policy-makers pursue their millennial settlement with mothers, children and older people, they also may be forced to reconstruct the relationship between disabled people and the welfare state. (RH)

ISSN: 00472794

Ageing and learning disability; by A J Holland.
Ageing is a continuation of the developmental process and is influenced by genetic and other biological factors as well as personal and social circumstances. This selected review considers whether the biological process of ageing and its social and emotional consequences differ for people with learning disabilities. The author argues that there is a convergence in later life between people with a learning disability and those without, owing to the reduced life expectancy of people with more severe disabilities. People with Down's syndrome have particular risks of age-related problems relatively early in life. The improved life expectancy of people with learning disabilities is well established, however, there is a lack of concerted response to ensure that the best possible health and social care is provided for people with learning disabilities in later life. (AKM)

ISSN: 00071250

Aging and developmental disability: current research, programming, and practice implications; by Joy Hammel, Susan M Nochański (eds).
Physical & Occupational Therapy in Geriatrics, vol 18, no 1, 2000, 94 pp (whole issue).
This volume on developmental disability and ageing explores research findings and practice implications regarding normative and disability-related ageing experiences and issues; effectiveness of specific interventions targeted toward ageing adults with developmental disabilities and their caregivers; and implications for practice and future research in this area. The main focus is on people with intellectual disabilities, alone or in combination with other impairments. In the US, there were between 3,200,000 and 4,500,000 individuals with developmental disabilities in 1999, comprising between 1.2 and 1.65 percent of the population. There are an estimated 526,000 people over age 60 with learning disabilities, and this is predicted to double by the year 2030. Finally, the volume provides information resources on ageing and developmental disabilities policy, legislation and related areas, with many resources located on the World Wide Web. (KJ/RH)

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Antecedents of disability for older adults with multiple chronic health conditions; by M Kristen Peek, Raymond T Coward.
Data from some 900 community-dwelling older Americans (age 65+) with two or more chronic health conditions are used to examine factors associated with the presence and development of functional disabilities. Use of logistic regression and discrete time hazards models indicate that education, income and age are consistent predictors of disability, and that arthritis and obesity have consistently stronger effects on disability than do other chronic conditions. A need for stronger conceptual models focusing on disability is discussed. (RH)

ISSN: 01640275

Are changes in sensory disability, reaction time, and grip strength associated with changes in memory and crystallized intelligence?: a longitudinal analysis in an elderly community sample; by H Christensen, A E Korten, A J MacKinnon (et al).
Sensory disability, grip strength, and speed of processing have been established as associates of cognitive performance in cross-sectional studies. However, it is not known whether changes in these predictor variables are associated with changes in cognitive functioning. This Australian study examined the relationship between initial level of three predictor variables - speed of processing, sensory disability and grip strength - and changes in memory and crystallized intelligence (CIQ). It also examined the relationships between change in grip strength, cognitive speed and sensory disability and changes in memory and CIQ; and investigated these relationships with the effects of age and sex statistically removed. Results showed that initial levels of reaction time or grip strength did not predict rate of change on memory tasks. Changes in grip strength, speed and memory correlated moderately, suggesting that these variables have some tendency to move together over time. Sensory disability correlated with age, but not with change in speed, grip, memory or CIQ. These relationships held across the age range studied, after adjustment for age and sex. (KJ/RH)

ISSN: 0304324X

Binocular vision in older people with adventitious visual impairment: sometimes one eye is better than two; by Jocelyn Faubert, Olga Overbury.
The study examined the effect of adventitious visual impairment (low vision) on monocular and binocular spatial contrast sensitivity in older people. Participants were 59 older adults aged 50-96 recruited at the McGill Low Vision Center, Montreal; 49 of them had age-related macular degeneration (AMD). In almost half of those with AMD, the sensitivity to spatial information, as measured by spatial contrast sensitivity, is worse when both eyes are used than when the stimuli are viewed with only one eye. This "binocular inhibition" is not related to the contrast sensitivity of the better eye or to acuities. Furthermore, this inhibition process is reflected primarily in images with medium to low spatial frequency components (medium to large size bars). These results have important implications for understanding the functional impact of low vision in older people. They suggest that almost half of older people with AMD view the world best using only one of their eyes, whereas for the other half, there is an advantage to using binocular vision for certain visual tasks. (RH)
ISSN: 00028614

Bridging the gap: using direct payments to purchase integrated care; by Caroline Glendinning, Shirley Halliwell, Sally Jacobs (et al).
This paper reports on a study of disabled people with receiving Direct Payments who were able to purchase assistance in ways that cross conventional boundaries between health and social care. Most of the users reported purchasing help with aspects of health care through their Direct Payments, including physiotherapy, management of incontinence, and chiropody. They chose to purchase this help from their personal assistants because statutory services were not available, had been withdrawn, or because they were able to retain greater independence and control over their lives compared with receiving conventional services. Many Direct Payment users wanted more opportunities to purchase a range of health-related services, although this also raised questions about training, supervision and the professionalisation of flexible personal assistance. The paper concluded that health purchasers may need to consider contributing to Direct Payments in acknowledgement of the health care which such schemes are currently providing. (AKM)

The conference was organised by the Dementia Services Development Centre to explore some of the issues related to support for people with learning disabilities who also have dementia. Papers indicated practical ways of supporting people and making things easier for them, their families and other people with whom they live, and the staff who support them. It is important for staff in community health and social care settings to be aware of the likelihood of dementia and learning disabilities, as it is then more likely to lead to early assessment and better coping skills. The conference highlighted the need for wider awareness among managers and those commissioning services of need for - and for resources and developing expertise on - training for staff in residential and home support services on responding to the needs of those with learning disabilities who have dementia. Funding systems sometimes pose barriers to flexibility in provision of services which cater for specific needs and situations. (RH)

ISBN: 1857690966
Price: £6.50
From: Dementia Services Development Centre, University of Stirling, Stirling FK9 4LA.


How can direct payments help disabled and older people to break down the "Berlin Wall" between health and social care? This book shows how disabled people do not make clear distinction between "health" and "social" care. Through direct payments, they are able to control and integrate into their daily routines a wide range of health-related activities such as physiotherapy and nursing tasks, in ways which offer increased independence and better quality of life, compared to conventional health services. This book draws on the perspectives of disabled people, personal assistants (PAs) and health professionals and managers to explore how direct payments can improve further the integration of services, and enhance users' control over an ever wider range of regular daily routines. (RH)

From: The Policy Press, University of Bristol, 34 Tyndall's Park Road, Bristol BS8 1PY.

Call barred?: inclusive design of wireless systems; by Tony Shipley, John Gill, Scientific Research Unit, Royal National Institute for the Blind - RNIB; PhoneAbility; COST 219bis. London: RNIB, 2000, 32 pp.

For older people or those who have disabilities, the third generation telecommunication networks should enable them to share in the information society on equal terms and free from the handicaps associated with access to fixed terminals. This report draws attention to inclusion and design aspects of information and communication technology (ICT). Among the objectives is the promotion of a culture of inclusion that will emphasise awareness of the inclusion philosophy throughout the telecommunications industries. The ultimate aim is that disabled and older people are enabled to participate as discriminating consumers - but not discriminated against - in the benefits of third generation mobile communication systems. (RH)

ISBN: 1860480241
Price: £5.00
From: RNIB Scientific Research Unit, 224 Great Portland Street, London W1W 5AA.


For parents with mentally and physically disabled adult children, long term caring may affect their physical and mental well-being. This is a newly emerging problem in India, where life expectancy of the population is steadily rising. This study examines the caring burden of parents who are primary carers for adult disabled dependents, and the implications of this new trend. (RH)

ISSN: 10165177


The use of, and changes in the use of, formal (paid) and informal care by chronically disabled older people living in the community was studied. Estimates were made of the sources and volume of home care use by those reporting chronic disability in the 1982, 1989 and 1994 US National Long Term Care Surveys. Comparisons
were made across disability intensity, survey data, and age. Analyses showed changes over time in the sources of home care service. Generally, the continued use of both paid and informal home health care increased, whereas the use of either source of care alone decreased. The amount spent on formal care increased with disability level and age. (RH)

ISSN: 10795014

This leaflet, endorsed by the Disability Alliance, gives details of benefits available for senior citizens who are sick or disabled.
Price: FOC
From : Help the Aged, St James's Walk, London EC1R 0BE.

Although many studies have evaluated dementing illness prevalence, little information is available on the frequency of and risk factors for cognitive impairment in non-demented (CIND) older people. In this article, study participants were 3425 Italians aged 65-84, living in the community or institutionalised, and screened for cognitive impairment using the Mini-Mental State Examination (MMSE). Trained neurologists examined those scoring <24. CIND diagnosis relied on clinical and neuropsychological examination, informant review, and assessment of functional activities. Age-related cognitive decline (ARCD) was diagnosed in CIND cases without neuropsychiatric disorders responsible for the cognitive impairment. Prevalence was 10.7% for CIND, and 7% for ARCD, increased with age, and was higher in women. Age, stroke and heart failure were significantly and positively associated with CIND at multivariate analysis. Education and smoking showed a negative correlation. Age and myocardial infarction were positively associated with ARCD. CIND occurs very frequently in older people, and the association with functional impairment is useful in evaluating the burden of disability and healthcare demands. (RH)

ISSN: 00028614

This is Leonard Cheshire's third annual report examining disabled people's experience of social exclusion. Previous reports were "Access denied" (1998) and "Excluding attitudes" (1999). Qualitative research was carried out by Crossbow Research, who held a focus group discussion with seven people with a range of disabilities at the Leonard Cheshire Westminster Disability Resource Centre. NOP Research Group Ltd carried out a survey of 1000 non-disabled members of the public. Despite apparently intense Government activity, the report found little change in perceptions of the extent to which disabled people are excluded. While the workplace offers one of the greatest opportunities for social interaction, disabled people are largely excluded. The Disability Rights Commission (DRC) must also make mobility and transport an urgent priority: an accessible, affordable transport system would also provide benefits for the wider public. The DRC must also raise its profile, and organise campaigns to combat discrimination. As a result of this research, it is recommended that poverty and social exclusion arising from disability should be a more explicit part of the Government's agenda. (RH)
From : Leonard Cheshire, 30 Millbank, London SW1P 4QD.

In the UK there is currently a new focus on the basic purpose and objectives of services, not on organizational structure or the efficiency of the systems alone, but on the outcome of services for people who receive them. The Labour government has defined the promotion of independence as a priority for health and social services, but this outcome can be interpreted in a variety of ways which may not be compatible. As part of a programme of research into identifying ways of measuring the outcomes of community care, views about outcomes have been gathered from a number of stakeholders - disabled and older service users, family members and social service staff. This article outlines the views of disabled service users collected from both in-depth interviews and focus groups in a northern city. The article focuses on outcomes of services which they identified as important. It considers the meaning of independence and the wider implications for clarifying objects and defining service quality. (KJ/RH)
Community-based screening: association between nutritional risk status and severe disability among rural home-delivered nutrition participants; by Joe R Sharkey, Pamela S Haines, Namvar Zohoori.
A study of 245 participants in the home-delivered nutrition programme in two rural North Carolina (NC) counties supports the association between high risks for poor nutrition and of functional disability. It underscores the importance of nutritional and functional screening as an antecedent for community-based targeted interventions to help older people to remain independent and living in their own homes. (RH)
ISSN: 01639366
From : http://www.tandfonline.com

Contrast sensitivity and visual acuity in patients with Alzheimer's disease; by Francesca K Cormack, Martin Tovee, Clive Ballard.
Alzheimer's disease (AD) is a disorder which is typified by a deterioration in cognition and a range of behavioural problems which result in a loss of functional ability often necessitating transfer to residential care. This article looks at a growing body of research which is revealing the presence of changes in vision, particularly contrast sensitivity and acuity. The authors discuss the possible pathological basis for such deficits, and examine the possibility that such changes in vision may impact on the behavioural and functional outcomes of the demented individual. (RH)
ISSN: 08856230

Correctable visual impairment in stroke rehabilitation patients; by Andrew J Lotery, M Ivan Wiggam, A Jonathan Jackson (et al).
After stroke, poor vision may exacerbate the effects of other impairments on overall disability. In this series of 77 patients in a stroke rehabilitation unit of a Belfast teaching hospital, 25% did not have their glasses in hospital, and 23% had glasses which were unacceptably dirty, scratched or damaged. With existing glasses, 25% of patients had visual impairment (visual acuity 6/12 or worse); over half of these benefited from refractive correction. Professionals should routinely enquire about patients' glasses and inspect their condition. Visual acuity should be measured in all patients after stroke. Patients with visual impairment, in the absence of refractive disease, should be referred for refractive correction. (RH)
ISSN: 00020729

Dementia as a disability: can we learn from disability studies and theory?; by Ruth Bartlett.
Can disability studies improve our understanding of dementia? The author reviews disability studies literature, outlining how certain ideas and approaches to concepts such as the empowerment and independence can contribute to our understanding of the range of social barriers faced by people with dementia. (RH)
ISSN: 13518372

Depression in institutionalised older people with impaired vision; by Shirley P S Ip, Y F Leung, W P Mak.
The prevalence of depressive symptoms in visually impaired nursing home residents is high, and screening with a standardised instrument - the Geriatric Depression Scale, GDS - may be useful. In a Hong Kong nursing home designed for people with impaired vision, the residents' duration of blindness appears to have no correlation with depression. People with sensory impairment are more prone to depression when adapting to changes in the social environment, as in the event of institutionalisation. After controlling for socio-demographic factors such as age, duration of institutionalisation and duration of blindness, functional disability is an independent predictor of depression. (RH)
ISSN: 08856230

Development of a shorter version of the Geriatric Depression Scale for visually impaired older patients; by Irfan I Galaria, Robin J Casten, Barry W Rovner.
Clinical diagnosis of major depression was used as the dependent variable, with four items from the Geriatric Depression Scale (GDS) to form the GDS-Abbreviated (GDS-A) scale. Endorsing any two these four items - dissatisfied with life, feeling helpless, reporting problems with memory, and lost activities and interest - yielded
the best results. The GDS-A’s short format and strong discriminating ability makes it an effective, convenient tool for screening visually impaired, older patients for depression. (RH)

ISSN: 10416102


In November 1998, the REU and Black Spectrum held a one-day consultative event attended by black and minority ethnic (BME) disabled people and representatives of black disability organisations interested in direct payments. This report sets out some of the key issues that emerged from the event, including issues around information, families, support, and the practicalities of using direct payments. It offers good practice examples from the Council of Disabled People Warwickshire (CDP). An agenda for action in policy, practice, research and development is suggested. The Joseph Rowntree Foundation (JRF) has supported this project as part of its programme of research and innovative development projects. (RH)

ISBN: 1902633989


In November 1998, the REU and Black Spectrum held a one-day consultative event attended by black and minority ethnic (BME) disabled people and representatives of black disability organisations interested in direct payments. This report sets out some of the key issues that emerged from the event, including issues around information, families, support, and the practicalities of using direct payments. It offers good practice examples from the Council of Disabled People Warwickshire (CDP). An agenda for action in policy, practice, research and development is suggested. The Joseph Rowntree Foundation (JRF) has supported this project as part of its programme of research and innovative development projects. (RH)

ISBN: 1902633989

From: York Publishing Services Ltd., 64 Hallfield Road, Layerthorpe, York YO31 7ZQ.

Disability and contact with services in very elderly people; by Tom Dening, Rhian Gabe.


Very old people may be defined by means of age, say, over 80 or over 85. This paper is based on a Medline search combining the following headings: aged 80 and over (or centenarians); disability; and health services. The Cochrane Library was also searched for relevant items. Given the large literature, the reviewers focused on studies on the effectiveness of services for very old people, and those discharged from hospital or in rehabilitation programmes. They discuss the limitations of their review and of the published studies, and the implications for services, research and policy. (RH)

ISSN: 09592598

Disability and the restructuring of welfare: employment, benefits and the law; by Sheila Riddell, Nick Watson (eds).


Articles in this issue of Critical Social Policy arose from the first in a seminar series on disability and the restructuring of welfare which was supported by the Economic and Social Research Council (ESRC). The articles examine three particular themes. First, the shift towards individualised rather than universal services and the political and social implications of change. Second, the conceptualisation of citizenship as derived from participation in work rather than service entitlement. Third, the growth of an individual rights rather than the collective entitlement understanding of social justice. Limitations are demonstrated of the quasi-market of social care for people with learning difficulties: in rural areas, the “mixed economy of care” is unable to deliver the type of services promised. The strengths, weaknesses and policy implications of the Disability Discrimination Act 1995 (DDA) are discussed, particularly with reference to employment. (RH)

ISSN: 02610183

Disability need be no handicap : creating opportunities in volunteering: key findings of a major research project Who's helping whom?; by CSV Retired and Senior Volunteer Programme (RSVP). London: CSV, 2000, unnumbered.

CSV’s Retired and Senior Volunteer Programme (RSVP) initiated this research project as part of its work in support and recognition of older people, and as a contribution to the 1999 UN International Year of Older Persons (IYOP). While the main focus was older people with physical disabilities, the findings apply equally to younger people with disabilities and to those with mental and learning disabilities. The research aimed to explore how to: challenge perceptions of older people with disabilities as only receivers and not givers of help; provide people with disabilities with new opportunities and routes to become involved in volunteering; and improve their quality of life and feeling of being valued by the community. This pamphlet presents a summary drawing on research and survey findings; research working papers will be available in various formats in Autumn 2000. Shiela Moorcroft co-ordinated the project, which was funded by the National Lottery Charities Board Health and Social Research Fund. (RH)

Price: FOC

From: CSV RSVP, 237 Pentonville Road, London N1 9NJ.

The 1992-1996 US Medicare Current Beneficiary Survey was used to examine time trends in rates of activities of daily living (ADLs) and instrumental activities of daily living (IADLs) disability and physical limitations among Medicare beneficiaries aged 65 and over. Multinomial logit and least squares regression techniques were used to produce trend estimates that held the age, sex, race, and educational distributions constant, and projected these trends into the future. The potential impact of disability decline on per capita Medicare spending on older people was also estimated. Disability among older people was found to be declining; and the trend towards a more educated older cohort explains some, but not all, of this decline. In the absence of downward disability trends, per capita Medicare expenditures would have grown even faster than they have. Although decline in the prevalence of disability in recent years appears real, whether it continues has enormous implications for the size of the disabled population in the future, and for society's ability to care for its disabled older members. (RH)

ISSN: 10795014

DLF Hamilton Index: part 4, sections 18 to 23; by Disabled Living Foundation - DLF. London: Disabled Living Foundation, Autumn 2000, various pagings.

DLF Hamilton Index is the Disability Equipment Directory. The index is divided into 23 individual sections and is published in 4 parts. Each part is made up of 5 or 6 of these sections contained within the DLF ring binder. One part of the Index is updated every 4 months, thus giving the whole Index a 16 month update cycle. Each set of updated sections is accompanied by the DLF Newsletter. Part 4 covers footwear; communication; manual handling, hoists and lifting equipment; children's equipment (development and play); leisure activities; office furniture and equipment.

Price: yearly subscription
From: DLF, 380-384 Harrow Road, London W9 2HU.


Government policies on disability - and criticism of them - rest in part on an understanding of the circumstances of disabled people informed by cross-sectional survey data, dividing people into "disabled" and "non-disabled". This paper uses two approaches to longitudinal data from the British Household Panel Survey (BHPS) to demonstrate the significance of dynamic measures of disability, with a focus on people of working age, given the emphasis in current policy debates. The first approach is to determine the prevalence of different "disability trajectories" and compare this to the estimates of disability generated by a static measure. The second approach concentrates on those who become disabled during the course of the panel, and examines the distribution of durations of disability. In both cases, the results are analysed by gender and age group. Next, literature on dynamics of disability is reviewed, followed by discussion of the two approaches to data used in the study and the results. A final section considers the implications, first, for measurement and analysis of disability in large-scale studies, and second, for benefits and employment policy. This research forms part of a project funded by the Joseph Rowntree Foundation (JRF). (RH)

Price: FOC
From: Centre for Analysis of Social Exclusion, London School of Economics, Houghton Street, London WC2A 2AE.


More than 2.5 million people over 70 in the UK are thought to have hearing impairment that would benefit from a hearing aid. Only one third of these will possess one, and as many as 10% probably never use their aid. Although it is important to examine the relative merits of different aids, there is also a need to look at how audiological services might reduce unmet need that results in underuse of aids. This review examines the question of “what is the most effective way of providing hearing aids for older people affected by presbyacusis?” A literature search found little evidence to guide audiology practice. In particular, there is little consensus on the best outcome measures for evaluating audiological rehabilitation or hearing aid fitting. Audiological services for older people are an example of an area for funding research and development, rather than continuing to commission services that are variable and poorly evaluated. (RH)
Environmental press and adaptation to disability in hospitalized live-alone older adults; by Peter A Lichtenberg, Susan E MacNeill, Benjamin T Mast.
The study focused on ability in a broad range of personal competencies to predict functional and living arrangements of newly-disabled older people living alone after discharge from hospital. Using path analysis, three of four competency variables collected at admission to hospital (cognition, medical burden, activities of daily living - ADLs) predicted instrumental activities of daily living (IADLs) at 3 and 6 months after hospitalisation (e.g. cooking, using the telephone, money management). IADLs, in turn, predicted living arrangements at 3 and 6 months after hospitalisation. The findings provide strong support for the importance of assessing a broad range of competency variables when investigating adaptation to disability. (RH)
ISSN: 00169013

Excess disability during morning care in nursing home residents with dementia; by Joan C Rogers, Margo B Holm, Louis D Burgio (et al).
Excess disability was examined in 17 nursing home residents with dementia by comparing their morning care tasks under two activities of daily living (ADLs) caregiving approaches: a dependence-supportive one under usual care, and independence-supportive one under functional rehabilitation. The results suggest that excess disability in severely cognitively impaired and functionally disabled residents can be reduced by increasing opportunities for independent activity, and substituting non-directive and directive verbal help for physical help. Increased independence in ADL can be achieved without disruptive behaviours, and can foster appropriate requests for task-related help during caregiving. However, functional rehabilitation requires more time than usual care. (RH)
ISSN: 10416102

Extent and determinants of hospitalization in a cohort of older disabled people; by Ulrike Kliebsch, Harald Siebert, Hermann Brenner.
The extent of hospitalisation is examined for non-institutionalised disabled people in the area around Augsburg, Southern Germany. The study population comprised 2,427 over 60s who, between 1991 and 1993, applied for benefits from the statutory health insurance system provided to the most severely handicapped non-institutionalised people. Information was based on routinely collected and anonymously analysed data from health insurance plan records. The overall hospitalisation rate was 6.7 hospitalisations per 10 person-years at risk, with a mean length of stay per hospitalisation of 19.2 days. There was an inverse association between age and hospitalisation. Those cared for primarily by their children had lower rates of hospitalisation than those relying mainly on professional home care. Medical causes of disability and dependency with respect to activities of daily living (ADLs) were unrelated to the hospitalisation rate. 1415 (58.3%) died during follow-up; the rate of hospitalisation in this group was twice as high compared with others. The hospitalisation rate increased rapidly during the last year of life, with a peak increase in the last 3 months. (RH)
ISSN: 00028614

Fully equipped: the provision of equipment to older or disabled people by the NHS and social services in England and Wales; by Audit Commission.
The quality of services received by the 4 million users of disability equipment services can make the difference between an enriched, independent life and an isolated, unproductive existence. This report provides evidence of shortcomings and problems of access to orthotic services, prosthetic services, wheelchair and seating services, and audiology services. Effective joint working between the NHS and local authorities is essential to ensure the provision of high quality community equipment services that can enable low-cost independent living in the community. Improvements in these services require leadership at a national level to reorganise the current fragmented arrangements and to deliver more integrated services. At a local level, senior managers need to give equipment services a higher priority to provide effective services. This report reflects the Audit Commission's commitment to examine services from users' and carers' perspectives, and is the second in a series of reports on the theme of promoting independence. (RH)
ISBN: 1862402132
Price: £20.00
From: Audit Commission Publications, Bookpoint Ltd, 39 Milton Park, Abingdon, Oxon OX14 4TD.

The prevalence is examined of clinically assessed high-frequency hearing impairment (HFHI) and self-reported hearing impairment (SRHI), also the association of these hearing assessments with physical and mental functioning in African American and Caucasian women at mid-life. The sample included 467 women who participated in the Michigan Functioning Substudy of Women's Health Across the Nation (SWAN). Outcomes examined were physical and mental functioning from the Medical Outcomes Trust SF-12 Health Survey. HFHI was defined as threshold averages of 25dB or greater over 4000, 6000 and 8000 Hz. Prevalence of unilateral HFHI was 26.6% (n=68), and of bilateral HFHI was 12% (n=56). Prevalence of SRHI was 16.7% (n=78), with minimal overlap between HFHI and SRHI (n=36). In multiple variable logistic regression analyses, HFHI in one ear only was not associated with physical or mental functioning and bilateral HFHI was associated with limited mental functioning only. SRHI was associated with limited physical and mental functioning. Poor correlation of HFHI and SRHI in this population, combined with the significant association of SRHI with both measures of functioning indicates that the two methods may be measuring different aspects of impairment. SRHI may facilitate early identification of individuals with hearing and functional limitations. (RH)

ISSN: 10795014


Short-term breaks make an important contribution to maintaining people at home, in supporting carers, and in helping councils to meet the needs of their communities. Despite this, much remains to be done to improve the quality, diversity and volume of short-term breaks, if needs are to be met. Seven representative councils were included in the inspection: Croydon, Essex, Leeds, Portsmouth, Stoke-on-Trent, Telford and Wrekin, and Trafford. Inspections examined only those short-term breaks for older people and adults with physical or sensory disabilities or their carers. Users and carers regarded short-term breaks as essential in sustaining their care arrangements, but services received were not always tailored to individual needs. The report lists key questions for planners to consider in improving services. The report gives examples of good practice on: fulfilling users' expectations; responsiveness of services; service delivery; referral, assessment and care management; and developing and managing short-term breaks services. (RH)

Price: FOC

Getting the right break: inspection of short-term breaks for people with physical disabilities and older people: key messages and action points; by Social Services Inspectorate - SSI, Department of Health - DoH. London: Department of Health - DoH, 2000, leaflet.

The Social Services Inspectorate (SSI) examined respite and short-term breaks for older people and younger adults with physical and sensory disabilities in seven councils. This pamphlet outlines the inspection's key findings. It suggests questions for social services departments (SSDs) to consider for improving short-term breaks in planning and arranging services, the services themselves, and getting information about the value of the services. Other inspection reports, publications and web sites are suggested for finding more information about improving short-term breaks services. (RH)

Price: FOC


Statistics show that more than one in ten American grandparents have assumed responsibility of caring for a grandchild or grandchildren. Articles in this special issue of the Journal of Gerontological Social Work indicate that grandparents caring for a child with a disability have many of the same concerns as other grandparent carers. Studies also document many unmet needs for both the grandparent and the grandchild. Two further factors are highlighted: a high level of depressive symptoms; and the process by which grandparents assume care. (RH)

ISSN: 01634372
From: http://www.tandfonline.com

The impact of grandparents' social support on the well-being of mothers of children with intellectual disabilities was examined. This study also describes grandparents' social support functions across the lifespan and predictors of such support. 120 mothers of a child with moderate to profound intellectual disability living at home were interviewed concerning their characteristics and those of their children. Support received other than from grandparents (unmet needs, other informal supports), grandparent support (instrumental and emotional) and maternal depression were also examined. Key variables predicting maternal depression were a mother's younger age and poorer physical health, and less emotional support from grandparents. Grandparents of younger children provided more instrumental support than did parents of adult children. (RH)
ISSN: 01634372
From: http://www.tandfonline.com


Two groups of American grandparents are compared: those raising grandchildren with a developmental disability, and those raising grandchildren without a developmental disability. Service use, grandparents' depressive symptoms, and the impact of welfare reform are considered among other variables. Recommendations are made for the various services affecting these families. (RH)
ISSN: 01634372
From: http://www.tandfonline.com


The full range of analogue hearing aids in the current NHS range should be available at NHS audiology centres. At present there is insufficient robust scientific evidence to support the nationwide introduction of digital hearing aids. This document outlines clinical need and practice, the technology, evidence, implications for the NHS, further research, implementation, and clinical audit advice. Appendix C - Patient information - is designed to support production of information leaflets. It explains hearing impairment, where hearing aid technology fits in, and what NICE recommend about the use of hearing aids. This guidance represents the views of the Institute's Appraisal Committee, which was arrived at after careful consideration of the available evidence. The guidance will be reviewed in July 2002. (RH)
ISBN: 1842570234
Price: FOC
From: National Institute for Clinical Excellence, 90 Long Acre, Covent Garden, London WC2E 9RZ.


In an 8-year longitudinal study in Dubbo, New South Wales, Australia of 2,805 men and women aged 60 and over first examined in 1988-89, those having three or more hospital admissions manifested minimum physical disability around 5 years earlier than those with fewer admissions. Many subjects had stroke or respiratory illness, and they experienced major physical disability. The strongest predictors of physical disability were age, impaired peak expiratory flow, and disability at study entry. These findings confirm reduced or delayed physical disability in older people requiring little or no hospitalisation. (RH)
ISSN: 00020729


Although changes in hearing acuity are expected to occur with ageing, the impact of that sensory loss is frequently obscure, often discounted, and not appreciated. However, significant elements of communication comprising a complex matrix of sounds often are lost or distorted as individuals age. Across the many types of auditory differences among the ageing, an appreciation of the effect of reduced access to meaningful sounds can help both the student and practitioner of gerontology gain insight into clients' response behaviours that are socially adequate but insufficient, or those that seem off-target, out of place, or even unacceptable. Such knowledge can give gerontologists an advantage in handling otherwise stressful situations. Additionally, they can gain the ability to assess the need for changes in communication patterns or for professional consultation to ensure the quality of life of those ageing individuals in their care. (RH)
Identifying a short functional disability screen for older persons; by Debra Saliba, Maria Orlando, Neil S Wenger (et al).
Disability in instrumental activities of daily living (IADLs) or activities of daily living (ADLs) is an indicator of health risk. The inclusion of these items in population screens may be limited by variation in item performance across gender and age groups. Further, identification of shortened lists may encourage inclusion of these items in screens. Response theory (RT) methods were used to assess responses of older people living at home in the 1993 Medicare Current Beneficiary Survey to 11 IADL/ADL items, and classified as: "receive help" or "did not receive help"; or "difficulty" or "no difficulty". The relationship of IADL and ADL items to the underlying construct of disability was similar for men and women, and for younger and older age groups. The study also identified abbreviated lists of disability items that can be used to efficiently screen older people living in the community for the presence of IADL/ADL disability. (RH)

Impacts of illness and disability on the well-being of older people; by Hal Kendig, Colette J Browning, Amanda E Young.
Using data from the Health Status of Older People survey of 1000 over 65s living at home in Melbourne, Australia, this study examined ways in which aspects of activity may mediate relationships between physical illness and well-being in older people. Multivariate analysis showed that the major impacts of illness and pain were through their effects on activity limitations, which in turn were related to lowered well-being. Limitations with instrumental activities were associated most with lower positive affect, while perceived activity limitations due to major illness had more impact on increased negative affect and depressive symptoms. However, most older people with major illness still scored highly on well-being, and there was individual variability in well-being. (RH)

Findings, no N60, November 2000, 4 pp.
The Community Care (Direct Payments) Act 1996 introduced direct payments, allowing some disabled people to purchase the provision of their own support. In 1997, a pilot project was established in Norfolk, to consider the implementation of direct payments in a largely rural county. The Joseph Rowntree Foundation (JRF) supported the pilot scheme, by funding a researcher to assist with an evaluation of the project. The full report, "Independent successes: implementing direct payments" by Carol Dawson, is published by YPS. Findings are summarised concerning consultation and user involvement, the uptake of direct payments, and the administration of payments by social work staff. The evaluation concludes that a direct payment scheme which involves disabled people from its inception and throughout its operation can provide a very positive alternative to direct service provision, and one which empowers disabled people to live their lives as they choose, with no additional cost to the social services department. (RH)

The incidence of delirium immediately following cataract removal surgery: a prospective study in the elderly; by A Milstein, Y Barak, G Kleinman (et al).
Delirium is a syndrome affecting the central nervous system (CNS) characterised by a rapid development of disturbances in cognition and consciousness. In older people, delirium is frequently observed in clinical practice, especially in medical and surgical wards. This Israeli study used the Confusion Rating Scale (CRS) to evaluate the incidence of delirium immediately following cataract surgery in older people living in the community. Of 197 patients fulfilling inclusion criteria, 10 (5.1%) had suffered from post-operative delirium. The two variables that significantly differentiated between patients with and without delirium were older age, and more frequent use of benzodiazepine pre-medication. These findings suggest that changes in pre-medication and a longer observation period, particularly in the very old, may be beneficial. (RH)
The Community Care (Direct Payments) Act 1996 gave local authorities the power to make direct payments to some individual in lieu of community care services provided on the NHS and Community Care Act 1990. On 1 April 1998, a direct payments project launched in Norfolk adopted an innovative approach, namely that the scheme applied to all adults aged 18-64 who were assessed as eligible for domiciliary support of more than 5 hours a week, respite care and associated transport. This report presents the evaluation and findings of the project which has been supported by the Joseph Rowntree Foundation (JRF) as part of its programme of research and innovative development projects. It concludes that a direct payment scheme that involves disabled people from its inception and throughout its operation can provide a very positive alternative to direct service provision, and one which empowers disabled people to live their lives as they choose, with no additional cost to the social services department (SSD). (RH)
Price: £14.95
From: York Publishing Services Ltd., 64 Halffield Road, Layerthorpe, York YO31 7ZQ.

The information needs of elderly, disabled elderly people, and their carers: research report by Julia Barrett; by Julia Barrett, Disability Information Trust.: Electronic format only, 7 June 2000, various (web-based print).
The results of this research show that a disturbingly high proportion of older adults, disabled older people, and their carers are not getting the practical support they need at home, nor the information that enables access to this support. The study findings are based on a literature survey, and results of a nationwide questionnaire survey that aimed to discover: what support and information older adults, disabled older people and their carers had; what further support they wanted to make life easier at home; what information they needed to give them access to this support; and how they preferred to get this information. This report was published by the Disability Information Trust which closed in 2001. (KJ/RH)
ISBN: 1873773218

The number of visually impaired people known to services in Scotland has trebled in the last 20 years; but estimates suggest that the real level of visual impairment is more than double again. The present report ranges over the whole spectrum of special support for visually impaired people in Scotland. The aim is to show how organisations have responded to their needs, the level of interplay between related services, gaps and opportunities for service development, and scope for a Scotland-wide view of the future evolution of support. The emphasis is on measuring whether real progress is being made in meeting need, and identifying action required in the future. Appendices provide details of agencies and organisations offering support, complemented by statistical data, which RNIB Scotland will seek to update periodically. (RH)
From: Royal National Institute for the Blind, 224 Great Portland Street, London W1N 6AA.

Investigation of the use of the CAMCOG in the visually impaired elderly; by Jennifer Anne Hartman.
Cataract is a common cause of visual impairment in older people, but the effect of cataract on tests of cognitive function is unknown. 42 patients (mean age 74.8, age range 65-96), from the Birmingham and Midland Eye Hospital's precautionary surgery assessment clinic completed the Cambridge Cognitive Examination (CAMCOG), and the visual acuity for each eye was assessed. There was a significant correlation between visual acuity and the CAMCOG score, which was abolished when simple modifications were made to the CAMCOG. Visual impairment has a significant effect on the scoring of the CAMCOG. However, the effect may not only be due to decreased visual acuity, but also to other factors such as contrast sensitivity, which may be affected by cataract. (RH)
ISSN: 08856230

Item bias in the Center for Epidemiologic Studies Depression Scale: effects of physical disorders and disability in an elderly community sample; by D A Grayson, A Mackinnon, A F Jorm (et al).
The Center for Epidemiologic Studies Depression Scale (CES-D) is frequently used in studies of older people. One controversy regarding its use turns on the issue of whether the effect of physical disorder on the CES-D total score reflects genuine effects on depression or item-level effects. The authors examine this issue, using medical examination data from 506 Australian over 75s living in the community, and who were part of the Sydney Older Persons' Study. A form of structural equation modelling, the Multiple Indicators, Multiple Causes (MIMIC) model, is used, enabling the effect of a physical disorder on CES-D total score to be partitioned into
bias and genuine depression components. The results show substantial physical disorder-related artefacts with the CES-D total score. Caution is required in the use of CES-D (and possibly other) depression scales in groups, such as older people, in which physical disorders are present. (RH)

ISSN: 10795014


This is one of five modules in Emap Healthcare Open Learning’s Care of the Older Person diploma/degree pathway. Material is divided into nine sections. The first section introduces the module, while the others take key themes related to issues affecting people with learning disabilities: challenging identities; transitions; inclusion; relationships; families; health; meeting health needs; and successful ageing. (RH)

ISBN: 1842440306

From: Emap Healthcare Ltd., Greater London House, Hampstead Road, London NW1 7EJ.

A longitudinal study of alcohol consumption and functional disability in a community sample of older people; by Owen F Dent, David A Grayson, Louise M Waite (et al).


Consumption of alcohol at defined hazardous / harmful levels was a potent risk factor for incident functional disability over a 3-year period among community-dwelling people aged 75+ living in Sydney, Australia. The effect of alcohol was independent of other risk factors examined. However, there was no evidence that light to moderate drinking had either prospective or deleterious effects in relation to disability as compared with abstention. (RH)

ISSN: 07264240


Reviews in Clinical Gerontology, vol 10, no 3, August 2000, pp 235-244.

This is the last in a series of three papers reviewing 69 patient-based outcome measures that have been developed specifically for older people. First, 6 pain measures are described: Visual Analogue Pain Rating Scale; McGill Pain Questionnaire (MPQ); Brief Pain Inventory (BPI); Pain and Distress Scale (PAD); and Illness Behaviour Questionnaire (IBQ). Next, 12 measures of physical disability are described: PULSES Profile; Barthel Index; Index of Activities of Daily Living (ADLs); Kenny Self Care Evaluation; Physical Self Maintenance Scale (PSMS); Medical Outcomes Study Physical Functioning Measure; Rapid Disability Rating Scale (RDRS); Functional Activities Questionnaire; Functional Independence Measure (FIM); Townsend's Disability Scale; Crichton Royal Behaviour Rating Scale (CRBRS); and Functional Status Index (FSI). Lastly, 8 measures of social health are described: Social Support Questionnaire (SSQ); Social Support Scale; Rand Social Health Battery; Interview Schedule for Social Interaction (ISSI); Social Dysfunction Rating Scale (SDRS); Inventory of Socially Supportive Behaviours (ISSB); UCLA Loneliness Scale; and Medical Outcomes Study Social Support Survey. (RH)

ISSN: 09592598

Mental ability age 11 years and health status age 77 years; by John M Starr, Ian J Deary, Helen Lemmon (et al).

Age and Ageing, vol 29, no 6, November 2000, pp 523-528.

The effects of childhood mental ability on health in old age was measured in survivors of the 1932 Scottish Mental Survey cohort from north-east Scotland. Measurements used were: presence of disease by diagnostic category; cardiovascular, respiratory, anthropomorphic, sensory and locomotor physiological variables; Barthel index of functional independence; socio-demographic and socio-economic variables as health status predictors; and score on the Moray House Test (MHT) in 1932. The data obtained confirm that health in older people is a multi-dimensional construct. Dimensions of diagnosis, physiological functions and disability related to different current and "pre-morbid" variables. Socio-economic and socio-environmental factors are important determinants of some aspects of inequalities of health in old age in this cohort. Pre-morbid mental ability was an important independent predictor of late-life functional independence. (RH)

ISSN: 00026729

Mobility difficulties and physical activity as predictors of mortality and loss of independence in the community living older population; by Mirja Hirvensalo, Taina Rantanen, Eino Heikkinen.


In older people, mobility impairments and physical inactivity are risk factors for further disability and death. The authors studied the interaction of physical activity and mobility impairment as a predictor of independence and mortality. Structured interviews with 1109 independently living 65-84 year olds in Jyväskylä, Finland in
1988, and again in 1996 formed part of the Evergreen Project. Participants were ranked into four groups: 1, intact mobility and physically active (Mobile-Active); 2, intact mobility and sedentary (Mobile-Sedentary); 3, impaired mobility and physically active (Impaired-Active); and 4, impaired mobility and sedentary (Impaired-Sedentary). Mobility impairments predicted mortality and dependence. However, among people with impaired mobility, physical activity was associated with lower risks, whereas the risk did not differ according to activity level among those with intact mobility. Despite their overall greater risk, mobility-impaired people may be able to prevent further disability and mortality by physical exercise. (RH)

ISSN: 00028614

The protective effect of moderate alcohol consumption has been well-documented. The present study of data from the Epidemiology of Hearing Loss Study (EHLS) and the Beaver Dam Eye Study (BDES). More than 3,500 residents of Beaver Dam, WI aged 43 to 87 in 1987-88 had their hearing thresholds measured, along with information regarding alcohol consumption and other health and lifestyle factors. There is evidence of a modest protective association of alcohol consumption and hearing loss in these cross-sectional data. This finding is in agreement with a small body of evidence suggesting that hearing loss is not an inevitable component of the ageing process. (RH)

ISSN: 00028614

The needs of older people with learning disabilities; by Robert Jenkins.
There has been a growing realisation that the needs of older people with learning disabilities are not being met, with little attention paid in the nursing literature. This article explores the issues, and highlights some of the important areas that disability nurses may need to address. It is evident that more collaboration is needed between various services and professionals. Areas of good practice can be used in developing innovative and flexible services which are client-led. Learning disability nurses may need to update their skills and knowledge, and develop a "critical practice" approach to meet the many challenges that older people with learning disabilities may pose. (RH)

ISSN: 09660461

Negative and positive health effects of caring for a disabled spouse: longitudinal findings from the Caregiver Health Effects Study; by Scott R Beach, Richard Schulz, Jennifer L Yee (et al).
Data from the first 2 waves of the US Caregiver Health Effects Study (CHES) were analysed to examine the effects of changes in caregiving involvement on changes to caregiver health-related outcomes when caring for a disabled spouse. Caregiving involvement was indexed by levels of: spouse physical impairment; help provided by the spouse; and strain associated with providing help. Health-related outcomes included perceived health, health-risk behaviours, anxiety symptoms and depression symptoms. Increases in spouse impairment and caregiver stress were generally related to poorer outcomes over time (poorer perceived health, increased health-risk behaviours, and increased anxiety and depression), whereas increased helping was related to better outcomes (decreased anxiety and depression). Thus, caring for a disabled spouse can have both deleterious and beneficial consequences. (RH)

ISSN: 08827974

Negative consequences of hearing impairment in old age: a longitudinal analysis; by William J Strawbridge, Margaret I Wallhagen, Sarah J Shema (et al).
To determine whether functional and psychosocial outcomes associated with hearing impairment are a direct result or stem from prevalent comorbidity, the authors analysed the impact of two levels of reported hearing impairment on health and psychosocial functioning one year later with adjustments for baseline chronic conditions. Participants were from the Almeida County Study, California, a longitudinal study of factors related to health and mortality. Physical functioning, mental health and social functioning decreased in a dose-response pattern for those with progressive levels of hearing impairment compared with those reporting no impairment. The results demonstrate an independent impact of hearing impairment on functional outcomes, reveal increasing problems with higher levels of impairment, and support the importance of preventing and treating this highly prevalent condition. (RH)

ISSN: 00169013

Independent living is the concept of empowering disabled people to control their own lives as far as possible and to have the freedom to participate fully in the community. It is not the name of a particular service or provision, but should be the objective of services and provision. This report is based on inspections of services for people with physical disabilities and services for people with learning disabilities at ten representative councils in England. (RH)

New kinds of care, new kinds of relationships: how purchasing services affects relationships in giving and receiving personal assistance; by Caroline Glendinning, Shirley Halliwell, Sally Jacobs (et al). Health and Social Care in the Community, vol 8, no 3, May 2000, pp 201-211.

This paper draws on interviews with users of direct payments and focus group discussions with the personal assistants (PAs) who assist them. It discusses the benefits and the drawbacks of directly employing such assistance, from the perspectives of both the purchasers and the providers of these services. The paper shows that direct payments can enable disabled people to purchase a much wider range of flexible help, better continuity, greater control and an enhanced quality of life, compared with conventional services. PAs also valued the trust and close relationships they developed with their employers. However, these benefits were much less marked when direct payment users recruited and employed PAs through care agencies. On the other hand, both direct payment users and PAs sometimes experienced difficulties in managing the relationships between them. The paper recommends a number of measures which could reduce the risks and vulnerability of both users and PAs, without reducing the enhanced quality of life which direct payments can confer. (AKM) ISSN: 09660410

Older people [and social exclusion]; by Jill Manthorpe. Research Matters, special issue, August 2000, pp 30-32.

The link between growing old and declining income is well documented. But there are other factors that can increase older people's poverty and feelings of social exclusion that are less well documented. First, ethnicity is examined in two reviews: "Ethnic inequality in later life: variation in financial circumstances by gender and ethnic group" by Jay Ginn and Sarah Arber (in: Education and Ageing, 2000); and "Health and social care needs in minority communities" by Ken Blakemore (in: Health and Social Care in the Community, 2000). A second cause of inequality is discussed in the Audit Commission's "Charging with care", which notes disparities in local authorities' levels of charging for services. Disability, another reason for exclusion, is discussed in "Losing sight in Ryedale: routes to rehabilitation" by J Crookes and colleagues (1999). Other examples of social exclusion discussed are the older homeless, prisoners, and consequences of elder abuse. (RH) ISSN: 13631015


Cross sectional data (n=6,487) from four Nordic countries, Denmark, Finland, Iceland and Sweden were utilized to determine the prevalence of daily pain and its association with disability in institutional long term care. Every resident in each of the participating institutions was assessed with Minimum Data Set version 1.0 (MDS). The sample was representative of institutional long term care in Copenhagen and Reykjavik. In addition, the data collected from Stockholm and Helsinki provided substantial information on the residents in these capitals. The results showed that 22%-24% of the residents experienced daily observable pain and this was most evident in the most disabled subjects. In addition to disability and female gender, diseases or conditions independently associated with pain are given. The association between pain and severe cognitive impairment was negative. The results strongly indicate that daily pain in long term care has a complex association with disability, the latter acting together with underlying diseases as a source and/or result of pain. Thus, a vicious circle between pain and disability can be anticipated. (KJ/RH) ISSN: 07149808


The Program of All-Inclusive Care for the Elderly (PACE) builds on On-Lok’s community-based care and financing model for disabled older people who are state-certified as eligible for nursing home care. For this study, the authors used data for a cross-section of some 2,900 PACE participants in early 1997 and classified them by disease, impairment and disability, from which a panel of doctors produced clinical profiles. Cognitive
impairment, incontinence and activities of daily living (ADL) disabilities were influential in producing 8 types corresponding to responses in tenure (the more disabled, sicker types likely to be in PACE longer), demographics, health, and informal support. (RH)

ISSN: 00169013

People with learning disabilities using residential services for older people; by Lisa Bird (series editor), Foundation for People with Learning Disabilities - FPLD; Mental Health Foundation. London: Mental Health Foundation, 2000, 4 pp.

As part of the Foundation for People with Learning Disabilities (FPLD) Growing Older with Learning Disabilities (GOLD) programme, questionnaires were sent to people with learning disabilities and their carers, to ensure the programme reflected the key issues in the lives of this group. One area highlighted was the possible disadvantage faced by older people with learning disabilities living in residential services for older people. This paper provides an overview of why older people with learning disabilities often enter services for older people and looks at their experiences in this setting. It suggests that, even given the varying quality of services for people with learning disabilities, residential services for older people are generally an undesirable option. (RH)

Price: free to download

From: http://www.learningdisabilities.org.uk/publications/?esctl544701_entryid5=22310&q=303425%e2%acPeople+ with+learning+disabilities+using+residential+services+ for+older+people%e2%acMental Health Foundation, 20/21 Cornwall Terrace, London NW1 4QL.


Analysis concentrated on 5151 men and women over 70 from the US Longitudinal Study on Ageing (LSOA), interviewed in 1984, 1986, 1988 and 1990, to explore how low levels of physical activity influence lower body functional limitations. Changes in functional limitations are used subsequently to predict transitions in activities of daily living (ADLs) and instrumental ADL (IADL) disability. There is evidence that functional limitations can mediate the effect that physical activity has on ADL/IADL disability, and that physical activity can reduce the progression of disability in older people. (RH)

ISSN: 00028614

Poor functional health literacy: the silent disability for older people; by Leigh Tooth, Michele Clark, Kryss McKenna.


Use of health care services requires a certain level of literacy of patients, to enable them to follow signs, directions, instructions and prescriptions, complete consent forms and understand written health education materials. Although poor literacy skills affect all groups in the population, older adults with fewer years of education seem to be particularly disadvantaged by an increasing reliance on written communication of health information. This paper explores the link between functional literacy and health, particularly for the older population, provides strategies to practitioners for the management of this problem, and makes suggestions for future research. (AKM)

ISSN: 07264240

Poor health and retirement income: the Canadian case; by Lynn McDonald, Peter Donahue.


Using the 1994 Canadian General Social Survey, this study examines the economic effects of retiring because of poor health. When men and women who have retired for reasons of poor health are compared to those who have retired for other reasons, the health retirees are disadvantaged on measures of their health, on human capital variables, in terms of their work history, and ultimately, in their retirement income whether personal or household. The men who retired because of ill health were less likely to receive income from a private pension or from interest and dividends. Almost half of the men reported that their financial situation was worse since their retirement. The women retirees suffered from the same disadvantages as the men, although their incomes in retirement were much lower. In the multivariate analyses, health had a significant and negative effect on men's household and personal incomes, but there was no effect on the incomes of women. For them, any effect that poor health might have had on household income was offset by factors associated with marriage, and the women's own socio-demographic characteristics. The findings suggest reason for policy-makers to be cautious when contemplating blanket reductions in disability/invalidity and pension rates. (KJ/RH)
Preclinical mobility disability predicts incident mobility disability in older women; by Linda P Fried, Karen Bandeen-Roche, Paulo H M Chaves (et al).
Prevention of physical disability is one of the main priorities for ageing research. Reasoning has suggested that there might be a preclinical, intermediate phase of disablement, which, if identified, could provide a basis for screening and early intervention to prevent disability. The aim of this study was to determine whether potential self-report and performance measures of preclinical disability predicted incident mobility disability in 436 high-functioning women aged between 70 and 80 years. The main outcome measure was self-reported incident difficulty walking 1/2 mile or climbing up 10 steps. Findings revealed that the self-reported measure and the performance measure were independently and jointly predictive of incident mobility difficulty. (AKM)

ISSN: 10795006

Although there is a strong empirical link between support quality and health in later life, research on the predictors of support quality is lacking. Significant predictors of components of kin and non-kin perceived support quality were identified and compared in 241 visually impaired older people reporting to their closest friend and closest family member. Results revealed differential patterns of predictors of family and friend support components. Having a spouse as closest family member was associated with higher perceived affective and instrumental family support. Significant interactions for family relationship type and gender showed that for men, but not women, having a spouse as closest family member was associated with lower perceived affective and informational friendship support. Participant age was positively associated with instrumental family support. Overall, functional disability had a negative association with support quality. Strategies for increasing support quality are discussed. (RH)

ISSN: 07334648

Prevalence, risk factors and self-reported medical causes of seeing and hearing related disabilities among older adults; by Parminder Raina, Micheline Wong, Steven Dukeshire (et al).
Data for non-institutionalised over-55s from the Canadian Health and Activity Limitation Survey (HALS) for 1986 and 1991 indicate that over 65s are more likely than 56-64 year olds to experience a sensory disability. Men are more likely than women to report having hearing disabilities, while women were more likely to report sight problems than men. Increased age and lower total household incomes were associated with a greater likelihood of having a sensory disability. Cataracts and deafness were reported most often as the cause of seeing and hearing activities of daily living (ADL) restrictions in both age groups. Public health initiatives should focus on hearing and seeing disabilities, particularly among older people, women, and those on low incomes. (RH)

ISSN: 07149808

Quality of life for people with learning disabilities in supported housing in the community: a review of research; by Devid Felce, Welsh Centre for Learning Disabilities Applied Research Unit, University of Wales College of Medicine; Centre for Evidence-Based Social Services, University of Exeter. Exeter: Centre for Evidence-Based Social Services, University of Exeter, 2000, 55 pp.
There has been a sea change in thinking about the design and residential support for adults with learning disabilities in past 30 years. Although reference is often made to quality of life, the concept remains ill-defined and contentious. The first part of the review proposes a framework for assessing quality of life based on six categories of well-being that can be applied to the evaluation of services: physical, material, social productive, emotional, and civic well-being. British research comparing these aspects of quality of life (also user satisfaction) in different residential service models - primarily institutions and community housing services (e.g. group homes) - is summarised. Community housing has not always been shown by research to be significantly better; however, in most cases it has been shown to bring significant benefits. The review concludes by suggesting an optimum evidence-based service design. (RH)

Price: £3.99
From: The Centre for Evidence-Based Social Services, University of Exeter, Amory Building, Rennes Drive, Exeter, Devon EX4 4RJ. Web site: http://www.ex.ac.uk/cebss
Using data from the Assets and Health Dynamics among the Oldest-Old (AHEAD) study, the authors examine the relative influence of each stage in the disablement process in the evolution of ethno-racial group differences in basic and instrumental disability. This article demonstrates the importance of cognitive status in the disablement process, especially in ethno-racial group differences. The authors discuss the practical implications for health care delivery to non-white elders and the theoretical implications for understanding the complexities of disablement. (KJ/RH)
ISSN: 08982643

The extent to which older people experience patterns of health service use varies by race are examined, using data from the the 1989 US National Long Term Care Survey (NLTCS) database. With similar medical conditions, Blacks are found to be less likely to use services, particularly prescription medications and general practitioner (GP) services. Use of some medical services is more likely by older Blacks living in rural areas, small cities, and Western states, or who have more instrumental activities of daily living (IADLs) and other problems. For reasons that are unrelated to financial assets, blacks remain vulnerable in their ability to access services commonly used by older people. To remedy these racial disparities, public policy must expand its focus beyond health finance issues, and consider differences in availability, accessibility and acceptability. (RH)
ISSN: 10795014

A randomized trial of in-home visits for disability prevention in community dwelling older people at low and high risk for nursing home admission; by Andreas E Stuck, Christoph E Minder, Iris Peter-Wuest (et al). Archives of Internal Medicine, vol 160, April 2000, pp 977-986.
791 Swiss over 75s living in the community in Bern were assessed quarterly for disability risk status, based on six baseline predictors of functional deterioration. After 3 years, surviving participants at low baseline risk were less dependent in instrumental activities of daily living (IADLs), compared with a control group. For those at high baseline risk, there were no favourable intervention effects on ADL, and an unfavourable increase in nursing home admissions. Despite the similar health status of subjects, one of the three nurses carrying out assessments identified fewer problems compared with those identified by the other two nurses: their low-risk subjects reacted favourably, with reduced nursing home admissions. (RH)
ISSN: 00039926

Mild disability in older people may be detected by eliciting reports of modified task performance. In this study of 287 older people enrolled in the Manhattan Aging Project / Active Urban Minority Elderly Study (NMAP/ALE), reports of slowing over 10- and 1-year periods were almost uniformly consistent with a general decline in speed. Reported slowing was significantly associated with reported difficulty walking and with slower gait speed. In the subgroup of those initially reporting no difficulty with walking, reported slowing significantly predicted incident difficulty walking at follow-up, as well as other adverse walking outcomes. For example, among those who reported slowing, 7% developed new difficulty walking outdoors, 10% difficulty with walking indoors, and 19% stopped walking for pleasure, compared with 0%, 0% and 3% for those who had not reported slowing at all. Evidence of construct and predictive validity of one type of task modification, namely slowing in indoor walking, could help in measuring disability or identifying functional problems. (RH)
ISSN: 10795006

This Scottish Health Advisory Service (SHAS) report covers community and inpatient learning disability services provided across Lothian. While many of the issues identified concern planning and delivery of services to children with learning disabilities, the report also considers specialist health services such as for people with challenging behaviour. Among the recommendations are: provision of and access to advocacy services; availability and range of day care opportunities; access to equipment for people discharged from hospital; and availability of clinical psychology, pharmacy, and speech and language therapy. (RH)
Review of services for people with physical disabilities in Lothian: 1 - 4 November 1999; by Scottish Health Advisory Service - SHAS; NHS Quality Improvement Scotland. Edinburgh: Scottish Health Advisory Service (SHAS), 2000, 35 pp. This Scottish Health Advisory Service (SHAS) inspection on physical disabilities services in Lothian relates more specifically to services for younger people. As such, the report covers the specialist hospital assessment and rehabilitation services and community services across the Region. (RH)


Limited data suggest that Puerto Ricans experience greater disability than other ethnic groups, and is further examined in this study. 75% of Dominican women and 73% of Puerto Rican women reported difficulty with at least one activity of daily living (ADL), compared with 64% of non-Hispanic White (NHW) women. Puerto Rican men reported significantly more limitation than did NHW or Dominican men. Greater disability is associated with the presence of chronic health conditions, which differ by ethnic group, and are variously smoking, former heavy alcohol use, arthritis, cataract, respiratory disease, stroke, history of heart attack, high body mass index (BMI), and poverty status. Research is needed to further define the social and health factors that contribute to these ethnic differences. (RH) ISSN: 10795006


Results of a survey of Canadian service providers to older people with developmental disabilities (DD) suggests that they did not feel adequately trained to deal with many of their users’ needs. Additional training was requested to deal with issues such as health and medical concerns, and recreational and retirement planning for their ageing clientele. Service providers also required assistance from professionals such as psychologists and medical personnel who had more knowledge of DD or ageing problems. Results are consistent with previous surveys, and extend or update knowledge concerning service providers’ needs. (RH) ISSN: 07149808


Sex differences in disability prevalence in older adults have been observed in numerous studies. This study examined sex differences in the prevalence of mobility disability in older people according to the influences of three components of prevalence: disability incidence, recovery from disability, and mortality. A total of 10,263 participants in a population-based study of older adults from three communities in the US were studied for up to 7 years. Results showed that the proportion of disabled women increased from 22% of women aged 70 years to 81% of those aged 90 years. In men, comparable figures were 15% and 57%. Incidence had the greatest impact on the sex differences in disability prevalence until age 90 and older when recovery rates had a greater impact on differences. (AKM) ISSN: 10795014


References in Shakespeare's plays to older characters with disabilities and to ageing draw on traditional cultural notions. For example, those with physical disabilities are evil, those who are mentally ill are wild and animal-like, and disability has entertainment value. Shakespeare viewed the ageing process as disabling, and old age as a time when individuals lost some abilities to function, particularly when it came to mental capacity and physical mobility. His writings show that he used disability as a literary tool to add dimension to characters and
to set them apart. Contemporary literature continues to share some of Shakespeare's views on disability and ageing, but with some differences: there is more emphasis on the human side and less negative attitudes. (RH)

ISSN: 00914150


This third edition of the annual series brings together statistics on social services and related subjects, the main source of which is the Department of Health (DoH) information based on local authority returns and other data for year ending March 1998. The chapter on older people covers the following: population; disability and illness; receipt of Attendance Allowance; residential and nursing home care; home care; day centres; and meals services. Other chapters cover social indicators, health, children, people with learning difficulties, people with physical disabilities and sensory impairments, mental health, people with alcohol and drug use problems, day and domiciliary care, residential care, and resources and charging for social care. Borough reference tables are included in the appendices. (AKM)

ISBN: 1852613092

From: London Research Centre, 81 Black Prince Road, London SE1 7SZ.

Socio-demographic differences in the onset and progression of disability in early old age: a longitudinal study; by Emily Grundy, Karen Glaser.
Age and Ageing, vol 29, no 2, March 2000, pp 149-158.

Analysis of 3,543 people in early old age (aged 55-69), based on data from the Retirement Surveys of 1988-9 and 1994 carried out by the Office of Population Censuses and Surveys (OPCS) on behalf of the Department of Social Security (DSS) demonstrated a strong association between socio-economic disadvantage and initial level, onset and progression of disability. Baseline severity of disability was similar for men and women, but varied by age group, social class, educational qualifications and housing tenure. At follow-up, 36% had worse disability, but 12% had improved. Incidence of new disability was higher among men. Self-reported health was strongly associated with change in disability. Deterioration is more usual than improvement. The reasons for the associations found between disability and socio-economic status are unclear. (RH)

ISSN: 00020729


This handbook is in two parts. The first part covers in ten chapters all issues relating to finding and funding care for adults with disabilities; e.g. assessment process, finance, legal. The second part lists some 500 organisations that can offer advice, help and support with a particular aspect of the process of finding and funding care. The handbook also details the Disabilities Care Register (DCR) which is offered by Care Choices Limited. This service uses a comprehensive database of all registered residential and supported accommodation in the UK for adults with disabilities. It is planned that this publication will be annually updated. (KJ)

ISBN: 1898597057

Price: £12.99

From: Care Choices Limited, Valley Court, Croydon, nr. Royston, Hertfordshire SG8 0HF.

Stage of life course and social support as a mediator of mood state among persons with disability; by Susan M Allen, Desirée Ciambrone, Lisa C Welch.

This research seeks to determine which aspects of social support are most effective in mediating mood state among working age and older people with disabilities (442 participants). Analyses revealed that network size and confidence in the reliability of helping networks are significantly and negatively related to depressed mood. Confidant support was related to lower levels of depressed mood for younger respondents only. Neither marital status, adviser support nor social integration were related to mood. Both instrumental and emotional support are key in mediating depressed mood among this population. The authors concluded that all types of social support are not equally effective in mediating mood among people with disability. (KJ/RH)

ISSN: 08982643


Reading information from electronic screens now used by used by banks, transport systems and the like can be difficult, particularly for older people and those with low vision. This foldout brochure provides information
about and examples of the various forms of Tiresias fonts, a range of typefaces designed to maximise legibility on screens, labelling and signage. The fonts were developed by the author together with Janet Silver (former Principal Optometrist, Moorfields Eye Hospital), Christopher Sharville (Creative Director, Laker Sharville Design Associates), and Peter O'Donnell (type consultant). The Tiresias typeface was originally designed in response to the need for improving the text for television subtitling. (RH)

From: RNIB Scientific Research Unit, 224 Great Portland Street, London W1W 5AA.

Understanding difficulties with speech and language; by Clare Morris.
Journal of Dementia Care, vol 8, no 2, March/April 2000, pp 24-26 (5 of 7).
In this fifth article in a series of seven, the author explains how communication is affected by the specific speech and language difficulties that people with dementia may experience. These are: neurological impairments of verbal communication (hearing and hearing impairment); disorders of language (e.g. aphasia and dysphasia); and motor speech disorders. (RH)
ISSN: 13518372

The use of pre-existing and novel coping strategies in adapting to age-related vision loss; by Mark Brennan, Gina Cardinali.
Research has proposed that when faced with a stressor, individuals test novel coping strategies when pre-existing strategies fail to reduce a perceived threat. However, using novel coping strategies has received scant empirical attention. This study presents data in the form of spontaneous comments or responses to open-ended questions from three previous quantitative studies (of 155, 93, and 343 participants) of adaptation to age-related vision loss. Self-reported coping strategies were identified using a "grounded theory" approach (i.e. the codes for the coping strategies had not been constructed previously). These were then examined for evidence of whether the strategy was recently used (novel) or whether it had been used prior to vision loss (pre-existing). Results supported the use of novel coping strategies in the process of adaptation to a chronic impairment among older people. Overall, the use novel coping strategies was found to be associated with better adaptational outcomes, emphasising the importance of novel coping in response to stressful life circumstances. (RH)
ISSN: 00169013

An important aspect of this review was the health needs of those with long-term complex and chronic disabilities living in the community. However, the visit concentrated on health services provided for younger people (under 65) with physical disabilities. There are specific issues for disabled people aged over 65 that are considered in SHAS reviews for older people. (RH)
Price: FOC
From: Scottish Health Advisory Service, Elliott House, 8-10 Hillside Crescent, Edinburgh EH7 5EA.

Visually impaired older learners: effective support arrangements: guidelines for course organisers and teaching staff; by National Institute of Adult Continuing Education - NIACE; Department for Education and Employment - DfEE, Leicester; NIACE, September 2000, 4 pp (NIACE Briefing Sheet 16).
Visual impairment can affect both the motivation and the ability to take up or continue learning. This briefing paper outlines some of the implications, and offers guidance on assessing and catering for the learning support needs of the visually impaired. (RH)
Price: FOC
From: NIACE, 21 De Montfort Street, Leicester LE1 7GE.

The buttons, switches and controls of most devices are designed to be looked at whilst operating them, which makes things difficult for people who are blind or have low vision. This makes for problems both in using equipment in the home, and with telecommunications and computer technologies. In the UK, where the government's "Information for All" initiative intends that all people will have easy access to social and healthcare information, it will not be acceptable for significant sections of the population to be excluded from using these technologies for lack of consideration of the user interface design. This publication is not a guide to all types of controls, but it attempts to indicate aspects to be considered by designers, if the controls are to be operated by people with a visual impairment. Visual examples of the effects of some common impairment
conditions illustrate the problems which need to be tackled in improving the design of user interfaces, and which would make a significant difference. (RH)

ISBN: 1860480233
From: RNIB, 224 Great Portland Street, London W1N 6AA.

1999

The "normal pathophysiology" of aging; by Loren M Fishman.
As we age, since some structural and physiological changes generally occur, maintaining function is an important aim. This article reviews changes which occur in ageing in the senses: the eye, the ear, and attributes such as balance and touch. (RH)

ISSN: 15210987

The Disability Discrimination Act 1995 introduced proposals to make limited wheelchair access mandatory for all new house building. In the light of deregulation in the 1980s, the house building industry has been opposed to any extension of the Building Regulations. Media response suggests that level thresholds, ramped access, and wider doors are not immediately popular with many consumers either, having connotations of institutional design. There is, however, growing pressure, particularly from the housing association movement, to reinstate some form of minimum space standards. Building regulations governing access would reinforce this trend, and demand new flexible design which meets both the needs and aspirations of a wider range of potential users. It is important that building regulations should apply equally to socially rented and privately owned housing, to avoid stigmatising one sector. Innovative design is needed to produce homes which satisfy and expand social conventions of what a home should look like, as well as meeting minimum standards. (RH)

ISSN: 02610183

Adult age differences in visual search accuracy: attentional guidance and target detectability; by David J Madden, Lawrence R Gottlob, Philip A Allen.
Previous research, relying primarily on reaction time measures of highly accurate performance, suggests that both younger and older adults can increase the efficiency of visual search by guiding attention to a candidate subset of items. This study investigated guidance when accuracy was well below ceiling to focus more specifically on the role of perceptual processes. In the most difficult condition (conjunction search), the likelihood of missing a target was greater for older adults than for younger adults, and this effect was not attributable entirely to generalised slowing. Both age groups were able to improve search efficiency by attending to a distinct subset of display items, indicating that attentional guidance to perceptual features does not exhibit age-related decline. A signal-detection model of the conjunction search data demonstrated that the age difference represented an age-related decline in target detectability. (AKM)

ISSN: 08827974

Adult aural rehabilitation; by I J Mackenzie.
Reviews in Clinical Gerontology, vol 9, no 1, February 1999, pp 73-76.
Adult aural rehabilitation is the process of restoring, or attempting to restore to the maximum possible degree, communication to the hearing impaired. The causes of hearing impairment or loss, and reasons behind poor attitudes to use of hearing aids are outlined. Most of the article discusses work by D P Goldstein and S D G Stephens, who have set out a logical structure for the process of aural rehabilitation, encompassing not only the provision of appropriate hearing aids, but also the many aspects of an ideal comprehensive service to the hearing-impaired. This work has two major facets: evaluation and remediation. (RH)

ISSN: 09592598

Age Concern England's response to the consultation document outlining Railtrack's proposals for a strategy for providing access to the rail network for disabled people; by Age Concern England - ACE. London: Age Concern England, February 1999, 3 pp (Briefings, ref: 0999).
Age Concern England (ACE) comments on problems of access to rail services for older and disabled people: station access and layout; slippery flooring; lack of seats on stations; access to platforms; and gaps between train and platform. (RH)
Age, physical impairment, and symptoms of anxiety: a test of mediating and moderating factors; by Scott Schieman.


The processes linking physical impairment with symptoms of anxiety were examined in this study. Analyses were based on a representative sample of 967 physically disabled adults (ages 20 to 90) in Canada. Several hypotheses tested the intervening role of disability characteristics, perceived health care efficacy, personal attributes, and social stratification resources. Ordinary least squares (OLS) regression analyses included sets of those intervening variables entered sequentially. Adjustment produced a significant reduction in the association between symptoms of anxiety and impairment, confirming the intervening role of health care efficacy and mastery. Moreover, impairment and mastery had synergistic effects such that higher mastery buffered against the anxiety associated with higher impairment. Other findings raise important questions about age, impairment, and the sense of mastery in the contest of health care and gender. (AKM)

ISSN: 00914150

Alcohol use and functional disability among cognitively impaired adults; by M Carrington Reid, John Concato, Virginia R Towle (et al).


The extent to which alcohol exposure increases risks for functional disability among older adults with cognitive impairment has not previously been assessed. In a US study of 242 such individuals, their proxy-reported alcohol intake was classified in categories from never to heavy drinking, and functional status determined in proxy-rated performance in 7 basic (BADL) and 7 instrumental (IADL) activities of daily living. Compared with never drinkers, moderate drinkers demonstrated higher mean BADL and IADL scores, whereas heavy drinkers had higher BADL but lower IADL scores. Former drinkers demonstrated both lower BADL and IADL scores compared with never drinkers. Among cognitively impaired adults, moderate and heavy drinkers demonstrated better BADL function, whereas former drinkers had poorer IADL function, compared with never drinkers. Prospective studies that incorporate additional measures of exposure (e.g. cumulative lifetime consumption) and function (e.g. performance-based tests) may provide a more comprehensive understanding of the effect of alcohol among older cognitively impaired people. (RH)

ISSN: 00028614

Bereavement and grief in adults with learning disabilities. A follow-up study; by E Bonell-Pascual, S Huline-Dickens, S Hollins (et al).


This paper reports on the follow-up of a cohort of parentally bereaved adults with learning disabilities. The aim was to investigate whether significant psychopathology, present up to 2.1 years after the death, had resolved five years later. Of an original sample of 50 adults with learning disabilities, 41 were reassessed. The Aberrant Behaviour Checklist and the Psychopathology Instrument for Mentally Retarded Adults were administered to carers. Findings revealed that there was a small increase in the measures of aberrant behaviour. Measures of psychopathology showed improvement, and in particular there was a reduction in anxiety. It was concluded that the response to bereavement by adults with learning disabilities is similar in type, though not in expression, to that of the general population. Learning disability is a significant predictor of mental health problems following bereavement, although the participants in this study adapted more easily when basic emotional needs had been constructively met by carers. (AKM)

ISSN: 00071250


This leaflet has been written in association with the Royal National Institute for the Blind (RNIB). It includes information on sight tests, spectacles, vision aids and lighting, reasons for sight deteriorating, and what to do when becoming partially sighted or blind.

Price: FOC
From : Help the Aged, St James's Walk, London EC1R 0BE.

Care of disabled older people in the community; by N I Edwards, J Meara.


The current provision of health care and social services poorly recognizes existing disabilities amongst older people in the United Kingdom. This results in support often being given too late to stop further functional decline. Even when difficulties have been identified, doctors still constantly underestimate the impact of
handicap and disability upon activities of daily living. This article then considers the comprehensive geriatric assessment of older people and the role it could play in order to maintain people in their own homes. Respite care, provision of aids and appliances are also considered and it is concluded that greater cooperation between health and social services, the voluntary and private sectors is needed to develop appropriate and cost-effective patterns of care for frail elderly people. (KJ)

ISSN: 09592598

Children in an ageing society; by D M B Hall.
Women are now having children at an older age than at any time in the past 50 years. The author considers three implications for children and paediatric practice: the social class differences in child bearing patterns; issues related to disability of children or parents; and the distribution of resources between the age groups. This is one of four articles based on presentations at a BMJ conference on “Medicine in an Ageing Society” in November 1999. (RH)

ISSN: 09598138

Choosing a telephone if you are older or disabled; by Lindsay Etchell (ed), Ricability. London: Ricability, 1999, 23 pp.
Ricability has selected 20 telephones with one or more features likely to be helpful to older and disabled people. The Royal National Institute for Deaf People (RNID) carried out technical tests on the telephones to assess how well they worked. 55 people then tried them out for ease of use. They included blind and partially sighted people, the hard of hearing, those with manual dexterity problems, and people with learning difficulties. The guide lists the pros and cons of the different types of telephone - standard fixed, big button, cordless analogue, cordless digital, and mobile - with a buying guide based on the research. There are also summaries on each phone tested, and information on service providers, specialist providers, financial help, and organisations for further information and advice. Tape, large print, and Braille versions of this report are also available on request, as is a 4-page summary. (RH)
ISBN: 0900621427
From : Ricability, 30 Angel Gate, City Road, London EC1V 2PT. Full text of Ricability reports available at http://www.ricability.org.uk

Cognitive disability and direct care costs for elderly people; by Shane Kavanagh, Martin Knapp.
Population ageing and the high costs of care support for older people have concentrated attention on economic issues. This study compared service utilisation and direct costs for older people with different degrees of cognitive disability, and between people living in households and in communal establishments. Secondary analysis of Office of Population Censuses and Surveys (OPCS) disability survey data obtained in the late 1980s compared service usage and costs for 8736 older people with cognitive disability. Cost estimates were constructed for all health and social care services. A much greater proportion of people at higher levels of cognitive disability lived in communal establishments, where their (direct) costs were much higher than when supported in households. Service use patterns and costs varied with cognitive disability. The study concludes that it is important to look at the full range of living arrangements and support services when examining costs. The potential cost implications of pharmacotherapies, other treatments, or new care arrangements cannot be appreciated without such a broad perspective. (RH)
ISSN: 00071250

A comparison of home care clients and nursing home residents: can community based care keep the elderly and disabled at home?; by Lisa R Shugarman, Brant E Fries, Mary James.
This study examined the question of how similar the home care and nursing home populations are on measures of resource use. Measures included a modified Resource Utilization Groups (RUG-III system, Activities of Daily Living (ADLs), and overall case mix. The study found that, contrary to previous research, the two samples were remarkably similar across RUG-III categories. However, the nursing home sample was more functionally impaired on measures of ADL functioning and overall case mix. Results of this study may inform policymakers and providers of the potential for maintaining the appropriate population in the home with government-funded home care. (AKM)
ISSN: 01621424
From : http://www.tandfonline.com
The contribution of chronic conditions and disabilities to poor self-rated health in elderly men; by Nancy Hoeymans, Edith J M Feskens, Dann Kromhout (et al).

Two questions were considered. First, what is the impact of seven somatic chronic disease conditions on self-rated health, independent of disabilities? Second, to what extent can poor self-rated health be attributed to the selected chronic conditions and disabilities? The chronic conditions were coronary heart disease, stroke, diabetes mellitus, cancer, respiratory symptoms, back pain, and musculoskeletal complaints. Data were from the 1990 (n=381) and 1995 (n=340) surveys of the Zutphen Elderly Study of men born between 1900 and 1920 and living in Zutphen, the Netherlands. From the patient perspective, stroke was most strongly associated with poor self-rated health. From the population perspective, 63% of poor-rated health could be attributed to the selected chronic conditions, with respiratory symptoms (28%), musculoskeletal complaints (24%), and coronary heart disease (13%) making the largest contribution. A total of 73% could be attributed to chronic conditions and disabilities. (RH)
ISSN: 10795006

Contributors to and mediators of psychological well-being for informal caregivers; by Mary Ellen Yates, Sharon Tennstedt, Bei-Hung Chang.
The relationship between caregiving stress and caregiver well-being is explored in a representative American community sample of disabled older people and their informal caregivers. The direct and indirect effects of stressors and potential mediators on the outcome of caregiver psychological well-being, as measured by depression, were examined using path analysis. Potential mediators of the primary stressors on depression included mastery, emotional support, quality of relationship between the caregiver and the care recipient, formal service use, and role overload. Findings indicate that the caregiving stressors (needs for care) led to caregiver depression indirectly through their effect on hours of care provided, and the resulting caregiver perception of role overload. Quality of the caregiver/care recipient relationship mediated the relationship of the caregiving stressors and caregiver overload and depression. Finally, regardless of the level of primary stressor, caregivers with high levels of mastery or emotional support were at lower risk of depression. These findings can be used to inform the design of proactive caregiver interventions. (RH)
ISSN: 10795014

The high costs of health and social care support for stroke survivors and the development of new service arrangements have concentrated growing attention on economic issues. The authors analysed data from the OPCS (Office of Population Censuses and Surveys) mid-1980s Surveys of Disability to examine service use and costs for more than 1000 people who have had a stroke. Regression analyses examined the cost-disability association in the context of other covariates for people living in private households. Disability problems were common among stroke survivors, particularly in relation to mobility, self-care and holding. Among those living alone, the main contributors to cost were in-patient care (£27 per week) and home help (£30 per week). For those living with other people, in-patient hospital care was also a major cost (£28 per week). Other services costing more than £5 per week were general practitioner consultations, hospital out-patient care and day centre attendances. Resource patterns varied considerably. Changes are noted to policy and practice: implementation of the NHS and Community Care Act 1990 led to a reduction in admissions to long-term care. (RH)

The last decade has seen major developments benefitting severely disabled people who choose to live in the community rather than in residential care. Most significant have been independent living funds (ILFs) and local authority direct payments. However, policies and practices reflect increasing pressures on the budgets of funding agencies, in particular health authorities and social services departments (SSDs). The research outlined in these Findings aimed to provide some insight into factors that should be taken into account with regard to who should fund expensive community care packages, and how funding and provision might be better co-ordinated. The research was based on a project carried out between 1997 and 1999, led by Ann Kestenbaum working with the Disablement Income Group (DIG) and with support of the ILFs. Her full report, "What price independence? Independent living and people with high support needs" is published for the Joseph Rowntree Foundation (JRF) by the Policy Press, in association with Community Care magazine. (RH)

The buffering effect of social support on depressive symptoms in older people living at home were explored in this study. Interviews were conducted with older people with varying levels of disability in their own homes. Results showed that higher levels of disability were associated with higher levels of depression. Instrumental support and subjective appraisal of the network were associated with depressive symptoms, but instrumental support had a weak positive correlation, while subjective appraisals showed a negative relationship. Social support was shown to mitigate the depressive effect of disability only when the network's efforts were appraised positively. However, no such relationship was shown for instrumental support. Individuals' perception of the network's helpfulness appeared to be more important than the actual help provided by friends and family. (AKM)

Disability in Great Britain: results of the 1996/7 disability follow-up to the Family Resources Survey; by Emily Grundy, Dennis Ahlburg, Mohamed Ali (et al), Social Research Branch, Department of Social Security - DSS. London: DSS Social Research Branch, 1999, unnumbered (Department of Social Security research summary). The aim of this survey was to find out the size and characteristics of the disabled adult population living in private households in Great Britain. The following topics are covered: prevalence, severity and type of disability; socio-demographic characteristics; economic activity; financial circumstances; use of social and health services; needs assistance; and social participation. Prevalence of disability was much higher than in the earlier 1985 survey of disabled adults in private households. This is not consistent with what is known about disability trends from other sources. (RH)


Disability in old age is a mass problem currently being tackled by inadequate self or family care rather than a coherent social response. Practical approaches to the prevention of disability should start with attempts to prevent common diseases, since such disorders can lead to a large amount of disability. The author cites results from reviews (mainly from the 1990s) to support these views. (RH)

The disability paradox: high quality of life against all odds; by Gary L Albrecht, Patrick J Devlieger. Social Science and Medicine, vol 48, no 6, 1999, pp 977-988. (OFFPRINT.)

Disabled facilities grants - is the system working?: a survey by Age Concern and RADAR; by Age Concern England - ACE; RADAR. London: Age Concern England; RADAR, 1999, 10 pp.

Concerns have been expressed about access to adaptations for groups representing older and disabled people. This survey reveals problems in some local authorities, including: lack of information about procedures and priorities; continuing problems of delays for occupational therapy (OT) assessments, particularly for low priority needs; refusal of adaptations for local authority tenants in certain situations; and lack of close working between housing and social services departments (SSDs). The report suggests that the Government must provide clear guidance to make local authorities aware of their duties in providing adaptations, which could be done by setting performance standards. Other recommendations include: updating and reissuing the Department of the Environment / Department of Health (DoH) joint circular (DOE circular 10/90 or LAC(90)7); setting standards for provision of adaptations as part of the process of implementing best value; ensuring that the National Service Framework for Older People includes national standards for adaptations services; and including detailed performance standards for adaptations in the "You and your services" charter. (RH)

Price: FOC
From: RADAR, 12 City Forum, 250 City Road, London EC1V 8AF.
Disease, disability and age in cognitively intact seniors: results from the Canadian Study of Health and Aging; by David B Hogan, Erika M Ebly, Tak S Fung.
The Journals of Gerontology Series A: Biological Sciences and Medical Sciences, vol 54A, no 2, February 1999, pp M77-M82.
Many diseases have been identified as risk factors for disability in older people. This report contrasts disability in the old-old (age 85+) with the younger old (age 65-84), and examines whether diseases have an equivalent impact on the two groups. Analysis of 603 cognitively intact community residents age 65+ from 10 Canadian provinces aimed to isolate the effects of age and non-dementing disease on function. Nearly twice as many of the cognitively intact over 85s had functional disabilities compared to those aged 65-84. In the old-old group, increasing age was the only significant explanatory variable for moderate, severe or total disability and for problems with walking, showering, shopping, getting to places out of walking distance, and preparing meals. Diseases were also significant explanatory variables for functional disabilities, particularly in the 65-84 age range. An increase in the proportion of functional disability was found with increasing age, even in those without relevant disease risk factors. (RH)
ISSN: 10795006

DLF fact sheets; by Disabled Living Foundation - DLF. London: Disabled Living Foundation, April 1999, various pagings.
DLF fact sheets aim to complement the DLF Hamilton Index to their Disability Equipment Directory. It provides "first stop" information on what type of equipment is available to help with specific difficulties, and details about the useful features of some of the more popular items of bathing equipment. The fact sheets will be regularly updated. (KJ)
Price: yearly subscription
From: Disabled Living Centres Council, Redbank House, 4 St Chad's Street, Manchester M8 8QA.

The effect of sensory impairment on the lifestyle activities of older people; by M S Clark, M J Bond, L Sanchez.
Age related changes in hearing and vision are a common source of impairments in older people, which may cause functional and lifestyle disadvantages. This study evaluated the effects of hearing and vision impairments on the lifestyle activities of a sample of 1,052 older people aged 70 years and over, drawn from the Australian Longitudinal Study of Ageing. Respondents with either a hearing or vision impairment were likely to report that their hearing or vision affected their activities. Vision impairment was associated with an objective reduction in lifestyle activities in domestic chores and household maintenance. Among men, vision impairment was also associated with reduced social activities. Hearing impairment had no direct effect on lifestyle activities, nor was there any significant joint effect of hearing and vision impairment. The study concluded that vision impairments are more likely to lead to reductions in activities than hearing impairments. However, age may be a more important determinant of reduced activities than sensory impairment. (AKM)
ISSN: 07264240

The effect of visual and hearing impairments on function status; by Brenda K Keller, Joy L Morton, Vince S Thomas (et al).
Impairments of hearing and vision are common in frail older people, and have consequences for their functional status. This study examined the prevalence of visual and auditory impairment in frail older persons and evaluated the relationship between sensory impairment and overall functional status. Participants were 575 older patients at an outpatient geriatric assessment clinic. Findings revealed that 18% had visual impairments of 20/70 or worse. Hearing impairment was found in 64%. The mean activities of daily living (ADL) and instrumental activities of daily living (IADL) scores were lower in those with hearing impairment and visual impairment. Combined vision and hearing impairments had a greater effect on function than single sensory impairments and influenced functional status independent of mental status and comorbid illness. The findings suggest that interventions to improve sensory function may improve functional independence. (AKM)
ISSN: 00028614

Effectiveness of behavioral therapy to treat incontinence in homebound older adults; by B Joan McDowell, Sandra Engberg, Susan Sereika (et al).
Behavioural therapies have been shown to be effective in reducing or eliminating urinary incontinence (UI) in non-homebound older people living in the community. In this American study of overs 60s with UI, 105 subjects were randomised to biofeedback-assisted pelvic floor muscle training (53 to treatment group and 52 to control groups). 45 control subjects with complete pre- and post-control data experienced a median 6.4%
reduction in urinary accidents in contrast to a median 75% reduction in 48 subjects with complete pre- and post-treatment data. Following the control phase, subjects crossed over to the treatment protocol. 85 completed treatment, achieving a median 73.9% reduction in UI. Exercise adherence was the most common predictor of responsiveness to behavioural therapy. The absence of side effects makes behavioural therapies attractive options for the type of population described. Future studies should examine the impact of these interventions on quality of life, the cost of providing the treatment, and the methods used to maximise adherence to the prescribed exercise regime. (RH)

ISSN: 00028614

Effectiveness of home exercise on pain and disability from osteoarthritis of the knee: a randomised controlled trial; by Sheila C O'Reilly, Ken R Muir, Michael Doherty.
191 men and women with knee pain aged 40-80 were recruited from the community in Nottingham and randomised to exercise (n=113) or no intervention (n=78). The exercise group performed strengthening exercises daily for 6 months. The primary outcome measure was change in knee pain (Western Ontario McMaster Osteoarthritis index - WOMAC). Secondary measures included visual analogue scales (VAS) for pain on stairs and walking, and WOMAC physical function scores. WOMAC pain score reduced by 22.5% in the exercise group and by 6.2% in the control group. VAS scores for pain also reduced in the exercise group compared with the control group. Physical function scores reduced by 17.4% in the exercise group and were unchanged in controls. Thus, a simple programme of home quadriceps exercises can significantly improve self-reported knee pain and function. (RH)
ISSN: 00034967

Elders' preferences for care setting in short and long term disability scenarios; by Julie J Keysor, Tejas Desai, Elizabeth J Mutran.
The decision-making processes of older people regarding long term care were investigated in this US study, using short- and long-term disability scenarios. Using Wilcoxon rank sum test, the study assessed differences in perceptions of financial difficulty, family strain, and personal stress, by predisposing, enabling, and need factors. Logistic regression was used to determine which factors were predictive of preference for long-term care location. Findings showed that frail and poor older people and those who lived alone had more financial and familial concerns; older people of a higher social class anticipated more personal stress; those with negative attitudes toward long-term care facilities, and who had fewer financial, familial and personal concerns, and who were married, were more likely to prefer home care. (AKM)
ISSN: 00169013

Evaluation of complex activities in daily living of elderly Japanese with visual impairment; by K Nakamura, A Otomo, A Maeda (et al).
This study was conducted to determine whether older people with visual impairment differ in the performance of complex activities in daily living from those without visual impairment. The study subjects were residents in two homes for the aged in Japan, and consisted of 79 older people, 37 with visual impairment, and 42 serving as controls; ages ranged from 64 to 95 years. Complex activities of the subjects were ascertained by interview using a 46-item questionnaire. The visually impaired had lower performance levels for: telephone use, shopping, cleaning one's room, and using medical facilities in instrumental activities of daily living (IADLs); interest in TV or radio and religious faith in "enriching activities"; and visiting behaviours in "social role". The performance of complex activities by older people with visual impairment were diminished in specific categories, but not overall, and this may be attributable to poor mobility and/or more passive attitudes in the daily activities. (RH)
ISSN: 03949532

Everyday competence in visually impaired older adults: a case for person-environment perspectives; by Hans-Werner Wahl, Frank Oswald, Daaniet Zimprich.
The Gerontologist, vol 39, no 2, April 1999, pp 140-149.
The need for an explicit consideration of the environment, in order to address everyday competence (EC) in old age is illustrated, based on an analysis of the day-to-day challenges of visually impaired older people. Data are based on a sample of older Germans suffering from different degrees of visual impairment (42 visually severely impaired vs 42 blind) and a control group of 42 visually unimpaired people with age means between 74.9 and 76.8. Findings underscore that an EC, regarded as an outcome, is negatively affected by low person-environment fit in the home environment in visually impaired older people but not in the visually unimpaired

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older population. EC, understood as daily compensatory processes, is more pronounced in the visually impaired with respect to some compensation modes (e.g. use of latent skills), but not all; and EC as a predictor variable for outdoor behaviour assumes a particularly critical role when outside environmental press is high. (RH)

ISSN: 00169013


This paper attempts to clarify the significance of the New Labour reforms to disability benefits by setting them in the context of their development since the early 1970s. The first section charts the creation, extension and subsequent series of reforms of disability benefits, and looks at trends in overall expenditure. The following section details the latest reforms, and raises some questions about the extent to which they are likely to achieve their stated objectives. These two sections are brought together using hypothetical case studies to illustrate the changing balance between different kinds of benefit - the "benefit basket" - for disabled people, from before the introduction of specific disability benefits through to the system as it might be in 2001. The paper concludes with an assessment of the extent to which the latest reforms represent a continuation of the evolution of disability benefits or a break with the past. (RH)

Price: FOC
From: Centre for Analysis of Social Exclusion, London School of Economics, Houghton Street, London WC2A 2AE.

Exercise - it's never too late: the Strong-for-Life Program; by Alan M Jette, Margie Lachman, Marie M Gioretti (et al).
A randomised controlled trial compared the effects of assigning 215 older Americans to either a home-based resistance exercise training group or a waiting list control group. Assessments were conducted at baseline and at 3 and 6 months. The training programme consisted of videotaped exercise routines performed with elastic bands of varying thickness. High rates of exercise adherence were achieved, with 89% of the recommended exercise sessions performed over 6 months. Relative to controls, subjects who participated in the programme achieved statistically significantly lower extremity strength improvements of 6% to 12%, a 20% improvement in tandem gait, and a 15% to 18% reduction in physical and overall disability at the 6-month follow-up. There were no adverse health effects. These findings provide evidence that home-based resistance exercise programmes designed for older people with disabilities hold promise as an effective public health strategy. (RH)

ISSN: 00900036

The factors associated with excess disability in arthritic elderly patients; by Ai-Fu Chiou, MaryBeth T Buschmann.
This US cross-sectional study investigated the occurrence of excess disability, the relationships between pain, disability, and psychological status, and the dimensions of total disability in arthritic older people age 55 and over. 100 older people who had rheumatoid arthritis or osteoarthritis were interviewed in two rheumatoid clinics. Results showed that total disability was correlated to pain and psychological status such as depression, self-esteem, and life satisfaction. Factor analysis also provides evidence that a multidimensional model is useful in explaining the impact of arthritis in total disability. A total of 57.28% of variance of total disability was explained by four factors: psychological, clinical, demographic, and other factors. No significant differences were found among those with excess disability with respect to means of depression, self-esteem, life satisfaction and locus of control. However, this study confirms that exact disability and depression actually exist in some arthritic older people. It is suggested that nurses should be aware of these problems, and nursing interventions should be multidimensional to manage or prevent patient disability. (RH)

ISSN: 10784470

Focus on older people with sight and hearing difficulties: it's never too late; by Francesca Wolf.
The needs of older people with dual-sensory impairments are often ignored or neglected. The challenges they face are enormous, but much can be done if the will - and the funds - are forthcoming. The work of Sense, The National Deafblind and Rubella Association in this field is highlighted, which includes residential care, resource centres, promoting awareness and training for both workers in the community and residential homes and the work of communicator guides funded by local authorities. (KJ/RH)
Forever young: visual functions not affected or minimally affected by aging: a review; by Jay M Enoch, John S Werner, Gunilla Haegerstrom-Portnoy (et al).
The Journals of Gerontology Series A: Biological sciences and Medical Sciences, vol 54A, no 8, August 1999, pp B336-351.
Six visual functions, once developed to adult levels of performance, have been noted to exhibit little or no alteration with ageing. Those selected for discussion are: the Stiles-Crawford effect of the first kind (SCE-I), also known as "directional sensitivity of the retina"; specific vernier acuity paradigm (including alignment of two lines one with the other, and two and three-point vernier tasks); and colour vision-related perceptual constancies. Each of these functions has rather different origins in the visual system. The SCE incorporates optical waveguide photo-receptor properties and has both physical and physiological origins; vernier acuity is largely the result of neural data processing mechanisms; and the colour vision-related effects have their origins in retinal neural processes. Descriptions of additional visual functions minimally affected by age are also presented. The article concludes with discussion of questions raised by recent research. (RH)

Funding for personal assistance support services: the key to making personal assistance schemes work; by Jon Dunicliff, National Centre for Independent Living - NCIL. London: National Centre for Independent Living - NCIL, April 1999, 9 pp.
By 1999, there were more than 90 personal assistance support services (PASS) for disabled people in the UK. However, for most, setting one up remains a daunting prospect. This paper considers the different ways in which funding for personal assistance support services (PASS) can be structured. It pays particular attention to the importance of establishing a direct relationship between the level of funding for a PASS scheme and the overall numbers of scheme members. (RH)
From : NCIL, 250 Kennington Lane, London SE11 5RD.

Gender differences in the risk of developing disability among older adults with arthritis; by M Kristen Peek, Raymond T Coward.
Although older women are disabled from arthritis at higher rates than men, there is inadequate understanding of the factors that place women at higher risks. This article examines gender differences over a 30-month period for non-institutionalised older people in the process of becoming disabled with arthritis. Results from discrete time-hazard models indicate that sociodemographic factors account for gender differences in disability with activities of daily living (ADLs). However, for difficulties performing instrumental activities of daily living (IADLs), gender differences remain unexplained by variations in demographic and health factors. (RH)
ISSN: 08982643

Growing older with MS; by Sue Tilley.
MS Matters, no 26, July/August, 1999, pp 14/15.
Most people with MS (multiple sclerosis) can expect to live long enough to collect an old age pension. The author reflects on the ups and downs of growing older with MS. She considers how to prepare financially (bearing in mind difficulties with insurance), living with a partner or living alone, and planning for retirement. (RH)
ISSN: 13698818

Hand in hand: partnerships are a good way forward for Sense to develop services for older people; by Francesca Wolf.
This article argues that community care is failing older deafblind people through lack of services designed to keep people independent within the community. Sense's joint projects with local authorities are described, with matched funding being the most common route to successful implementation. This has been achieved notably in Derby, with projects also in Walsall, South Gloucestershire and elsewhere in England, including London initiatives in Barnet, Wandsworth, and Westminster. (KJ/RH)
ISSN: 13674064
Hand-grip strength predicts incident disability in non-disabled older men; by Simona Giampaoli, Luigi Ferrucci, Francesca Cecchi (et al).

The performance of arm and hand function may be used to identify older people with functional limitations or at risk of disability. This study aimed to verify whether hand-grip performance in older men is a predictor of disability. 140 Italian men aged 71-91 from the FINE study (Finland, Italy, Netherlands Elderly) who reported no disability in performing activities of daily living (ADLs), instrumental ADLs (IADLs) and mobility activities at baseline examination in 1991 provided information on their functional status at follow-up 4 years later in 1995. Disability was defined as needing help in performing ADLs, IADLs and mobility. Hand-grip strength was evaluated at baseline by a mechanical dynamometer. A lower concentration of high-density lipoprotein cholesterol was the only factor predicting disability in men aged 76 and younger, and only reduced hand grip strength predicted incident disability in men aged 77 or older. Poor hand strength as measured by hand-grip is a predictor of disability in older people. The hand-grip test is an easy and inexpensive screening tool to identify older people at risk of disability. (RH)

ISSN: 00020729

Health life expectancy according to various functional levels; by Catherine Sauvaget, Ichiro Tsuji, Takanori Aonuma (et al).

As the population ages, quality of life has become a more relevant index of a person's health status than length of survival. A 2-year prospective study of older residents in a rural Japanese community was conducted to estimate disability-free life expectancy according to three functional levels: basic activities of daily living (ADL), instrumental activities of daily living (IADL), and mobility. The incidence and prevalence of disability were found to be similar in men and women. For both sexes, independent life in IADL was shorter that independent life in ADL and mobility. The development and progression of disability were different between sexes: men experienced disability at a younger age and at a faster rate than women. The study concluded that the slow progress of disability, with a longer duration in a disabled state among women may induce a heavy burden on health and welfare resources. Interventions to delay the onset of disability in women should reduce the economic burden to society as well as improve the quality of life. (AKM)

ISSN: 00028614

Housebound older people are missing out on diabetes care; by Angus Forbes, Lucia Morris.

Nursing Times, vol 95, no 14, 7 April 1999, pp 55-56, 58.
Older people with diabetes experience a disproportionate amount of morbidity and disability. If given appropriate education and training, district nurses can improve the management of type 2 (non-insulin dependent) diabetes mellitus in housebound older people, as outlined in this article concerning a project in a deprived inner-city area in London's East End. The district nursing team developed the service in partnership with practice nurses and a general practitioner (GP), using as a basis the GP's procedure for annual review of patients with diabetes. The project's outcomes and limitations are outlined; and the authors conclude that it could provide a way of ensuring that those who are housebound have access to effective diabetes care. (RH)

ISSN: 09547762

How many, how old, how soon?; by Kay-Tee Khaw.

Population projections are useful in helping plan for the future: they can identify future needs and where resources are likely to be required. The author uses age specific population projections to 2066 for the UK from the Office of National Statistics (ONS), to ascertain likely health service requirements. The numbers of those aged 60 and over is projected to increase from 12 million (20% of the population) in 2001 to 18.6 million in 2031 (30%). Numbers of those with various chronic diseases and disabilities are also projected to increase by threefold. The implications of these trends for health and health care are discussed. This is the first of four articles based on presentations given at a BMJ conference, "Medicine in an Ageing Society" on 24th November 1999. (RH)

ISSN: 09598138

The impact of psychological attributes on changes in disability among low-functioning older persons; by Gertrudis I J M Kempen, Eric van Sonderen, Johan Ormel.
Four psychological attributes - neuroticism, extroversion, mastery or perceived control, and general self-efficacy expectancies - were studied for their impact on changes in disability. Data were obtained from a sample of 575
low-functioning older people in the Groningen Longitudinal Aging Study (GLAS) between 1993 and 1995. Unlike older people with low or medium mastery and general self-efficacy expectancies, older people with high levels of such attributes showed no significant increase of disability between 1993 and 1995. However, multivariate analyses showed only unique contributions of mastery to changes in disability. Neuroticism and extroversion were found to be not related to changes in disability, supporting previous research outcomes. Findings highlight that, in particular, feelings of perceived control are crucial for maintaining functional ability in later life. (RH)

Impaired sensory functioning in elders: the relation with its potential determinants and nutritional intake; by Nynke de Jong, Ina Mulder, Cees De Graaf (et al).
The relation of an impaired taste and smell perception was assessed as regards potential determinants and nutritional intake and status in older people. Determinants examined were age, gender, functional category (institutionalised vs independent living), dental state, illness, smoking behaviour, drug usage and saliva excretion and composition. Nutritional intake was measured by an "appetite and hunger" questionnaire, a food frequency questionnaire, and body mass index (BMI). Two different categories of older people were studied: 89 independently living assumed to have relatively good taste and smell perceptions, and 67 institutionalised with potentially poor taste and smell perceptions. There was no clear correlation of any sensory outcome with energy and food intake, nor with BMI. Regression analyses revealed that age and functional category were the most important determinants of the scores of on taste perception and smell identification tests. A poor performance on sensory tests is related to a poor appetite, but not necessarily to low energy intake or low BMI. Age-related factors and smoking are important determinants of impaired sensory functioning. (RH)

This circular draws the attention of social services authorities to the fact that further provisions in the Disability Discrimination Act (DDA) 1995 are being implemented in two stages, from 1 October 1999 and from 2004, and authorities need to comply with the requirements of Section 21 of the DDA by these dates. (KJ)
From: Department of Health, PO Box 777, London SE1 6XH.

Incidence of and predictors for chronic disability in activities of daily living among older people in Taiwan; by Shwu Chong Wu, Szu-Yun Leu, Chung-Yi Li.
Increasing the number of years of disability-free life and reducing the proportion of older people with disability in activities of daily living (ADL) are considered major health objectives for the older population. This study estimated the incidence of chronic ADL disability and analysed the sociodemographic, health status, adverse lifestyle, and leisure-time physical activity predictors for chronic ADL disability in a cohort of 1321 community-dwelling ADL-intact older people in Taiwan. During the 3-year study period, 11% developed chronic ADL disability, 4.4% were lost to follow-up, and 6.3% died. Multiple hazard regression analysis showed that individuals aged 70 to 79 years or older than age 80 had increased risk of ADL disability, compared with younger subjects. Risk of chronic ADL disability was inversely associated with regular exercise. (AKM)

Information technology has the power and force - if used responsibly - to make a contribution to the public good. Lord Puttnam focuses on three themes in his lecture. First, he offers some thoughts on the ways in which technological change (e.g. the Internet) has the potential to provide real empowerment and to transform opportunities for disabled people, particularly with regard to access to the arts. Second, he considers issues around representation of disabled people in the media and arts, and on issues of participation. Finally, he suggests what needs to change before we become a society that can seriously debate and tackle issues concerning disability. Reference is made to the Leonard Cheshire campaign to promote the inclusion of disabled people in ordinary settings - including their portrayal in advertising - as a norm. (RH)
From: Leonard Cheshire Foundation, 30 Millbank, London SW1P 4QD.
Inhibition and aging: similarities between younger and older adults as revealed by the processing of unattended auditory information; by Dana R Murphy, Joan M McDowd, Kim A Wilcox. Psychology and Aging, vol 14, no 1, March 1999, pp 44-59. The ability to selectively attend to an auditory stimulus appears to decline with age, and may result from losses in the ability to inhibit the process of irrelevant stimuli (i.e. the inhibitory deficit hypothesis of L Hasher and R T Zacks, 1988). It is also possible that declines in the ability to selectively attend are a result of age-related hearing losses. Three experiments examined whether younger or older adults differed in their ability to inhibit the processing of distracting stimuli when the listening situation was adjusted to correct for individual differences in hearing. In all three experiments, younger and older adults were equally affected by irrelevant stimuli, unattended stimuli, or both. The implications for auditory attention research and for possible differences between auditory and visual processing are discussed. (RH)
ISSN: 08827974

Is experience as a prisoner of war a risk factor for accelerated age-related illness and disability?; by Helen Creasey, Mary Rose Sulway, Owen Dent (et al). Journal of the American Geriatrics Society, vol 47, no 1, January 1999, pp 60-64. Research has documented the continuing psychological impact of imprisonment on former prisoners of war (POW) during World War II, yet there is little evidence on the long-term effects on physical health. The aim of this Australian study was to determine whether the experience of internment during World War II was associated with a higher prevalence of chronic disease and diminished functional performance in later life. A total of 101 Australian ex-POWs and a comparison group of 107 non-POW combatants participated in the study. Findings revealed that prisoners of war reported more somatic symptoms than non-POWs, had more diagnoses and used a greater number of different medications. There were no differences in hospital admissions or length of stay. On the whole, there were few differences between POWs and controls, and those differences were relatively small. The findings do not support a major role for catastrophic life stress in the development of chronic illness and disability in later life. However, it is possible that the POW experience played a part in premature, abnormal, or unsuccessful ageing in some individuals. (AKM)
ISSN: 00028614

A key to aging in place: vision rehabilitation for older adults; by Cynthia Stuen, Roxane Offner. Physical & Occupational Therapy in Geriatrics, vol 16, nos 3/4, 1999, pp 59-78. Vision impairment is often overlooked by gerontological health professionals, or is attributed to normal age-related vision changes. With 26% of over 75s reporting a vision impairment, it is time for vision rehabilitation professionals to be recognised and included in the multi-disciplinary service team. As the older adult population increases in numbers and longevity increases, it is expected that serious vision loss will become more prevalent. Recognising the indicators of normal and pathological vision changes and the appropriate individual and environmental intervention, the strategies available are presented. A functional vision screening questionnaire is offered. Recognition of the unique and complimentary roles of each particular rehabilitation discipline can lead to more effective collaboration. (RH)
ISSN: 02703181

From : Haworth Document Delivery Service, Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Living in limbo: when a spouse or close family member has an incapacitating illness; by "a wife" (unnamed author). Care Management Journals, vol 1, no 1, Winter 1999, pp 38-46. The author is a nationally-known author and educator in the US, whose husband suffered a stroke following cardiac surgery. This is her personal account of events and thoughts concerning his care at home and the transition to nursing home care. The article invites written responses to the PRIDE Institute. (RH)
ISSN: 15210987

Low back pain and disability in older women: independent association with difficulty but not inability to perform daily activities; by Suzanne G Leveille, Jack M Guralnik, March Hochberg (et al). The Journals of Gerontology Series A: Biological sciences and Medical Sciences, vol 54A, no 10, October 1999, pp M487-493. Low back pain is a highly prevalent chronic condition, yet little is known about its disabling effects for older people. This study examines the relationship between the presence and severity of low back pain and disability in some 1000 disabled older women from the US Women's Health and Aging Study (WHAS) over a 5-year period. 42% of participants reported having low back pain for at least one month in the year before baseline. Prevalence of severe back pain decreased markedly with age (10% of those 85 and over versus 23% in two
younger 10 year age groups). After multivariate adjustments, women with severe back pain were 3 to 4 times more likely than older women to have a lot of difficulty with light housework or shopping. There was also an increased likelihood of difficulty with mobility tasks and basic activities of daily living (ADLs) among those with severe back pain. No associations were found between back pain and being unable to perform any of the daily activities studied, including possible differences in disablement processes leading to functional difficulties versus functional incapacity. (RH)

ISSN: 10795006

Low level disability in activities of daily living in elderly people living independently: risk factors and implications; by S Collison, F Cicuttini, V Mead (et al).
Research has suggested that disability, particularly disabilities in activities of daily living (ADL) may result in a reduction in quality of life. The aim of this cross-sectional study was to determine the prevalence and risk factors for low level disability in ADL in older people living independently, and the association with quality of life and accidents. Of 334 individuals aged 80 years and over, 15.9% had significant disability in at least one of the ADLs assessed. Risk of disability was associated with taking four or more medications, female gender, arthritis and a previous cerebrovascular event. Those with disabilities had more recent accidents and poorer quality of life as measured by the SF-36. Self-reporting was a poor method for identifying disabilities. The findings highlight the need for a targeted screening programme to identify such disabilities and examine interventions to minimise them. (AKM)
ISSN: 07264240

Making a real home for older people; by Hilary Todd.
Boston Lodge - originally run by the Coventry Society for the Blind - is one of three new care homes for older people opened by Sense in the last year. The author met some Boston Lodge residents to find out how Sense is dealing with specialist care provision for older people with dual sensory impairments. Most residents have acquired sensory loss, so they are unable to sign or read braille; yet the aim of Sense homes is to support residents' independence and choice. (KJ/RH)
ISSN: 13674064

Medical cost for disability: a longitudinal observation of National Health Insurance beneficiaries in Japan; by Ichiro Tsuji, Aya Kuwahara, Yoshikazu Nishino (et al).
Participants were 49,364 beneficiaries of National Health Insurance (NHI) in Japan, aged 40 to 79, and living in the catchment area of Ohsaki Public Health Centre, Miyagi. Subjects were mainly farmers, self-employed people, housewives or pensioners. Measurements were collected from January to December 1995 from NHI Claim History files on medical care use (number of outpatient visits and days in in-patient care) and the costs for each subject. The relationship between physical functioning levels and medical costs was analysed. The medical costs per capita increased with poorer physical function. Medical costs for those with self-care limitations increased by 4 times in men and 3 times in women, compared with those with no physical limitation. In this cohort, the 4.3% of the those who were dependent in self-care used 15% of the total in-patient days and 10% of total medical costs. Treatment of patients with disability requires a large amount of medical resources. There is an urgent need for cost-effective intervention programmes for disability prevention, which could be offset against the cost for treating the disabled. (RH)
ISSN: 00028614

Mental health needs and supportive services for elderly and disabled residents; by Jungwee Park, Jean Burritt Robertson.
Older people are generally considered more likely than younger age groups to suffer from psychiatric problems. This US longitudinal study of some 200 residents of twelve housing developments for older people in Rhode Island assesses the impact that the provision of supportive services has on mental well-being of older and disabled people living in independent housing developments. The results indicate that the use of supportive services by the mentally ill allowed them to overcome initial lower functional status, and achieve a level of mental functioning virtually similar to that of the total resident population. Thus, it is argued that independent living facilities with supportive services can certainly be a successful and cost-effective model for a number of frail older and mentally ill residents. (RH)

Previous research has found that the prevalence of environmental hazards in the homes of older persons is high. This study investigated whether environmental hazards related to transfers, balance, and gait were any less prevalent in the homes of older persons with specific deficits in physical capabilities than they were in the homes of older persons without the same deficits. A total of 1088 persons aged 72 years and older participated in the study. With the exception of no grab bars in the bath tub/shower, environmental hazards were as prevalent in the homes of participants with specific deficits in physical capabilities as they were in the homes of participants without the same deficits, and, in many cases, they were actually more prevalent. (AKM)

ISSN: 00028614

Mothers and fathers of adults with chronic disabilities: caregiving appraisals and well-being; by Rachel Pruchno, Julie Hicks Patrick. Research on Aging, vol 21, no 5, September 1999, pp 682-713.

The stressors, resources, caregiving appraisals, and mental health of ageing women and men who have a child with a chronic disability (developmental disabilities or schizophrenia) were contrasted. Data from 251 women and their husbands indicated that while mean level differences characterise the reports of mothers and fathers, predictors of caregiving satisfaction, caregiving burden, depression, and life satisfaction were relatively similar. With similar mechanisms linking stressors, resources, appraisals and outcomes for mothers and fathers, these data provide strong evidence for the application of a common model for understanding the experiences of ageing men and women who have a child with a chronic disability. (RH)

ISSN: 01640275


Evidence is presented from a study of how people with a disability and their carers gain access to community care assessments following implementation of the NHS and Community Care Act 1990. The authors found that the way in which practitioners and managers responded to shortfalls between the needs and resources had a significant impact on the way in which people with a disability and carers gained access to assessments. The results of the study also indicate that older people face additional barriers in negotiating access to assessments. The authors conclude that particular attention needs to be paid to the provision of accessible information to people with a disability and carers about the criteria and procedures used in community care assessments. (RH)

ISSN: 09660410


The cumulative consequences of community care policies in the UK have resulted in a move from universal access to NHS services, to discretionary access to residual local authority services. Drawing on an empirical study of the experiences of disabled and older people in obtaining access to community care assessments, the authors argue that the traditional “gatekeeping” activities of professionals have been augmented by a range of managerial and bureaucratic gatekeeping procedures. They examine the implications of these additional layers of gatekeeping for disabled and older people’s status and rights as citizens. (RH)

ISSN: 02610183


This summarises the DSS Research Report no.106, and presents interim findings of the evaluation of the New Deal for Disabled People (NDDP) Personal Adviser Service pilot. The Personal Adviser Service aims both to assist disabled people and those with a long-standing illness who want to work to do so, and to help those already in work to retain their employment. The report covers a range of topics including: organisation and operation of the Personal Adviser Service; survey of participants and non-participants; the work of Personal Advisers; the views and experiences of clients and of employers; and reflections on early implementation. (RH)
New directions? Day services for people with learning disabilities in the 1990s: a review of the research; by Ken Simons, Debby Watson, Norah Fry Research Centre, University of Bristol; Centre for Evidence-Based Social Services, University of Exeter. Exeter: Centre for Evidence-Based Social Services, University of Exeter, 1999, 60 pp.

Ideas about day services have changed considerably in the last 20 years, with the introduction of a wide range of “alternatives” to traditional provision. While the available data make it difficult to assess both the extent and scope of current provision of day services, the indications are of an overall shortfall. The Centre for Evidence-Based Social Services commissioned the Norah Fry Research Centre to carry out a review of the research evidence on day services. The aim was to update a previous 1995 review undertaken for former Avon county, with particular emphasis on systematically seeking out instances of research which provide descriptions of the outcomes produced by the various models of day services. The forms of day services covered include day centres, supported employment, training, community businesses, “without walls” services, and adult and continuing education. Outcomes of day services are described in terms of engagement in meaningful activity, time spent in non-segregated settings, the development of wider relationships, impact on income, and users’ and carers’ views. (RH)

ISBN: 0953570908
Price: £4.95
From: The Centre for Evidence-Based Social Services, University of Exeter, Amory Building, Rennes Drive, Exeter, Devon EX4 4RJ. Web site: http://www.ex.ac.uk/cebss


Discussions with users and carers indicate serious shortcomings in the way that health, housing and social services are provided for vulnerable people. This report provides an insight into the experiences and views of older and disabled people and their carers, based on discussions of 15 focus groups in three contrasting areas: Southwark, Shropshire and Knowsley. The report, in six parts, reflects topics and issues raised in the focus groups. First, people with long-term illness or disability want to be able to lead “ordinary lives”, and they talk about what is important to them. The second, on services, concerns appropriateness of provision, and coordination for ease of access and continuity of care. Third, communication: information and the attitudes of professionals and the general public are important in helping older people to feel valued. The fourth section voiced concerns about resources, particularly constraints in the funding of services. Section five presents views on charters, leading to a final section of recommendations for the development of better services. Action is needed to improve service performance; but introducing a new charter would only be one of a series of measures required. (RH)

ISBN: 1857172639
From: King's Fund Bookshop, 11-13 Cavendish Square, London W1M 0AN.

New European standards on the man-machine interface for card systems; by John Gill, Scientific Research Unit, Royal National Institute for the Blind - RNIB; PhoneAbility; COST 219bis. London: RNIB, 1999, 4 page pamphlet.

Card operated systems, such as pre-payment for gas or electricity, public telephones and so on, continue to be part of our daily lives. In order to ensure that they are easy to use and consistent in design, new standards are being introduced by a working group within the European standards organisation, CEN (Comité Européen de Normalisation). Existing standards (EN 1332-1 to EN 1332-4) cover general design principles, card orientation, keypads and coding of user requirements. However, two standards are in preparation and these cover provisions for physical accessibility to card reading terminals, and tactile differentiation of cards. (KJ/RH)

From: RNIB Scientific Research Unit, 224 Great Portland Street, London W1W 5AA.


A US questionnaire study of registered nurses, licensed practical nurses an nursing assistants in four nursing homes showed that the majority felt inadequately trained to care for the hearing impaired. A measure of attitudes towards hearing loss and amplification was positive and not significantly different among the nursing personnel groups. The licensed practical nurses did have a significantly higher knowledge score regarding hearing loss and amplification than the other two groups. Results suggest the need for additional training on

Developmental disabilities are lifelong mental or learning impairments which complicate the individual’s ability to participate fully in social life. This book provides an overview of the present generation of the older population with developmental disabilities. The authors review the reasons why this group - the first such to survive into later life - has been identified as in need of new services. Chapters explore the particular characteristics, the implications of developmental disabilities, and ways in which this group of people are affected in their transition to later life, and in their social life and family relationships. Policy issues are discussed: which system or network will best provide their support needs; how parents, siblings and other caregivers can plan and help; and counselling to meet this population’s mental health needs. (RH)

ISBN: 0895031884
Price: US$32.00
From: Baywood Publishing Co., 26 Austin Avenue, PO Box 337, Amityville, New York, NY 11701, USA.

Older drivers and cataract: driving habits and crash risk; by Cynthia Owsley, Beth Stalvey, Jennifer Wells (et al).
The Journals of Gerontology Series A: Biological sciences and Medical Sciences, vol 54A, no 4, April 1999, pp M203-211.

Cataract is a leading cause of vision impairment in older people, affecting almost half of those aged over 75. This study examines the role of cataract in driving. 279 older people (aged 55-85) with cataract and 105 without cataract who were legally licensed to drive were recruited from eye clinics to participate in a driving habits interview to assess driving status, exposure, difficulty, and "space" (the distance of driving excursions from home base). Crash data for the previous 5 years was obtained from state records. Visual functional tests documented the severity of vision impairment. Compared to those without cataract, older drivers with cataract were approximately twice as likely to report reductions in days driven and number of destinations per week, driving slower than general traffic flow, and preferring someone else to drive. Those with cataract were: five times more likely to have received advice about limiting their driving; four times more likely to report difficulty with challenging driving situations; twice as likely to reduce driving exposure; and 2.5 times more likely to have a history of at-fault crash involvement in the previous 5 years. They therefore experience a decrease in their safety on the road. (RH)

ISSN: 10795006

Options in providing special diets for homebound senior citizens; by Linda Kautz Osterkamp.

As part of the continuum of care, there can be a period of time when an older person is still able to remain living independently with certain support systems in place, for example, provision of meals. Home delivery of a special diet can be crucial to maintaining health for such an individual. Organisations providing meals for housebound people with special dietary needs, such as Mobile Meals of Tucson, Inc., must be adaptable and responsible in preparation and provision of meals. (RH)

ISSN: 01639366
From: http://www.tandfonline.com


Information on the impacts of services on the lives of users and carers is essential, to meet requirements of emerging policy initiatives, including: performance reviews and Best Value; the continuing emphasis on greater responsiveness of services to users and carers; emphasis on outcomes rather than inputs and procedures; and the need for an evidence-based approach to practice. SPRU's Outcomes Programme is funded by the Department of Health, to develop and test frameworks for collecting and using information on the outcomes of social care in routine practice. This research summary outlines SPRU's work on outcomes of social care specifically with younger disabled people and their carers. (RH)

Price: FOC
From: SPRU, University of York, Heslington, York YO10 5DD. Email: spruinfo@york.ac.uk

UMTS (Universal Mobile Telecommunication System) is the name given to the third generation of mobile telephone services and the European implementation of the worldwide IMT 2000 concept of mobile communication. Although European Union (EU) policy is to ensure equality of access to the information society, there is a danger that developments such as this could inadvertently exclude access for older and disabled people. This report examines the technical and regulatory issues and how disability organisations should respond. (RH)

ISBN: 1869480217
From: RNIB Scientific Research Unit, 224 Great Portland Street, London W1W 5AA.


The impact of depressive symptoms on changes in self-reported physical functioning was examined in 574 low-functioning older people, a sub-sample from the Groningen Longitudinal Ageing Study (GLAS). Initial levels of depressive symptoms were not predicted for subsequent change in self-reported physical functioning, for which changes were only moderately associated with changes in performance-based physical functioning. The strongest congruence of measured change between self-reported and performance-based physical functioning was found in older people with increased depressive symptoms. The results suggest that preventing an increase in depressive symptoms may help prevent further discrimination in poorly functioning older people. (RH)

ISSN: 10795014

The prevalence of stroke and associated disability; by Paul G O'Mahoney, Richard G Thomson, Ruth Dobson (et al).
There are limited data available on the prevalence of stroke in the UK. Such data are important for the assessment of the health needs of the population. This study aimed to determine the prevalence of stroke and the prevalence of associated dependence in a district of northern England. A valid screening questionnaire was used to identify stroke survivors from an age- and sex-stratified sample of the population aged 45 and over from the former Newcastle Family Health Services Authority (FHSA) district. This was followed by assessment of stroke patients with scales of disability and handicap. The overall prevalence of stroke was found to be 17.5 per 1000; prevalence of stroke-associated dependence was 11.7 per 1000. Self-reported comorbidity was most commonly due to circulatory and musculoskeletal disorders. The prevalence of stroke in this district is considerably higher than current guidelines and previous results suggest. Nevertheless, the result from this study combined with that from a previous study in another district in the UK should allow those interested in epidemiology based health needs assessment to make reasonable estimates on the burden of stroke in their area. (RH)

Preventing disability - the golden goal of geriatric medicine; by Arup K Banerjee.

Whilst most older people in this country continue to enjoy good health and to contribute to society in retirement, the health care needs of some vulnerable individuals are cause for concern. The discipline of geriatric medicine has existed in the UK for 50 years, and has developed to meet older people's health care needs in a way that adds quality to life and not just years. The author identifies the need for more attention to training of health care professionals, and for society as a whole to receive information and education on the ageing process. Reasons for the low priority given to older people's health needs are evident in the lack of popularity of research into ageing coupled with health care rationing. There is some cause for optimism, with some indication that government departments are becoming more sensitive to such problems. (RH)

ISSN: 13663666

Profile of disability in elderly people: estimates from a longitudinal population study; by David Melzer, Brenda McWilliams, Carol Brayne (et al), Cognitive Function and Ageing Study, Medical Research Council - MRC; Resource Implications Study Group, Cognitive Function and Ageing Study, Medical Research Council - MRC.

Accurate national estimates of the numbers of cognitively impaired and physically disabled older people, subdivided by a range of sociodemographic, dependency, care receipt and survival variables are needed to support debate on the form and funding of health and welfare programmes. The Medical Research Council's
Cognitive Function and Ageing Study (MRC CFAS) and resource implications substudy ((RIS) based on 10,377 over 65s in Cambridgeshire, Newcastle, Nottingham, and Oxford provide a basis for contemporary estimates. 11% of men and 19% of women were disabled (giving an estimated total of 1.3 million for England and Wales). 38% of these were aged 85 and over, and a similar percentage were cognitively impaired, many of whom need institutional care or intensive home support. Formal community services were the only source of support for 29% of physically disabled older people, and 23% of those with combined disability in the community. During the 2 year follow-up, 43% of disabled people were admitted to acute hospitals. This makes a strong case for long term care arrangements that encourage co-operation with acute care, including preventing the need for admission and improving arrangements for rehabilitation. (RH)
ISSN: 09598138

Psychosocial consequences of age-related visual impairment: comparison with mobility-impaired older adults and long-term outcome; by Hans-Werner Wahl, Oliver Schilling, Frank Oswald (et al).
In this German research, indices of behavioural competence (activities of daily living - ADLs, instrumental activities of daily living - IADLs, use of outdoor resources, leisure activity level) and emotional adaptation (subjective well-being, future orientation) were used to investigate the psychosocial consequences of age-related vision impairment in a threefold manner: comparison of visually impaired and unimpaired older people; comparison of visually impaired and mobility-impaired older people; and long-term adaptation across five years. The research design used 42 severely visually impaired, 42 blind, and 42 mobility-impaired older people, also an unimpaired control group of 42. Compared with the mobility impaired, the visually impaired demonstrated lower IADL competence, but no difference in emotional adaptation. The long-term adjustment of the visually impaired remained relatively stable in the behavioural domain, although lower compared with the unimpaired group. Emotional adaptation decreased over the 5 year longitudinal interval in the visually impaired and the unimpaired group, but the decrease was generally higher in the visually impaired group. Conceptual ideas from environmental gerontology as well as psychological resilience are used to interpret these results. (RH)
ISSN: 10795014

Quality of life and Parkinson's disease; by Patricia A Koplas, Heidi B Gans, Mary P Wisely (et al).
People with Parkinson's disease (PD) have progressive loss of function, eventually leading to severe disability. This study examines the relationship between physical disability, depression and control beliefs and quality of life of people with PD; and it characterises how these psychosocial variables differ by stage of disease. 86 people aged 61-87, from five stages based on clinical disability, were interviewed. Established instruments were used to measure physical disability, depression, and control beliefs. Quality of life (QOL) was rated on a 5-point Likert scale. A multivariate regression model including physical disability, stage of disease, depression, mastery, and health locus of control predicted QOL, with mastery as the only significant predictor. There were significant differences by PD stage for all variables. Mastery predicted QOL in people with PD, even when depression and physical disability were included in the model. Differences in psychosocial variables by stage of PD suggest that the psychosocial profile of PD patients may change as the disease progresses. (RH)
ISSN: 10795006

Functional impairment over time is a necessary condition for the diagnosis of dementia. To investigate decline in function in dementia, the authors developed a model of the rate of decline in functions in Alzheimer's disease (AD) and other dementias in comparison with normal ageing. Secondary analysis of a cross-sectional, representative sample of 2,914 Canadian over 65s was performed, and a measure was calculated as an impairment index, defined as the probability of the occurrences of an impairment or disability in a structured clinical examination. The rate of functional decline varies for different diagnostic groups, and increases with severity of the disease. The distribution for the rate of decline in dementia is distinct from that of ageing without cognitive impairment. In those without cognitive impairment, the distribution is exponential. Thus, the difference in distributions between ageing with and without dementia likely reflects fundamental differences in the processes of decline in functions in the two groups, suggesting that declines seen in those with dementia are distinct from normal ageing. (RH)
Reach out and touch; [and] Finding a way; by Rachel Jefferson, Lisa Cutts, Donna Trickett. 
The first two authors describe how Sense North was contacted by a local social services department (SSD) who were trying put together a package of support for a deafblind woman in her 70s. The article provides an example of how Sense can help to relieve clients’ isolation, loneliness and boredom. Three main skills are focused on: communication, mobility and daily living skills. In the second article, Donna Trickett, Volunteer Co-ordinator at Sense’s Coventry Resource Centre describes some of the things she has learned from working with older people with sensory impairment. (KJ/RH)

Rehabilitation in elderly people with visual impairment; by C I A Jack, J N McGalliard. 
Reviews in Clinical Gerontology, vol 9, no 1, February 1999, pp 77-80.
Visual impairment is common in older people, with some 10% of over 65s having poor vision. Recent prevalence studies of visual impairment, and the main causes of visual loss are briefly reviewed: refractive errors, glaucoma, cataract, vascular disorders, and retinal disease. Also reviewed are suggestions for aids and adaptations in the home environment which enable most people with low vision to remain in their own homes. (RH)

The relationship between psychometric test performance and physical performance in older adults; by Ellen F Binder, Martha Storandt, Stanley J Birge. 
The relationship between cognitive function and physical disability in non-demented older people is not well characterised. The hypothesis was tested that poor performance on tests of cognitive processing speed would be associated with poor physical performance. Participants in this study were 125 men and women aged 75 and over who did not engage in regular exercise and were enrolled in intervention trials of exercise or hormone replacement therapy (HRT). measures obtained included Trail-Making A and B tests, Cancellation Random Figures test, Wechsler Associate Learning and 20-minute Delayed Recall, Verbal Fluency test, a modified Physical Performance Test (PPT), and self-reports about performance of activities of daily living (ADLs), medication use, and hospitalisation in the previous year. A factor analysis of the psychometric test battery demonstrated that two factors - a cognitive speed factor, and a memory factor - accounted for 55% of the variance in cognitive test performance. Hierarchical multiple regression analyses demonstrated that age, number of medications, and the cognitive speed factor were independent predictors of total modified PPT score. (RH)

The relationship between body composition and physical performance in older women; by Mauro Zamboni, Emanuela Turcato, Helena Santana (et al). 
The relationship between age-associated change in body composition and physical disability is still unknown. Skeletal muscle mass declines with age in both sexes; however, since women have less muscle mass per unit of weight than men, these changes may be more debilitating in women. This study evaluated the relationship between body composition and physical performance in 144 women (63 with disability, 81 with no disability) aged 68 to 75 in Verona, Italy. Results showed that women with no reported disability had significant lower body mass index (BMI) and percent body fat. These women also had higher ratio of body cell mass (BCM) and total fat free mass (FFM) than women with physical impairments. After adjusting for BMI, women in the lowest tertile of muscle strength had significantly lower BCM than those in the highest tertile. (AKM)

Research challenges to recruitment and retention in a study of homebound older adults: lessons learned from the Nutritional and Dental Screening Program; by Christine S Ritchie, Christopher S Dennis. 
Practical, not theoretical, reasons are given as to why it is difficult to recruit housebound older people to participate in research studies. Complicated procedures for participants to follow, cross-cultural communication, fear of the medical establishment, convoluted consent forms, making contact on the telephone, finding the participants' homes, and a host of other problems combine to create barriers to running successful studies. The authors hope in identifying these difficulties, that light will also be shed on designing studies to minimise their impact. (RH)

This paper was produced using data collected by the Care Homes Information Network (CHIN). It gives an analysis of residential care home fees in resources on the CHIN database for the following client groups: older people, people with learning disabilities, and people with physical disabilities and people with mental health needs. It concentrates primarily on the situation in London, with general comparisons of some resources throughout the country. The data is compared with relevant studies carried out and uses in particular information provided by Tomorrows Guides Ltd. who produce the "A to Z Care Homes Guide". (RH)(KJ)

From: Greater London Authority, Care Homes Information Network, 81 Black Prince Road, London SE1 7SZ.


The learning disability service in Tayside is provided on an area-wide basis by Dundee Healthcare NHS Trust, centred on Strathmartine Hospital. This inspection report includes consideration of planning and commissioning of services; quality of care and services; community services; and clinical services. It notes examples of good practice within the service and in joint working with social work colleagues and social care providers. It makes recommendations to the Health Board and the Trust concerning issues such as needs assessment; inequality in service provision; and consideration of the needs of particular groups, including people with dementia. (RH)

Price: FOC
From: Scottish Health Advisory Service, Trinity Park House, South Trinity Road, Edinburgh EH5 3SE.


This report covers the hospital and community learning disability services provided across Fife, where a learning disability strategy is at an early stage of development by the Health Board, Trust and social work department. The Lynebank Discharge Programme is due to be completed by 31 March 2000, by which time plans will need to be developed and implemented for the 126 people who remain in hospital. This inspection report details examples of good practice within the service, but several suggestions are made on improving the service, mainly with reference to the hospital closure programme. (RH)

Price: FOC
From: Scottish Health Advisory Service, 8-10 Hillside Crescent, Edinburgh EH7 5EA.

Risk factors for functional status decline in a community-living elder people: a systematic literature review; by Andreas E Stuck, Jutta M Walthert, Thorsten Nikolaus (et al).


To lay the groundwork for devising, improving and implementing strategies to prevent or delay the onset of disability in older people, the authors conducted a systematic literature review of longitudinal studies published between 1985 and 1997 that reported the statistical association between individual base-line risk factors and subsequent functional limitation. MEDLINE, PSYCHINFO, SOCA, EMBASE and consulting experts were used in selecting articles, 78 of which met selection criteria. Risk factors were categorised into 14 domains (coded by two independent abstractors). The strength of evidence was derived for each, the highest being (in alphabetical order): cognitive impairment, depression, disease burden (comorbidity), increased and decreased body mass index (BMI), lower extremity functional limitation, low frequency of social contacts, low level of physical activity, no alcohol use compared to moderate use, poor self-perceived health, smoking, and vision impairment. Some risk factors (e.g. nutrition, physical environment) have been neglected in past research. This review will help in setting priorities for future research. (RH)

ISSN: 02779536

Schizophrenia and the life course: national findings on gender differences in disability and service use; by James Walkup, Sally K Gallagher.


Based on an analysis of data from the 1989 Mental Health Supplement to the National Health Interview Survey, this study compared functional limitations, service utilisation and social integration among younger, middle aged, and older men and women with schizophrenia. Compared to those with manic depression, individuals with schizophrenia were more disabled, and more socially disadvantaged. The findings confirm the generally held
view of schizophrenia as the most disabling mental illness, point to the very high levels of need associated with it, and emphasise the need for general health care. Results from the multivariate analyses showed that disability (both service utilisation and functional limitations) was greater among older and middle aged adults than among their younger counterparts. In contrast, older individuals with schizophrenia appeared to be more connected to potential sources of support. (AKM)

ISSN: 00914150

As electronic services become more widely available, the likelihood increases of needing to use a plastic card to access these services. Older people or people with visual disabilities can find it difficult to select the correct plastic card for use in self-service terminals, particularly when there is no embossing on the card. This study aimed to develop design solutions to the problem of card differentiation. Existing data on the physical design of cards were examined, as were the opinions and views of suppliers and manufacturers of plastic cards. In addition, possible design solutions were tested by a sample of blind, partially sighted and sighted persons. The study calls on card issuers to incorporate embossed symbols on all cards to help differentiate one card from another. (AKM)

ISBN: 1860480195
From: RNIB, 224 Great Portland Street, London W1N 6AA.

Seniors', volunteers', and families' perspectives of an intergenerational program in a rural community; by Janis R Bullock, Sandra S Osborne.
This qualitative study investigated the perspectives of older people, volunteers and families regarding their participation in an intergenerational programme in a US rural community. The Befrienders programme was developed in response to housebound and isolated older people who desired companionship and assistance in their homes. Young adults from the community and the university were recruited to visit, actively interact with, and assist older people on a weekly basis. A summary of data based on interviews and written responses reveals that participants view the programme positively and believe that the intergenerational programme meets important needs. Participants discuss their reasons for becoming involved in the programme, its many benefits, and the importance placed on the intergenerational relationships formed. (RH)
ISSN: 03601277

Sensory loss and communication difficulties in the elderly; by N Erber, S Scherer.
The effects of hearing loss and vision loss on communication in older people are examined in this article. Many older people with hearing and vision loss experience reduced communicative capacity. Medical treatments (eg., cerumen removal, lens replacement) and ‘instant’ therapies (e.g., slowed speech, close proximity) may improve communication in the short term. In serious cases, specialist therapists may need to implement longer-term intervention (e.g., environmental control, perceptual aids, communication training). Recurrent communication breakdown can have devastating consequences for interpersonal relationships and psychosocial well-being. Some older people with severe sensory impairment are able to interact only with skilled communication partners. This condition of age-related communicative dependence on others have major implications for health care and professional education. (AKM)
ISSN: 07264240

Smoking, physical activity, and active life expectancy; by Luigi Ferrucci, Grant Izmirlian, Suzanne Leveille (et al).
Population-based samples of people aged _65 years from the East Boston, Massachusetts, New Haven Connecticut, and Iowa sites of the Established Populations for Epidemiologic Studies of the Elderly (EPESE) were assessed between 1981 and 1983, and followed for mortality and disability over six annual follow-ups. A total of 8,604 people without disability at baseline were classified as "ever" or "never" smokers and doing "low", "moderate" or "high" level physical activity. Active and disabled lifestyle expectancies were estimated using a Markov chain model. Compared with smokers, men and women non-smokers survived 1.6-3.9 and 1.6-3.6 years longer, respectively, depending on level of physical activity. When smokers were disabled and close to death, most non-smokers were still non-disabled. Physical activity, from low to moderate to high, was significantly associated with more years of life expectancy in both smokers (9.5, 10.5, 12.9 years in men and 11.1, 12.6, 15.3 in women at age 65). and non-smokers (11, 14.4, 16.2 in men and 12.7, 16.2, 18.4 in women at
Higher physical activity was associated with fewer years of disability prior to death; and refraining from smoking predicts a longer and healthier life. (RH)


This publication brings together statistics on social services and related subjects, the main source for which is Department of Health (DoH) information based on local authority returns and other data for year ending March 1997. The chapter of particular interest on older people covers population, disability and illness, receipt of Attendance Allowance; residential and nursing care; home care; day centres and meals services. The corresponding appendices, as statistical tables, include home care charging policies of London boroughs between 1997-99. This publication is the second edition in what is intended to be an annual series. (KJ)

ISBN: 185261294X

Social networks and disability transitions across eight intervals of yearly data in the New Haven EPESE; by Carlos F Mendes de Leon, Thomas A Glass, Laurel A Beckett (et al).


There is considerable evidence that social networks are strongly related to survival and other health outcomes. This US study examines this relationship with respect to the risk of developing disability and recovering from disability. Data come from the New Haven site of the Established Populations for the Epidemiologic Studies of the Elderly (EPESE). People aged 65+ were interviewed annually between 1982 and 1991. Disability was measured by a 6-item index of activities of daily living (ADL) and a 3-item Rosow-Breslau index, with disability defined as impairment in one or more tasks on each measure. Total social networks was associated with a significantly reduced risk of developing ADL disability, and a significantly increased likelihood of ADL recovery. Emotional and instrumental support did not affect the protective effect of social networks against disability, but partially accounted for their effect on enhanced recovery. Network variables related to relatives and friends were significantly associated with disability and recovery risks, but those related to children or a confidant were not. The findings lend further support for the role of social relationships in important health outcomes in old age. (RH)

ISSN: 10795014


The ideas in this publication are relevant to specialist services for deaf, deafened, and hard of hearing people, as well as services to adults and older people, a large number of whom have hearing loss. "Stepping away from the edge" follows on from the the findings of the Social Services Inspectorate (SSI) 1997 report, "A service on the edge”. Following the inspection, representatives of local authorities and voluntary organisations worked with the SSI on this publication. It provides: a summary of information about the range of access requirements that deaf, deafened and hard of hearing people may have; ideas about improving services to people who are deaf, deafened and hard of hearing; and suggestions to aid planning and commissioning. (RH)

Price: FOC

Subjective health and mortality in French elderly women and men; by Catherine Helmer, Pascale Barberger-Gateau, Luc Letenneur (et al).


Subjective health can be defined as the individual's perception and evaluation of his or her overall health. It is a particularly useful indicator when considering older people, given the relevance of quality of life. The present study's objective is to examine the effects of subjective health on mortality according to sex in a French, community-based, elderly sample, and to explain the differences between men and women by way of depression, cognition, and disability. The PAQUID (Personnes Agées QUID) cohort is a representative sample of 3,660 non-demented older community residents aged 65 and over living in Gironde and Dordogne départements. The relationship between subjective health and 5-year mortality was studied using the Cox model with delayed entry. In men, subjective health was a predictor of mortality, independent of sociodemographic characteristics, physical health status, depression, cognitive function, and disability, particularly in the middle range of subjective health. In women, the relationship between subjective health and mortality was explained by
physical health status and disability. To understand these sex differences, the pathways from healthy life to dependency and death should be explored further. (RH)

ISSN: 10795014


Older and disabled people make up a very significant portion of the telecommunications market who have increasing disposable income. This publication provides examples of features of telephones, public access terminals, interactive television and smart housing which would be beneficial to older and disabled people. (RH)

ISBN: 1860480225

From: RNIB Scientific Research Unit, 224 Great Portland Street, London W1W 5AA.


Telematics applications are concerned with assistive technology, defined as "technology which can help compensate for functional limitation, facilitate independent living, and which can enable disabled and older people to realise their full potential”. This is a synopsis of 53 projects funded under the European Union's Fourth Framework Programme's Telematics Application Programme for the integration of the disabled and older people. Telematics applications for the integration of disabled and older people was preceded by pilot and bridge phases of TIDE (Technology Initiative for Disabled and Elderly People), on which an overview is provided. An alphabetical listing of the projects giving detailed information is preceded by a summary table which groups projects under the following themes: access to technologies and related services; life at home and remote care; mobility and transport; control and manipulation; restoration and enhancement of functions; and market issues and quality of life. (RH)

ISBN: 9282846288

From: European Commission, Telematics Programme, Disabled and Elderly Unit, DG XIII/C5, Rue de la Loi 200, B-1049 Bruxelles, Belgium.

Trends in old age morbidity and disability in Britain; by Claire Jarvis, Anthea Tinker.

Ageing and Society, vol 19, part 5, September 1999, pp 603-628.

Using data from the General Household Survey (GHS), trends in limiting chronic illness and functional disability in Britain from 1979 to 1994 are examined. The aim is to determine whether trends are developing in the same way among older men and women, and within differing older age groups, and implications for the future. The GHS is a continuous survey (with a gap in 1997), based each year on a sample of some 10,000 private households in Great Britain, and interviewing some 18,000 people aged 18 and over. For the past 20 years (except in 1977 and 1978), the GHS contains generally consistent, basic information on general health, chronic illness, and limiting chronic illness. In 1980, 1985, 1991 and 1994/5, special sections for people aged 65 and over asked questions concerning activities of daily living (ADLs) and use and need for social services. From the perspective of the 1990s, the future of health in old age looks encouraging ; but had the research ended in 1987, forecasts would have made grim reading. The research highlights the value of looking at trends over a long time span, but notes the smallness of sample sizes in the GHS for the "oldest old". (RH)

ISSN: 0144686X

Validity of nutritional status as a marker for future disability and depressive symptoms among high-risk older adults; by Chad Boult, U Beate Krinke, Cristina Flood Urdangarin (et al).


The DETERMINE Checklist is a 10-item, weighted questionnaire designed to identify older persons whose nutritional status should be evaluated more completely. This study measured the validity of the DETERMINE Checklist as a marker for future functional disability, depressive symptoms, and mortality among high risk older adults. Participants were 251 community-dwelling older people at high risk for hospital admission who received geriatric evaluation and management (GEM). Participants with baseline Checklist scores of four or higher were found to be significantly more likely than those with lower scores to have functional disability or high levels of depressive symptoms a year later. Checklist scores did not predict mortality. The study concluded that the Checklist could be used as a secondary screen to identify older people who, without treatment, are at especially high-risk to have disability or depression a year later. (AKM)

ISSN: 00028614
The value of DALY life: problems with ethics and validity of disability adjusted life years; by Trude Arnesen, Erik Nord.
DALYs (disability adjusted life years) have been launched by the World Bank and the World Health Organization (WHO) as a combined measure of morbidity and mortality. The DALY approach currently in use presupposes that life years of disabled people are worth less than life years of those without disabilities. The method assumes that disabled people are less entitled to scarce health resources for interventions that would extend their lives. These assumptions are in contrast with WHO's basic principles. DALYs' use of disability weightings in the valuation of gained life years should be abandoned. (RH)
ISSN: 09598138

Visual impairments and problems with perception; by Clare Morris.
A range of complex and specific visual impairments and perceptual problems can compound the difficulties faced by a person with dementia, as explained in this third article in a series on communication. These include: diseases of the eye affecting peripheral vision (macular degeneration of the retina, cataracts, glaucoma, and diabetic retinopathy); drug-induced problems; colour blindness; difficulties in recognition (agnosia); and illusions and misperceptions. (RH)
ISSN: 13518372

The last decade has seen major developments benefiting severely disabled people who choose to live in the community rather than in residential care. Most significant have been independent living funds (ILFs) and local authority direct payments. However, there are now growing tensions between raised expectations and ever tightening constraints on the expenditure of funding agencies. This report's research is based on a project carried out between 1997 and 1999, led by the author working with the Disablement Income Group (DIG) and with support of the ILFs. The project aimed to establish what constitutes "high support needs"; to find out how expensive support packages are funded and describe the partnerships operating between funding agencies; and to explore the effect that regulation on budget constraints has on continuing to support high-cost care packages. The report shows that the consequences of the resulting rationing include wide discrepancies between outcomes for people with similar needs, depending on where they live and when their support packages were first set up. It also shows that many high support packages are determined more by professional rules and timetables than user choice, but that these barriers to independence are not insurmountable. (RH)
ISBN: 1861342039
Price: £13.95
From: The Policy Press, University of Bristol, 34 Tyndall's Park Road, Bristol BS8 1PY.

Who walks?: factors associated with walking behaviour in disabled older women with and without self-reported walking difficulty; by Eleanor M Simonsick, Jack M Guralnik, Linda P Fried.
Because walking is central to many basic activities of daily life (ADLs) and a critical component of self-sufficiency, this study examines usual walking amount. It comprises cross-sectional analyses of baseline data from the US Women's Health and Aging Study (WHAS) of 920 moderately to severely disabled, community-dwelling women aged 65 and over in Baltimore, Maryland (MD). Walking behaviour was defined as minutes walked for exercise and total blocks walked per week. Independent variables included self-reported walking difficulty, sociodemographic factors, psychological status (depression, mastery, anxiety and cognition), and health-related factors (falls and fear of falling, fatigue, vision and balance problems, weight, smoking, and use of a stick). Walking at least 8 blocks per week was strongly negatively related to severity of walking difficulty. Independent of difficulty level, older age, black race, fatigue, obesity, and use of a stick were also negatively associated with walking. Living alone and high mastery had a positive association with association with walking. (RH)
ISSN: 00028614
Recent community care legislation means that disabled people must undergo an eligibility test in order to have access to an assessment of their needs. A study by Ann Davis, Kathryn Ellis and Kirstein Rummery explores access to the assessment procedures used by two local authority social services departments (SSDs) - one a metropolitan city council, the other a large county council. Their findings are based on observations of social workers' assessment practice and interviews with disabled people and carers. They found that despite centralised guidelines, different social work teams determined assessment for eligibility differently. Budget considerations had a major bearing on decisions, many of which were taken with minimal contact between social worker and "service user" or carer. Disabled people and carers found their encounters with SSDs confusing, fragmentary, and often irrelevant to their own concerns and priorities. The full report, "Access to assessment: perspectives of practitioners, disabled people and carers" is published by the Policy Press in association with the Joseph Rowntree Foundation (JRF) and Community Care magazine. (RH)
ISSN: 09583084

From: JRF, The Homestead, 40 Water End, York YO30 6WP.

Age, disability and the sense of mastery; by Scott Schieman, Heather A Turner.
Are there age differences in the sense of mastery, independent of physical disability? And do age and disability have joint effects on mastery? The authors propose that both age and disability have independent and synergistic effects on the sense of mastery or control. They analyse data from a large community sample of disabled people and a non-disabled comparison group. The study finds that, indeed, disabled and older respondents report lower levels of mastery. Moreover, the influence of disability on mastery is conditioned by age, and that the interaction differs across age groups. The findings also suggest that disabled people are disadvantaged in the status variables traditionally associated with greater control. (OFFPRINT.) (RH)
ISSN: 00221465

Aging with an intellectual disability: a review of Canadian literature; by Penny Salvatori, Mary Tremblay, Judith Sandys (et al).
The movement away from institutional care to community living, along with improved nutrition and health care, has led to an increased life span for individuals with intellectual disabilities (learning disabilities). In Canada, those who were born before 1945 represent the first significant group to grow old. Despite the increasing numbers of these individuals, relatively little is known about them, their life experiences, or their needs. They remain a largely invisible, undervalued, and often overlooked population, and are seldom the focus of new policy or programme initiatives. This review of Canadian literature reports on issues related to the prevalence, life expectancy, and early ageing of individuals with learning disabilities, describes the impact of changes in social policy on their life experiences, outlines the needs and expectations of older adults and their families, and finally, suggests future directions for policy development and research in Canada. (AKM)
ISSN: 07149808

Antecedents of frailty over three decades in an older cohort; by William J Strawbridge, Sarah J Shema, Jennifer L Balfour (et al).
Studies of disability in older age have focused on gross measures of physical functioning. More useful results for prevention might be gleaned from examining risk factors associated with frailty, a concept implying a broader range of more subtle problems in multiple domains. This study conceptualised frailty as involving problems or difficulties in two or more functional domains (physical, nutritive, cognitive, and sensory) and analysed prospective predictors. Subjects were 574 respondents from the Alameda County Study, a longitudinal study of health and mortality. Of the respondents, 25% scored as frail; there were no gender differences. Frail persons reported reduced activities, poorer mental health, and lower life satisfaction. Cumulative predictors over the previous three decades included heavy drinking, smoking, physical inactivity, depression, social isolation, fair or poor perceived health, prevalence of chronic symptoms, and prevalence of chronic conditions. The study concluded that by modifying these risk factors, it may be possibly to postpone the onset of frailty or ameliorate its further development.
Are expectations for care related to the receipt of care? an analysis of parent care among disabled elders; by M Kristen Peek, Raymond T Coward, Chuck W Peek (et al).
The relationship between the degree to which older parents expect assistance from their adult children and the actual amount of care they receive was investigated in this study. Combining the theories of reasoned action and intergenerational solidarity, the study hypothesised that global expectations (social norms about receiving care) influence specific expectations (behavioural intentions to seek care), but that it is specific expectations that influence the amount of care received from children. Data were collected at three points over a 12-month period among a sample of 334 impaired older parents who lived independently in Florida, US. Using structural equation models, the results were consistent with the hypothesis. The authors concluded that the theory of reasoned action is a useful adjunct to the theory of intergenerational solidarity by proposing that parents adjust their global expectations to reflect the specific realities of the lives of their children. (AKM)

Are rates of ageing determined in utero?; by Avan Aihie Sayer, Cyrus Cooper, Jennifer R Evans (et al).
Epidemiological studies have shown that poor early growth is associated with cardiovascular and other degenerative diseases; undernutrition restricts early growth and permanently changes the body's structure and physiology. Whilst animal studies give many examples of nutritional programming and demonstrate the effects of undernutrition in utero, such effects have not been studied in man. To determine if poor early growth was associated with increased markers of ageing in later life, the authors traced 1428 men and women born in Hertfordshire between 1920 and 1930, for whom records of early weight were available. 824 (58%) were interviewed at home, of whom 717 (50%) attended clinic for eye examination, audiometry, grip strength measurement, skin thickness ultrasound and anthropometry. Lower weight at 1 year was associated with increased lens opacity score, higher hearing threshold, reduced grip strength and thinner skin. Visual acuity, macular degeneration and intraocular pressure were not related to early growth. Thus, the association between poor early growth and increased markers of ageing suggests that ageing may be programmed by events in early life. A potential mechanism is the impaired development of repair systems. (RH)

Area agency on aging outreach and assistance for households with older carers of an adult with a developmental disability; by Matthew Janicki, Philip McCallion, Lawrence T Force (et al).
A demonstration project was undertaken in New York state, to assess how area agencies on ageing (AAAs) would approach outreach and direct aid to families caring for someone with a developmental disability. It was found that AAAs organised their outreach and direct-aid efforts using three main approaches: direct operation, contract operations, and multi-organisational. They generally organised staff time so that about two days a week of effort was devoted to undertaking outreach activities, conducting community education, and providing casework and referrals for target families. Four main distinctions were identified that differentiated work with older carers of those with a developmental disability from that with other kinds of carers: complexity of problems presented by households identified; vagaries of financial resources; diverse household composition; and planning for eventualities. It was concluded that targeting AAAs for outreach and providing help to these carers was effective and productive, and should be replicated throughout the US. (RH)

Assessing the likely effectiveness of screening older people for impaired vision in primary care; by Liam Smeeth.
Screening for visual impairment is frequently included in multiphasic screening assessments for older people, although evidence for the effectiveness of screening from randomised trials is lacking. This paper uses previously developed criteria for assessing the likely effectiveness of community screening programmes to review the non-trial evidence around visual screening. Unreported or undiagnosed visual impairment is common among older people and is associated with considerable morbidity. Testing for visual acuity is easy and quick, but may not accurately reflect the level of functional disability caused by the visual problem in everyday living. Effective therapeutic interventions exist for most symptomatic patients, but the effects of treating unreported visual impairments detected by screening have not been evaluated. Existing barriers to effective treatment of
such problems for older people include financial costs to the patient, and an inability of ophthalmic services to meet demand. These same factors may be barriers to the uptake of treatment following screening. Further work is needed to assess the needs of older people with unreported visual problems, and to clarify barriers to effective screening. (RH)

The demand for health care and social welfare services for older people has increased in Japan, and there is a need for services to assist older people to attain the best possible quality of life. This article directs attention to bed-ridden older persons from the standpoint of social problems and attending economic developments and population changes based on data from Japan, the United States (US), Sweden, and OECD countries. Compared to the US, there are more bed-ridden older people in Japan, and inadequate public resources for caring. Physicians, nurses, care workers and rehabilitation specialists per 1000 aged sixty-five years or over are 89.5 in Japan while 273.4 in Sweden. Japan has the fewest such health and welfare personnel among developed countries. Even with increases in such personnel through the New Gold Plan, future increases in the older population would off-set the effect and the problem of providing care for the older population remains. (AKM) ISSN: 00914150

Most disability measurement instruments use rudimentary scoring systems. In this study, health care experts, disabled older people, their home carers, and fit older people were asked to weight 18 personal and social activities of daily living (ADLs) with regard to the importance of being able to perform them. All groups agreed on the order of importance, but experts gave greater weight to ADLs. Using a technique of magnitude estimation, the authors have produced a ratio scale for disability reflecting the opinions of the four groups. Use of this scale would allow more valid comparison between individuals and groups and across time for case-mix and outcomes evaluation in health care for older people. (RH) ISSN: 00020729

Genetics and bioethics are issues at the forefront of media interest. Disabled people are directly affected, yet they have been excluded from the current debate and are mainly unaware of the issues. This seminar aimed to change this situation, to give disabled people a voice, and improve their knowledge on concerns such as quality of life issues affecting medical decisions, in particular on genetic testing. (RH) Price: FOC From: Disabled Peoples' International Europe, 11 Belgrave Road, London SW1V 1RB. tel: 0171 834 0477.

Cognitive decline has been found to be associated with disability in older people, however, the relationship is not well understood. The aim of this study was to examine differences among black and white women in the relationship between physical functioning difficulties and variations in cognitive status, measured within the low to high normal range of the Mini-Mental State Examination (MMSE). A total of 3,585 women from the US Women's Health and Aging Study (WHAS), with MMSE scores of 18 and above from a population-based random sample of community-dwelling women aged 65 years and over living in East Baltimore, Maryland, participated. Findings showed that prevalence of any functional difficulty was 43.3% in white women and 48.5% in black women, who were 25% of the study sample. After adjusting for age and education, a significant trend for increasing functional difficulty with decreasing MMSE scores was found in white women but not black women. Since no explanation for these differences could be identified, the findings suggest that MMSE may not be a valid predictor of functional difficulty in black women who score 18 and above on the instrument. (AKM) ISSN: 10795014
Carers of people aged over 50 with physical impairment, memory loss and dementia: a comparative study; by Hilary Schofield, Barbara Murphy, Helen E Herrman (et al).
While studies investigating factors associated with carer burden suggest that intellectual impairment and behavioural disturbance in the care recipient are more demanding for the carer than physical impairment, comparative research findings are equivocal. Family carers of people with a long-term illness or disability were identified through a survey of 26,000 households in Victoria, Australia. Three sub-samples were selected: 186 carers of relatives with physical impairment only, 182 carers of those with diagnosed memory loss, and 117 carers of those with diagnosed dementia. Carers of physically impaired relatives reported better health, greater life satisfaction, and less overload, negative affect, family conflict, anger and resentment than carers of those with intellectual impairment, whether labelled as dementia or not. Despite lower impairment levels in the care recipient, carers of those with undiagnosed memory loss reported more resentment about their caring role than carers of those with a diagnosed dementia. Some interventions suitable for carers experiencing caregiving as a burden are outlined. (AKM)
ISSN: 0144686X

Cause of death and active life expectancy in the older population of the United States; by Mark D Hayward, Eileen M Crimmins, Yasuhiko Saito.
Research shows that active life expectancy is determined by the onset of disability, the recovery from disability, and differential mortality across levels of disability. The aim of this US study was to develop a better understanding of the role of mortality in determining active life expectancy by elaborating the mortality process to include the major causes of death. Based on data from the Longitudinal Study of Aging, a multi-state life-table model of individuals' age-graded mortality and disability experiences revealed that many, and sometimes most, of the deaths occurring among the older population happen when people are active relatively close to death. This pattern was especially evident for men. Despite differences between active and inactive older people of a given age in the length of inactive life, few differences occurred in the causes of death. Simulations showed that many of the gains in life expectancy, via the reduction in major diseases were felt in terms of increased active life, in particular among the young-old and men. These results point to possible mechanisms in which improvements in mortality extend active life. (AKM)
ISSN: 08982643

Changes in self-rated health, disability and contact with services in a very elderly cohort: a 6-year follow-up study; by Tom R Dening, Lin-Yang Chi, Carol Brayne (et al).
This paper reports data from a community study in Cambridge of people aged 75 and over, followed up over a period of 6 years, and in particular examining self-rated health, reported physical and depressive symptoms, and the receipt of community services. Initially 2609 people were recruited, 1173 were re-examined at 2.4 years and 628 after 6 years, allowing analysis of both ageing and cohort effects. Although reported physical symptoms increased with increasing age, global self-reported health improved with age. Poor self-rated health and increased physical symptoms were associated with increased receipt of community services, but there was a time lag between higher depression scores and increased services. Cohort effects were observed with service receipt, which may reflect changes in public service policy. (RH)
ISSN: 00020729

The classification and measurement of disablement, with emphasis on depression, and its applications for clinical gerontology; by M Prince.
The concept of disablement is described, with particular reference to the World Health Organization (WHO) International Classification of Impairments, Disabilities and Handicaps (ICIDH) and its forthcoming revision. Applications for a disablement classification and the approaches applied to its measurement are reviewed. The relevance of disablement to psychiatric research and clinical practice is also considered. Data are presented from the last two phases of the Gospel Oak Survey, illustrating the value of simple measures of disablement in a community epidemiological study of the aetiology of late-life depression. (RH)
ISSN: 09592598
Cohort differences in disability and disease presence; by Sandra L. Reynolds, Eileen M Crimmins, Yasuhiko Saito.
Using the US National Health Interview Surveys conducted from 1982 to 1993, this article examines cohort patterns in disability and disease presence for adults born between 1915 and 1959, at ages ranging from 30 to 69 years. In general, disability decreases for cohorts born between 1916 and the early 1940s (for men) or the early 1950s (for women), but begins to increase for cohorts born after those dates. Later-born cohorts have significantly lower levels of some diseases, most importantly cardiovascular diseases, arthritis and emphysema. However, some disease and conditions are more prevalent in later-born cohorts: asthma, musculo-skeletal disorders, and orthopaedic impairments. The results presented here indicate that adults born in the late 1940s and 1950s will be in better cardiovascular health, but may be in worse musculo-skeletal condition when they enter old age, compared with current cohorts of older people. (RH)

Combining activities of daily living with instrumental activities of daily living to measure functional disability; by William D Spector, John A Fleishman.
Measures of functional disability typically contain items that reflect limitations in performing activities of daily living (ADLs) or instrumental activities of daily living (IADLs). Combining IADL and ADL items together in the same scale would provide enhanced range and sensitivity of measurement. Drawing on data from the 1989 National Long-Term Care Survey, United States (US), this article presents psychometric justification for a combined ADL/IADL scale.
ISSN: 10795014

A comparison of the Barthel index and Nottingham extended activities of daily living scale in the assessment of disability in chronic airflow limitation in old age; by A M Yohannes, J Roomi, K Waters (et al).
There is no disease-specific instrument for measuring activities of daily living (ADLs) in older patients with chronic airflow limitation (CAL). This study assessed sensitivity, specificity and positive and negative predictive values of two ADL scales: the Barthel index and the Nottingham extended ADL scale in older people with and without CAL. The Breathing Problems Questionnaire was used as a measure of quality of life. Results showed that the Barthel index underestimates disability in CAL in older age. The Nottingham extended ADL discriminates better between healthy older people and those with CAL. (AKM)
ISSN: 00020729

Constant hierarchic patterns of physical functioning across seven populations in five countries; by Luigi Ferrucci, Jack M Guralnik, Francesca Cecchi (et al).
Chronic diseases and physical impairments are major causes of disability in older age. This research aimed to identify the critical steps in the decline in physical function that often parallels ageing. Six basic and nine instrumental activities of daily living (ADLs) were classified into four domains of disability characterised by specific underlying physical impairment. The hierarchical order of this classification was verified in two random samples of older people living in their own homes, taken from the Lugo Study and the Dicomano Study in Italy. The concordance level of disability and results of performance-based measures of physical function were also tested. Finally, the cross-cultural reliability of the model was verified in seven population-based samples of older people living in five European countries (Italy, Finland, Germany, Ukraine, and the Republic of Serbia) taken from the European Longitudinal Study on Aging (ELSA). Findings revealed that in older people the disabling process follows a general pattern of progression based on a typical sequence of impairments. (AKM)
ISSN: 00169013

Deaf people from minority ethnic groups: initiatives and services; by Joseph Rowntree Foundation - JRF.: JRF, August 1998, 4 pp.
Research by Waqar Ahmad, Aliya Darr, Lesley Jones and Gohar Nisar notes a number of developments involving deaf people or their families across the UK. The statutory and voluntary sectors are beginning to respond to the needs of deaf people from minority ethnic groups, with education, training and social support being organised through informal networks. However, many barriers to social inclusion and appropriate services remain to be tackled, as approaches to provision tend to reflect an emphasis on short-termism and ‘special needs’. Focus has also tended to be on Asian and Afro-Caribbean deaf people and their families. Hard-of-hearing, deafened, and deaf-blind people are poorly served, as are deaf people from other groups. Despite some
developments, little is changing in mainstream provision, and developments are not based on a coherent strategy. The full report, 'Deafness and ethnicity: services, policy and politics' is published by Policy Press on behalf of the Joseph Rowntree Foundation (JRF). (RH)

ISSN: 09583084

From: Joseph Rowntree Foundation, The Homestead, 40 Water End, York Y03 6LP.

Depression in elderly outpatients with disabling chronic obstructive pulmonary disease; by Abebw M Yohannes, Jamal Roomi, Robert C Baldwin (et al).


Depression is common in both young adults and older people with chronic obstructive pulmonary disease (COPD). The authors compared the prevalence of depressive symptomatology in older outpatients with stable disabling COPD with that in healthy controls and age-matched patients with other disabilities, and also assessed the relation between degree of disability, quality of life and depressive symptoms. Subjects were 96 older people with COPD, 55 normal controls, and 53 disabled controls. 44 subjects with COPD (46%), 6 normal controls (11%) and 14 disabled controls (26%) scored in the "caseness" range for depressive ideation on the Brief Assessment Schedule Depression Cards (BASDEC) screening questionnaire. A multiple regression analysis was performed for the COPD group to identify factors predictive of BASDEC score. Predictive variables were total quality of life score, Chronic Respiratory Questionnaire, and level of activities of daily living (Nottingham ADL scale). Spirometry results and exercise tolerance (6 min walk distance) did not help predict BASDEC score. Depressive symptoms are common in older patients with COPD, but prevalence and/or severity of depressive symptoms may be greater in those who are most disabled. (RH)

ISSN: 00020729

The description of activities of daily living in five centres in England and Wales; by Magnus A McGee, Anthony L Johnson, David W K Kay, Cognitive Function and Ageing Study, Medical Research Council - MRC.


The Medical Research Council Cognitive Function and Ageing Study (MRC CFAS) is a longitudinal study of health and well-being of the ageing UK population in Cambridgeshire, Newcastle, Nottingham, Oxford, Gwynedd and Liverpool. 13,009 participants aged 65 and over (with equal numbers in the 65-74, and over 75 age groups) were interviewed between 1991 and 1994. Each participant was asked about socio-demographic variables, cognitive function, physical health, medication, and activities of daily living (ADLs, based on nine items from the self-reported Townsend disability scale). The scale showed good reliability and validity. A high frequency of disability was found among the oldest old; and the frequency of disability increases with age and with certain socio-demographic variables: living away from home; poorer eyesight and speech; lower social class; and lack of education. Projections of the number (and percentage) of severely disabled over-65s in the UK in 2011 and 2051 are 1.4 million (2.2%) and 2.3 million (3.9%) respectively. (RH)

ISSN: 00020729


In: Dementia in focus: research, care and policy into the 21st century; Centre for Policy on Ageing, Research into Ageing, 1998, pp 76-86 (CPA reports, 24).

Technology could do much to help us support older people in the community, such as work by Edinvar Housing Association in Edinburgh to make housing more comfortable and safer places to live. Examples are given of less confusing, more visible design being used in special purposes technology, which enable people with special needs to live 'barrier free', independent lives. Use of technology also has the potential to help meet community care objectives, such as: reducing the handicapping effect of the built environment; reducing anxiety and safeguarding people from hazards and risks; compensating for physical and sensory impairments; assisting in maintaining a range of community contacts; monitoring people's health and welfare; providing communication with formal and informal carers; and assisting formal and informal carers to provide support and care. Technology could become the most important contribution to independent living at home for older people with disabilities in the next decade. (RH)

ISBN: 1901097307
Price: £10.00

From: Central Books, 50 Freshwater Road, Chadwell Heath, Dagenham, RM8 1RX.

Diagnosis and management of impaired hearing; by T A Roper, Nick Setchfield.


Hearing impairment is very common, especially with increasing age. The authors explain how to assess hearing loss - using the Rinne test, or Weber's test - with a view to appropriate referral. (RH)

This publication is the result of a follow-up project to the ‘Charter for disabled people using hospitals’ published by the Royal College of Physicians and the Prince of Wales’ Advisory Group on Disability (now the Disability Partnership) in 1992. It is based on work done on testing the Charter in selected hospitals on revising and reinforcing its recommendations, and preparing detailed guidelines for their implementation. The Charter itself is presented on a single page, setting out standards to which disabled hospital users have a right or that they might reasonably expect. The Guidelines are for all hospital trusts and ambulance services; and attention is drawn to the Disability Discrimination Act 1995. The Guidelines discuss: disability equality; distinctions between personal, corporate and medical responsibility; recognising disabled people's needs; improving communication; the hospital's physical environment; spreading and improving disability awareness; and general principles regarding costs and priorities. (RH)

ISBN: 1860160867

From: Royal College of Physicians of London, 11 St Andrews Place, London NW1 4LE.

Disorders of hearing and balance; by Linda M Luxon.
Reviews in Clinical Gerontology, vol 8, no 1, February 1998, pp 31-44.

A working knowledge of disorders of both hearing and balance is useful in the practice of geriatric medicine, given that some 40% of people in the UK in their 60s - rising to 60% in their 70s - have significant hearing impairment. This article outlines the anatomy and pathophysiology, investigation, and management of hearing impairment. It also explains tinnitus, vertigo, and falls. (RH)

ISSN: 09592598


DLF Hamilton Index is the Disability Equipment Directory. The index is divided into 23 individual sections and is published in 4 parts. Each part is made up of 5 or 6 of these sections contained within the DLF ring binder. One part of the Index is updated every 4 months, thus giving the whole Index a 16 month update cycle. Each set of updated sections is accompanied by the DLF Newsletter. Part 3 covers household and environmental fittings; telephones, alarms and intercoms; personal toilet; personal care; children's equipment (mobility and support); clothing.

Price: yearly subscription

From: DLF, 380-384 Harrow Road, London W9 2HU.

Do older drivers with visual and cognitive impairment drive less?; by Jane C Stutts.

Drivers aged 65 and over who were applying for renewal of driving licences in North Carolina were administered a battery of brief tests of cognitive and visual function, and measures of high and low contrast visual acuity, contrast sensitivity, and peripheral vision. Participants were also asked to complete a brief survey containing questions about the number of miles they drove, and whether they avoided driving under certain conditions such as after dark. Results of multivariate logistic regression models show a clear pattern of reduced driving exposure - lower annual miles and greater avoidance of high-risk driving situations - associated with lower levels of cognitive and visual function. In general, the prevalence odds of reduced driving exposure were higher for cognitive function variables than for visual function variables, and higher for males than females. While findings of this study are reassuring, they do not guarantee that all drivers with cognitive and visual impairments are limiting their driving exposure appropriately. Geriatricians and other health professionals should be encouraged to evaluate their patients' fitness to drive, and to give advice accordingly. (RH)

ISSN: 00028614

The dynamics of dimensions of age-related disability 1982 to 1994 in the US elderly population; by Kenneth G Manton, Eric Stallard, Larry S Corder.

Declines in chronic disability were observed in the US National Long Term Care Survey (NLTCS) 1982 to 1994. The authors analysed the 1982, 1984, 1989, and 1994 NLTCS to identify the dimensions of chronic disability from multivariate analyses of a wide range of measures of the ability or inability to perform specific activities. Changes over time in the prevalence of individual disability dimensions can be tracked to evaluate the rate of age-related losses of specific functions. Seven dimensions described changes in the age dependence of 27
activities of daily living (ADLs), instrumental ADLs (IADLs), and physical performance measures in community and institutional resident older people over the 12 year period. Adjusted for age, the healthiest dimension with the best physical function experienced the largest increase in prevalence (3.3%), implying a decline in age-related disability. Disability declines were correlated with reductions in conditions such as dementia and circulatory disease over the study period. (RH)

ISSN: 10795006

Education and the risk of physical disability and mortality among men and women aged 65 to 84: the Italian Longitudinal Study on Aging; by Luigi Amaducci, Stefania Maggi, Jean Langlois (et al).

Most studies report that people with higher education enjoy better health and longer life. Although it is well known that most risk factors are more common among people with a lower level of education, the underlying mechanism of this association is not fully understood. The objective of this study was to assess the association between education, disability and mortality. Data from the Italian Longitudinal Study on Ageing (ILSA) for 1817 men and 1643 women aged 65-84 years was analysed, to assess the association of educational level with physical disability and mortality adjusted for age, sex, smoking habit, occupation, and major chronic conditions. A strong association between low education and disability found in this study may explain the inverse association with mortality reported in previous studies. Death rates were lower among those with 4 or more years of education, compared to those with less. Disability, indeed, seems to be the mediator between education and mortality, and might be due to the higher severity level of diseases, leading to death, in the lower educated group. (RH)

ISSN: 10795006


This report presents findings of a project that aimed to understand the present state of knowledge of the clinical effectiveness of rehabilitation using the evidence of systematic reviews - that is, identifying and synthesising the results of research studies, particularly controlled clinical trials. The particular focus in this report is on rehabilitation of adults - and emphasising older people's needs - who have been disabled following injury or illness. Findings are presented on methodology, quality and coverage, and what the systematic reviews show. Whilst much is known about the positive effects of rehabilitation, and there is already a large research base, it is fundamentally inadequate. Future research should: consider the application of rehabilitation in other clinical areas; include outcomes such as quality of life and psychological well-being as well as functional level and mortality; and accept only more rigorous study designs which involve both randomisation of treatment and the presence of a control group. Appendices include an evidence table for the reviews cited: characteristics, a description of the intervention, outcomes used, and findings. (RH)

ISBN: 1857171845
From: Grantham Book Services Ltd., Isaac Newton Way, Alma Park Industrial Estate, Grantham, Lincolnshire NG31 9SD.

Effectiveness of screening older people for impaired vision in community setting: systematic review of evidence from randomised controlled trials; by Liam Smeeth, Steve Iliffe.

Concern about undetected visual problems in older people increased when sight fees were introduced in 1990. Since then, general practitioners (GPs) have been required to offer an annual screening assessment to all patients aged 75 and over, including vision. A systematic search of Medline for randomised controlled trials evaluating screening for older people found 2,264 citations; 147 articles were reviewed in detail. There were no trials that primarily assessed for visual screening. Outcome data were available for 3,494 people in five trials of multiphasic assessment; all used self-reported measures for vision impairment, both as screening tools and outcome measurements. The inclusion of a visual screening component in the assessments did not result in improvements in self-reported visual problems. Evidence for effectiveness of visual screening is lacking, but a small beneficial effect (for a reduction of 11% in numbers of those with visual impairment) cannot be excluded. The continued inclusion of screening for impaired vision in screening programmes for older people is not supported by the evidence. Further work is needed to clarify appropriate interventions for older people with unreported visual impairment. (RH)

ISSN: 09598138

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The effects of music on healing; by Mary Ann Steckler. 
Music therapy is being used in many different settings for its healing effects. The author discusses recent research which supports the use of music as a healing art or science, and the ways in which it can be used to help frail, housebound older people. (RH) 
ISSN: 10724281

Eligibility criteria for cash assistance for older and disabled people in Hungary: a model for countries in passage from a planned to a market economy; by Ruth Landau, David Guttmann, Katalin Talyigas. 
The political and economic changes taking place in Central and Eastern European countries are being accompanied by profound social changes for which, in terms of personal well-being, older and disabled people pay the highest price. Having lost the security of a minimum standard of living, many are exposed to poverty in its broadest sense. The collapse of governmental arrangements to provide the minimum needs of this population has led to the establishment of non-governmental voluntary social agencies. Unfortunately, these are characterised by limited resources on the one hand, and lack of trained and skilled social work staff on the other. Based on the experience of the Hungarian Jewish Social Support Foundation, a non-governmental social agency, a model for eligibility criteria for cash assistance under these circumstances, taking vulnerability as a key concept, is suggested for the benefit and dignity of those most in need. (RH) 
ISSN: 00453102

Emotional vitality is defined as having a high sense of personal mastery, being happy, and having low depressive symptomatology and anxiety. This study uses data from the Women's Health and Aging Study (WHAS), a US study of the causes and course of disability among moderately to severely disabled, cognitively intact older women living in the community. Despite their physical disabilities, 35% of the 1002 disabled women in this study were emotionally vital. The percentage of emotionally vital women declined with increasing severity of disability. After adjustment for disability status, a significantly increased likelihood for being emotionally vital was found for: black race; having higher income; better cognition; no vision problems; adequate emotional support; and many face-to-face contacts. Having more than one negative life event reduced the likelihood of emotional vitality. A substantial proportion of even the most disabled women could be described as emotionally vital. Findings also suggest that emotional vitality is not solely a function of stable, enduring individual characteristics, but that health status, disability and sociodemographic context also have an influence on emotional vitality. (RH) 
ISSN: 00028614

Examination of the causes and mechanisms of the increase in disability-free life expectancy; by Jean-Marie Robine, Pierre Mormiche, Catherine Sermet. 
From 1981 to 1991, life expectancy at birth in France increased by 2.5 years. Health survey data show that during this 10-year period, disability-free life expectancy increased significantly by 3.0 years in males and 2.6 years in females. Consequently, the proportion of years lived without disability within life expectancy has increased. These observations show that, contrary to the frequent predictions of "pandemia" of disabilities or expansion of morbidity, the major increase in life expectancy in France over the past 10 years has been accompanied by a compression of morbidity. In this article, the authors explore the causes and mechanisms of this positive development. (AKM) 
ISSN: 08982643

First findings from the disability follow-up to the Family Resources Survey; by Peter Craig, Matthew Greenslade, Analytical Services Division, Department of Social Security - DSS. London: Department of Social Security, 1998, 11 pp (Department of Social Security Research summary no 5). 
Questions in the Family Resource Survey (FRS) on limiting long-standing illness, restrictions on capacity for work, and receipt of disability and incapacity benefits were used to identify a sample who were re-interviewed in greater detail about the type and severity of disability and the extra needs and use of services associated. This paper briefly outlines the methods and coverage of the new survey, sets out some early findings about the take up of extra costs benefits, and the prevalence of disability. Although these findings are provisional, the intention is to encourage discussion with a view to refining and improving the methods. (RH)

One of the most important policy challenges facing society in the next century is how to respond to an ageing population. This report is the outcome of discussions held by the Continuing Care Conference Study Group on the Prevention of Dependency in Later Life, chaired by Elizabeth Mills in 1998. It aimed to identify ways to prevent or reduce the need of older people for long-term care, to identify evidence in support of prevention approaches and to identify whether substantial savings might be made by investment in prevention and research. The report addresses population ageing and future costs of long-term care; current trends and projections of life and health expectancy; chronic disease and prevention; rehabilitation; maintaining quality of life in the home; and the financing of long-term care. A number of recommendations are made, including: the compression of morbidity should be a government policy objective; priority should be given to research and implementation of preventive strategies and rehabilitation; a long-term longitudinal study on older people should be set up; major awareness campaigns about the controllable risk factors in the prevention of morbidity and disability in older age should be established. (AKM)

ISBN: 0953381900

Price: FOC

From: Continuing Care Conference, 12 Little College Street, London SW1P 3SH.

A full cycle audit of pressure sore prevention and management; by Christopher A E Dyer, Alan J Sinclair.


Pressure sores continue to present a serious threat to the health of many people admitted to hospital (including the risk of death), and have significant resource implications. The authors report on an audit carried out in acute general medical and geriatric wards at Selly Oak Hospital, Birmingham, using risk assessment scales such as the Waterlow scale. Pressure sore management should be a multidisciplinary task, of concern to all medical staff, not just nurses. The audit was a useful mechanism for stimulating debate, and has a role as part of an overall strategy in improve risk assessment and management of pressure sores.

ISSN: 13649752

Functional status and nutrient intake from the Council on Aging meal and total daily intake of congregate, adult day care and homebound program participants; by M Sue Hoogenboom, Alice A Spangler, Royda Crose.


The functional status and nutrient intake of 52 congregate (i.e. living in sheltered housing), 30 day care and 31 homebound Council on aging (COA) participants were evaluated by data from three 24-hour dietary recalls, activities of daily living (ADLs), instrumental activities of daily living (IADLs), and demographic variables. Analysis of variance was performed to determine differences in nutrient intake according to selected characteristics. Results indicate that the congregate subjects had fewer functional status limitations. The COA meals provided one third of the recommended dietary allowances (RDA) for most nutrients; however, total daily

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intake was inadequate in several nutrients. Those living with younger relatives and housebound/day care men had the highest total daily intake. The positive benefits of COA meals were supported. However, service providers need to monitor both total day's intake and the COA meals, to ensure that frail older people have a balanced diet and continue to live independently. (RH)
ISSN: 10639366
From: http://www.tandfonline.com

This document presents to ministers the Disability Living Allowance Advisory Board's (DLAAB) ideas concerning the working of Disability Living Allowance (DLA) and Attendance Allowance (AA), with suggestions as to how they might be improved. The Board has misgivings about the structuring and administration of these benefits. It suggests ways of focusing available resources more equitably to those in greatest need. (RH)
Price: FOC
From: The Disability Living Allowance Advisory Board, The Adelphi, 1-11 John Adam Street, London WC2N 6HT.

This booklet is aimed at nurses working with clients with mental ill health and/or learning disabilities, and is to be read in conjunction with other UKCC publications, particularly the Code of professional conduct. It deals with aspects of accountability, consent, inter-disciplinary working, evidence-based practice, advocacy, autonomy, relationships, confidentiality, and risk management. The booklet will be reviewed in April 2000, for which comments on the text and suggestions for other subjects are invited. (RH)
Price: FOC
From: UKCC, 23 Portland Place, London W1N 4JT.

This publication intends to show designers of screen and web telephones how such equipment can be made to be accessible and usable by visually impaired people. Many of the recommendations are also applicable for deafblind people and those with dyslexia. Information is based on the results of the VISTEL project, the aim of which has been to adapt screen phones to make them easily accessible for visually impaired people. (RH)
ISBN: 1860480187
From: RNIB, 224 Great Portland Street, London W1N 6AA.

Hard choices: the use of western vs Chinese traditional medicine by the Chinese homebound elderly, New York City: a community health survey; by Vivian Ka.
The Journal of Long Term Home Health Care : the PRIDE Institute Journal, vol 17, no 2, Spring 1998, pp 2-10. The findings are described of a survey on Chinese housebound older people in the Living-At-Home programme in New York city during the summer of 1997. The scheme provides social services, nursing, and home-based medical care to its patients. The survey was carried out because of the need to be culturally sensitive when providing health care to ethnic groups. A questionnaire to 19 Cantonese-speaking housebound patients aged 64-90 asked about their attitudes to and practices of Western and Chinese traditional forms of medicine. Although the scheme does not allow patients to use medications not prescribed by the hospital's doctor, 84% continued to use traditional treatments, which suggests the need for policy to be re-evaluated. (RH)
ISSN: 10724281

Health expectancy: from a population health indicator to a tool for policy making; by Jan J Barendregt, Luc Bonneux, Paul J Van Der Maas.
Health expectancy indicators combine information on health states with mortality rates into a single indicator. This article presents a methodological framework for a disability-adjusted life expectancy (DALE), an extended and enhanced variety of the common health expectancy indicator. The DALE is based on a causal link running from risk factors through diseases and disability to mortality. This causal link allows the DALE to be used for evaluation of potential interventions and analysis of observed trends. The DALE methodology consists of a
combination of multistate life table with explicitly modelled disease processes and disease-specific disability weights. Two illustrations are presented: the impact on the DALE of trends in cardiovascular disease epidemiology and the benefits of non-smoking. Two problems of the DALE are discussed: estimating "all other causes" disability and the presence of comorbidity. (AKM)

Hearing loss in community-dwelling older persons: national prevalence data and identification using simple questions; by David B Reuben, Kathleen Walsh, Alison A Moore (et al).


Hearing loss is common in older people, yet it is often undetected and untreated. The aim of this US study was to estimate the prevalence of hearing loss among a group of 2,506 community-dwelling older people according to clinical criteria, and to develop a brief self-report screening instrument. Hearing loss was measured by the Ventry and Weinstein (VW) criteria and by the High Frequency Pure-Tone Average (HFPTA) scale. Results showed that hearing loss by VW criteria was present in 14.2% and by HFPTA criteria in 35.1% of those surveyed. The prevalence increased with advancing age and was higher among men and those with less education. A logistic regression model identified six independent factors for hearing loss. The study concluded that hearing loss can be screened accurately by using simple questions to assess sociodemographic and hearing-related characteristics. (AKM)

Hearing loss, control and demographic factors influencing hearing aid use among older adults; by Dean C Garstecki, Susan F Erler.


(HOFFPRINT.)


The setting up of TIDE (technological initiative for the socioeconomic integration of the disabled and elderly) by the Commission of the European Communities in 1991 is examined. The first 21 research projects are described, highlighting their accomplishments, suggesting ways in which improvements might be made, and pointing the way towards future developments and potential research projects. The pilot projects are grouped into five clusters according to the type of application and the types of technology used: general models and tools; manipulation and control; personal communications; safety and daily support; and access to information. (RH)

From: Office for Official Publications of the European Communities, L-2985 Luxembourg.

Home based primary care in the VA setting, with a focus on Birmingham, Alabama; by Christine S Ritchie, David R Thomas.


The Veterans Health Administration (VHA) has been at the forefront of home health care in the US, since first establishing community-based home care in 1972. The Veterans Administration Home-Based Primary Care (VA HBPC) Program in Birmingham, Alabama began in 1975. This article gives information regarding costs of care, education initiatives for staff, patient care, and strengths and limitations of the Program. (RH)

ISSN: 10724281

How it helps to see dementia as a disability; by Mary Marshall.

Journal of Dementia Care, vol 6, no 1, January/February 1998, pp 15-17.

There is great potential for the design of a building to compensate for the disabilities of a person with dementia. This article is taken from the introductory chapter of 'Design for dementia', which the author co-edited with Peter Phippen and Stephen Judd. She outlines internationally agreed principles and features of therapeutic buildings for dementia care.

ISSN: 13518372
Impact of chronic diseases on functional limitations in elderly Chinese aged 70 years and over: a cross-sectional and longitudinal survey; by J Woo, S C Ho, L M Yu, (et al).
Participants were some 2000 people aged 70 and over in Hong Kong recruited from recipients of old-age and disability allowance. Information regarding medical condition and functional assessment of 10 basic activities of daily living (ADLs) using the Barthel Index were obtained by personal interviews and physical assessment of respondents in their place of residence. Longitudinal data consisted of 1,334 subjects with no functional limitation at baseline who were alive after 18 months. Functional status was reassessed. After adjusting for age and sex, disease association with severe functional limitation (Barthel Index <15) were dementia, stroke, Parkinson's disease, and fractures. Those associated with mild to moderate functional limitations (Barthel Index 15-19) were the same, with the addition of asthma and diabetes mellitus. The attributable fraction for severe limitation was highest for stroke, dementia and fractures. Stroke and arthritis were identified as diseases predisposing to mild to moderate functional limitation over an 18-month period among those subjects who were independent initially. (RH)
ISSN: 10795006

Impact of chronic systemic and neurological disorders on disability, depression and life satisfaction; by G Anthony Broe, A F Jorm, Helen Creasey (et al).
The effects of a range of chronic systemic and neurological disorders on three quality of life indicators (disability, depressive symptoms and life satisfaction) were assessed in this study. As part of the Sydney Older Persons Study, a community survey was carried out with 434 non-demented people aged 75 years and over in Sydney, Australia. Findings showed that gait slowing affected all three indicators of life quality. Heart disease and chronic lung disease affected disability and depressive symptoms, but not life satisfaction. These associations were present when the effects of age, sex, education and all other disorders were controlled in multiple regression analyses. However, when disability was also controlled, none of the physical disorders predicted life satisfaction and only heart disease continued to predict depressive symptoms. (AKM)
ISSN: 08856230

The authors tested the hypothesis that the co-occurrence of common impairments (motor and cognitive impairments, vision and hearing loss, depressive symptoms) of later life have exacerbating effects on disability (activities and instrumental activities of daily living: ADLs and IADLs, social and role function, (in)activity). Data were from a community-based sample of 624 people aged 57 and over of the Groningen Longitudinal Ageing Study (GLAS). Motor impairments and depressive symptoms were associated with all disability measures, even when the effects of other impairments, age and gender were controlled. This indicates independent, predominant effects of motor impairments and depressive symptoms. Although several significant first-order interaction effects (indicating exacerbation) of impairments of disability were found, they were not very strong, but vision and hearing losses exacerbate the impact of other impairments on disability. The authors conclude that impairments, particularly motor impairments and depressive symptoms largely act `solo', by main effects on disability. Only a few combinations including vision or hearing loss further exacerbate the effects of other impairments on disability. (RH)
ISSN: 00020729

The impact of physical performance and cognitive status on subsequent ADL disability in low-functioning older adults; by Gertrudis I J M Kempis, Johan Ormel.
Data were obtained from a sample of 416 women and 141 men aged 57 years and participants in the Groningen Longitudinal Ageing Study (GLAS), and living in the community and who reported substantial physical limitation. Physical performance and cognitive status were assessed at baseline in 1993. ADL (activities of daily living) disability was assessed at baseline and in two follow-ups in 1994 and 1995. Data were analysed with correlation analyses and linear multiple regressions. Both physical performance and ADL disability at baseline were highly predictive of subsequent ADL disability. Although cognitive status was slightly related to (subsequent) ADL disability, the authors found no independent contributions of cognitive status to subsequent ADL disability. The study concludes that measures of both physical performance and ADL disability may identify older low-functioning adults, who may benefit from interventions to prevent them from further disablement. (RH)
Interrelationships among disablement concepts; by Alan M Jette, Susan F Assmann, Dan Rooks (et al).
Previous research has established a consistent positive association between skeletal muscle strength and physical functioning, but several important limitations remain to be considered. This study uses cross-sectional data to examine the relationships among physiological impairments, functional limitations, and disability in a moderately disabled sample of 207 older Americans living in the community. As hypothesised, data revealed statistically significant curvilinear relationships of upper and lower extremity strength and balance with mobility in this older sample. Multivariate analyses further clarified the hypothesised causal mechanism among the disablement concepts by demonstrating that most of the association of muscle strength and balance with disability was through the intermediary role of mobility limitations. These findings highlight the value of clinical trials that focus on prevention or treatment of mobility limitations as a means of preventing disability. They also underscore the need for future research that examines the effects of other variables believed to influence disablement in later life. (RH)
ISSN: 10795006

Late-life depression and functional disability: the role of goal-focused group psychotherapy; by Ellen J Klausner, John F Clarkin, Lisa Spielman (et al).
The efficacy of two time-limited group psychotherapies for depression and functional disability in later life was compared in this study. Goal-focused group psychotherapy (GFGP) utilised focused psycho-education and skills training to assist each patient in the achievement of individualised goals. Reminiscence therapy (RT) emphasised individual life review to facilitate discussion. Thirteen subjects aged 55 years and over were randomly assigned to one of the two groups. Most were receiving antidepressant treatment, and all had failed to achieve full remission. Whereas both treatment groups improved in depressed mood and disability, GFGP subjects had a far greater change in depressive symptomatology and also improved in the areas of hope, hopelessness, anxiety, and social functioning. (AKM)
ISSN: 08856230

Learning disabilities in later life; by Roger Numas.
Core nursing skills and knowledge are needed to offer an efficient and effective service to older people with learning disabilities. These must be supplemented by the ability to provide individualised holistic care and a knowledge of the relevant legislation. (RH)
ISSN: 09547762

Longevity and gray hair, baldness, facial wrinkles, and arcus senilis in 13,000 men and women: the Copenhagen City Heart Study; by Peter Schnohr, J_rgen Nyboe, Peter Lange (et al).
The authors have reported previously that men who look older than their contemporaries have a significantly higher risk for myocardial infarction. In the Copenhagen City Heart Study of some 20,000 men and women, that in addition to cardiovascular risk factors, data on other signs of ageing have been recorded: extent of grey hair, baldness, facial wrinkles, and arcus senilis (a line of opacity close to the border of the cornea). During 16 years of follow-up, 1,656 women and 2,283 men had died. Using the Cox regression model, the authors found no correlation between mortality and the extent of greying of the hair, baldness or facial wrinkles in either sex, irrespective of age. A single exception was observed in a small sub-group of men with no grey hair. They had a slightly, but significantly, lower mortality than the rest. The presence of arcus senilis was significantly correlated with a shorter life span in women. For men, the same tendency was found, but the correlation was not statistically significant. (RH)
ISSN: 10795006

The lives and needs of older people with visual impairment were examined in this national survey conducted by the Royal National Institute for the Blind (RNIB) and 13 local societies in the UK. A total of 514 blind and partially sighted people aged 60 years and over were interviewed in 1997. This report focuses on four key areas of concern arising from the survey: unmet care and daily living needs; mobility; isolation; and poverty and
benefits. Findings revealed that many older visually impaired people surveyed did not have their basic care needs met. Many found using public transport difficult or impossible, and few could rely upon the use of private transport. Fifty-four percent of the study participants lived alone, and as many of them were unable to get out on their own, many led isolated and lonely lives. A high proportion of the people surveyed lived in poverty, and more than half were unaware of their exact entitlement to benefits. The report concludes with a number of policy recommendations aimed at local and central government and the voluntary sector. (AKM)

ISBN: 185878154X
Price: £5.00
From: RNIB, 224 Great Portland Street, London W1N 6AA

Hearing loss is one of the most prevalent chronic conditions affecting the health of older people, yet the prevalence of hearing aid use in this population is low. The aim of this study was to measure the prevalence of hearing aid use among 1692 adults, aged 48-92 years, with hearing loss and to identify factors associated with those currently using hearing aids. Results showed that the prevalence of current hearing aid use among those with a hearing loss was 14.6%. The prevalence was 55% in a subset of the most severely affected participants. In univariate analyses, current hearing aid use was associated with age, severity of loss, word recognition scores, self-reported hearing loss, self-perceived hearing handicap, and a history of noise exposure. Factors associated with current hearing aid use in multivariate logistic regression models were age, severity of loss, education, word recognition scores, Hearing Handicap Inventory for the Elderly (screening version) score, and self-report of a hearing loss. The authors concluded that improved screening and intervention programmes to identify older people who would benefit from hearing aids are needed to improve their hearing-related quality of life. (AKM)
ISSN: 00028614

Lower body functioning as a predictor of subsequent disability among older Mexican Americans; by Glenn V Ostr, Kyriakos S Markides, Sandra A Black (et al).
Disability measures among older non-Hispanic white populations have traditionally been associated with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). More recently, performance-based measures have increasingly been used to predict the onset of disability in initially non-disabled older populations. Data from two waves (1993-94 and 1995-96) of the Hispanic Established Populations for the Epidemiologic Studies of the Elderly (EPESE) were used, to assess the degree with which lower mobility performance measures predict future disability in a representative sample of older Mexican Americans from the south-western US. Performances on an 8-foot walk, repeated chair stands, and standing balance among non-disabled subjects at baseline were significantly associated with the onset of ADL and lower body disability 2 years later, controlling for age, gender, and the presence of medical conditions. The results were significant for each performance measure and for a measure combining all three. This study provides further evidence that performance-based measures of lower body function are able to predict future disability, as for this population. (RH)
ISSN: 10795006

Measuring health status in older patients: the SF-36 in practice; by Stuart G Parker, Susan M Peet, Carol Jagger (et al).
Response and completion rates by patients aged 65 and over, of the Medical Outcomes Study short form 36-item (SF-36) health status measure were examined. 37 out of 40 patients (93%) attending their general practitioner's (GP's) surgery and 71 out of 80 hospital outpatients (89%) returned a self-completed questionnaire. In hospital inpatients the response was only 46% (369 out of 802). This was improved by interview administration to 77.4% (164 out of 212). Logistic regression analysis revealed that self-completion, cognitive dysfunction, disability and age were all independently associated with poor overall response rates. Among those patients who returned a completed questionnaire, completion of individual questions sufficient to calculate a valid score was variable (62.5% of inpatients, compared with 93.7% of GP patients). The authors conclude that the self-administered questionnaire is unacceptable for hospital inpatients. Use of an interviewer improves response, but factors which influence health status, such as physical and cognitive dysfunction, have a significant effect on response rates. (RH)
ISSN: 00020729
Meeting housing costs: a guide for people with disabilities; by Grant Carson, Steven Craig, John Dever (comps), HomePoint, Scottish Homes. Edinburgh: HomePoint, Scottish Homes, 1998, 25 pp. This short guide, funded by Scottish Homes, provides an overview of housing-related benefits available to people with disabilities: housing benefit, income support, council tax benefit (also the disability reduction scheme and rebates). It also explains reviews and appeals procedures. Examples are quoted for rates applicable at 1 April 1998. (RH) From: HomePoint, Scottish Homes, Thistle House, 91 Haymarket Terrace, Edinburgh EH12 5HE.

A multimodal assessment of sensory thresholds in aging; by Joseph C Stevens, L Alberto Cruz, Lawrence E Marks (et al). The Journals of Gerontology Series B: Psychological sciences and social sciences, vol 53B, no 4, July 1998, pp P263-P272. Young and older people were subjected to forced-choice detection thresholds in each of seven sensory tasks: taste of sodium chloride (salt); smell of butanol; cooling (for temperature); low-frequency vibrotaction (vibration felt by touch); high-frequency vibrotaction; low-frequency hearing; and high-frequency hearing. Average scores across these tasks nearly perfectly separated the 22 older from the 15 young subjects. For individual modalities, however, separation between the groups varied from complete (high-frequency touch) to negligible (low-frequency hearing). Scores on the Boston Picture Naming Test and especially the Wechsler Logical Memory Test correlated strongly with average threshold score (Pearson r=.80) and moderately with scores on individual modalities. This sensory-cognitive link is not caused, as might be supposed, by diminishing age-related capacity to handle the detection task, because the very same task resulted in negligible age effect (low-frequency hearing) and large effect (high-frequency hearing) in the same individuals. (RH) ISSN: 10795014


New methods for analyzing active life expectancy; by Sarah B Laditka, Douglas A Wolf. Journal of Aging and Health, vol 10, no 2, May 1998, pp 214-241. The increment-decrement life-table methods used in several recent analyses of active life expectancy depend on parameters representing rates of movement between functional states such as "active" or "disabled". Available data often pose severe problems for the derivation of these parameters. For instance, panel-survey data typically fail to record functional status between interviews. The time intervals also tend to vary across respondents. The Longitudinal Study of Aging, used in this US study exhibits these problems. The authors develop a discrete-time Markov chain model of functional status dynamics that accommodates these features of the data and present maximum likelihood estimates of the model. A new technique for the calculation of active life expectancy is also introduced: micro-simulation of functional status histories. This technique permits the derivation of several new indexes of late life-course outcomes. (AKM) ISSN: 08982643

Office of Telecommunication (OFTEL) consultations on What do you need from a payphone and telecommunications services for people with disabilities: response by Age Concern England; by Age Concern England - ACE. London: Age Concern England, March 1998, 5 pp (Briefings, ref: 0798). Age Concern England (ACE) expresses disappointment that OFTEL seems reluctant to give any special consideration to older people's needs, and would like to see the telecommunications industry brought into line with the other utilities in their special service provision. ACE calls for changes in legislation to bring 'managed' payphones as well as public payphones within OFTEL's remit: the distinction is not helpful. (RH) Price: FOC From: Age Concern England, Astral House, 1268 London Road, London SW16 4ER.
Ownership and use of assistive devices amongst older people in the community; by Nia I Edwards, Dee A Jones.  
A random sample of 1405 people aged 65 and over in three South Wales health authorities were asked about ownership and use of disability aids, spectacles and hearing aids. 74% of respondents owned one or more aid, 97% had spectacles and 16% a hearing aid. Most commonly used were a non-slip bath mat (50%), a walking stick (24%) and a bath rail (21%). Many severely disabled people, however, had no aids: 75% had no stair rail, 68% no lavatory rail, and 46% no non-slip bath mat. Most of the equipment owned was used. Walking frames and wheelchairs were used more by those over 75, as were all bathroom and lavatory appliances. Gender influenced the use of some aids: more women used their walking frames and bathroom rails than men. The study confirms that ownership and use of aids varies with age, gender, living arrangements and disability. Community services aim to promote autonomy and independence in older people in the community. This may be facilitated and enhanced by provision of appropriate equipment and increasing awareness of the value of assistive devices among older people, informal carers, and health and social care professionals. (RH)  
ISSN: 00020729  

Physical disability and social interaction: factors associated with low social contact and home confinement in disabled older women (the Women's Health and Aging Study); by Eleanor M Simonsick, Judith D Kasper, Caroline L Phillips.  
The association of disability and social integration is examined, measured as in-person contact with non-household members and being housebound. Socio-demographic, socio-economic, and health-related factors that modify this relationship are identified. Participants were 1,002 moderately to severely disabled community-dwelling women aged 65 and older from the US Women's Health and Aging Study (WHAS), identified from an age-stratified random sample of Medicare beneficiaries in Baltimore, Maryland (MD). Logistic regression models were used to estimate the odds of low social interaction associated with disability and each independent modifier. In a typical week, 23% did not visit with anyone living outside their households, and 17% did not leave their homes. In addition to and independent of disability level, older age, not completing high school, having a driver in the home, hearing difficulties and incontinence were associated with low social contact. Older age and African American race were related to home confinement. African American women living alone are especially vulnerable to being housebound. Physical disability is not necessarily socially disabling; improving social interaction is possible with more effective healthcare. (RH)  
ISSN: 10795014  

Planning for the future: the effect of changing mortality, incidence, and recovery rates on life expectancy with visual disability; by Carol Jagger, Neil Raymond, Kevin Morgan.  
Health expectancy measures incorporating mortality and morbidity may better determine the future needs of older people than current methods solely using mortality rates. Life expectancy with and without visual disability was calculated from two United Kingdom (UK) longitudinal studies of older people: The Nottingham Longitudinal Study of Activity and Ageing (NLSAA) and The Melton Mowbray Ageing Project (MMAP). Various scenarios of changing input transition rates were then explored. Findings showed that women had a greater probability of transition to disability. Increases in incidence had a larger impact for women than for men on resulting life-years with visual disability, reducing the proportion of remaining disability-free life by 2.1%. When mortality continued to decrease but incidence increased and recovery decreased, there was an increase in life expectancy, although for women this was offset by an even greater increase in years spent with visual disability. The study concluded that health expectancy calculated from longitudinal data may be useful in exploring potential future variations in incidence, treatment, and mortality rates and their effect on population health. (AKM)  
ISSN: 08982643  

Policy applications of health expectancy; by Margaret R Bone, Andrew C Bebbington, Geraldine Nicolaas.  
Empirical estimates of trends in health expectancy throughout the nations of the developed world provide conflicting evidence on the debate whether increasing life expectancy is accompanied by a compression or expansion of morbidity and disability. Complicating this issue is the fact that various methods are available for calculating health expectancy, each requiring a unique and often difficult to obtain source of data. This paper suggests that to reliably communicate the policy relevance of the measure of health expectancy it is necessary
for countries such as the United Kingdom (UK) to make a long-term commitment to developing longitudinal databases that permit the most reliable estimates of trends in the health status of the population. (AKM)
ISSN: 08982643

The prevalence of diagnoses, impairments, disabilities and handicaps in a population of elderly people living in a defined geographical area: the Gospel Oak project; by R H Harwood, M J Prince, A H Mann (et al).
This article presents cross-sectional data from the third Gospel Oak survey on the prevalence of impairments, disabilities and handicaps. A total of 654 residents over the age of 65 years were interviewed from a register of 889. A random sample of 225 had additional data collected which are reported in this analysis. Results revealed that participants had a median of three reported diagnoses and two impairments. Forty-three percent were in the least disabled Office of Population Censuses and Surveys (OPCS) disability category and 41% were able to undertake all of 12 basic activities of daily living (ADLs) without difficulty. Overall handicap scores were heavily skewed towards no health-related disadvantage. All indicators showed deteriorating health with increasing age, but age-adjusted gender differences were small. (AKM)
ISSN: 00028614

Preventing disability and managing chronic illness in frail older adults: a randomised trial of a community-based partnership with primary care; by Suzanne G Leveille, Edward H Wagner, Connie Davies (et al).
Effective new strategies that complement primary care are needed to reduce disability risks and improve self-management of chronic illness in frail older people in the community. This US study evaluated the impact of a one-year, senior centre-based, chronic illness self-management and disability prevention programme on health, functioning, and health care utilisation in 201 older adults with chronic illness. Each of the 101 intervention participants met with a geriatric nurse practitioner between 1 and 8 times during the year. The intervention group showed less decline in function as measured by disability days and lower scores on the Health Assessment Questionnaire. The number of hospitalised participants increased by 69% among the controls and decreased by 38% in the intervention group. The intervention led to significantly higher levels of physical activity and senior centre participation, and significant reduction in the use of psychoactive medication. (AKM)
ISSN: 00028614

Private health insurance coverage and disability among older Americans; by Lawrence R Landerman, Gerda G Fillenbaum, Carl F Pieper (et al).
There is reason to believe that differences in health insurance coverage in the US may account - at least in part - for the continued impact of income on health among older people. This article uses data from the baseline and six follow-up studies of the Duke Established Populations for Epidemiological Studies for the Elderly (EPESE) for some 4,000 subjects. Discrete-time hazard models were used to estimate the impact of insurance coverage and other risk factors in the incidence of disability among those unimpaired at baseline. Controlling for education, income and other potential confounders, the odds of developing disability were 35-49% higher among those without private coverage. Insurance coverage also statistically explained part of the increased risk of disability among those on low incomes. The results indicate that changes in health insurance coverage as well as individual behaviours may be needed to reduce disability generally, and disability among the socio-economically disadvantaged in particular. (RH)
ISSN: 10795014

Progressive disability in senile dementia is accelerated in the presence of depression; by Karen Ritchie, J Touchon, Bernard Ledésert.
The evolution of disabilities was measured in 397 older people with sub-clinical cognitive deficit, recruited from a general practitioner (GP) research network in the south of France as part of the Eugeria longitudinal study of cognitive ageing. Over the three years of the study, 11% of the cohort developed dementia without depression, and 5% dementia with depression. Progressive disablement was found to be greater in those with senile dementia as compared to normal subjects. Depression alone had no significant effect over the time period. Those with both senile dementia and depression had significantly higher rates of disability at 3 years than those with senile dementia alone. In the senile depression/dementia group only, significant decrements were observed in dressing, washing, use of telephone and continence. Depression does not in itself engender significant disability, but interacts with senile dementia to accelerate loss of functioning. Effective treatments of depressive illness in senile dementia may have significant impact on the prevalence and severity of disability. (RH)

Although literature on disability has tended to focus on younger age groups, the assumption is that disability in older people must be part of the natural process of ageing. Moreover, if the chronic condition or disability does not affect daily living, then it can be ignored. This literature review considers definitions, how individuals adjust, and availability of social support or institutional care. (RH)


Hand grip, hip flexion and knee extension strength levels are compared in a group of 254 black and 665 white, moderately to severely disabled American women aged 65 and over in Baltimore, MD. Measurements were carried using portable hand-held dynamometers in the participants’ homes. A declining strength gradient was observed with increasing degree of disability or physical activity. Blacks had better hand grip and flexion strength, but knee extension strength did not differ by race. The greater hand grip and hip flexion strength found in black women may be related to their greater muscle mass and known racial differences in body dimensions. No consistent racial differences were observed in the relationship between physical activity and muscle strength, or muscle strength and disability, suggesting that the role of muscle strength in the disablement process does not differ between races. Physical activity and exercise programmes may well prevent worsening of disability for both blacks and whites. (RH)


Data from a comparative study of 1975 African American, Puerto Rican and white persons aged 60 years and over in a large city in the United States (US) were used to investigate the relative contribution of ethnicity and socioeconomic status (SES) to explaining differences in the need for and receipt of informal care. It was hypothesised that differences in disability would be related largely to SES, whereas ethnicity would account for most of the differences in the amount of informal care. The results of a path analysis argue in favour of a cultural rather than a socioeconomic explanation for between-group differences. SES had no direct effect on disability when controlling for ethnicity. Ethnicity did explain differences in the amount of care between the groups. Even when controlling for disability, older people in the two minority groups received more informal care than did older white persons. The findings highlight the important role played by ethnicity in explaining an older person's need for and receipt of long-term care assistance. (AKM)


The principal focus of this review was the service provided by the Royal Scottish National Hospital (RSNH). The review also covered services provided by trust staff in the community, and considered the wider context of learning disability services in the Forth Valley area. During the course of the review, the SHAS team found a number of examples of high quality care and innovative practice. The report concludes with recommendations on issues which the health board and trust need to tackle. (RH)

Price: FOC

From: Scottish Health Advisory Service, Trinity Park House, South Trinity Road, Edinburgh EH5 3SE.


The principal focus of this review was the health services provided at Gogarburn Hospital and elsewhere in the Edinburgh Healthcare NHS Trust for people with learning disabilities. The timing of the visit allowed a review of the complex planning and commissioning issues around the hospital closure, and also provided the opportunity to review community services in the context of a changing service profile. A very important focus
of the review is on quality of life and quality of care of people remaining in hospital during the closure programme. Evidence was found of many examples of high quality care and innovative practice. A number of recommendations are made which need to be considered in the context of the new evolving service. (RH)

Price: FOC
From: Scottish Health Advisory Service, Trinity Park House, South Trinity Road, Edinburgh EH5 3SE.

The role of Panamanian grandmothers in family systems that include grandchildren with disabilities; by Avraham Scherman, Maria S Efthimiadis, J Emmett Gardner (et al).


With increasing emphasis on identifying support sources when crises occur in the family, grandparents are emerging as having the potential to fulfil this role. In the United States (US), the literature indicates that grandparents are willing to assume an increased role with regard to fostering health, emotional well-being, and developmental needs of their grandchildren. In Panama, grandmothers are living in closer proximity to their families and are more accessible to their grandchild. To investigate whether this result in changes in grandmothers' involvement with a disabled grandchild, this study interviewed 30 grandmothers of grandchildren with disabilities. Results indicated that Panamanian grandmothers were involved in many aspects of care, were not initially informed about the grandchild's condition, expressed sorrow and concerns for the future of their grandchild, and they reported love and affection as the most effective way of reaching the child. On the basis of these results, comparisons were made to grandparents in the US, and factors that influence Panamanian grandmothers' effectiveness are discussed. (AKM)

ISSN: 03601277

The role of religion/spirituality in coping with caregiving for disabled elders; by Bei-Hung Chang, Anne E Noonan, Sharon L Tennstedt.


This study examined how religious/spiritual coping was related to specific conditions of caregiving and psychological distress among 127 informal caregivers to community-dwelling older disabled people in Massachusetts. Support was found for the hypothesis that religious/spiritual coping influences caregiver distress indirectly through the quality of the relationship between caregiver and care recipient. Caregivers who used religious of spiritual beliefs to cope with caregiving had a better relationship with care recipients, which was associated with lower levels of depression and role submersion. (AKM)

ISSN: 00169013


The See it Right initiative encourages information providers to understand the information needs of blind and partially sighted people. This leaflet has been produced to publicise the annual See it Right awards, which are sponsored by Thames Water. It gives examples of effective access to information for blind and partially sighted people in the fields of education, housing, financial services, arts and leisure, holidays and travel, and privatised utilities. This leaflet is also available in braille, on tape and on disk. A series of factsheets on providing accessible information is also available from the RNIB Helpline. (RH)

Price: FOC
From: RNIB, 224 Great Portland Street, London W1N 6AA.


This document states service standards which should be matched or exceeded by any Sense service offering residential, daytime or vocational provision for adults and children with congenital and acquired deafblindness. Standard statements, with performance criteria, and evidence or information sources are organised under five section headings. Section 1 concerns planning and managing resources; and Section 2, the suitability, accessibility, safety and health aspects of the home, community, learning and work environment. Section 3 considers assessment and individual planning: referral; pre and entry information; assessment; needs identified; individual programme agreed; implementation; review; and participation of user and stakeholders. Privacy, dignity, independence, choice, rights, and fulfilment are considered in Section 4 on general principles of quality care. Section 5 deals with specialist principles of working with deafblind people: promoting maximum use of residual senses; communication; movement and mobility; environmental adaptations; and relationships. The standards are to be applied to all parts of an organisation's activities which impact on service delivery to the user. (RH)

A sharper focus: inspection of services for adults who are visually impaired or blind; by Gerald O'Hagan, Derek Brown, Social Care Group, Social Services Inspectorate - SSI, Department of Health - DoH. London: Department of Health, 1998, 78 pp (CI(98)8).

This is the first inspection report on services for adults with visual impairments since the 1988 publication, "A wider vision". Eight social service departments (SSDs) were inspected in 1997, in which fieldwork concentrated on services for adults aged 18 to 64. Services for those over retirement age were also examined; additional information came from an SSI inspection of services for older people. Considerable contrast was found between four SSDs performing well, and four, less well: how adequately visually impaired people's social care needs are met is very dependent on where they live. The main issues examined were: assessment targeted at sight loss needs; wider social care needs; specialist services; identifying ethnic minority needs; certification and registration; information and communication with other agencies; needs of adolescents; care management arrangements (including staff training); and commissioning strategy. A checklist is provided to help SSDs evaluate their services for visually impaired people. This report is also available in braille, on audio cassette tape, on disc and in large print. (RH)

Price: FOC

From: DH Stores, PO Box 410, Wetherby LS23 7LN. (Other formats on request from: Business Support Unit, Social Care Group, Department of Health, 133-135 Waterloo Road, London SE1 8UG.)

A sharper focus: inspection of services for adults who are visually impaired or blind: summary messages for practitioners and first line managers; by Social Care Group, Social Services Inspectorate - SSI, Department of Health - DoH. London: Department of Health, 1998, unnumbered (CI(98)8).

This summary highlights the main points in the report, 'A sharper focus', which describes and analyses the findings from an inspection of services for adults who are visually impaired or blind provided by eight social services departments (SSDs). It focuses on the report's main messages concerning: social care needs arising from sight loss; systematic and targeted assessment; organising a specialist team; collaboration; co-ordination; monitoring quality of response; effective communication; and commissioning strategy. The inspection found that while some SSDs made significant contributions to improving the quality of life of visually impaired people, other service users were relatively disadvantaged because their local SSD's approach to sight loss was less well focused. This summary is also available in braille, on audio cassette tape, on disc, and in large print. (RH)

Price: FOC

From: DH Stores, PO Box 410, Wetherby LS23 7LN. (Other formats on request from: Social Care Group, Department of Health, 133-135 Waterloo Road, London SE1 8UG.)


This study examined the effects of two community service learning experiences on student perceptions of aging in a nursing home and on community-based living with a disability. According to content analysis of student narratives, such work experience resulted in increased students' awareness of issues pertinent to their companions in both settings. This heightened awareness was discussed in terms of the capacity for empathy. While both experiences were effective, there were differences in student responses to the two service learning settings. This suggests a uniqueness in benefit from different settings for service learning. Instructors should design community placements accordingly, to recognize the desired educational goals. (RH)

ISSN: 02703181

From: Haworth Document Delivery Center, Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

A study of disability living allowance and attendance allowance awards: a study carried out by the Department of Social Security; by Kirby Swales, Social Research Branch, Department of Social Security - DSS. London: Department of Social Security, 1998, 80 pp (excluding appendices) (In-house report 41).

This study is based on a sample survey of 1200 cases, representative of all those awarded Disability Living Allowance (DLA) and Attendance Allowance (AA) since 1994, except those who receive the higher rate mobility component alone. The study's main aims were to find out: how people qualify for DLA/AA; if there are overlaps in current entitlement conditions; consistency of reported care needs; evidence held on claim forms; and accuracy of decisions. There are summaries of the aids and adaptations used by DLA and AA claimants; and the effects of case law (the Mallinson and Halliday judgments). Two key messages emerge from the
research: imbalances and overlaps in the current system of entitlement conditions; and doubt is cast on the quality of decisions, and the adequacy of the evidence on which they are based. (RH)

Price: FOC
From: Keith Watson, Social Research Branch, DSS, 10th floor Adelphi, 1 - 11 John Adam Street, London WC2N 6HT.

A study of factors facilitating and inhibiting the willingness of the institutionalised disabled elderly for rehabilitation: a United States-Japanese comparison; by Mitsuko Ushikubo.
The prevalence of "bedridden" older people in Japan is at least three times higher than in other industrialised countries. The aim of this study was to identify the factors facilitating and inhibiting the willingness of institutionalised disabled older people with respect to physical, goal-attainment, psychological and cultural aspects. The convenience sample consisted of 71 disabled older adults (45 in Japan and 26 in the United States (US)). Factors found to facilitate willingness of older persons for rehabilitation included high independence level in activities of daily living (ADL), generalised endurance/stamina, lack of pain, mutual goal agreement between older people and care staff, and no presence of regressive behaviour. The cultural factor that is most likely to explain why Japan has a higher prevalence of bedridden older people than the US may be the dependence versus the independence ethic; more people in the Japanese sample expected help from others all the time than in the US sample. (AKM)
ISSN: 01693816

This document is a consumer guide to the main issues contained in the full consultation document. It reviews the provision of telecommunications services for people with disabilities, and makes a number of proposals to ensure that they have access to the same basic levels of telephone service as other people. One of the main proposals concerns the development of a Code of Practice for the telecommunications industry which would ensure access to services for people with disabilities. The document also aims to inform the Department of Trade and Industry (DTI) in its consultation exercise on the implementation of the EC Amending Voice telephony Directive (AVTD), Article 8, which requires measures to be taken to ensure equal access to and affordability of fixed public telephone services for people with disabilities. The consultation period ran until 3 April 1998.
From: The Office of Telecommunications, 50 Ludgate Hill, London EC4M 7JJ.

In February 1998 the Office of Telecommunications (OFTEL) issued a consultative document on the provision of telecommunication services for people with disabilities. One of the main proposals concerned the development of a Code of Practice for the telecommunications industry which would ensure access to services for people with disabilities. This statement presents OFTEL’s conclusions following the consultation, including a number of recommendations to the Secretary of State for Trade and Industry. (AKM)
Price: FOC
From: The Office of Telecommunications, 50 Ludgate Hill, London EC4M 7JJ.

This consultation document reviews the provision of telecommunications services for people with disabilities, and makes a number of proposals to ensure that they have access to the same basic level of telephone service as other people. One of the main proposals concerns the development of a Code of Practice for the telecommunications industry which would ensure access to services for people with disabilities. The document also aims to inform the Department of Trade and Industry (DTI) in its consultation exercise on the implementation of the EC Amending Voice Telephony Directive (AVTD), Article 8, which requires measures to be taken to ensure equal access to and affordability of fixed public telephone services for people with disabilities. The consultation period ran until 3 April 1998.
From: The Office of Telecommunications (OFTEL), 50 Ludgate Hill, London EC4M 7JJ.
There have been many proposals for systems to reduce consumer reliance on cash and cheques, especially for low value purchases (under £25). Smart card technology now offers a secure mechanism at an affordable price, ready to be used for electronic purses, which store pre-paid monetary value directly on the smart card. There is, however, concern that insufficient thought is being given to the difficulties disabled consumers will have in using these systems. Legislation in various countries may require that electronic purses are usable by people with disabilities. It would be very costly to change designs and systems once they are in use, so it is important to consider the needs of people with disabilities at the outset. This report gives examples of the uses for electronic purses, and recommends design features to make them usable for people with disabilities. It also includes information on the main providers of electronic purses (including web site addresses). (RH)
ISBN: 1860480179
Price: FOC
From: RNIB Production and Distribution Centre, Bakewell Road, PO Box 173, Peterborough, Cambs PE2 0WS.

Visual impairment and falls in older adults: the Blue Mountains eye study; by Rebecca Q Ivers, Robert G Cumming, Paul Mitchell (et al).
The relationship between visual impairment and falls in older people was examined in this Australian study. All people aged 49 years and over in two areas in the Blue Mountains were invited to participate; a total of 3299 had eye examinations and answered questions about health and vision status, use of medication, and number of falls in the previous 12 months. Results revealed that visual impairment was strongly associated with two or more falls in older adults. In addition to poor visual acuity, visual factors such as reduced visual field, impaired contrast sensitivity, and the presence of cataracts may explain this association. (AKM)
ISSN: 00028614

Now that the Disability Discrimination Act (DDA) has come into force, service providers need to be aware of what constitutes reasonable expectations on the part of consumers, regardless of disability. In this report, telephone interviews, questionnaires and focus groups were used to gather the views of blind and partially sighted people on current provision. In-depth findings are presented on some of the commonest types of services used by visually impaired people: health services, retailing, transport, financial services, and utilities. Covered in less depth are services of: arts, entertainment and religious venues; hotels, catering and tourism; sport and leisure; and education and employment. A number of common themes on accessibility of services emerged: staff assistance and awareness; access to information; mobility; technology; identifying and purchasing items; physical access; and health and safety. Advice to service providers centres round two key points: planning ahead; and responding to the needs of the individual. (RH)
ISBN: 1858781477
Price: £5.00
From: RNIB, 224 Great Portland Street, London W1N 6AA.

Banks, building societies, and transport systems have been using public access type terminals for some time, and similar electronic services are also being introduced in libraries, post offices, health services, and government offices. For people who have a visual or hearing disability, poor mobility, or dyslexia, access to information and services provided electronically could be severely restricted. This publication explains the range of disabilities that make access difficult, and provides information on how design of public access terminals can make them as accessible as possible for all users.

ISBN: 1860480144
Price: FOC
From: Royal National Institute for the Blind, 224 Great Portland Street, London W1N 6AA.


While technology can open many doors for people with limitations, extra steps are often necessary to ensure that the technology will work for them. There are many Internet Web sites about adaptive technology for disabled and blind people. This article describes the work of a few of the American organisations or databases involved in such work, including: the Alliance for Technology Access; ABLEDATA, an electronic database of information on assistive technology and rehabilitation equipment in the United States; and the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA).

ISSN: 07387806

Active for later life: conference including the Research into Ageing 21st anniversary lecture, 18-20 February 1997, Birmingham Metropole Hotel and Conference Centre; by Health Education Authority - HEA; British Geriatrics Society - BGS; Royal Free Hospital Medical School, University of London. London: HEA, 1997, unnumbered.

Summarises the papers presented at this wide-ranging conference on the theme of fitness and exercise in ageing, and associated disability or ill health. It includes the summary of a paper by Andrew Dunning (CPA) on older people, sexuality and health. Full conference papers published April/May 1997.

Price: [not available for sale]
From: Information Centre, Health Education Authority, Hamilton House, London WC1H 9TX.

Against the odds: London councils delivering housing services to disabled people; by Sylvia Carter, London Housing Unit. London: London Housing Unit, 1997, 68 pp.

This publication reports the results of a survey to assess how London councils were meeting the needs of disabled tenants immediately prior to the implementation of the Disability Discrimination Act 1995. The findings demonstrate a widespread awareness of needs. Examples of good practice are highlighted which may be relevant to housing, health and social care professionals. However, the scope of councils to be able to respond quickly and appropriately is necessarily constrained by available resources, and the Government's apparent reluctance to legislate for universal access standards in housing. The four sections of the survey cover: development and refurbishment of housing; housing grant resources and administration; needs assessment and allocation of housing; and services to tenants.

ISBN: 1872527396
Price: £9.95
From: London Housing Unit, 2nd Floor, Bedford House, 125-133 Camden High Street, London NW1 7JR.

Age-related cognitive decline and vision impairment affecting the detection of dementia syndrome in old age; by Friedel M Reischies, Bernhard Geiselmann.


The Mini Mental State Examination (MMSE) is widely used as a screening instrument for dementia, and its diagnostic validity may be lowered in old age by normal age-related cognitive decline. Furthermore, visual impairment, occurring frequently in old age, leads to missing values which prevent an interpretation of the test result. In the Berlin Ageing Study (BASE) of 516 people aged 70-103 years, MMSE and clinical dementia diagnosis, made by a psychiatrist investigating all subjects by the Geriatric Mental State - A and History and Aetiology Schedule interview, were investigated independently. The MMblind was analysed, an MMSE for vision impairment in which all items requiring image processing are omitted. The study sample is population based; dementia cases (DSM-III-R) were excluded on the basis of the clinical diagnosis. Norms are reported for very old age regarding MMSE as well as MMblind. There is a considerable age effect on MMSE scores. In
contrast to MMSE, sensitivity and specificity of the shorter MMblind version are not reduced. Thus, the blind version of MMSE seems to be a valid instrument improving the applicability of the MMSE in old age. (RH)

ISSN: 00071250


This is the first of six independent study units for staff working directly with older people with learning difficulties. These units provide: basic information about ageing and learning disability; advice on good practice; suggestions for working with individual service users; guidance on liaison with other professionals; and an overview of policy issues. This unit covers attitudes towards ageing, the effects of increasing age on people with a learning disability, and helping to adapt as they grow older. It includes at various points activities and points for practice, as part of the process of independent study. In organisations where staff are registered for a National Vocational Qualification, written work based on these materials may be submitted as part of an NVQ or SCOTVEC portfolio. The British Institute of Learning Difficulties (BILD) us currently undertaking a Distance Learning Development Project, which will permit those who wish to submit course work based on this and the other five units to register for formal qualification.

ISBN: 1873791887

Price: £50.00 (set of 6 units)

From: BILD, Wolverhampton Road, Kidderminster, Worcestershire DY10 3PP.


This is the second of six independent study units for staff working directly with older people with learning difficulties. It looks at what can be done to promote independence and well-being, and ensure that older people are not over protected as a consequence of mistaken views about how people change as they grow older. At various points, activities and points of practice are introduced, as part of the process of independent study.

ISBN: 1873791747

Price: £50.00 (set of 6 units)

From: BILD, Wolverhampton Road, Kidderminster, Worcestershire DY10 3PP.


This is the third of six independent study units for staff working directly with older people with learning difficulties. It looks at what can be done to promote independence and well-being, and ensure that older people are not over protected as a consequence of mistaken views about how people change as they grow older. At various points, activities and points of practice are introduced, as part of the process of independent learning.

ISBN: 1873791941

Price: £50.00 (set of 6 units)

From: BILD, Wolverhampton Road, Kidderminster, Worcestershire DY10 3PP.


This is the fourth of six independent study units for staff working directly with older people with learning difficulties. It considers the special demands made on families which include a person with a learning disability, to enable that person to continue to live in the family home. At various points, activities and points of practice are introduced, as part of the process of independent study.

ISBN: 1873791291

Price: £50.00 (set of 6 units)

From: BILD, Wolverhampton Road, Kidderminster, Worcestershire DY10 3PP.


This is the fifth of six independent study units for staff working directly with older people with learning difficulties. It describes the sort of help which can be given to enable older people with a learning disability to participate in a range of leisure activities, and emphasises the importance of helping them to choose activities
which suit their interests and abilities. At various points, activities and points for practice are introduced, as part of the process of independent study.
ISBN: 1873791542
Price: £50.00 (set of 6 units)
From: BILD, Wolverhampton Road, Kidderminster, Worcestershire DY10 3PP.

This is the last of six independent study units for staff working directly with older people with learning difficulties. It considers the differences between purchasers and providers of services, the general structure of care management, the kinds of services available for older people with a learning disability, and assessment and other procedures for meeting their needs. At various points, activities and points for practice are introduced, as part of the process of independent study.
ISBN: 1873791194
Price: £50.00 (set of 6 units)
From: BILD, Wolverhampton Road, Kidderminster, Worcestershire DY10 3PP.

Aging with a pre-existing disability: developing a bibliography and curriculum guide for health and social science educators; by Mary Tremblay, Joyce Tryssenaar, Kathleen Clark (et al).
In Canada, there is an increasing number of people with pre-existing disabilities surviving into old age. Many are among the first generation of people with disabilities to survive and experience ageing with a disability. As a response to this challenge, a multidisciplinary, inter-university group of faculties in Ontario prepared a computerised bibliographic database and curriculum guide on ageing with a pre-existing disability. One aspect of the project was a survey of health and social science educators in Ontario. This article presents a summary of the faculty survey results, describes the current bibliography and database, and provides an overview of the four learning units designed to accompany the bibliography.
ISSN: 03601277

Alcohol abuse: a source of reversible functional disability among residents of a VA nursing home; by David W Oslin, Joel E Streim, Patricia Parmelee (et al).
The prevalence of psychiatric disorders was determined in a sample of 196 Virginia (VA), US nursing home residents who were interviewed using the modified Schedule for Affective Disorders and Schizophrenia (mSADS). Of the 160 subjects for whom data was available, 86% had a diagnosis of at least one psychiatric disorder. The prevalence of clinically significant cognitive impairment was 60.6% and of major depression 13.8%. Of 100 residents for whom alcohol histories were obtained, 32 (29%) had a lifetime diagnosis of alcohol abuse. The degree of impairment in activities of daily living (ADLs) improved significantly from the time of admission to the time evaluation (average 1.4 years) among those who were recently abusing alcohol, compared to those who formerly abused alcohol and those who never abused alcohol. The effect is clinically as well as statistically significant, and has the potential benefit of reducing caregiver burden and health care costs for older people. (RH)
ISSN: 08856230

Area agencies on aging: meeting the needs of persons with developmental disabilities and their aging families; by Philip McCallion, Matthew P Janicki.
Amendments to the Older Americans Act in 1987 and 1992 targeted provision of services by area agencies on aging (AAAs) to persons with developmental disabilities and their family caregivers. This article reports on a survey of AAAs throughout the United States to assess the success and commitment of AAAs in implementing these provisions. Specifically, the survey assessed the presence of related organisational mechanisms, services, and linkages to other agencies. Most AAAs reported the presence of services and linkages related to serving this population. Organisational mechanisms within AAAs that were likely to develop and sustain options for these families were less evident. AAAs generally reported that they had no reliable estimate of the number of older primary caregivers to adults with learning disabilities in their catchment area. It is recommended that families, advocates, and state units on ageing encourage AAAs to carry out local needs assessments and more vigorously develop organisational mechanisms within their agencies to provide support to older caregivers of adults with learning disabilities. (AKM)
Assessing the need for a domiciliary pharmaceutical service for elderly patients using a coding system to record and quantify data; by Deirdre M Naylor, David V Oxley.
This article reports on a programme of up to six monthly visits by 13 community pharmacists in Bradford to 86 older housebound patients taking four or more prescribed medicines concurrently. Analysis of data was made by coding all patient and pharmacist identified problems, and pharmacist interventions. Each pharmacist interviewed patients in their homes to discuss their drug therapies. The most common problems reported by patients were: unrelieved symptoms (36%); difficulty remembering the dose of one or more items of medication (35%); and drug-related side effects (27%). The pharmacists found that 55% of patients were prescribed medication which highlighted a potential drug interaction, 47% of patients did not know the purpose of at least one their drugs, and 33% of patients were taking at least one item of medication incorrectly. A change in medication resulted from interventions by community pharmacists for 48% of patients during the span of the service, and 36% benefited from provision of a compliance aid. (RH)

ISSN: 07334648

Balance abilities of community dwelling older adults under altered visual and support surface conditions; by Brian Alhanti, Lori A Bruder, Wendy Creese (et al).
The Clinical Test of Sensory Interaction on Balance (CTISB) - more commonly known as the Foam and Dome Test - was used to examine older people's balance abilities. The test evaluates an individual's ability to maintain upright standing under altered visual and support surface conditions. Participants were 69 older people aged 61 to 97 (mean age 76.3) from culturally diverse backgrounds, who attend day centres in North Philadelphia (PA). They were timed on the six different conditions of the CTISB. A perfect score was 30 seconds. 46 were able to complete all conditions. Scores tended to decrease as the difficulty of the conditions increased. Older people tend to use visual input to maintain balance, even with conflicting visual information; and tend to have better standing balance on hard versus compliant surfaces. To assess balance abilities of patients when using the CTISB, clinicians can use the norms developed with independently living older people. (RH)

ISSN: 02703181

From: Haworth Document Delivery Center, Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Basic Design for All principles; by InClude Project (Inclusion of Disabled and Elderly People in Telematics), Telematics Applications Programme, European Commission. Vällingby, Sweden: Swedish Handicap Institute, 1997, 4 pp (Pamphlet no 2).
This pamphlet is one of a series on accessibility of information and communication technology for older people and people with disabilities. It sets out the basic principles of "design for all" (design of products, services and systems that enable everyone, as much as possible, to use them): equitable use; flexibility in use; simple and intuitive use; perceivable information; tolerance for error; low physical effort; and size and space for approach and use.
Price: FOC
From: The Swedish Handicap Institute, Anna Lindström, Box 510, S-162 15 Vällingby, Sweden.

This pamphlet is one of a series on accessibility of information and communication technology for older people and people with disabilities. It outlines principles of good practice for the installation of information and communication technology terminals in the built environment, focusing on location, design of the site, safety, signs and information, electrical installations, and lighting.
Price: FOC
From: The Swedish Handicap Institute, Anna Lindström, Box 510, S-162 15 Vällingby, Sweden.

Both positive and negative aspects of the expanding market in social care were propounded by the four speakers at this seminar. The first two speakers reported on the purchaser/provider relationship, but from different viewpoints: the problems for private sector providers of home care in developing their relationships with local
authority purchasers; in contrast, the wide-ranging purchasing responsibilities of a social services director, and the issues arising. The advantages for disabled people which are expected to flow from implementation of the Community Care (Direct Payments) Act 1996 - if appropriate support is available - were put forward. The last speaker dealt with trends towards greater private and voluntary sector involvement in the nursing home and residential care sector.

ISBN: 1899942157
Price: £4.50
From: NISW, 5 Tavistock Place, London WC1H 9SN.

Care or empowerment? a disability rights perspective: paper from the British Association, Annual Festival of Science, held at Birmingham in September 1996; by Jenny Morris.

Social Policy and Administration, vol 31, no 1, March 1997, pp 54-60.
This paper challenges the notion of "care", arguing that people who need support in their daily lives have been constructed as "dependent" people. Instead, the author argues, if we want to empower people we must learn from the Independent Living Movement, from the people who struggled against segregation and insisted that access to personal assistance over which they have control is a civil rights issue. The paper takes issue with Clare Ungerson's perspective on the new direct payment legislation. This legislation is an important stage in the achievements of a civil rights movement in any work which they develop on issues which are not of mere academic interest but which concern people's rights to choice and control in their lives. (AKM)

ISSN: 01445596

This book focuses on community care policy for older and disabled people, and looks at a range of initiatives which aim to develop greater user and carer involvement. The author considers the significance of the introduction of market principles which recasts health and social care users as 'consumers', and the effect on their role as citizens in determining the nature and manner of service provision. The growth of self-organisation among users and carers; and the relationships between family care providers, care receivers and statutory services are all examined. The author concludes with a broader view of community care policy and the governance of public services to consider their implications for communities and citizens.

ISBN: 058225129X
Price: £13.99
From: Addison Wesley Longman Ltd., Edinburgh Gate, Harlow, Essex CM20 2JE.

A case study of intergenerational relations through dance with profoundly deaf individuals; by Andrea Sherman.

In this study, the medium of dance was used to explore intergenerational relationships and interactions between profoundly deaf young children and profoundly deaf older adults. The researcher examined the extent to which individuals of one age group act as grandparents or grandchildren for those of another age group; and the dance elements of warm-ups, partnering, touch and line versus circle. The study investigated whether dance can act as a catalyst for social interaction between these two age groups.

ISSN: 01634372
From: http://www.tandfonline.com

Change in sight; by Simon Birtles.

Elderly Care, vol 9, no 4, August/September 1997, pp 16-17.
The Disability Discrimination Act (DDA), which became law in December 1996, has the guiding principle that those with disabilities should have equal access to services where reasonably possible. The author suggests that this could be interpreted to include blind and partially sighted older people in residential accommodation. Visual awareness training for nursing and care staff would help in making homes more user friendly for those with visual impairments.

ISSN: 09568115

Clinical diagnoses and disability of cognitively impaired older persons as predictors of stress in their carers; by John S Cullen, David A Grayson, Anthony F Jorm.

Aspects of the caring relationship are often promoted as more important than the clinical features of the care recipient in predicting caregiver well-being. However, studies of consequences of caring for cognitively impaired people seldom include detailed measures of the diagnostic profile and disability of the care recipient. 90 Australian community-living older people with cognitive impairment were clinically assessed for severity on a range of illnesses. Their disability was examined via informant reports. Informants (88% were primary carers)
provided information on the behaviour and personality of the subject and reports of their own (informant) well-being. Using multiple regression, features of the subjects’ clinical profile were examined as predictors of informant well-being. Subjects’ clinical characteristics, particularly disability and disturbed behaviour, were strong predictors of caregiver well-being, accounting for most of the explained variance. Few sociodemographic, caregiver or relationship variables examined had any influence on caregiver outcome measures. Exceptions were caregiver time demands, older subject age, and self-identification as primary carer. Co-residence was not associated with caregiver distress. (RH)
ISSN: 08856230

This paper illustrates growing co-operation and joint work between ophthalmologists, optometrists, social service staff, and voluntary organisations, which enables people losing their sight to get assistance when they most need it. It gives examples of good practice in provision of community services. A statistical supplement estimates numbers of visually impaired people in each local authority area.
ISBN: 1858781159
Price: £9.95
From: RNIB, 224 Great Portland Street, London W1N 6AA.

Cognitive and emotional predictors of disablement in older adults; by Carolien H M Smits, Dorly J H Deeg, Cees Jonker.
This study focused on the relationship between aspects of emotional and cognitive functioning and two stages of the disablement process model, functional limitations, and instrumental activities of daily living (IADL) disability. The age- and sex-stratified sample aged 55 to 89 years consisted of 100 inhabitants of a small town in the Netherlands who scored 24 or higher on the Mini Mental State Examination (MMSE). Controlling for background factors (health problems, age, education, and gender), depressive symptoms and fluid intelligence were independently associated with functional limitations. Of the cognitive functions, only everyday memory was independently associated with IADL disability. These findings expand on the disablement process model and demonstrate the importance of emotional functioning, fluid intelligence, and everyday memory for the disablement process. (AKM)
ISSN: 08982643

Cognitive impairment: a challenge for community care: a comparison of the domiciliary service receipt of cognitively impaired and equally dependent physically impaired elderly women; by Margaret Ely, Carol Brayne, Felicia A Huppert (et al).
Age and Ageing, vol 26, no 4, July 1997, pp 301-308.
This study used information from a population survey conducted in Cambridge in 1986, to ascertain the effect of type of physical or cognitive impairment on receipt of domiciliary services (meals on wheels, home help, and community nursing) by women aged 75 and over. The odds of an older woman getting help from any of the domiciliary services whilst not being significantly affected by cognitive impairment are increased by physical impairment. Similar results were found for the home help service. The differences were exaggerated in the case of the community nursing service, whilst receipt of meals-on-wheels was similar for women with all types of impairment. This study took place before the introduction of the NHS and Community Care Act. The development of specialist services appropriate to the needs of cognitively impaired older people presents a challenge to community care policy, as this group is at high risk of institutionalisation.
ISSN: 00020729

There are many telephone features available, and add-on assistive products, that can help people with various types of impairments. This article looks at personal emergency response systems and other useful, not so advanced technology available in the United States.
ISSN: 07387806

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Comorbidity with depression in older people: the Islington study; by C L E Katona, M V Manela, G A Livingston.
This study focuses on comorbidity and other associations of depression in a community sample of older adults in the London Borough of Islington. Older people who were depressed were likely to have other comorbid physical and psychiatric pathology: anxiety, phobic anxiety, physical disability, somatic symptoms, sleep disturbance, and subjective memory impairment. The majority of older people with depression were not receiving pharmacological treatment, perhaps because their presenting symptoms obscured diagnosis of depression. Health workers treating older people with depression should look for other physical and psychiatric conditions routinely. Comorbid depression should be considered in older people with subjective memory loss, sleep disturbance, somatic complaints, anxiety disorders or other activities of daily living (ADL) limitation.
ISSN: 13607863
From: http://www.tandfonline.com

Some policy options for housing provision for disabled older people in the US and Canada are described, including: government housing construction; housing vouchers and certificates; community service programmes; grants, loans and reimbursements; building codes and regulations; and human rights legislation. The strengths and weaknesses of these policy approaches are contrasted. The present emphasis in the US is on individual housing rights, compared with a more social welfare approach in Canada. A possible model for making the housing environment more responsive to the needs of older disabled people is discussed. (RH)
ISSN: 02763893
From: http://www.tandfonline.com

A comparative study of factors related to carrying out physical activities of daily living (PADL) among 75 year-old men and women in two Nordic localities; by P Laukkanen, E Heikkinen, M Schroll (et al).
This cross-sectional and cross-national study describes and compares physical activities of daily living (PADL) and factors explaining variation in PADL in two Nordic populations. Some 700 men and women aged 75 and over from Glostrup, Denmark, and Jyväskylä, Finland were interviewed and given a laboratory examination in 1989-90. Tests were given to determine depressive symptoms, cognitive capacity, and selected physical and sensory performance domains. Variables describing physical and psychological health and performance relating to PADL were analysed using four different regression models (by sex and place). Knee extension strength and stair mounting height in three models and walking speed in one model emerged as explanatory factors on the basis of physical performance tests done. In three instances each, sight, hearing, balance and symptoms of illness also explained PADL functioning. Symptoms of depression and cognitive capacity were explanatory factors in one instance each. There were no major differences in the determinants of PADL functioning in the two populations. Physical, psychological and sensory tests provide useful information, complementary to self-reports regarding declining PADL functional capacity. (RH)
ISSN: 03949532

A comparison of older longstay psychiatric and learning disability inpatients using the Health of the Nation Outcome Scales; by Olakulne Ashaye, George Mathew, Mahonar Dhadphale.
In this study, 26 longstay psychiatric patients aged over 65 in psychogeriatric wards of a psychiatric hospital were compared with 23 longstay patients aged over 65, and 40 longstay patients aged 50-65, both resident in wards of special hospitals for learning disabilities. The degree of overlap of symptoms and needs which may allow for their care within the same service was examined, using the Health of the Nation Outcome Scales (HoNOS). Psychiatric patients scored significantly higher for problems with mood, relationships, and occupation or activities. There were no significant differences between the two groups of patients with learning difficulties. Similarities between the three groups of patients suggests that for some patients, the same services could be used, which could reduce care costs and make more economical use of facilities and staff. The HoNOS could be of use in monitoring the outcome of healthcare in long stay patients.
ISSN: 08856230
Consumer satisfaction is a significant measure of the quality of service provision. However, little information is available on consumer satisfaction for individuals with developmental disabilities. Information that is available may paint an overly optimistic view of the service system. Reasons for the tendency of service recipients to report high levels of satisfaction are presented. Suggestions for obtaining meaningful consumer satisfaction data are discussed.
ISSN: 01924788
From: http://www.tandfonline.com

Assistance with bathing at home for older and disabled people has long been an area of service tension and ambiguity - more so, since the introduction of community care. This article explores and deconstructs the three axes within which the "social bath" is defined. First, the boundary between the medical and the social; the article outlines the complex and shifting ways, both institutional and ideological, in which this boundary is constructed. Second, the social meaning of the task, which is explored in the historical and sociological literature concerning the body, washing, touching and nakedness. Third, the article explores the significance of the home, and the power that resides in private and domestic space, as opposed to the public medical space of the ward or nursing home. (RH)
ISSN: 00472794

Defending the social model; by Tom Shakespeare, Nicholas Watson. Disability & Society, vol 12, no 2, 1997, pp 293-300.
A critique of views of the social model pioneered by the Union of the Physically Impaired Against Segregation. During the 1990s, the model was codified as the central tenet of the self-organised disability movement. (OFFPRINT.) (RH)
ISSN: 09687599

Dementia, disability and contact with formal services: a comparison of dementia sufferers and non-sufferers in rural and urban settings; by Vanessa Burholt, G Clare Wenger, Anne Scott. Health & Social Care in the Community, vol 5, no 6, November 1997, pp 384-397.
This paper, based on data from studies conducted in Liverpool and Gwynedd relating to people aged 75 years and over living in the community, compares those identified as suffering from cognitive brain disorders with other older people identified as being cognitively unimpaired. It looks at levels of competence with activities of daily living and the subsequent levels of contact with a range of health and social service personnel and other community workers. It shows that although levels of contact with formal services are generally higher for people with dementia than for non-sufferers, most of these differences are below the level of statistical significance. Levels of contact for people receiving most services are low, particularly for specialist mental health services and social work. It is suggested that expanding domiciliary care services for people with dementia and their carers would demand more resources than available, but would be better value for money on a case by case basis.
ISSN: 09660410

The purpose of this study is to quantify the effects of coping resources on the amount (in hours) of help used by disabled older people in their homes. The findings are based on the 1989 US National Long-Term Care Survey (NLTCS). The distribution of help-hours is very skewed, mirroring the skewness of limitations in physical and cognitive functioning. Controlling for these limitations, the most important coping resources are the combinations of helpers who join forces, and co-residence with a helper. The effect of helpers' networks is large and consistent across marital status and living arrangements. The networks are more extensive for married than for unmarried people. In reference to those who rely only on non-relatives: a network of a spouse and children enables a married person to have 40 additional weekly hours of help; a network of children and others enables an unmarried person to have 29 additional hours per week if he/she lives with other adults, and 10 additional weekly help-hours if he/she does not. The issue of concern for public policy is whether such family networks will be preserved and, if not, how to obtain the funds for the alternative of sufficient paid help in the community. (RH)

The purpose of this article was to determine whether risk factors for four dimensions of disability differ and whether it is legitimate to use aggregated disability measures in risk factor analyses. Using data from the baseline Duke Established Populations for Epidemiologic Studies of the Elderly (EPESE) survey, the authors examined four measures of disability - basic activities of daily living (ADLs), household ADLs, advanced ADLs, and mobility - and an aggregate measure consisting of these four measures summed. Sociodemographic risk factors were examined using stagewise multivariate regression analysis for five measures of disability. Weighted least squares with an arbitrary distribution function estimator were used to determine differences in each risk factor's performance across the unaggregated measures. Risk factors varied in strength, presence, and direction of impact across the four dimensions of disability; as a result analyses using an aggregated measure were misleading. (AKM)


This book has been written for those who care for, and work with, people with learning disabilities. It also aims to place learning disabilities firmly back on the health agenda, in the light of legislation such as the NHS and Community Care Act 1990. Central is the idea that one way of understanding learning disabilities is to portray it as a complex state of health comprising a number of dimensions - educational, biological, psychosocial, cultural, spiritual, political and economic - each of which are explored in turn. Three case histories from the UK, Sweden and Romania highlight two mature services along with a country that is in the process of setting up services. The final part of the book provides an overview and analysis of recent research relating to each of the dimensions discussed.

Directory of training opportunities and materials for staff working with deaf people in the personal social services in England 1997; by Council for the Advancement of Communication with Deaf People (CACDP); Department of Health - DoH. Durham: DoH, 1997, 236 pp.

This directory contains over 700 entries, reflecting the increasing need for training in sign language and other communication skills used between deaf and hearing people. This type of training is relatively new: in some local authority areas, provision may be limited.


The Disability Discrimination Act 1995 is a first step toward removing discriminatory behaviour towards people with disabilities. This article considers the Act's definition of disability, and the fact that the Act has made it unlawful to discriminate against disabled people in the provision of goods and services, in selling or letting property, and in employment. The author concludes that the Act's achievements will be measured by the extent to which attitudes and practices are changed, bearing in mind loopholes in the way in which the Act defines disability. (RH)


Most disabled people have extra costs as a direct consequence of their disability. During 1996/97, the Disablement Income Group (DIG) carried out an exploration of the issues involved in assessing disabled people's ability to pay service charges, and a detailed investigation of their disability-related costs. The research was funded by the Nuffield Foundation, and included discussions with representatives of social services departments (SSDs), disabled people's organisations, and focus groups representing people with particular types of disability or living circumstances. There is a need for a disability-related costs assessment incorporating flexibility, fairness, reasonableness, practicality and respect. (RH)
Disability: [adaptations for the homes of people who are disabled]; by John Keep. Sutton: Community Care, April-October 1997, pp 40-42.

Research Matters: a digest of research in social services, April-October 1997, pp 40-42.

This article reviews research by Frances Heywood - 'Funding adaptations: the need to co-operate'; and 'Managing adaptations: positive ideas for social services' - both published by the Joseph Rowntree Foundation (JRF) and Policy Press in 1996. This research examines ways of improving co-operation between agencies, and listening to disabled people themselves, to make independent living in the community a reality.

ISSN: 13630105

From: Community Care/Research Matters, Subscriptions, Freepost CN2908, Reed Business Information, 9th Floor, Quadrant House, Sutton, Surrey, SM2 5BR.


An investigation of home care across the European Union reveals that many of the problems facing the service, such as increased demand and lack of co-ordination between agencies, are common to many countries.

ISSN: 13630105

From: Community Care/Research Matters, Subscriptions, Freepost RCC2619, Reed Business International, Haywards Heath, West Sussex, RH16 3BR.

Disabling by design; by Gwen Crawford, Mark Foord.


The authors explore the problems of adapting homes to meet disabled needs. They argue that lifetime homes could play a central role in avoiding past design failures in making housing accessible, which would save scarce resources and support independent living. The government's inter-departmental review of community care should be used as an opportunity to consider bringing adaptations funding together under one administering authority.

ISSN: 00186651


As the result of European legislation, deregulation and liberalisation of telephone services in the European Union will be largely completed by 1 January 1998. Although the Universal Service allows national regulators to make specific provisions for disabled users, there is no statement or guidance as to what these provisions might be. This document looks at safeguards for disabled users, and outlines the Universal Service and the market in telephone equipment. Annexes review the European Directives on liberalisation of telecommunications and telephone terminal equipment, the European Single Market, and proposals for an EC Directive on Interconnection in Telecommunications, COM(95)379, July 1995. The authors make recommendations on levels of service: there is concern that availability of terminal equipment needed by disabled users will be left to the operation of market forces.

ISBN: 1860480152

Price: FOC

From: RNIB, 224 Great Portland Street, London W1N 6AA.

Driving patterns and medical conditions in older women; by Kimberly Y-Z Forrest, Clareann H Bunker, Thomas J Songer (et al).


The proportion of the older population who hold a driving licence is on the increase, as is the amount of driving they undertake. Increasing attention is being placed on the role of medical conditions affecting driving performance. In this study, the driving patterns of a population-based cohort of women aged 71 years and over are described, and the relationship between medical conditions and driving patterns is examined. Findings revealed that most older women continue to drive, but that individual medical conditions, such as fractures, heart disease, diabetes, poor vision and hearing, as well as comorbidity, have a significant impact on driving patterns, often resulting in less frequent driving, avoiding long trips and driving cessation.

ISSN: 00028614
Dysphasia - the hidden handicap; by Action for Dysphasic Adults - ADA.
People with speech and language problems have special needs which are often missed or misunderstood. This article outlines the work of the speech and language charity, Action for Dysphasic Adults (ADA), in helping communication-impaired older people through education and training.
ISSN: 1360239x

This study used mortality data for 1982 to 1991 linked to survey records from the 1982, 1984, and 1989 National Long Term Care Surveys, United States (US), to calculate gender differences over age in mortality and functional status for high and low education subgroups. Men and women with high education maintained better functioning at later ages than did those with low education. The study also found that mortality was higher, after conditioning for disability, in both the male and female low-education than the male and female high-education groups. The size of the education effect on both disability and mortality was large: about 7.6 years difference in female life expectancy at age 65, and about 2 years difference for males. (AKM)
ISSN: 08982643

Effects of cognitive bibliotherapy for depressed older adults with a disability; by Philippe Landreville, Lynda Bissonnette.
The purpose of this study was to determine the effectiveness of minimal contact cognitive bibliotherapy for treating depression and improving functional abilities in older adults with a physical disability. Subjects were randomly assigned to either an experimental group which participated in a 4-week cognitive bibliotherapy programme or a 4-week delayed treatment controlled condition. Results indicate that treated subjects showed greater improvement on depressive symptoms than untreated subjects, and that the treatment effect was maintained over a 6-month period. However, treated subjects were only slightly more improved than untreated subjects on clinical indicators of change. Amelioration in functional abilities was observed between the end of treatment and the 6-month follow-up. The discussion examines the implications of these findings for the treatment of depression in older people with a disability. (RH)
ISSN: 07317115
From: http://www.tandfonline.com

Elder abuse: can the British OPCS disability surveys throw any light?; by Claudine McCreadie, Ruth Hancock.
This study examined whether co-residence with a person who has a disability that involves behaviour problems, exposes older people to a higher risk of physical or psychological abuse. Using data from the Office of Population Censuses and Surveys (OPCS) surveys of disability in Great Britain (OPCS, 1988), an analysis was carried out to examine to what extent aggressive and difficult behaviour problems listed in the OPCS survey are prevalent among older people, and people with whom they live. The analysis revealed that the potential for elder abuse arises in a variety of living arrangements, including when older people live together and when older people live with adult children. The authors suggest that a starting point for preventing elder abuse is to look at the older households who are managing severe behavioural problems.
ISSN: 08946566
From: http://www.tandfonline.com

Emergence of a powerful connection between sensory and cognitive functions across the adult life span: a new window to the study of cognitive aging?; by Paul B Baltes, Ulman Lindenberger.
687 individuals aged 25-103 years (those aged 70-103 from the Berlin Aging Study) were studied cross-sectionally to examine the relationship between measures of sensory functioning (visual and auditory acuity) and intelligence (14 cognitive tasks representing a 5-factor space of psychometric intelligence). As predicted, the average proportion of individual differences in intellectual functioning connected to sensory functioning increased from 11% in adulthood (25-69 years) to 31% in old age. However, the link between fluid intellectual abilities and sensory functioning, albeit of different size, displayed a similarly high connection to age in both age groups. Several explanations are discussed, including a 'common cause' hypothesis. The authors argue that the increase in the age-associated link between sensory and intellectual functioning may reflect brain ageing. The search for explanations of cognitive ageing phenomena would benefit from attending to factors shared between the two domains.
Enriching later life experiences for people with developmental disabilities; by Evelyn Sutton.
Older people in the United States with developmental disabilities were de-institutionalised in the late 1970s, and trained for sheltered work. They perceive the value of work not only for their well-being, but as an essence of society's esteem. This short article discusses how they now need to be persuaded to give up working in favour of new experiences or leisure activities.

This information sheet describes the equipment available (including home adaptations) for those with a disability, and where and how it can be obtained.

This book is about equipment and home adaptations which assist people with physical and sensory disabilities to overcome difficulties with everyday living, and to make life easier. It explains what equipment is available, how it is available, the legal basis for provision, and what can be done when things go wrong. A wide range of items is covered, from alarms to artificial limbs, baths to bedrooms, chopping boards to crutches, electronic toothbrushes to environmental controls, hearing aids to hoists, incontinence pads to ironing equipment, rails to ramps, speech aids to stairlifts, and walking frames to wheelchairs. Provision of equipment or adaptations by social services department, the NHS, in residential and nursing homes, by housing authorities, workplaces, and for war pensioners are discussed.

Evaluating rehabilitation medicine: effects on survival, function, and home care; by Ron L Evans, Richard T Connis, Jodie K Haselkorn.
The aim of this study was to measure the clinical impact of rehabilitation on adults diagnosed with a disabling disorder in four major diagnostic groups (nervous, circulatory, musculoskeletal, and injury). To summarise the current knowledge in this area, a meta-analysis of rehabilitation studies was also completed. Specific objectives of the clinical trial were to determine the effects of in-patient rehabilitation on: survival, function, home care and related variables such as family function and use of health care resources. Eighty-five patients hospitalised for the first time with a disabling condition were randomly assigned to in-patient rehabilitation or to out-patient follow-up in which the usual medical services were provided but no scheduled rehabilitative therapies were offered. To compare the two groups, analyses of covariance were conducted for functional ability, health care use, survival, health status, personal adjustment, and family function. The study found no significant treatment effects at 6 or 12 months for any of the variables under study using analyses of covariance. Rehabilitation did cost significantly more than medical care, primarily due to the cost of in-patient services. (AKM)

An evaluation of coalition building training for aging and developmental disability service providers; by Grace P Sutherland Smith, Bruce A Thyer, Claire Clements (et al).
Older people with developmental disabilities are experiencing longer life expectancy rates than previously. This article reports on an evaluation of coalition building forums around the state of Georgia in the United States, which brought together ageing and disability service providers. After attending these forums, service providers reported increased awareness of the needs of the older population, an appreciation of resources available, and increased networking with other service providers. More lasting coalition building activities, however, were not reported. Although the coalition building forums seemed to increase cooperation between personnel in different service systems, additional efforts are needed to sustain and expand these collaborative ventures.
The authors investigated the relationship between visual and auditory acuity and everyday activity functioning. Participants were 516 older adults aged 70-103 from the Berlin Aging Study (BASE). Two categories of everyday activity functioning, perceived competence with basic activities of daily living (BaCo - basic competence) and amount of participation in discretionary social and leisure tasks (ExCo - expanded competence), were examined. Results revealed that sensory acuity, particularly vision, was a significant predictor of both BaCo and ExCo. Indeed, hearing and vision could explain most of the age-related variance in everyday activities. At the same time, in the context of a broader model, evidence for the differential prediction of BaCo and ExCo was found, although there was strong evidence for strong general age-related predictive variance that was common to both measures.
ISSN: 08827974

This article describes two programmes designed specifically to include people with developmental disabilities: the Georgia University Affiliated Program; and the 'Community Collection' which is concerned with visual and performing arts. The author suggests that attitudinal barriers need to be overcome in developing arts programmes, and that environment is also important in presenting the arts to older people.
ISSN: 01924788
From: http://www.tandfonline.com

This study is based on data for individuals with a history of stroke taken from the Longitudinal Study of Aging sponsored by the National Institute on Aging (NIA), United States (US). It provides information on the factors predicting survival and changes in disability and activity limitations in this cohort with stroke or cerebrovascular accident over the period of two years, 1984 to 1986. The results indicate that individuals who were less than 80 years old had higher chances of survival and were likely to show reduced activity limitations and disabilities. It was also observed that the individuals who were in excellent health were more likely to survive despite a history of stroke. Individuals with severe activity limitations had very low incidence of survival over the two-year period. Further, the results of this study support the contention that the increased use of health care resources in the form of visits to physicians, hospitals, and nursing homes results in improved survival and lower disability and activity limitations among older people. (AKM)
ISSN: 00169013

This article considers why older adults with developmental disabilities need exercise, and sets out some basic guidelines for development of exercise programmes - including use of qualified personnel to direct the programme. Some examples of basic group or individual exercise programmes are outlined.
ISSN: 01924788
From: http://www.tandfonline.com

The objective of this retrospective case series study at the Cognitive Disorders Centre in Prato, Italy, was to examine the relationship between disability in instrumental activities of daily living (IADLs) and cognitive impairment measured by the Mini-Mental State Examination (MMSE), and how this relationship was influenced by different levels of formal education. Independence in IADL was strongly related to MMSE scores. A score of less than 24 at the MMSE was predictive of disability in at least one IADL with 0.82 sensitivity and 0.73 specificity. However, when only people with a very low level of formal education were considered, the best threshold predicting IADL disability was 17 (sensitivity 0.76, specificity 0.75). Thus, scholastic achievement is an effect modifier of the relationship between cognitive status, as measured by the MMSE, and IADL disability.
Subjects with low education and poor performance at the MMSE are often independent in activities making demand on cognitive function, such as IADLs. These results suggest that a lower MMSE cut-off score should be considered when screening for cognitive impairment in these people. (RH)

ISSN: 03949532

Functional status of the non-institutionalized elderly in Sweden; by Claes Herlitz.
Functional ability was assessed in a randomly recruited population of 553 older people living at home in four municipalities in central Sweden. These subjects were interviewed at home, using the Sickness Impact Profile. The response rate was 75%. No significant differences in functional ability were found among the municipalities. For those aged 85 and over, average physical and overall functional ability was significantly worse than among the 81-84 year olds. Women had a significantly lower functional ability than men. Less well educated older people had lower psychosocial and overall functional abilities than the better educated. Physical dysfunction - but not psychosocial dysfunction - was significantly associated with formal and informal home help.

ISSN: 01634372
From: http://www.tandfonline.com

Further evidence on recent trends in the prevalence and incidence of disability among older Americans from two sources: the LSOA and the NHIS; by Eileen M Crimmins, Yasuhiko Saito, Sandra L Reynolds.
The Longitudinal Study on Aging (LSOA) and the National Interview Survey (NHIS), United States (US), are used to examine change in the prevalence of disability from 1982 through 1993 for persons aged 70 years and over. Changes in the likelihood of becoming disabled and the likelihood of recovering from disability are also investigated with the LSOA. There is some evidence for improving disability status among older people. The prevalence of disability is somewhat lower in more recent years in the NHIS; also the incidence of disability is lower, and the rate of recovery higher during 1988-90 than in the 1984-86 interval. On the other hand, the prevalence of disability increases at some dates after 1984 in the LSOA sample. In both datasets, there is fluctuation rather than a clear trend in the prevalence of disability. (AKM)

ISSN: 10795014

The future care plans of older adults with intellectual disabilities living at home with family carers; by Helen Prosser.
This paper describes the future residential and financial provision planned for a group of people with intellectual disability aged over 40 living with relatives in the family home, and investigates the factors influencing carers' decisions. Results of a semi-structured interview indicate that only 28% of carers had made any plans for future residential care. In most cases, carers were committed to maintaining long-term home care for their relative for as long as possible: 82% of elderly parental carers had not made concrete future residential arrangements. Carers were more likely to establish financial plans than residential plans for the family member. No clear differences were found between carers to indicate factors influencing whether they had made preparations for the future. The overall conclusion drawn is that 'crisis' resettlement due to ill health or death of the main carer is highly likely. The potential role of service providers is briefly discussed. (RH)

ISSN: 13602322

It has been evident that local authorities and individuals would benefit from some clear guidance on how social care services for blind and partially sighted people should be arranged, given the wide variability between areas. This document refers to local authorities' obligations in law under the following legislation: the Chronically Sick and Disabled Persons Act 1970 (CSDP); the Disabled Persons (Services, Consultation and Representation) Act 1986; and the NHS and Community Care Act 1990, section 47 1(a). In order for appropriate services to be available to blind and partially sighted people, each local authority needs to have a policy to guide staff on when, how and to whom services should be provided. The discussion paper outlines processes and practices to be followed, starting with a comprehensive assessment of need, and ensuring accessible information. It also comments on training, community care assessment, social rehabilitation services, and quality assurance. Views on this consultation were sought by June 1998. (RH)
Gender differences in the comparison of self-reported disability and performance measures; by Susan S Merrill, Teresa E Seeman, Stanislav V Kasl (et al).
Gender differences in functioning, such as activities of daily living (ADL) among older people have been well documented, with women consistently reporting more functional problems than men. Differential reporting of functional problems by men and women may contribute to this observed difference. The purpose of this study was to examine the gender differences in functional ability by comparing self-reported function to observed performance of physical tasks in 1458 men and women aged 71 years and over from the New Haven site of the Established Populations for the Epidemiologic Study of the Elderly (EPESE). Results revealed that more women than men reported disability and functional limitation, and women had poorer performance scores for every task. Self-reports of function were accurate for the majority of men and women. However, among those who inaccurately reported function, more men than women underreported disability, and more women than men overreported disability.
ISSN: 10795006

Geriatric rehabilitation: state of the art; by Helen Hoenig, Neil Nusbaum, Kenneth Brummel-Smith.
This article provides a conceptual framework for the treatment of disability in older people and for designing patient specific rehabilitation plans, reviews the rehabilitation of common conditions affecting function in older people, such as musculoskeletal disorders, stroke and peripheral vascular disease; amputation and hip fractures. It also looks at the effects of the ongoing changes in the health care system in the United States on geriatric rehabilitation. The priorities for geriatric rehabilitation are outlined, including education for physicians and geriatricians, policy and research to evaluate the effects of managed care on rehabilitation outcomes in older persons.
ISSN: 00028614

Give them the money: is cash a route to empowerment? (Presidential address, sociology and social policy section): paper from the British Association, Annual Festival of Science, held at Birmingham in September 1996; by Clare Ungerson.
This article suggests it is important to unpack the notion of "empowerment" in community care so that the position of those who provide "hands-on" care is scrutinised alongside the empowerment of "users" of care. The particular case of the forthcoming Direct Payments legislation, whereby disabled people will be able to opt for cash rather than services and become employers of personal assistants, is considered. It is argued that both employers and employees in these care relationships are likely to be on low incomes, that the work is likely to be insecure and possibly unregulated, that there might be a problem of labour supply, and that in the long run, this form of employment might generate hardship for the workers. Other forms of reconciling the interests of both users and "carers" are considered. (AKM)
ISSN: 01445596

A global disability indicator; by Lois M Verbrugge.
Disability is difficulty performing roles and activities due to health problems. It is experienced by older people as they accumulate progressive chronic conditions. To measure functional status of individuals and populations, contemporary surveys include sets of detailed items about disability. However, little effort has gone into developing global indicators of disability which cover the concept briefly but well. The author presents a critique of items used in North American surveys. Both laboratory-based cognitive studies and large-scale statistical studies are recommended: the first will reveal meanings of items and responses, and the second, items' systematic structure and prediction ability. The ultimate goal is to identify one or a few fine indicators for widespread inclusion in population health surveys.
ISSN: 08904065

Health expectancies and current research; by Jean-Marie Robine, Isabelle Romieu, Emmanuelle Cambois.
Health expectancy is used as a generic term for all the indicators that express a defined state of health in terms of life expectancy. These indicators apply equally to 'positive' and 'negative' states of health. An international
research network, REVES (Réseau Espérance de Vie en Santé/Network on Health Expectancy and the Disability Process) has set up a classification system to facilitate international comparisons by examining requirements for harmonisation of health expectancies. Literature on methods of measuring and calculating health expectancy is summarised. Theoretical survival curves indicate impairment-free, disability-free, handicap-free and total survival rates; and graphs indicate differences between life expectancy and handicap-free or disability-free life expectancy. The utility of health expectancies for those responsible for health policy is illustrated for: appreciating quality of years lived; surveying inequalities in health; and allocating resources between different programmes; and evaluating health policies. (RH)

ISSN: 09592598

Health status and disability among elderly people in three UK districts; by Ronan A Lyons, Peter Crone, Stephen Monaghan (et al).
In this cross-sectional survey, random samples of people aged 70 and over were interviewed in their own homes in West Glamorgan, Dudley and North Staffordshire. Interviews included standardised assessments of health status (SF-36), disability (Barthel Index) and cognitive function (Abbreviated Mental Test). Differences in health status and disability were found between districts, and effective planning of local services must take these into account. The authors suggest that similar assessments of the older population should be made in other areas.
ISSN: 00020729

Health, fitness and quality of life for older adults with developmental disabilities; by Barbara A Hawkins.
The author reviews the small amount of information available on the ageing process in those with developmental disabilities, how their physical health and functional status is affected, and their ability to participate in recreational activities.
ISSN: 01924788
From: http://www.tandfonline.com

HealthLINK, set up in 1992, aims to enable housebound people in Camden, London to have the same access as anyone else to information about and participation in health and local authorities' decision-making processes. This report looks at the findings from a review of the work of HealthLINK from the perspective of users and voluntary sector organisations. (AKM)
From: HealthLINK, Community Health Councils, 197 Kentish Town Road, London NW5 4YP.

Home in on quality : 6: helping residents to hear; by Counsel and Care; Department of Health - DoH. London: Counsel and Care, 1997, 6 pp (Home in on quality: 8 pamphlets).
Reduced hearing has a drastic effect on the way someone communicates with others - which can make it difficult for a resident living in a residential home to participate in the life of the home. This pamphlet outlines what staff can do to help: assessment of hearing problems; staff training; hearing aids and other equipment; examination and testing; sight tests; and what to do about background noise.
Price: £6.00 (complete set)
From: Counsel and Care, Twyman House, 16 Bonny Street, London NW1 9PG.

An excerpt from the Canadian National Institute for the Blind publication "Living with vision loss: a handbook for caregivers" gives practical suggestions on how older people with low vision can live as independently as possible. (RH)
ISSN: 14696223

An association between disablement and late-life depression is often reported in cross-sectional studies. However, results of such studies must be interpreted cautiously because of likely bias and non-causal explanations for observed associations. This article reports on the longitudinal association between disablement and the onset and maintenance of depression in a survey of 654 out of 889 over 65s in Gospel Oak, London...
Borough of Camden. Depression was measured using SHORT-CARE, and the consequences of disease classified according to the WHO International Classification of Impairments, Disabilities and Handicaps. The prevalence of SHORT-CARE pervasive depression was 17%. Impairment, disability and particularly handicap were strongly associated with depression. Handicap explained most of the depression associated with individual impairments and disabilities. Adjusting for handicap abolished or weakened associations between depression and social support, income, older age, female gender and living alone. It seems likely that handicap is of central significance to late-life depression. Handicap may be more amenable to intervention than either impairment or disability. (RH)

ISSN: 00332917

Influence of visual control, conduction, and central integration on static and dynamic balance in healthy older adults; by Philippe P Perrin, Claude Jeandel, Claude A Perrin (et al).
Ageing is associated with changes in the control of balance, resulting in an increased risk of falls. In order to appreciate the visual, somatosensory, and central signals involved in balance control, methods of posturography assessment have been developed, using static and dynamic tests, eventually associated with electromyographic measurements. This study applied such methods to a population of healthy older people and healthy younger people in order to assess the respective importance of each of the sensorial inputs in ageing individuals. Results indicated that visual input remains a major component of posture control in older people, although physiological ageing of nervous conduction and central integration can contribute to their decreased control of balance.
ISSN: 0304324X

Injuries sustained by caregivers of disabled elderly people; by Alex R Brown, Graham P Mulley.
Informal caregivers are often poorly trained, and are at risk from injury. In this survey of 46 caregivers of elderly patients admitted under a regular hospital respite care scheme in West Yorkshire, most were themselves elderly (median age 70), 21 having a medical condition restricting their physical activity, 31 had injured themselves lifting and handling their dependents, and most had sustained back injuries. 8 caregivers were temporarily unable to continue caring, as a result of injuries sustained. Only 19 caregivers had received instruction in manual handling. To enable caregivers to continue providing optimal care at home, their physical health should be assessed, and they should be trained in safe lifting and handling techniques.
ISSN: 00020729

Integration and leisure education for older adults with developmental disabilities; by Gail Hoge, Barbara Wilhite.
As the population of older adults with developmental disabilities increases, these individuals experience a variety of changes and transitions. Maintaining a high quality of life during these changes and transitions is a critical issue for older adults with developmental disabilities, their families, and service providers. This paper describes a model for integrating older adults with disabilities into community recreation and leisure opportunities. Recreation integration efforts may be difficult without accompanying leisure education. Leisure education models, materials and related programmes are reviewed.
ISSN: 01924788
From: http://www.tandfonline.com

Intellectual disability and ageing: ecological perspectives from recent research; by J Hogg.
Ageing in people with intellectual disabilities has become a central concern of service providers and research workers during the past 20 years. Their emergence as an identifiable population of older people with intellectual disabilities reflects, in part, improvements in medical and social service provision. However, interest in this group is primarily a reflection of the fact that, despite services developed in the light of principles of normalisation, they remain readily identifiable as people in receipt of specialist intellectual disability services, in consequence typically clearly differentiated from the mainstream of older people generally. Analysis of this situation and other factors impacting on older people with intellectual disabilities can be undertaken through the use of ecological models conceptualised in terms of interacting, nested ecologies. The emergence of research on the impact of cultural influences of family carers and service provision is addressed within the framework of the ecological model, and methodological cautions are offered. The enduring role of family caregivers and their motivation to continue caring is described. (RH)
ISSN: 09646233
Local population differences and the needs of people with cognitive impairment; by David Melzer, Margaret Ely, Carol Brayne.

Variations in local population age structure have attracted less attention than national population ageing. As moderate and severe cognitive impairment is a major cause of need for long-term care, population-based estimates of numbers and characteristics of this group were calculated, to explore the effects of local differences. The UK Office of Population Censuses and Surveys (OPCS) study of disability in adults (n>14000) was reanalysed. A group with moderate or severe cognitive impairments was identified, and age-specific estimators of socio-demographic characteristics, household types, disabilities and service use were combined with population estimates for health districts in England and Wales. The proportion of the over-65 population who are 85+ varies from 8% to 15% across districts, equivalent to national population projections for 1986 to 2031 respectively. The estimated prevalence of the study group varies from 53 to 70 per 1000 population aged 65+, with 34-48% of cases aged 85+. The proportion with severe disabilities varies little across districts. If national norms are applied, local rates of institutionalisation would vary from 18 to 27 per 1000 aged 65+, and all that implies for local service provision. (RH)

ISSN: 08856230


Although age is the major risk factor for developing eye disease, older people are not eligible for free National Health Service (NHS) eye tests on the grounds of age alone. This report examines the impact of the withdrawal of free eye tests in 1988/89 on older people. The first chapter outlines some basic facts about eye disease and the reasons why early detection is essential. In the second chapter, findings from a national survey of people aged 60 years and over are presented, which was conducted to examine the factors which influence older people to have an eye test. The third chapter sets out the findings from a study on the patterns of optometric attendance and referrals to the hospital eye service in Oxfordshire since 1988. The report concludes with recommendations, including the following: free eye tests for people aged 60 years and over and further extensions of the exemption categories; a public education campaign promoting "eye health checks"; and audited national standards and outcomes of eye tests. (AKM)

ISBN: 1858781167
Price: £5.00
From: RNIB, 224 Great Portland Street, London W1N 6AA.

Making the case for culturally appropriate community services: Puerto Rican elders and their caregivers; by Melvin Delgado, Sharon Tennstedt.


This study of the caregiving arrangements of 214 disabled Puerto Rican elders in Springfield, Massachusetts, a large city in the northeast US, found that the recipients of care were severely disabled, particularly in instrumental activities of daily living. Yet they had limited sources of informal care and made very little use of formal services. The authors consider the factors associated with amounts of care provided, and factors associated with the use of formal community services. They discuss the need to use a structural adaptation approach, and for social services to be developed that are culturally sensitive and acceptable to both elders and caregivers. (RH)

ISSN: 03607283

"May I use the phone?": a seminar held by the COST 219 UK Group on Wednesday 9th July 1997: summary of proceedings; by COST 219 UK Group.: COST 219 UK Group, 1997, 11 pp.

The seminar set out some aspects and shortcomings of the Disability Discrimination Act (DDA), and to look at its implications for telecommunications. (RH)

From: Mike Martin (tel/fax +44 1428 72 3184).

Methodology and feasibility of a home-based examination in disabled older women: the Women's Health and Aging Study; by Eleanor M Simonsick, Carla E Maffeo, Susan K Rogers (et al).


The Women's Health and Aging Study (WHAS) is a prospective cohort study of community-resident women aged 65 years and over in the United States (USA) with moderate to severe physical disability. The overall aim of the study is to understand the causes and course of physical disability, in particular in relation to the presence and severity of disease. This article describes the content and administration of the physical assessment and examination components of the WHAS, and reviews equipment and safety issues and quality control procedures.
pertinent to home administration. It concludes that research-oriented physical evaluation can be successfully and safely performed in a home setting.

ISSN: 10795006


Ethnic minorities represent a growing percentage of the elderly population in the United States. In this book, contributors examine the socioeconomic, historical and cultural factors influencing the special health problems of a variety of populations: African Americans, Hispanics, Asian Americans, Pacific Islanders, and Native Americans. Specific issues on six general themes are reviewed: mortality and life expectancy; chronic diseases and disabilities; diet and nutrition; mental health; health services and long-term care; and health policy.

ISBN: 0803959745
Price: £22.00 (pbk), £45.00 (hbk)
From: Sage Publications Ltd., 6 Bonhill Street, London EC2A 4PU.


The Department of Transport's Mobility Unit was first set up in 1981 as the Disability Unit, with the objective of co-ordinating all areas of transport policy as they affected the lives of disabled people. The role of the Unit has since developed to include other areas of mobility policy. This overview covers the work of the Unit in 1996-1997. It contains four booklets: MAVIS (Mobility Advice and Vehicle Information Service); mobility policy; women and transport; and crime and personal security on transport. (AKM)
Price: FOC
From: The Mobility Unit, Department of Transport, 1/11 Great Minster House, 76 Marsham Street, London SW1P 4DR.

Morbidity and disability in elderly Zimbabweans; by Theresa J Allain, Adrian O Wilson, Z Alfred R Gomo (et al).


The population aged over 60 years in Zimbabwe is expanding, and life expectancy has increased by 10 years in the last decade. Despite the likely increased demand on medical services, little is known about the health needs of the over 60s. This survey of a rural area of north east Zimbabwe found that visual impairment and difficulty walking were the major causes of disability. Cataracts were the commonest cause of blindness, but only operated on in 10% of cases. 97% of those over 60 complain of chronic pain, but most do not have easy access to analgesic drugs or health services. This study highlights problem areas where simple, low-cost measures could make a difference to the morbidity and disability of older Zimbabweans.

ISSN: 00020729

Motivation and the coping process of adults with disabilities: a qualitative study; by Barbara Brillhart, Kelly Johnson.


Adults with disabilities who have completed rehabilitation programmes and have returned to active lifestyles are experts in the importance of motivation after an illness or injury. This American qualitative descriptive study was conducted with 9 men and 3 women who had completed a spinal cord injury rehabilitation programme at a rehabilitation hospital. Subjects were asked two questions. First, what helped motivate you during rehabilitation to return to an active, productive life? Second, how did rehabilitation nurses and staff assist you with that process? An analysis of the interviews revealed five motivational categories - independence, education, socialisation, self-esteem, and realisation - within the specific themes of nursing and healthcare interventions. Gaining insight into the motivation of adults who have coped with disabilities effectively can help rehabilitation nurses determine how they can promote the motivation that clients need to achieve a quality lifestyle.

(OFFPRINT.) (RH)
ISSN: 02784807


This summary and associated comments relate to an unofficial preliminary draft of the revised Terminals Directive, now titled "Connected telecommunications equipment (CTE)" and issued as COM(97)257. The proposed Directive is deregulatory, and has implications for users with disabilities, for which reasons, the author calls for its revision.
Older adults with developmental disabilities: a brief examination of current knowledge; by Rosangela Boyd. Activities, Adaptation & Aging, vol 21, no 3, 1997, pp 7-27. This article outlines reasons why leisure services are of great importance to older adults with developmental difficulties: it provides opportunities for socialisation, productivity and self-worth; improves their fitness levels; and is conducive to inclusion and integration. Leisure professionals may have a positive impact on the lives of older adults with life long disabilities.

ISSN: 01924788
From: http://www.tandfonline.com

Older adults with developmental disabilities and leisure: issues, policy, and practice; by Ted Tedrick (ed). New York: Haworth Press, 1997, 103 pp. This book presents papers on ways in which older adults with learning difficulties or developmental disabilities can achieve an element of quality of life through leisure experiences which provide meaning, time structure and satisfaction in daily living. The papers range across health, fitness, exercise, expressive arts, enriching later life experiences, consumer satisfaction, integration and leisure education. The concluding chapter focuses on retirement as applied to this population, and the training concerns of those who work with them.

ISBN: 0192478837
From: http://www.tandfonline.com

Personal computers; by InClude Project (Inclusion of Disabled and Elderly People in Telematics), Telematics Applications Programme, European Commission. Vällingby, Sweden: Swedish Handicap Institute, 1997, 4 pp (Pamphlet no 6). This pamphlet is one of a series on accessibility of information and communication technology for older people and people with disabilities. It looks at the accessibility of personal computers, focusing on the hardware, operating system and documentation.

Price: FOC
From: The Swedish Handicap Institute, Anna Lindström, Box 510, S-162 15 Vällingby, Sweden.

Physical illness and disability among elderly people in England and Wales: the Medical Research Council cognitive function and ageing study; by C J Parker, Kevin Morgan, M E Dewey, Analysis Group, Cognitive Function and Ageing Study, Medical Research Council - MRC. Journal of Epidemiology and Community Health, vol 51, April 1997, pp 494-501. This study was conducted as part of the Medical Research Council cognitive function and ageing study (MRC CFAS) of a random sample of people aged 65+ in Newcastle, Nottingham, Oxford, Cambridgeshire, Gwynedd and Liverpool. Age standardised prevalences were calculated for each geographical area, sex, and age group (65-74, 75+). Many conditions were more prevalent in the older age group, including stroke, Parkinson's disease, arthritis, diabetes, and shingles; hypertension was more common in the younger age group. Conditions that were more prevalent in men included angina, heart attack, stroke, head injury, and peptic ulcers, while hypertension, shingles, pernicious anaemia, and thyroid disease were more common in women. There was a complex pattern of area differences for individual conditions: Cambridgeshire had generally low prevalences for many diseases; Gwynedd and Newcastle had less healthy older populations; and Nottingham and Liverpool had the highest percentages of housebound. This study provides the most robust available estimates for lifetime prevalence of a variety of health conditions on a regional and national basis. It shows greatly increased prevalence of disability in the very old, particularly women. (RH)

ISSN: 0143005X
Disability among diseased subjects in the Duke Established Population for Epidemiologic Studies of the Elderly (EPESE) survey, United States (US), was analysed to determine the risk of becoming disabled before or during the final year of life and the predictors of this disability. The method was a comparison of baseline characteristics of decedents who became disabled with the characteristics of decedents who were not disabled. It was found that 63% of the initially non-disabled who survived to the next interview remained able to do the basic activities of daily living (ADL) without help, at least until a few months before death. Multivariate analysis showed that initial age, income, depression, and self-rated health were strong and independent predictors of becoming disabled. The findings suggest that reducing poverty, depression, and illness may reduce the risk of disability. (AKM)
ISSN: 08982643

This report points to the need for more co-operation between older people's organisations and disability organisations, and for more research into the pre-retirement needs of older disabled people. It includes reports of preparatory work by the European Community's Helios II programme, Thematic Working Group 15: a study visit to ageing disabled people in Flanders and Northern France; and a seminar and policy statement on social integration and independent living.
ISBN: 1899423117
From: Eurolink Age, 1268 London Road, London SW16 4ER.

When looking after someone with dementia, it is important to take particular care that he or she does not develop pressure sores. Older people who are not very mobile are particularly vulnerable. Pressure sores are usually easy to treat at an early stage, but if left untreated they will get worse and can be dangerous. This advice sheet outlines precautions and treatment.
Price: FOC
From: Alzheimer's Disease Society, Gordon House, 10 Greencoat Place, London SW1P 1PH.

134 people aged 65 and over with learning disabilities - including 29 with dementia - in Leicestershire participated in this study, which used a semi-structured rating scale. Psychotic symptoms occurred in 27.6%, with the most common being delusions of thefts, other persecutory delusions and visual hallucinations of strangers in the house. The onset of other psychiatric symptoms as part of dementia was also common, in particular changed sleep pattern, loss of concentration, worry, reduced quantity of speech, change in appetite, and onset of or increase in aggression. People with learning difficulties are living longer, and so the number with dementia is rising. Psychiatric symptoms occur commonly in dementia, can cause significant distress, and require recognition, understanding and the development of effective managements.
ISSN: 08856230

Hearing impairment in older adults is a chronic condition with high prevalence, and showing negative correlations with communication, social integration, well-being, and cognition. In the present study, a group of older Germans with mild to moderate hearing loss who received a hearing aid for the first time in their lives (aural rehabilitation group, n=70) and two age-matched controls (42 hearing impaired without hearing aids, and 28 with more or less normal hearing) were tested longitudinally over a 6-month period. Measures examined their performance on communication problems, social activities, satisfaction with social relationships, well-being, and cognition. Data analyses show that in older people with mild to moderate hearing loss, hearing aid use has positive effects on self-perceived hearing handicap. However, hearing aid use has no effect where social activities, satisfaction with social relations, well-being, and cognitive functioning are concerned. (RH)
ISSN: 10795014
Psychotherapy for depression in older adults with a disability: where do we go from here?; by P Landreville, P W Gervais.
Depression is a frequent concomitant of disability in later life. This paper reviews the theoretical and empirical literature on the psychotherapeutic treatment of depression in older adults with a disability. Different models of psychotherapy, including cognitive and behavioural approaches, appear relevant for treating this population. Empirical evidence suggests that psychotherapy is useful for reducing depressive symptoms in older people with disabilities, but its effectiveness in treating depression is unclear. Methodological and conceptual explanations of this situation are provided. More well-designed outcome studies are needed to determine the efficacy and long-term benefits of psychotherapy for depressed older persons with a disability. Evidence also suggests that treated patients demonstrate improved functioning in their activities as a consequence of a reduction in excess disability.
ISSN: 13607863
From: http://www.tandfonline.com

This pamphlet is one of a series on accessibility of information and communication technology for older people and people with disabilities. It discusses the design implications of the increasing use of public terminals, such as self service systems for consumers and information kiosks for provision of public information, for older people and people with disabilities. Some guidelines for good design in the following aspects of public terminals are outlined: physical access, physical design, input to the system (keyboards, card readers), interaction with the system, output from the system, touchscreens, and contactless cards.
Price: FOC
From: The Swedish Handicap Institute, Anna Lindström, Box 510, S-162 15 Vällingby, Sweden.

This report on the Quality of Life Conference aims to give an overview of the planning required to involve and consult housebound older people and their carers in service planning and provision. Information on their experiences and needs are highlighted in the recommendations made in the workshop sessions, on the themes of: hospital discharge; home care; GP (general practitioner) services; safety and security; education and leisure; housing; domiciliary health care; accessible and affordable transport; carers; and dealing with loneliness and depression. Three other workshops represented the needs of the Bengali, Chinese and Greek speaking communities, and discussed the same themes. Responsibility for implementing recommendations has been assigned to the Getting on in Camden Initiative (Camden Council's Vulnerable Older People's Strategy), Camden and Islington Health Authority, health service providers, and Camden Healthy Cities who will perform evaluations.
Price: FOC
From: Camden Healthy Cities, Instrument House, 207-215 King's Cross Road, London WC1X 9DB.

Following a major survey of the needs of blind and partially sighted people carried out in the mid-1980s, RNIB concluded that there was extensive under-provision of local authority social services. "A question of risk" looks in detail at the legislative framework for community care. Under the NHS and Community Care Act 1990 and the Disabled Persons (Services, Consultation and Representation) Act 1986, local authorities are required to offer a comprehensive assessment to all disabled people, irrespective of the need that is initially presented. The document reports on findings of research studies, and examines ways in which local authorities have tried to close the gap between increasing levels of demand and inadequate resources, in effect, by rationing services such as home care. The report makes recommendations to central and local government concerning these observations. (RH)
ISBN: 1858781361
Price: £5.00
From: RNIB, 224 Great Portland Street, London W1N 6AA.
A race and gender specific replication of five dimensions of functional limitation and disability; by Daniel O Clark, Timothy E Stump, Fredric D Wolinsky.  
In this study, activity of daily living (ADL) and instrumental ADL (IADL) data from the 1989 national Long-Term Care Survey (NLTCS), United States (US), were used to replicate two domains of functional status with a total of five dimensions among them. LISREL (LInear Structural RELationships) analysis of the 14,415 black and white older adults obtained from the 1989 NLTCS study replicates three ADL disability dimensions (basic, household, and advanced) with few modifications, except among black older men. Similarly, analysis of the 4,297 black and white disabled older adults replicates five functional status dimensions (3 ADL disability dimensions, and lower- and upper-body functional limitation dimensions) with few modifications, except among black older men. The results suggest that improved understanding of functional status will occur from studies that take into consideration the differences between functional limitation and ADL disability. The authors conclude that further research is needed on the validity of functional reports among black men. (AKM) 
ISSN: 08982643

A randomised trial comparing aerobic exercise and resistance exercise with a health education program in older adults with knee osteoarthritis; the Fitness Arthritis and Senior Trial (FAST); by Walter H Ettinger, Robert Burns, Stephen P Messier (et al).  
The Fitness and Arthritis in Seniors Trial (FAST) was undertaken to define the role of exercise as an intervention for knee arthritis. The trial's purpose was to determine whether two types of exercise (aerobic and resistance) improved self-reported disability, physical performance, and pain in older people with physical disability from knee arthritis over an 18-month period. Subjects were 439 American over 60s living at home, of whom 365 (85%) completed the trial. Overall compliance with the exercise prescription was 68% in the aerobic training group, and 70% in the resistance training group. Those prescribed an exercise programme had modest improvements in measures of disability, physical performance, and pain from participating in either of the two programmes. These data suggest that exercise should be prescribed as part of the treatment for knee osteoarthritis. (RH) 
ISSN: 0393554X

Reduced visual acuity in elderly people: the role of ergonomics and gerotechnology; by Maria Rita Pinto, Stefania De Medici, André Zlotnicki (et al).  
Gerotechnology is the discipline concerned with fundamental and applied research involving the complex interaction of older people with technological products and the built environment. This article focuses on the risks of reduced visual acuity in older people, and looks at how they might be reduced by changing the environment and improving technological design. It concludes that incorporating principles of ergonomic design for older people would improve their safety and comfort. 
ISSN: 00020729

This book deals with physical and intellectual disability and spans the range from childhood to disability and disablement in later life and old age, integrating the concepts and principles of rehabilitation with good clinical practice. It covers material from a broad range of perspectives, including social and educational aspects, management, evaluation and research, and statistical method. 
ISBN: 052143713X 
Price: £29.95 (US$49.95) 
From : Cambridge University Press, The Edinburgh Building, Shaftesbury Road, Cambridge CB2 2RU.

The relationship between vision impairment and the assessment of disruptive behaviors among nursing home residents; by Amy Horowitz.  
This study examined the relationship between vision impairment, defined as best corrected distance acuity, and disruptive behaviours among nursing home residents in upstate New York, United States (US). All data were collected from nursing home records. Vision impairment was significantly related on the bivariate level to the disruptive behaviour index. Hierarchical regression analyses, with disruptive behaviours as the criterion and age and comorbid conditions as covariates, indicate that vision status is a significant independent contributor to disruptive behaviours among long-term care residents. Several interpretations for this observed relationship are discussed as are implications for nursing home services and future research. (AKM)
Religion among disabled and nondisabled persons I: cross-sectional patterns in health practices, social activities, and well-being; by Ellen L Idler, Stanislav V Kasl.
What is the relationship between religious involvement and functional disability among older people? Is being disabled different for those who frequently attend religious services? Does religious involvement have an effect of subsequent change in disability? Deriving hypotheses from traditional theories in the sociology of religion, the authors explore these questions in two related articles. Both use data on 2812 subjects from the New Haven, Connecticut (CT) site of the Established Populations for the Epidemiological Study of the Elderly. In this first article, cross-sectional correlates of religious involvement and disability are examined at the baseline of the study, including multiple indicators of health practices, social activities, and subjective well-being. They test for interactions between religious attendance and disability. Findings are: that religious involvement in 1982 is tied to a broad array of behavioural and psychosocial resources; that these resources are associated primarily with attendance at services, and not with subjective feelings of religiousness; and that some of these associations are especially pronounced among disabled respondents. (RH)
ISSN: 10795014

Religion among disabled and nondisabled persons II: attendance at religious services as a predictor of the course of disability; by Ellen L Idler, Stanislav V Kasl.
Does religious involvement influence changes in physical health? The authors perform longitudinal analysis of the effect of religious participation on functioning over a 12-year follow-up period in a large, prospective, representative sample of older people from New Haven, Connecticut (CT), a religiously diverse community. To examine the possibility that disability or changes in disability may be affecting religious involvement, they perform a second longitudinal analysis of changes in religious practice. Finally, they ask whether psychosocial correlates explain the effect of religious involvement on disability. Findings are: that attendance at services is a strong predictor of better functioning, even when intermediate changes in functioning are included; that health practices, social ties, and indicators of well-being reduce, but do not eliminate these effects; and that disability has minimal effects on subsequent attendance. The findings illustrate the short- and long-term importance of religious participation to the health and well-being of older people, and suggest a particular significance for religious participation in the lives of disabled older people. (RH)
ISSN: 10795014

Reported activities of daily living: agreement between elderly subjects with and without dementia and their caregivers; by Truls Ostbye, Suzanne Tyas, Ian McDowell (et al).
In this study based on data from the Canadian Study of Health and Aging, 800 study subjects and their caregivers were independently interviewed regarding subjects' activities of daily living (ADL). Those with caregivers other than spouse or offspring required more assistance with ADL. The reported percentage of independence decreased with increasing severity of dementia. There was more agreement between self- and proxy-reported level of independence for physical ADL than for instrumental ADL items. Agreement decreased with increasing severity of dementia.
ISSN: 00020729

The impact of age and cognitive function on the reproducibility of a performance-based and self-reported measure of functional status was investigated. The Zutphen Elderly Study is a longitudinal investigation of men born between 1900 and 1920 living in Zutphen, the Netherlands. Of a random sample of 114 men from the 1995 survey, 105 (mean age 79.9) participated in a test-retest study, comprising a questionnaire on disabilities, and 4 performance tests twice, in a 2-week interval: standing balance, walking speed, chair stand, and external shoulder rotation. The number of self-reported disabilities in basic activities of daily living (ADL), mobility, and instrumental activities of daily living (IADL) were assessed. Kappa statistics and Pearson correlation coefficients between test and retest measurements were computed for the total group and stratified by age and cognitive function. In the group of subjects tested, performance tests and self-reported disabilities had moderate...
to good reproducibility, with the exception of poor reproducibility for the test for standing balance. In very old or cognitively impaired populations, self-reported functional status may have lower reproducibility. (RH)

ISSN: 10795006

The case is argued for the creation of a specific research action concerning information systems and services for older and disabled people within the context of the information society. Such specific action for the provision of assistive technology is a necessity, in view of developments, challenges and opportunities in four main areas: society, economy, industry and market, and users. The main research objective would be to open up the information society for all citizens. Measures to bring this about include: assistive systems and services; design for all; long term research; and other measures such as disseminating best practice. (RH)

From: TIDE Office, DG XIII C-5, Avenue de Beaulieu 29, 1160 Bruxelles, Belgium.

Residential care of handicapped persons under the age of 65 in England and Wales: statements for 1996 prepared pursuant to Section 18 (3) of the Chronically Sick and Disabled persons Act 1970: presented pursuant to c.44 1970 Section 18 (3); by Department of Health - DoH; Welsh Office. London: The Stationery Office, 11 December 1997, 4 pp (HC 399).
These statements contain information about the number of persons under the age of 65 (physically and mentally disabled) in residential accommodation provided by or on behalf of local authorities in England and Wales on 31 March 1996.
ISBN: 0102818983

From: The Publications Centre, Po Box 276, London SW8 5DT.

This report presents the findings of a review of the Argyll and Clyde learning disability services, which include residential care, respite services and a community learning disability team. Topics covered include: accommodation and daily living; support services; the care of residents with very special needs; independent advocacy; managing the funds of mentally incapable residents; management of the learning disability services; and clinical services, including nursing and medical staff, physiotherapy, and social work. The report concludes with a number of recommendations to the health board and the trust. (AKM)
Price: FOC

From: Scottish Health Advisory Service, Trinity Park House, South Trinity Road, Edinburgh EH5 3SE.

The Revised Elderly Persons Disability Scale (REPDS) applications training guide; by John S Carr, Alan Chapman, Dementia Services Development Centre, University of Stirling. Stirling: University of Stirling, 1997, 74 pp.
The Revised Elderly Persons Disability Scale (REPDS) is a dependency rating scale which is designed for use by staff working with people with dementia in institutionalised settings. The seven subscales of the scale are: physical problems, self help skills, confusion, behaviour, sociability, psychiatric observations, and nursing dependency. This training guide aims to familiarise users with the content and format of REPDS so that regular assessments are carried out in a standardised manner. In addition, it looks at how to use the information obtained from REPDS to inform care planning and placement decisions.
Price: £9.00

From: Dementia Services Development Centre, University of Stirling, Stirling, Scotland FK9 4LA.

The role of a specialist team in implementing continuing health care guidelines in hospitalized patients; by Alice Cockram, Rose Gibb, Lalit Kalra.
Specialist intervention, using a team approach, facilitates effective implementation of continuing care guidelines for hospital in-patients. The authors report on their study, in which a specialist team was responsible for assessment and enabling access to continuing health care in the hospital or the community on a non-age-related basis. Of 93 patients included, 26 had been inappropriately referred, having no continuing care needs; whilst 24 appropriate patients had not been referred because of inadequate assessments. The lack of expertise in some wards to identify complex problems requiring continuing care, even when defined criteria are available, is highlighted. The evaluation strongly supports collaborative working between health and social care.
organisations. Where it worked effectively - for 26 patients in the study - a high level of satisfaction with support and post-discharge arrangements was reported.

ISSN: 00020729

To assess the utility of one widely used scale for depression, the authors examined the sensitivity and specificity of the Geriatric Depression Scale (GDS) in older visually impaired patients attending a US low-vision clinic. GDS scores were compared with the diagnosis of major depression in statistical models examining interrelationships of vision, depression and disability. The sensitivity and specificity of the GDS were 63% and 77% respectively. A receiver operating characteristic curve showed that the GDS's ability to discriminate patients with and without major depression was no better than chance. Although the GDS was limited as a screen for major depression, it was useful in statistical models examining the interrelationships of vision, depression and disability. Although the GDS is unable to discriminate patients with and without major depression in this population, it is valuable as a continuous measure of depressive symptomatology to examine the interrelationships of vision, depression and disability. (RH)

ISSN: 08856230

This report, based on inspections of services to deaf and hard of hearing people in eight local authorities, has been designed to help managers understand the range of needs of deaf and hard of hearing people so that they can plan and deliver sensitive and appropriate services. Assessment, specialist services, communication, access, information, and planning and management were identified as aspects of service needing further development. The inspection reports on in detail, and proposals for improving services are outlined, for: assessment of needs; social workers with deaf people; environmental equipment; supporting community groups and development work; communication with deaf and hard of hearing people; local interpreting and communication services; links between specialist workers and the rest of the social services; wider social services provision; information to the public; complaints; planning services; managing services; and training and staff development. A summary of the report is also available, which outlines the key issues for front line staff and their managers. (RH)

From: Department of Health, PO Box 410, Wetherby, LS23 7LN.

This summary highlights the main messages from the Social Services Inspectorate (SSI) report, "A service on the edge". Managers, whether of specialist services or of other social services, should understand deaf people's needs and methods of communication. They should also consider how deaf people's needs are assessed, and ultimately access to specialist services. (RH)

From: Department of Health, PO Box 410, Wetherby, LS23 7LN.

The needs of people with a learning disability are likely to become increasingly complex as they grow older, which have implications for service provision. This report sets out the findings of a project which investigated the extent to which Social Services Departments were taking account of the needs of this user group. The project was established as part of the Social Services Inspectorate (SSI) programme of development work for 1996-97, and it was carried out in three stages: a national survey of services for people with learning disabilities; focus group discussions; and visits to four local authorities (Dudley, Isle of Wight, Westminster and Wiltshire). Recommendations to Social Services Departments include: work in collaboration with other commissioning agencies; establish a flexible funding mechanism; ensure that older people with a learning disability have access to effective assessment and care management systems; and provide a wide range of residential accommodation and day services.

Price: FOC
From: Department of Health Stores, PO Box 410, Wetherby LS23 7LN.

The main purpose of this bibliography is to provide information that will be useful to anyone concerned with sexuality and older people, in particular caregivers. It contains 457 references to major studies, literature reviews, bibliographies, books and articles. Topics covered include research methodology and measurement.
Social development, including questions relating to the world social situation and to youth, ageing, disabled persons and the family; [and]: Operational framework for the International Year of Older Persons, 1999: report of the Secretary-General; by General Assembly, United Nations - UN; International Year of Older Persons. New York, NY: United Nations, 8 September 1997, 14 pp (A/52/328) (General Assembly, 52nd session, item 104).
This report presents highlights of preparations for the International Year of Older Persons, 1999: key dates, key players and selected activities, and lead agencies and supporters. The Operational framework suggests a structure for organising activities in four areas: raising awareness for a society for all ages; looking ahead beyond 1999; reaching out to include 'non-traditional actors' (that is, the wider community of those who do not normally have a say); and networking: research and information exchange. (RH).

From : UN Department of Public Information, UN HQ, S-1005, New York, NY 1001, USA.

Hearing loss is prevalent in nursing homes, and communication by residents is reported to be restricted both in quality and quantity. Programmes to manage hearing loss in nursing homes are uncommon, and residents are seldom referred for assessment of communication difficulties. To consider how these needs and difficulties are perceived, a questionnaire was completed by 140 staff in five nursing homes in Adelaide. They answered questions relating to the prevalence and effects of hearing loss, residents' opportunities for communication, and the communication environment. Findings suggest that staff underestimated the prevalence of hearing loss, that they recognise some of the communication obstacles encountered by residents, but that they are overly optimistic about residents' opportunities for communication, and also the ability of staff to improve that communication.
ISSN: 07264240

This book, presented in four parts, explains how well-planned national programmes help to ensure widespread blindness prevention and the co-ordination and efficient utilisation of resources available for health care. The first part presents the concept of avoidable blindness, and how activities organised nationally can be implemented at a local level, even with limited staff and resources. The essential components of national programmes are discussed in the second part, including strategies for mobilisation of national and international resources. Part three, on primary eye care, helps planners understand what a national programme entails in terms of essential clinical activities, personnel and training, supplies and equipment, and training material. The final part provides detailed advice on ways to combat each of the major blindness conditions: trachoma, blinding malnutrition, onchocerciasis, cataract, ocular trauma, glaucoma, diabetic retinopathy, and childhood blindness. Though recommended measures draw on state-of-the-art technical knowledge, emphasis is on simple activities easily carried out at the primary health care level. (RH)
ISBN: 9241544929
From : The Publications Centre, PO Box 276, London SW8 0DT.

Activities of daily living (ADLs), instrumental ADLs (IADLs), and disability markers have traditionally been the most common indicators of functional status. The study on Asset and Health Dynamics Among the Oldest Old (AHEAD) is used to replicate a five-dimensional measurement model composed of these observable indicators among the older-adult self-respondents. The items available to measure upper body disability were found wanting, but lower body disability, and the basic, household and advanced ADL constructs were confirmed. Analyses of the measurement model separately among sub-groups of women, men, Hispanics, Mexican Americans, African Americans, and whites found no meaningful differences. Two structural models linking the lower body disability, and the basic, household and advanced ADL constructs to perceived health
and depression were also replicated among the older adults self-respondents, as well as separately among African Americans and among whites. These models reaffirmed the dominant role of lower body disability on the everyday activities of older adults, and on their perceived health and depression. (RH)

ISSN: 10795014


In conjunction with the 1995 White House Conference on Aging (WHCoA), the authors conducted a study of 917 housebound older people in one US state, to determine whether medications and medical care were always affordable and accessible, and how nursing home care would be paid for if needed. For more than two-fifths of the sample, paying for physicians' services and medications, as well as finding reliable transport was problematic at times. A similar proportion did not know where they would turn for assistance if family and friends were unavailable. Although Medicare only pays for up to 100 days under certain circumstances, more than half of the sample projected that Medicare would pay for nursing home care if it is needed. The authors conclude by discussing the WHCoA resolutions and resulting social policy implications.

ISSN: 01634372

From: http://www.tandfonline.com

The views of housebound older people; by Alistair Beattie, Primary Care for Older Londoners Campaign, Age Concern London. London: Age Concern London, 1997, 8 pp (Primary Care for Older Londoners Campaign briefing paper 1).

In the debate about the future of the `primary care led NHS', the voice of the user is rarely heard. The voice of the older user is heard even less. This paper reports the views of a small sample of older housebound people in primary care. (RH)

Price: FOC

From: Age Concern London, 54 Knatchbull Road, London SE5 9QY.

What is Design for All?; by InClude Project (Inclusion of Disabled and Elderly People in Telematics), Telematics Applications Programme, European Commission. Vällingby, Sweden: Swedish Handicap Institute, 1997, 4 pp (Pamphlet no 1).

This pamphlet is one of a series on accessibility of information and communication technology for older people and people with disabilities. It explains the concept of "design for all", which is the process of designing products, services and systems so that they are flexible enough to be directly used, without assistive devices or modifications, and compatible with assistive technology products that might be used by people who cannot use the products directly. Some examples of "design for all" are given, including kerb cuts, speech recognition, and adaptation of computer keyboard features. The benefits of "design for all" for people with disabilities, older people, industry and the public sector are outlined.

Price: FOC

From: The Swedish Handicap Institute, Anna Lindström, Box 510, S-162 15 Vällingby, Sweden.


This book looks at the care of older people from a holistic viewpoint: the cultural aspects of growing older, sexuality and relationships, and the spiritual aspects of old age. Physical, emotional and psychological challenges are examined, including dementia, physical disability, and the effects of genetic and congenital impairments. In Part 2, the author discusses practical suggestions as to how music therapy can contribute to the well-being and life-satisfaction of older people.

ISBN: 1853024473

Price: £15.95

From: Jessica Kingsley Publishers, 116 Pentonville Road, London N1 9JB.

Why can't I see so well any more?; by Canadian National Institute for the Blind.: HelpAge International, Ageways, 46, November 1997, pp 11-14.

This article outlines the most common conditions which cause vision loss in older people, and describes some of the emotional reactions which many older people have to their changing vision. It is adapted from "Living with vision loss: a handbook for caregivers", published by the Canadian National Institute for the Blind (CNIB). (RH)

ISSN: 14696223
Wills at the bedside: problems and pitfalls; by Nicholas Andrews.
Older people and those who perceive themselves to be in the last stages of life often have an urgent need to set their affairs in order. Those who are bedridden, whether temporarily or permanently, at home or in hospital, may also wish to give instructions for a will. This article outlines requirements for, and problems in, execution of bedside wills. (RH)
ISSN: 1360239x

Windows to their world: the effect of sensory impairments on social engagement and activity time in nursing home residents; by Helaine E Resnick, Brant E Fries, Lois M Verbrugge.
The relationships between three sensory and communication abilities and two areas of nursing home resident behaviour are examined. Data from 18,873 nursing home residents include measures of hearing, visual and communication abilities, and social engagement time spent in activities. An increasing level of visual impairment is associated with low levels of social engagement and little time in activities. Both moderate and severe hearing impairment are associated with little time in activities, while inadequate communication is associated with limits in both social engagement and time in activities. The combined effects of visual communication impairments are associated with low social engagement. Increased attention to sensory and communication losses may lead to improved quality of life in this population. (RH)
ISSN: 10795014

This pamphlet is one of a series on accessibility of information and communication technology for older people and people with disabilities. It looks at the accessibility and usability of the World Wide Web (WWW) for people with disabilities, and gives guidelines on how to design an accessible Web page.
Price: FOC
From: The Swedish Handicap Institute, Anna Lindström, Box 510, S-162 15 Vällingby, Sweden.

Your guide to our special needs services; by London Electricity plc. London: London Electricity plc, 1997, various pagings.
This guide outlines the services available from London Electricity to special needs customers, such as older customers, people with disabilities, or people with other special needs. Services available include different types of bills (large print, braille and talking bills); communication by Minicom; password scheme; and aids and adaptors.
Price: FOC
From: London Electricity plc, Templar House, 81-87 High Holborn, London WC1V 6NU.

1996

Disabled and older people are expected to interact with an increasingly complex technological environment where user interfaces are usually designed only with the requirements of able-bodied users in mind. The ACCESS project of the European Union's TIDE (Technology Initiative for the Disabled and Elderly) Programme offers a novel approach to solving accessibility problems, which this document reports on. Specific examples discussed are communication aids for speech-motor and language-cognitive disabled users, and a hypermedia application for blind students.
ISBN: 186048011X
From: Dr John Gill, RNIB, 224 Great Portland Street, London W1N 6AA. (Contact as a partner in the ACCESS Consortium)

These guidelines aim to anticipate many of the problems often experienced by wheelchair users: there are often both practical and financial constraints involved in planning which restrict options. Architects, surveyors and occupational therapists should all be involved in the planning and alteration to properties for wheelchair users from the initial stages, whose views and those of their carers are of particular importance in this process.
Better hearing; by Help the Aged. London: Help the Aged, 1996, 11 pp (Help the Aged advice leaflet). This leaflet gives information on what to do about hearing loss, and information on hearing aids. 

Breathing and posture routines of chair-bound elders; by Mary Ann Wilson, Susan Christina. Activities, Adaptation & Aging, vol 20, no 3, 1996, pp 49-56. Discusses the importance of incorporating breathing and posture exercises into fitness programmes for chair-bound older people. ISSN: 01924788

Care management and client groups: Part 1: Elderly and physically disabled service users; by Morag McGrath, Assessment and Care Management Study, Centre for Social Policy Research and Development - CSPRD, University of Wales. Bangor: CSPRD, University of Wales, 1996, 2 pp. CSPRD Research Update, no 3, 1996, 2 pp. Services for the different client groups have been affected in somewhat different ways by the implementation of the NHS and Community Care Act 1990. The introduction of care management has so far been established mostly in services for elderly and physically disabled people. Irrespective of user groups served, more respondents to the survey on which this Update reports believed that service quality had decreased (44%) than had increased (33%).


Communication difficulties; by Catherine Moules. Nursing Times, vol 92, no 7, 14 February 1996, pp 32-33. Looks at the problem of dysphasia following a stroke, and examines the physical, psychological and social dimensions to consider when caring for patients with this condition. ISSN: 09547762

Consulting and involving older people with a visual impairment in the provision and development of personal social services; by Mark Davis, Social Services Development Unit, Royal National Institute for the Blind - RNIB. London: RNIB, 1996, 19 pp (User Consultation).

The NHS and Community Care Act 1990, section 46, and the guidance which followed, placed a legal duty on local authorities to consult with providers, service users and carers in the planning and delivery of services. This study is the first national research to look at what progress has been made to consult and involve older people with a visual impairment regarding the provision of personal social services.

ISBN: 1858780977
Price: FOC
From: Mark Davis, Community Care Officer - Older People, RNIB Social Services Development Unit, 7 The Square, 111 Broad Street, Edgbaston, Birmingham B15 1AS.


Based on interviews with disabled users of day and domiciliary care services, this study explores their views about the experience of being charged for care; the ways in which their needs are assessed and their charges determined; their need for information about local authority charging policy; and their ability to pay charges.

ISBN: 1861340230
Price: £11.50
From: The Policy Press, University of Bristol, Rodney Lodge, Grange Road, Bristol BS8 4EA.

A cross-cultural study of beliefs, attitudes and values in Chinese-born American and non-Chinese frail homebound elderly; by Madeleine Crain.


The general perception is that many minority ethnic groups are unwilling to discuss "taboo" subjects such as death and end-of-life choices. This investigation's main purpose was to ascertain whether Chinese-born frail older people in New York City wish to take part in medical decision-making regarding life-support interventions in the same way as other frail older people. The article reports on the attitudes to death and dying of 55 Chinese-born and 47 non-Chinese. Also reported are their attitudes to life-sustaining treatments, opinions concerning personal health, and attitudes towards life and past events. Although Chinese culture is believed to be family-centred, about half would choose to speak to a doctor about end-of-life issues. (RH)

ISSN: 10724281


In: Exploring the divide: illness and disability; edited by C Barnes and G Mercer, 1996, pp 17-38. (OFFPRINT.)

Dementia and the social model of disability; by Claire Gwilliam, Jane Gilliard.


Argues that the social model of disability, which claims that is is society that disables people who have impairments, is relevant to the way dementia is perceived.

ISSN: 13518372


This project - which was supported by the Joseph Rowntree Foundation (JRF) - aims to examine local authority procedures for assessment of housing need and the means by which disabled people's housing needs are met. It also evaluates the impact of disabled people's organisations on housing policy and planning at a local level; and identifies specific areas of concern and help to initiate and develop action plans. The report concludes that it must be recognised that disabled people want and demand accessible, adaptable and affordable housing to rent or to buy. Disabled people also want and need anti-discrimination legislation with provisions targeted at disabling aspects of the environment and buildings. However, this will not be enough to combat present segregative housing policies and practices.

ISBN: 0952150573
Price: £7.50
From: BCODP, Litchurch Plaza, Litchurch Lane, Derby, DE24 8AA.
Depression and disability in older people with impaired vision: a follow-up study; by Barry W Rovner, Pamela M Zisselman, Yochi Shmuely-Dulitzki. 
Explores the prevalence and incidence of depression in older people with visual impairment. 
ISSN: 00028614

Determinants of perceived family support and conflict: life-course variations among the physically disabled; by Heather A Turner. 
In this study of three age groups of non-institutionalised physically disabled people (18-49, 50-64, and 65 and over) in southwest Ontario, Canada, life-course related differences in the levels of both support and conflict are indicated, with the oldest group perceiving the greatest support and the least conflict from family members. While level of disability was not significantly related to perceived family support, findings indicate that individuals with greater functional limitations experience less frequent or negative or conflictive interactions with family. Determinants of support and conflict varied considerably by age group. Results of this study support the notion that support and conflict represent independent dimensions of experience. Factors that influence family support and conflict appear to change across the life course. 
ISSN: 00914150

Developing services for people with learning disabilities which actively involve family members: a review of recent literature; by Owen Barr. 
Reviews recent literature on the possible impact of a person with learning disabilities on the family unit, and on professional statements about family involvement in care, and identifies implications for the development of services which actively involve family members. 
ISSN: 09660410

Disability and health: perceptions of a sample of elderly people; by Cecily Partridge, Marie Johnston, Lorna Morris. 
Results reported here represent part of the work of a larger study which also investigated the use of health and social services in a sample of older people from three general practices in Kent. Just over a third could be classified as “disabled”, but in general, the mobility of the sample was good, with high scores on activities of daily living (ADLs). There were, however, discrepancies between their own assessments of disability and objective assessments. Factors which determined perceptions of health or disability were walking unaided and general levels of activity. Health was perceived in terms of what one could do rather than the presence of current diseases or conditions. When planning treatment for older people, physiotherapists and others should consider individual variability in perceptions of disability and health as well as objective assessments. (RH)

Prepresents findings from a study which examined some of the problems experienced by a group of people with arthritis who were isolated, and the key factors essential to the provision of good community care services. 
Price: FOC 
From: Department of Health, PO Box 410, Wetherby, West Yorkshire LS23 7LL.

Disability and principal lifetime occupation in the elderly; by Cristina Geroldi, Giovanni B Frisoni, Renzo Rozzini (et al). 
In this study, daily function, cognitive, and physical health variables were assessed in an Italian population of community-dwelling people aged 70 and over. Disability in daily function showed a clear decrease throughout occupational groups from farmers, the most disabled group, to housewives, blue-collar workers, tradesmen and craftsmen, and white-collar workers, the less disabled group. Farmers were the most disadvantaged, having a mean of 2.0 functions lost, 1.39 more than white-collar workers. Data suggests that principal lifetime occupation - a possible source of environmental stress - exerts an influence on functional activity, which is mediated on cognitive performance. 
ISSN: 00914150

Disability Discrimination Act information pack; by Minister for Disabled People; Disability on the Agenda. London: Issued on behalf of the Minister for Disabled People, April 1996, 6 pamphlets in folder (DL60; DL70; DL80; DL90; DL100; DL110; DL120). A guide to the Disability Discrimination Act 1995. Contains a set of booklets, each dealing with a section of the Act: definition of disability; employment; access to goods, facilities and services; letting or selling land or property; education; public transport vehicles; the National Disability Council and the Northern Ireland Disability Council. Price: FOC From: Telephone: 0345 622 633 (local rate) or on textphone 0345 622 644.

Disabled Persons Transport Advisory Committee annual report: 1995; by Disabled Persons Transport Advisory Committee. (KJ)

Disentangling the disablement process; by Renée H Lawrence, Alan M Jette. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, vol 51B, no 4, July 1996, pp S173-S182. This article proposes a model to assess the premise that functional limitations are an intermediary stage between risk factors, pathology impairments, and onset and course of instrumental activities of daily living (IADL) disability. Analyses were based on two random subsamples of US Longitudinal Study of Aging respondents who were not disabled at baseline (1984) and re-interviewed in 1988 and 1990. The model's central premise was supported in two ways. The main influence of age, frequency of walking, and musculoskeletal problems was on the onset of functional limitations, rather than onset of IADL disability; and, onset of lower body functional limitations influenced future disability (1990) through its relationship with disability in 1988 and functional limitations in 1990. The results underscore the value of clinical trials which focus on minimising functional limitations as a strategy for preventing disability. ISSN: 10795014

Disentangling the effects of disability status and gender on the labor supply of Anglo, black and Latino older workers; by Anna M Santiago, Clara G Muschkin. The Gerontologist, vol 36, no 3, June 1996, pp 299-310. Investigates the effects of disability status on labour force participation and earnings of women aged between 50 and 64 from different ethnic groups. ISSN: 00169013

Effects of leisure education on women aging with disabilities; by Teresa A Lovell, John Dattilo, Nancy J Jekubovich. Activities, Adaptation & Aging, vol 21, no 2, 1996, pp 37-58. This investigation of 12 women sought information about their perceptions of leisure, control and freedom, by interviews and administration of components of the Leisure Diagnostic Battery (LDB). Six participants received a leisure education programme and the other six did not. Themes which emerged from analysis of interview information were: a changing leisure repertoire, a requirement to make decisions, a desire for control, and the importance of personal goals. Findings from the LDB were inconclusive, although increases in scores for the Leisure Education group on the Barriers to Leisure Involvement Scale may indicate a greater awareness of barriers as a result of the leisure education intervention. Overall, results indicate that leisure education may be a useful intervention for increasing perception of control and the development of goals by some women ageing with physical disabilities. ISSN: 01924788 From: http://www.tandfonline.com

Effects of sensory aids on the quality of life and mortality of elderly people: a multivariate analysis; by Ildebrando Appollonio, Corrado Carabellese, Lodovico Frattola, Marco Trabuccchi. Age and Ageing, vol 25, no 2, March 1996, pp 89-96. Reports on a cross-sectional study which examined the relationship between the use of sensory aids and the quality of life and mortality of older people suffering from sensory deprivation. It found that an uncorrected
sensory deprivation was associated with impairment of mood, self-sufficiency, activities of daily living, and social relationships.

ISSN: 00020729

The main purpose of the study, in which individuals representing 34 religious institutions in a southwest US urban area were surveyed, was to determine what services they provided to support their oldest members, aged 80 and over. Spiritual or counselling programmes were more likely to be regularly planned programmes than material/financial assistance or physical health services, which were more likely to be offered as and when required. Most of the churches reported access for those with disabilities. Study results were used to develop a model and make recommendations illustrating the religious institution's role in providing eldercare and support. ISSN: 10502289

From: Haworth Document Delivery Center, Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904, USA.

There has been a considerable growth of interest in older people with a learning disability (LD), due in part to the increase in their life expectancy. This article reviews the literature, focusing on demographic data, functional abilities, mental health, physical health, and service use. Older people with learning difficulties will have high health and social care needs; and they share with their normally-ageing peers the problems of ageing: age-related infirmities of dementia, sensory impairment, urinary incontinence, and poor mobility. They develop psychiatric disorders that remain unrecognised and untreated. Some are cared for by ageing parents who may also be frail and have serious health problems. Further research is required on the quality of life, successful indicators of ageing, and guidance on the type of service that will meet the needs of this group. (RH)

ISSN: 10416102

Equipped for living: the guide to equipment designed for elderly people and people with disabilities; by Disabled Living Foundation - DLF. London: DLF, 1996, various pagings.
This guide is written with a problem-solving format, so that any information provider - even with no knowledge of equipment - will easily be able to find the correct answer for someone faced with a particular difficulty. Information and addresses are given for names of suppliers of equipment and useful organisations.
ISBN: 0901908681
Price: £35.00
From: DLF, 380-384 Harrow Road, London W9 2HU.

This paper describes a model which produces quantitative estimates of the numbers and characteristics of older people with cognitive disability at a level comparable to moderate or severe dementia or confusion. It produces robust estimates for local populations based on the numbers of people in the age groups: 65-74, 75-84, and 85 and over. It is available as a simple software package designed for use by those involved in planning services for older people. It can provide a basis for evidence-based health care or social care decisions, or for informed policy debate.
ISSN: 0264519X

The magnitude of eye-related disorders among people of African origin is considerable, especially those from countries - such as Ethiopia - which have experienced the ravages of war, drought, severe food shortages, malnutrition, poor sanitation and other related conditions. During the last decade, thousands of Ethiopian Jewish people have left Ethiopia for Israel. The transition process for many has not been an easy one, especially for the elderly, who for many reasons have found themselves struggling to adjust. This article describes a co-ordinated response by community, hospital and university-based medical and social work professionals and volunteers to deal with the problem of eye disorders among Ethiopian older people. The model of intervention, while at the initial stages of development, appears to have a positive impact on the quality of life of Ethiopian older people in the community.

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The elements of integration and innovation were common to all presentations at a panel debate on how older people in Austria could benefit from EU (European Union) membership. The report outlines: EU developments such as HELIOS (the action programme on disability); the work of European non-governmental organisations (NGOs) FIAPA (Fédération Internationale des Associations des Personnes Agées), EURAG (European Federation for the Welfare of the Elderly), and Eurolink Age; and two European networks: Older Women's Network, Europe, and European Network of Older Worker Projects.

A handbook for anyone wishing to set up a PAS scheme, a scheme which provides back-up support to disabled people who are managing their own personal assistance arrangements with the use of cash payments.
ISBN: 0905179161
Price: £8.00
From: The Disablement Income Group, Unit 5, Archway Business Centre, 19-23 Wedmore Street, London N19 4RZ.

Factors affecting contrasting results between self-reported and performance-based levels in physical limitations; by G I J M Kempen, M J G van Heuvelen, R H S van den Brink (et al).
The authors examined the role of socio-demographic variables, cognitive and affective functioning, and personality in discrepancies between performance-based and self-report measures for physical limitations in motor functioning, hearing and vision. Data are drawn from a community-based sample of people aged 57 or over. The strength of association between self-reported and performance-based levels of physical limitations is moderate. Socio-demographic variables and levels of cognitive functioning explained some of the discrepancies between self-reported and performance-based vision. For motor functioning and hearing, discrepancies were substantially influenced by affective functioning and personality. Discrepancies may reflect bias in perception or true variation in the effect of limitations on daily functioning. Both self-report and performance-based measures seem to complement each other in providing useful information about physical limitations.
ISSN: 00020729

Formal and informal support of elderly people in the community in relation to a measure of disability; by Vivienne L S Crawford, Henrietta Campbell, W Maud Wilson (et al).
The aim of this study was to assess the dependency levels and social circumstances of older living in the community as a means of assisting in needs assessment and planning. The participants were 390 older people aged 75 years and over residing at home in South Belfast, Northern Ireland. Data were collected by the Clifton Assessment Procedure for the Elderly (CAPE) survey version, and a questionnaire on support and services. Over 90% of the older people studied were independent or of low dependency. While extensive informal support was evident, formal support by social services staff and facilities was not closely related to either dependency level or social circumstances. The article concludes that further studies on the targeting of formal support services in older people are required.
ISSN: 13587390

Functional disability and antibody response to influenza vaccine in elderly patients in a Dutch nursing home; by E J Remarque, H J M Cools, T J Boere, R J van der Klis (et al).
Presents findings from a study which investigated the influence of chronic disease, drug treatment and functional disability on the immune response to influenza vaccine in older people.
ISSN: 09598138
Describes the work of a group which used active therapy techniques for adults with learning disabilities, and explores cognitive development theory.
ISSN: 09556036

Describes a programme of group work with older people with developmental disabilities and their carers, jointly organised by a university-based gerontology centre and a service agency.
ISSN: 01634372
From: http://www.tandfonline.com

Reports on a government Bill designed to let councils give disabled people cash to buy their own services.
ISSN: 03075508

Health provision for older people in Japan has hitherto assumed a large disabled population. However gerontological studies indicate a low and decreasing prevalence of disability in the old in Japan. Relative to services for the elderly disabled, preventive services for healthy older people have been overlooked. In 1994, the Metropolitan Tokyo Government organised a task force to develop a new health education programme as the preventive health service for the healthy urban elderly. A preliminary plan outlining the health education programme - consisting of a booklet, on-the-job training of practitioners, and development of new curricula and teaching materials - was proposed by the authors for discussion within the task force. This appears to meet the needs for preventive health services in the near future.
ISSN: 08959420
From: http://www.tandfonline.com

The results are presented of an interpretative phenomenological study of eight people with a chronic illness or disability and their experiences of feeling healthy. The themes emerging that describe their health experiences include: honouring the self; seeking and connecting with others; creating opportunities; celebrating life; transcending the self; and acquiring a state of grace. The significance of these results is that they provide for a reconceptualisation of health and illness. Such a reconceptualisation calls for a transformation in nursing care, from a problem focus and a deficit perspective, to one which focuses on the client's capacity and the promotion of health and healing. (OFFPRINT.) (RH)
ISSN: 03092402

This is a descriptive study of the prevalence, degree and types of hearing loss in a group of 75 older American veterans who had been prisoners of war (POWs) of the Japanese. Hearing aids were prescribed for eight veterans. Subjects were examined, and pure tone air and bone conduction, speech reception threshold, and speech discrimination were determined. Results were compared with age- and sex-matched controls from the largest recent American study of hearing loss. 95% of subjects had been imprisoned longer than 33 months. Starvation conditions (100%), head trauma (85%), and trauma-related loss of consciousness (23%) were commonly reported. 73% complained of hearing loss, and 22 out of 75 dated its onset to captivity. Most of those with the worst losses in hearing and speech discrimination were in this sub-group. When the entire group was compared with published age- and sex-matched controls from the Framingham study, no significant differences were found. The authors advocate screen examinations and long-term follow-up of populations with similar histories of starvation, head trauma, and torture. (RH)
ISSN: 00028614
Hoists, lifts and transfers; by K M Baxendale, A D Kelsall, G M Cochrane (eds), Disability Information Trust. Oxford: Disability Information Trust, 1996, 153 pp (Equipment for disabled people). Provides information on lifting and handling techniques, and on equipment available for disabled people, including mobile, bath and car hoists, stairlifts and slings. ISBN: 1873773110
Price: £10.00
From: The Disability Information Trust, Mary Marlborough Centre, Nuffield Orthopaedic Centre, Headington, Oxford OX3 7LD.

Disabled people waiting in hospitals for nursing home admission restrict the available acute medical and surgical beds, and therefore the ability of hospitals to provide acute and elective services. In areas where nursing home vacancies are scarce, people waiting placement are often sent to distant areas where vacancies are frequent. The authors retrospectively studied 217 people placed out of are from the Central Coast of New South Wales (NSW), Australia in 1994. Subjects' disabilities, circumstances, factors leading to transfer, and location at the end of the 12-month study period are reported. Some of the reasons for their situation are discussed and plans for the future explored.
ISSN: 07264240

Elderly diabetic patients are at especially high risk of developing hypoglycaemia, diabetic retinopathy, foot ulcers and infection. This study examined 100 elder diabetic inpatients to assess level of diabetes supervision, prevalence of risk factors for complications (identifying inappropriate drug therapy), and uptake of chiropody and fundoscopic services. A large proportion (71%) had two or more risk factors for the development of foot complications: only 50% had seen a chiropodist in the preceding 12 months. 48% did not undergo annual fundoscopic examination. 14 patients were regularly taking long-acting oral hypoglycaemic agents. The results highlight the particular needs of elderly diabetic patients: a strategy should be devised to optimise their care.
ISSN: 00020729

This edition of Camden Health News focuses on the needs of housebound older people and their carers. It includes information on the role of statutory council and health services, also local voluntary sector organisations.
From: Camden Healthy Cities, c/o Voluntary Action Camden, Instrument House, 207-215 King's Cross Road, London WC1X 9DB.

There has been little empirical work on factors which predict better adaptation among visually impaired older people. This study assessed adaptation to vision loss and measurements of psychological well-being (life satisfaction and depressive symptoms), to test the effects of sociodemographic, vision, health and functional disability variables, and the quality of family and friendship support. Results highlighted the unique importance of friendship support, after accounting for family support in adjusting to vision impairment. Descriptive information on support components showed that participants perceived greater support from close family members than close friends. Yet, perceived friendship support played a significant role in their adaptation to later life impairment.
ISSN: 10795014

Many older patients attending ophthalmic out-patient clinics have been prescribed eye drops for long-term use to treat glaucoma but do not continue with their treatment. This review looks at chronic simple glaucoma, the problems of compliance with long-term medical treatment in older people, and the current and future treatment of glaucoma. Recommendations are made on the nurses' role in supporting these patients.
In favour of mobility; by Lesley Stockton. Elderly Care, vol 8, issue 2, April-May 1996, pp 16-17. Looks at some of the difficulties older people may experience in adjusting to using a wheelchair. ISSN: 09568115

In good company?: examining the provision of quality services for disabled customers in the light of the Disability Discrimination Act 1995; by Jill Stewart, SCOPE. London: SCOPE, 1996, 101 pp. Implementation of the Disability Discrimination Act 1995 began in late 1996, and companies providing goods and services to the general public are required to look at ways in which the Act affects the running of their businesses. This report investigates preparation by nineteen of the UK’s top businesses, not only to comply with the Act, but also to win and maintain their share of services to disabled customers. Findings from the research in relation to good practice are outlined and recommendations made with regard to: the business case; policies; providing access; common problems; disability awareness and equality training; planning and implementing access for disabled customers; monitoring; benchmarking; company awareness and views on the Act; holidays and tourism; insurance; and the views of small businesses. Case studies are included for the 19 companies; and from the advice and information gathered, the report suggests a strategy for introducing quality services for disabled customers. (RH) ISBN: 0946828458 Price: £10.00 From: SCOPE, 12 Park Crescent, London W1N 4EQ.

Informal care networks of older adults with an intellectual disability; by Helen Prosser, Steve Moss. Journal of Applied Research in Intellectual Disabilities, vol 9, no 1, 1996, pp 17-30. This report describes a study of 32 people with intellectual disability aged over 40 who were still living with relatives in the family home. It focuses on the structure and characteristics of informal support networks and the pattern of support. Overall, the study found that carers received little support from other family members and the wider community in performing personal and household care tasks. The informal networks of the study sample operated on a hierarchical basis with primary family members - particularly parents and siblings - providing the bulk of informal support. Other relatives, friends and neighbours played a less significant role. The study also draws attention to the increasing number of older carers who often provide care without any other support. Contrary to what might be expected, it was found that the size of an individual's network of local kin members was not related to the amount of support the main carer received from others. (RH) ISSN: 13602322

An information processing approach to functional skills training with older adults; by Maureen E Neistadt. Physical & Occupational Therapy in Geriatrics, vol 14, no 1, 1996, pp 19-38. Functional activities training is a major focus of occupational therapy (OT) for older adults with disabilities. Though this training involves therapist teaching and client learning, authors in the OT and rehabilitation literature do not routinely talk about functional training from a learning theory perspective. Focusing on the learning aspects of treatment is particularly important for this population, since older adults frequently have difficulty with learning, due to diagnostic and age-related changes in their sensory and central nervous system processing abilities. This paper presents a learning, information processing approach to functional activity evaluation and training that can help therapists increase the effectiveness of their functional skills for older adults. (RH) ISSN: 02703181 From: Haworth Document Delivery Center, Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Injurious falls in nonambulatory nursing home residents: a comparative study of circumstances, incidence, and risk factors; by Purushottam B Thapa, Kelly G Brockman, Patricia Gideon, Randy L Fought (et al). Journal of the American Geriatrics Society, vol 44, no 3, March 1996, pp 273-278. Presents findings from a study which investigated the circumstances of, incidence of, and risk factor for falls resulting in serious injuries in chairbound and bedridden nursing home residents. ISSN: 00028614
Intergenerational activity analysis with three groups of older adults: frail, community-living, and Alzheimer's; by Merle Griff, Donna Lambert, Mary Dellmann-Jenkins, Dorothy Fruit.


This study documents the effects of using different types of activities (i.e., cognitive, rote, active, passive) in fostering positive intergenerational exchanges between pre-school-aged children and three groups of older adults - frail, community-living, and elders diagnosed as in the early to mid-stage of Alzheimer's disease. Results suggested that, overall, simple and largely unstructured activities with one or two steps and very few rules can be most successfully used with all three groups of older people when interacting with young children. Community-living older people and children were found to enjoy the widest range of activities, while intergenerational contact involving the other two groups needed to be approached with care, in order maintain the older people's dignity, positive perception of the children towards the older generation, and the comfort of staff members.

ISSN: 03601277

Interrelations of age, visual acuity, and cognitive functioning; by Timothy A Salthouse, Holly E Hancock, Elizabeth J Meinz (et al).


It has been suggested that a large proportion of the age-related influences on many measures of cognitive functioning is mediated through a single common factor. This hypothesis has been supported by the discovery that much of the age-related variance in different cognitive measures is shared, and is not distinct or independent. These earlier results were replicated in this project. It was also discovered that measures of corrected visual acuity and processing speed share a very large proportion of the age-related variance in measures of working memory, associative learning, and concept identification. The apparent implication is that the common factor that appears to contribute to age-related differences in many cognitive measures is quite broad and may reflect a relatively general reduction in central nervous system functioning.

ISSN: 10795014

Is the typical modern house designed for future adaptation for disabled older people?; by J P Frain, P H Carr.


The most recent proposals for revising the Building Regulations include provision for making all new homes adaptable so that occupants who become disabled may continue living in them. A letter was sent to the largest British house-building companies to assess the extent to which their homes are capable of easy modification in the future, followed up with a telephone survey of non-respondents (total response rate 88%). Only 3% of companies had designed and built adaptable housing; these are still at the trial stage. Many companies will modify houses if requested to do so in the construction phase, but demand for such alterations is low. Most companies accept that houses can be adaptable, but economic reasons largely prevent them from making them so. Adaptable housing from those seeking 'homes for life' is not a high priority for building companies.

ISSN: 00020729


Explains the general principles and technical details for the design and management of outdoor space for older people and people with disabilities, including public open spaces, the grounds of residential care homes, sheltered housing, and the private garden.

ISBN: 1870673204

Price: £25.00

From: Garden Art Press, 5 Church Street, Woodbridge, Suffolk IP12 1DS.


Outlines the prevalence and causes of learning disabilities, looks at some of the health problems experienced by people with learning disabilities, and discusses issues surrounding service provision to this group.

Price: £3.00 (+ 50p p+p)

From: GLACHC, 356 Holloway Road, London N7 6PA.

Loneliness; by Anne Forbes.


Fifth in a series of 14 articles on the theme, Caring for older people. General practitioners and community nurses are in a unique position to identify loneliness, as they are in contact with very old people, bereaved
people, and people with disabilities—the groups most at risk. This article concentrates on the incidence of loneliness and ways of offsetting its most disturbing effects, such as activities; specialist groups; and suggestions specifically for housebound people.

ISSN: 09598138

When a person with a disability needs to use a cash dispenser, he or she may meet a number of difficulties. Some of these difficulties relate to finding the terminal or physically getting there, but many of the problems related to the user interface on the cash dispenser. A few years ago, a number of organisations realised that ‘smart cards’ could potentially alleviate many of the problems concerning the user interfaces of self-service machines such as cash dispensers. As a result, the Saturn project was established with the support of the European Communities (EC). The author outlines the results of a field trial of a modified cash dispenser installed at the RNIB (Royal National Institute for the Blind) Resource Centre. (RH)

Price: FOC
From: RNIB Production and Distribution Centre, Bakewell Road, PO Box 173, Peterborough, Cambs PE2 0WS.

This handbook for the tourist industry is intended to provide mainstream operators (travel agents, tour operators) with an understanding of the main types of disability and information to be able to provide tourism services to people with disabilities in Europe. The following topics are covered: markets and profiles of disabled travellers in Europe; main types of disabilities; principles of providing an effective service for people with disabilities; advising and making bookings for disabled clients; travel and accessibility; booking of accommodation; booking of package holidays; visitors attractions. The final part of the handbook contains examples of good practice from the member states, and a list of sources of information. The appendices contain the following: building considerations for the tourist establishments; design of toilets; accessibility criteria for guests with sight impairment and guests with hearing impairment; disability symbols; and summary of airline provision for disabled passengers. (AKM)

ISBN: 9282773000
Price: ECU 32
From: Office for Official Publications of the European Communities, L-2985 Luxembourg.

Measuring the social-care service needs of impaired elderly people in Japan; by Ikuno Nakano, Y Shimizu, H Hiraoka (et al).
This study aimed to measure objectively and/or estimate the needs of physically and/or mentally impaired older people and the their families for social care services in Maebashi, a medium size Japanese city. Needs were classified according to the severity of impairment, and difficulty of caregivers in providing required care. A standard model of service provision for each 'need type' was established through group consultation with social care service professionals, and the amount of service required was calculated. The authors estimated that 7.1% of all people aged 65 and over were physically and/or mentally impaired to a certain degree; 40% of those cared for by caregivers had serious difficulties; and the demand for social care services in Japanese cities is high. To meet this demand, a substantial expansion of nursing home care and in-home care services is required.

ISSN: 0144686x

Mental health of aging women with children who are chronically disabled: examination of a two-factor model; by Rachel A Pruchno, Julie Hicks Patrick, Christopher J Burant.
Data were collected from 838 women aged over 50, who have a child with either a developmental disability or schizophrenia. Lawton et al's parallel channel hypothesis (A two-factor model of caregiving appraisal and psychological well-being, 1991), which suggests that positive and negative aspects of mental health have differential predictors, was tested. Results indicate that positive caregiving appraisals were predicted by quality of the mother-child relationship, while negative caregiving appraisals were predicted by the amount of help the mother provided to her child, her health, the child's behaviours, and positive appraisals. Positive well-being was predicted by mother's health, positive appraisals, and negative appraisals; while negative well-being was predicted by mother's health, child's behaviours, and negative appraisals. The data support the usefulness of the hypothesised model.

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Modifications of the 7-day activity interview for use among older adults; by Esther A Hellman, Mark A Williams, Lisa Thalken.
Assesses the limitations of the 7-Day Activity Interview, which measures the levels of physical activity in older adults.
ISSN: 07334648

Older persons with mental retardation/developmental disabilities; by Charlotte B Parkinson, Marilyn Howard.
Describes the characteristics and needs of older people with learning disabilities, and presents a case study of how two service systems developed the necessary linkages to jointly provide services to this population.
ISSN: 01634372
From: http://www.tandfonline.com

An orientation to vision loss program: meeting the needs of newly visually impaired older adults; by Julia J Kleinschmidt.
The programme described was developed to meet the needs of individuals and their families new to the difficult experience of sight loss. The programme and peer-counsellors aimed to help with: education regarding services and resources; emotional adjustment; tips and ideas for daily functioning; and enhancing families' awareness of how sight loss 'looks'. Evaluations were overwhelmingly positive: participants expressed satisfaction and recognised the value of the programme.
ISSN: 00169013

Although measurement is used in other contexts in social work practice, outcome measurement remains underdeveloped. One of the central features of community care arrangements is the need to take account of service users' and carers' own definitions of their needs and of the services they require. The desired outcomes should similarly reflect their views. This book examines the meaning of outcomes, considers potential service contexts for measuring them, and explores service users' and carers' views. It gives an overview of measures already used in research, and considers the issues involved in developing methods suitable for practice, in relation to the main groups of people receiving community care services: those with physical impairments, older people, people with mental health problems or learning disabilities, and carers. This work was undertaken by the authors at the Social Policy Research Unit (SPRU) at the University of York.
ISBN: 0335196683
Price: £14.99
From: Open University Press, Celtic Court, 22 Ballmoor, Buckingham MK18 1XW.

Over 75 assessments: a pilot study in a South Wales valley community targeting housebound people; by Elsbeth Morris, Gill Walker.
While there may be ongoing debate about the effectiveness and efficiency of over 75 assessments when the majority of older people are reasonably healthy, it is still important to identify those most in need. This pilot offered a way of responding to the needs of the housebound who were unable to attend a clinic.
ISSN: 09640185

Pensions - provision for retired and disabled ministers; by Douglas C Sparkes, Baptist Historical Society.
This is an account of the establishment and development of the Baptist Ministers' Pension Fund, compiled from sources such as minutes of the Committees and Council meetings of the Baptist Union of Great Britain, and the Baptist Times.
Price: £3.00
From: http://www.tandfonline.com
Personal assistance support schemes and the introduction of direct payments: a report and recommendations; by Disablement Income Group. London: Disablement Income Group, 1996, 15 pp. Summarises the key issues involved in the introduction of direct payments through the Community care (Direct Payments) Bill, and the development of support services. From: The Disablement Income Group, Unit 5, Archway Business Centre, 19-23 Wedmore Street, London N19 4RZ.

Personal care; by Disability Information Trust. 7th ed Oxford: Disability Information Trust, 1996, 212 pp (Equipment for disabled people). Describes equipment available to help with all aspects of personal care, and explains where to get information on equipment and services. ISBN: 1873773102 From: The Disability Information Trust, Mary Marlborough Centre, Nuffield Orthopaedic Centre, Oxford OX3 7LD.

Persons found in their homes helpless or dead; by R Jan Gurley, Nancy Lum, Merle Sande (et al). The New England Journal of Medicine, vol 334, 27 June 1996, pp 1710-1716. Little is known about who is at risk for being found alone at home and helpless or dead, mortality rates of those found alive, or how often such situations occur. In a 12 week period, paramedics in San Francisco identified 387 such events involving 367 people. Information was obtained on these patients from the emergency medical services department or the hospitals to which they were taken, and outcomes were determined. The median age was 73 years; 51% were women. The frequency of such incidents increased sharply with age, from 3 per 1000 per year among those aged 60-64 to 27 per 1000 among over 85s. The highest rate was among men aged over 85 living alone (123 per 1000 per year). In 23% of cases, the person was found dead. Of those found alive, 62% were admitted to hospital. Average hospital stay was 8 days; 52% of those admitted required intensive care. Of survivors, 62% were unable to return to living independently. Total mortality was 67% for those estimated to have been helpless for more than 72 hours, as compared with 12% for those who had been helpless for less than one hour. For older people living alone, becoming incapacitated usually marks the end of their ability to live independently. (RH) ISSN: 00284793

Policy, services and staff training for older people with intellectual disability in the UK; by Janet Robertson, Steve Moss, Steve Turner. Journal of Applied Research in Intellectual Disabilities, vol 9, no 2, 1996, pp 91-100. This paper considers the extent to which awareness of the growing number of older people with intellectual disability in the UK has translated into action, by looking at current social services and health authorities policy, training and services. Information was collected from two sources: an analysis of 1993/94 Community Care Plans; and a national survey on policy, training and services for older people with intellectual disability. 67% of Community Care Plans made no reference to older people with intellectual disability, while the remaining 33% mentioned such people mainly in the context of need for service development. 82% of the 236 replies in the national survey indicated that there was no policy; and 74% indicated an absence of specific staff training. 53% of respondents were aware of specific services in their area; and 76% were aware of generic services for older people. The results of a consultation exercise regarding the development of a training pack in ageing and intellectual disability are presented. Results highlight a lack of consensus about how services should be provided, and in many cases a lack of provision. (RH) ISSN: 13602322

The politics of mixing older persons and younger persons with disabilities in federally assisted housing; by Jon Pynoos, Tonya Parrott. The Gerontologist, vol 36, no 4, August 1996, pp 518-529. In the late 1980s, US government assisted housing for older people started being used for housing younger people with disabilities as well. Those representing older people expressed concern about the negative consequences of such 'mixing' and the turnover of this housing to other groups. Based on interviews with key participants and an analysis of documents, this article uses interest group theory as a model of agenda setting to explain why 'mixing populations' attained prominence on the Federal housing agenda, the different perspectives of those represented, and the implications of the conflict for housing policy and interest group politics. ISSN: 00169013


Research articles on the prognosis of stroke patients were analysed to identify studies that met sound methodological principles of prognostic research and to identify variables capable of predicting functional outcome (ADL) after stroke. Out of 78 studies tested, only three satisfied nine out of eleven criteria, and ten studies eight criteria for determination of valid prognostic research. Results indicate the following variables as valid predictors: age; previous stroke; urinary incontinence; consciousness at onset; disorientation in time and place; severity of paralysis; sitting balance; admission ADL score; level of social support; and metabolic rate of glucose outside the infarct area in hypertensive patients. This study points to differences in objectives and flaws in the methodology of published prognostic research.

ISSN: 00020729

Progressive versus catastrophic disability: a longitudinal view of the disablement process; by Luigi Ferrucci, Jack M Guralnik, Eleanor Simonsick, Marcel E Salive (et al).


Reports on a longitudinal study of a sample of older people who were assessed annually to examine the characteristics of the process leading to disability and the relationship between those characteristics to age, gender and subsequent mortality.

ISSN: 10795006

Public transport; by T A Roper, G P Mulley.


Sixth in a series of 14 articles on the theme, Caring for older people. Most older people are able to use all forms of transport without any problems, but those with impaired mobility and sensory impairments may have some difficulties. This article describes some innovations in transport provision, and advice of help to older travellers.

ISSN: 09598138


This publication contains papers from a series workshops organised as part of the implementation phase of the Mansell Advisory Group on Behavioural Disturbance and Mental Health Services Development for People with Learning Disabilities, set up by the National Health Service (NHS) Executive and the National Development Team. The aim was to produce working materials in key areas which could be used by all commissioners. The following topics are covered: the range of services required to meet the needs of people with learning disabilities and challenging behaviour or mental illness; care management and joint commissioning; features of high quality services and ways in which purchasers can contribute to raising standards and improving quality; the role of purchasers in developing residential care and individualised days services; and guidance on the development of services. (AKM)

ISBN: 1873791135

Price: £10.50

From: BILD, Wolverhampton Road, Kidderminster, Worcestershire DY10 3PP.

Race differences in labor force attachment and disability status; by John Bound, Michael Schoenbaum, Timothy Waidmann.


Examines patterns of labour force participation among black and white women in their fifties, with particular emphasis on ethnic group differences in health status.

ISSN: 00169013

Randomised controlled trial of effect of intervention by psychogeriatric team on depression in frail elderly people at home; by Sube Banerjee, Kim Shamesh, Alastair J D Macdonald, Anthony H Mann.


The trial investigated the efficacy of intervention by a psychogeriatric team in the treatment of depression in elderly disabled people receiving home care from their local authority in Lewisham. Members of the intervention group received an individual package of care formulated by the community psychogeriatric team in their catchment area and implemented by a researcher working as a member of the team. A control group received normal general practitioner care. Depression is treatable in elderly people receiving home care.

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Therapeutic nihilism based on an assumed poor response to treatment in these socially isolated, disabled people in the community is not supported.

ISSN: 09598138

Rehabilitation of the older lower limb amputee: a brief review; by Toni M Cutson, Dennis R Bongiorni. Journal of the American Geriatrics Society, vol 44, no 11, November 1996, pp 1388-1393. The number of older people with lower limb amputations is increasing because of the overall ageing of the population and the prevalence of peripheral vascular disease. In this article, the authors review outcomes over the last 25-30 years of prosthetic rehabilitation in older people with major lower limb amputations, through a review of the literature. It is concluded that age alone should not determine prosthetic rehabilitation; comorbidities and general health are important determinants. Overall post-surgical mortality, long-term survival, and the risk of loss of the contra-lateral leg has not changed significantly since the 1960s. Despite the lack of improvement in survival as a result of the systemic vascular disease, older patients can benefit from rehabilitation efforts, which should focus on enhancing the quality of life. (AKM)

ISSN: 00028614

Religion in a caregiving system for Puerto Rican elders with functional disabilities; by Melvin Delgado. Journal of Gerontological Social Work, vol 26, nos 3/4, 1996, pp 129-144. Natural support systems represent an important community resource for meeting Puerto Rican elders’ social service needs - the family being the most important. However, religion is widely considered the second most important support. This article reports the findings of a study of 558 Puerto Rican older people - 214 of whom indicated having a functional disability - and 194 of their primary caregivers in a New England community. The role of religious institutions in meeting elder social service needs is examined, and the implications for social work practice are presented.

ISSN: 01634372
From: http://www.tandfonline.com


ISSN: 10795014

Residential provision for people with learning disabilities: report of a research study into the costs of village communities; by Phil Cronshaw, Economics and Operational Research Division, Department of Health - DoH; Personal Social Services Research Unit - PSSRU, University of Kent. Canterbury: University of Kent, 1996, 37 pp. This report attempts to examine the costs quoted in the RESCARE document, 'Made to care', and to compare them with other readily available information on costs of residential provision for people with learning disabilities. There is no clear definition of what constitutes a 'village community', which makes any like-with-like comparisons difficult to achieve. The costs of residential provision for people with a learning disability vary greatly, depending on the level of disability; and there is currently little available information on the costs and quality of various types of residential provision. Further research is recommended, covering a broader range of services and a more detailed analysis of costs and outcomes.
From: PSSRU, University of Kent, Canterbury, Kent CT2 7NF.

Residential provision for people with learning disabilities: an analysis of the 1991 Census; by Eric Emerson, Chris Hatton, Hester Adrian Research Centre, University of Manchester. Manchester: University of Manchester, 1996, 27 pp. Summarises the part of this project, commissioned by the Department of Health (DoH), which used data from the 1991 Census to describe the extent and type of residential provision for people with learning disabilities in the UK. Census data is examined with respect to provision by: NHS; independent sector nursing homes; local authorities; and independent sector residential care homes. Information from the Census on residents’ age, gender, ethnic identity, marital status and economic activity is also presented.
First phase of an independent evaluation, commissioned by the Department of Health (DoH), of different types of residential care for people with learning disabilities. It examines current provision, using the 1991 Census and consultation with providers, and reviews relevant research literature.

From: Hester Adrian Research Centre, University of Manchester, Manchester M13 9PL.

The role of ethnicity in the disability and work experience of preretirement-age Americans; by Linda Ann Wray.
Presentings findings from a study which examined the effects of social and demographic risk factors, including ethnicity, health, and job characteristics, on disability and work status among older pre-retirement Americans.
ISSN: 00169013

Searching for care: characteristics of users which affect the choice of home; by Zoë McGarry, Housing and Social Research Department, London Research Centre. London: London Research Centre, 1996, 12 pp (Community Care Research Papers).
The NHS and Community Care Act 1990 placed an important emphasis on user choice. The London Research Centre's Care Homes Information Network's (CHIN) holds five databases on: residential care homes and dually registered homes for elderly people; residential homes for people with learning disabilities; homes for people with physical disabilities; mental health resources; and nursing homes. This paper analyses CHIN's searches over two and a half years in detail. The aim is to find out for which London users placement officers are having most difficulty locating appropriate residential and nursing care.
ISBN: 1852612312
From: London Research Centre, 81 Black Prince Road, London SE1 7SZ.

Self-efficacy and pain in disability with osteoarthritis of the knee; by W Jack Rejeski, Tim Craven, Walter H Ettinger, Mary McFarlane (et al).
Presentings findings from a study which examined the relationship between self-efficacy beliefs and pain during performance of physical activities in a group of patients with osteoarthritis.
ISSN: 10795014

Self-efficacy, physical decline, and change in functioning in community-living elders: a prospective study; by Carlos F Mendes de Leon, Teresa E Seeman, Dorothy Baker (et al).
This study examines whether high self-efficacy protects against a decline in functional status of older people living at home. Data came from in-home assessments at the start and 18 months later, on socio-demographic, psychosocial, and health status variables, including physical performance tests. Functional status was based on six basic self-care tasks of activities of daily living (ADLs). Lower self-efficacy was marginally related to decline in functional status. There was a significant interaction effect between self-efficacy and change in physical performance, suggesting that low self-efficacy was particularly predictive of functional decline among older individuals who showed a decline in physical performance at follow-up. These findings support the buffer effect of self-efficacy on functional decline in the face of diminished physical capacity.
ISSN: 10795014

Self-rated health and physical disability in elderly survivors of a major medical event; by Victoria L Wilcox, Stanislav V Kasl, Ellen L Idler.
Examines health perceptions and disability in older people following a heart attack, stroke or hip fracture.
ISSN: 10795015
The Seniors Independence Research Program (SIRP) was established in 1988 as part of the Health and Welfare Canada's Seniors' Initiative. It aims to stimulate and support research on the health and social issues related to Alzheimer's disease, osteoporosis, and other disabilities which affect the independence of older people. The aim of this advice document to Health Canada is to suggest how a well planned research agenda can contribute to improving the well-being and independence of older Canadians now and in the future. It urges Health Canada to give ageing a prominent place in the nation's research and development agenda. (AKM)


Services and supports to the homebound elderly with mental health needs; by Roberta Lipsman.
If older people are to be helped to continue living at home, services must provide for mental health needs. Providers of services to older people living in the community must also learn to co-operate with mental health providers, or in some instances, advocate for or develop resources that tackle older people's mental health needs. This article outlines needs for and barriers inhibiting receipt of services, and the components that define a service. Examples are provided of in-home mental health treatment and out-of-home agencies in the US, many of which are community or area-based. (RH)

ISSN: 10724281

This work, written by experts in the field, is intended as a basic reference source on how librarians can meet the needs of print impaired or disabled library users, by consideration of the materials available. Areas covered include: education and training; access to libraries; services to students; the impact of technology; production practices; and awareness issues for librarians.
ISBN: 0786402091
Price: US$45.50 postpaid

This draft Bill seeks to amend the appropriate legislation in Scotland, Northern Ireland, England and Wales for children and adults to ensure that there is a right for an individual to have their need for a short-term break assessed, and then met by appropriate services.
From: Campaigns Department, Mencap National Centre, 123 Golden Lane, London EC1Y 0RT.

This book examines how we define social care in Europe, the differences between Member States, and the context of social care provision and constitution provided by the European Union itself. The remaining chapters cover Europe's mixed economy of welfare, and provides detailed analysis of the impact of social care provision on three client groups: children and families, people with disabilities, and older people.
ISBN: 0133541932
Price: £13.95
From: Prentice Hall Europe, Campus 400, Maylands Avenue, Hemel Hempstead, Hertfordshire HP2 7EZ.

Social network characteristics and onset of ADL disability: MacArthur studies of successful aging; by Teresa E Seeman, Martha L Bruce, Gail J McAvay.
The relationship between social network structural and support characteristics and onset of new or recurrent activities of daily living (ADL) disability was examined in a cohort of older men and women. No significant protective effects were found for network structural or support characteristics. However, greater frequency of instrumental support was associated with increased risk of ADL disability among men; a similar though non-significant pattern was seen among women. These findings indicate that receiving more instrumental support may not have uniformly beneficial effects on functional status. They point to the need for more comprehensive research, examining the positive and negative effects of social interactions on health and functioning.
ISSN: 10795014


Hearing and vision impairment are prevalent among older people in long-term care, contributing to their communication difficulties. Data on 44,012 Australian nursing home residents were obtained with the resident Classification Instrument, a rating scale designed to determine each resident's need for nursing and personal care, and hence entitlement to Federal funding. Comparison with related studies suggests that nursing home staff in Australia underestimate the contribution hearing loss makes to the communication difficulties of the residents in their care. An alternative approach to the assessment of the communication needs of residents is recommended to permit a more accurate assessment of needs.

ISSN: 07264240


This presentation attempts to indicate some major trends in developing services for disabled people, and to consider the meaning of some of these trends for older people in the community. The authors also raise questions about how the developing world is facing this challenge. They reflect on experiences in Israel, and the effects of home care on intergenerational equity and strong family structure. (RH)

ISSN: 01635158


Evaluates the use of the REPDS, which assesses physical problems, self-help skills, confusion, behaviour, sociability, and nursing dependency.

ISSN: 03748014


Explores the reasons for many older people having difficulty in obtaining aids and equipment to help them live independently in their own homes, drawing on evidence from enquiries to Age Concern England and other organisations.

Price: £5.00
From: Age Concern England, Astral House, 1268 London Road, London SW16 4ER.


The aim of this study was to investigate the prevalence of locomotor disturbances among older people in the county of Jönköping and the county of Värmland in Sweden. A screening questionnaire was sent to a random sample of subjects aged between 60 and 99, the majority of whom lived in their own homes. Findings revealed that 20.9% and 22.7% respectively experienced difficulties with indoor and outdoor mobility. In the county of Jönköping, 44.3% of the respondents reported some form of impairment affecting their mobility. The corresponding figure for Värmland was 49.9%. The dominant cause was back complaints. Chronic pain was also reported by 25% and 30%, respectively, as a contributory cause of mobility difficulties. The results from the two counties agreed well with each other and also with other studies in Europe and the Nordic countries.

ISSN: 13587390


Reports on a study which explored the beliefs and attitudes toward older age and ageing of practitioners and developmental care workers working with adults with learning difficulties in supported accommodation.

ISSN: 08991996

Telematics for the integration of disabled and older people [Telematics applications programme]: project summaries; by Disabled and Elderly Sector, Telematics Applications Programme, European Commission; TIDE - Technological Initiative for the Socioeconomic Integration of the Disabled and Elderly. Luxembourg: TIDE, European Commission, 1996, 113 pp. This is a synopsis of 32 projects funded under the European Union's Fourth Framework Programme's Telematics Application Programme for the disabled and elderly sector. The Programme's activities in technologies for the integration of disabled and older people was preceded by pilot and bridge phases of TIDE (Technology Initiative for Disabled and Elderly People). In the present phase, a 'Design for all' approach aims to encourage the design of products and services to be accessible to a wider population including disabled and older people. Projects are grouped under the following themes: access to technologies and related services; life at home and remote care; mobility and transport; control and manipulation; restoration and enhancement of functions; and market issues and quality of life. (RH) From: TIDE Office, DG XIII C-5, Avenue de Beaulieu 29, 1160 Bruxelles, Belgium.

Tinnitus ... the disruptive hearing condition which today is blighting the lives of millions; by Leslie Sheppard. Elders: the Journal of Care and Practice, vol 5, no 1, April 1996, pp 5-13. Describes the causes of tinnitus and outlines self-help and coping strategies. ISSN: 09646914

Toward understanding ethnic differences in late-life disability; by Alan M Jette, Sybil Crawford, Sharon L Tennstedt. Research on Aging, vol 18, no 3, September 1996, pp 292-309. Examines the hypothesis that ethnic differences in late-life disability would be observed, and be attributed to differences in physical capacity versus measurement error or cultural response to disabling disease. Puerto Rican and African American older adults reported significantly more disability than Whites. Observed ethnic differences in disability were attributed to functional limitations. ISSN: 01640275

Transferring to an institution: an analysis of factors behind the transfer to institutional long-term care; by Mårten Lagergren. Canadian Journal on Aging, vol 15, no 3, Autumn 1996, pp 427-441. Analyses the relation of different factors to client transfer between levels of care in an area-based system of long-term care for older and disabled people - particularly from non-institutional to institutional care - in the municipality of Solna, Sweden. Factors analysed include age, sex, marital status, co-habitation, accessibility of housing, informal social support, and different aspects of disability. Dementia, functional disability and incontinence were the most likely factors to influence probability of transfer. Deficiencies in the social environment such as living alone, inadequate housing accessibility or lack of social support did not show up - presumably because they were adequately compensated for by public home help services. ISSN: 07149808

Transfers between levels of care in a system of long-term care for the elderly and disabled; by Mårten Lagergren. Canadian Journal on Aging, vol 15, no 1, Spring 1996, pp 97-111. This paper describes and analyses the patterns of transfer of clients between different levels of care in an area-based system of long-term care in Solna, Sweden, from 1985-1991. Transfers between levels of care occurred in both directions, but frequency of downward transfers were small compared with upward - especially for sheltered housing and residential homes. For all levels of care there were great variations in disability among entering clients, suggesting non-systematic assessment procedures for admissions. An analysis of changes over time in patterns of transfer illustrated the interdependence of different levels of care. Reduced resources in long-term hospital care resulted in near blocking of transfers from residential homes and increased average disability for admitted patients in general. ISSN: 07149808
The trouble with pressure sores; by Jenny Fonseca.
BASEline, no 62, November 1996, pp 14-17.
This article summarises literature on the prevention and treatment of pressure sores. The author stresses the need for care professionals to update their knowledge, and for ensuring appropriate education for those involved in pressure sore prevention.
ISSN: 09640185

Describes the mechanism of hearing and considers some of the problems caused by hearing loss. Topics covered include hearing aids, cochlear implants, lipreading and hearing tactics, employment, relationships and services.
ISBN: 1853022144
Price: £9.95
From: Jessica Kingsley Publishers Ltd, 116 Pentonville Road, London N1 9JB.

Vision and vision assessment; by Alan R Morse, Bruce P Rosenthal.
The prevalence of severe visual impairment increases from 14.3% for those aged 65 to 75, to 27.5% for those aged 85 and over. By age 75, almost 95% of the population requires some optical correction to maintain visual function, and more than 25% of over 85s has severe visual impairment. Such patients present special challenges in both evaluation and in working to maximise their usable vision. Performance on most common vision measures is affected by cognitive function, with ability to perform visual tasks at least partly resulting from the severity of the impairment. Although sensory loss is a well-known concomitant of ageing, its role as a determinant of patients' functioning is too often overlooked. Adequate assessment of vision is a first step toward understanding the role played by vision in the functioning of patients with cognitive impairment. (RH)
ISSN: 10784470

Volunteer 'partners' give a voice to the frail elderly; by Janet Baker.
Recognising that frail elderly people's views are often unheard during consultative processes, a project in Wakefield aims to ensure that their needs and wishes become known to community care planners. The author describes the 'Talk-Back' project, in which trained volunteer 'partners' make visits to the housebound over 75 years old, and which aims to provide a model of good practice.
ISSN: 13550454

'What will happen to my child when I'm gone?': a support and education group for aging parents as caregivers; by Mary H Mengel, Diane B Marcus, Ruth E Dunkle.
This article describes the rationale, design and implementation of a support and education group for parents caring for disabled children in later life. In a supportive and informative environment, parents found peers facing similar challenges relating to the provision of care in the light of their own ageing, a lifetime of caregiving, and their concerns about their children's futures. The experience of this group intervention strategy provides insight into the needs and strengths of this neglected segment of the caregiving population, and suggests implications for future research and practice.
ISSN: 00169013

Worry among Canadian seniors; by Marianne Skarborn, Richard Nicki.
One hundred mobile and housebound over 65s from Fredericton, New Brunswick, Canada were administered Wisocki's Worry Scale, a 35-item questionnaire relating to concerns about finances, health and social conditions, and were asked to self-monitor their worry behaviour over a three-day period. They were found to be relatively worry-free. Nevertheless, there were significant correlations between the Worry Scale and measures of mental and physical health. Self-monitoring provided a more direct validation of the Worry Scale. Results were comparable with those found in the literature with samples from the United States.
ISSN: 00914150
1995

Looks at some of the civil rights protests carried out by disabled people in the light of the Disability Discrimination Bill and the Civil Rights (Disabled Persons) Bill.
ISSN: 09542361

Sets out a range of proposals aimed at making society more accessible for disabled people.
ISBN: 1851872787
Price: £3.00
From: Liberal Democrats Publications, 8 Fordington Green, Dorchester, Dorset DT1 1GB.

Provides information and advice on housing and adaptations for people with physical disabilities.
Price: FOC
From: HomePoint, Scottish Homes, Rosebery House, 9 Haymarket Terrace, Edinburgh EH12 5YA, Scotland.

Explores the role of advocacy for people with disabilities, covering professional advocacy; advocacy by families; self advocacy; peer advocacy; and collective advocacy.
ISBN: 1873878141
From: Venture Press, 16 Kent Street, Birmingham B5 6RD.

The application of disability data from epidemiological surveys to the development of indicators of service needs for dependent elderly people; by Didier Leibovici, Sarah Curtis, Karen Ritchie.
Examines whether level of confinement, such as to chair, bed or the home, sufficiently reflects dependency status and living conditions to be useful for planning services for older people with disabilities. The present study based on three region of France may be representative of France as a whole, but application of this indicator to other European countries should be preceded by a preliminary validation involving regional or national health survey data for each country. The use of the indicator should be complemented by individual and assessment procedures. (RH)
ISSN: 00020729

Aimed at service purchasers and providers, this guide gives advice on how to develop appropriate and sensitive services for black and minority ethnic disabled users.
ISBN: 1857170954
From: King's Fund, 11-13 Cavendish Square, London W1M OAN.

Presents the findings of a survey of people with visual impairment and their views of some of the difficulties they encounter in everyday life.
ISBN: 1858780772
Price: £1.50
From: Royal National Institute for the Blind, 224 Great Portland Street, London W1N 6AA.
Examines changes in the reported prevalence of a number of medical conditions and of functional disability in the older population in the United States.
ISSN: 10795014

Changes in sight; by Robin Lovelock, Jackie Powell.
Examines whether the new community care arrangements are helping visually impaired people to get a proper assessment of their needs.
ISSN: 03075508

Characteristics and comorbidities of rural older adults with hearing impairment; by Diane G Ives, Paula Bonino, Neal Traven, Lewis H Kuller.
Examines the prevalence of hearing impairment among older people in rural areas, and identifies relationships between hearing impairment, depression and cognitive impairment.
ISSN: 00028614

Charged to survive; by Mike George.
Reveals that user and carer groups are fighting back against increasingly large charges being faced by disabled and older people for using local authority services.
ISSN: 03075508

Comforts of age; by Roger Dobson.
Community Care, no 1081, 17 August 1995, p 9.
Discusses the findings from a study of the impact of community care on services for older people with disabilities.
ISSN: 03075508

Community care for severely disabled people on low incomes; by V L Phillips.
Examines the volume and distribution of formal and informal care received by severely disabled adults living in the community.
ISSN: 09598138

Community inclusion of older people with learning disabilities; by Gordon Grant, Morag McGrath, Paul Ramcharan.
Care in Place, vol 2, no 1, March 1995, pp 29-44.
Explores the perspectives of older people with learning disabilities and presents findings from a study of the impact of individual service packages on the quality of their lives.
ISSN: 09692304

Contractures and loss of function in patients with Alzheimer's disease; by Liduin E M Souren, Emile H Franssen, Barry Reisberg.
Investigates the prevalence of contractures in older patients with Alzheimer's disease, and assesses the relationship between contractures and cognitive and functional decline in dementia.
ISSN: 00028614

A collection of personal letters portraying how individuals, carers and families can adjust to the onset of old-age deafness.

Summarises the findings from a study which explored the experiences of debt and the circumstances surrounding and leading to debt among disabled people.

ISSN: 09583815

From: Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO3 6LJ.


IN: Shropshire EPICS projects ... [folder], 1995, 11 pp, in folder.

This report summarises a previous workshop, and sets out the aims and objectives of a Shrewsbury EPICS Project (Elderly Persons Integrated Care Scheme) at the Mytton Oak Surgery. Evaluation from the point of view of users, providers and purchasers is discussed. [EPICS collection]


Provides a national summary of community care plans from the learning disabilities perspective, and identifies areas where particularly innovative projects and schemes are taking place.

ISBN: 0117018678

Price: £15.95

From: HMSO Publications Centre, PO Box 276, London SW8 5DT.


Aimed at local authorities, this guide outlines how to carry out assessments of the needs of physically disabled users.

Price: £4.50

From: Disablement Income Group, Unit 5, Archway Business Centre, 19-23 Wedmore Street, London N19 4RZ.


A guide to the services, facilities and opportunities available to people with disabilities and their carers.

ISBN: 0134330617

Price: £24.95

From: International Book Distributors Ltd, Prenticah Hall, Campus 400, Mayland Avenue, Hemel Hempstead, Herts., HP2 7EZ.


Aimed at primary care workers, this leaflet provides information about some of the problems experienced by people with disabilities and the resources which are available inside and outside the practice.

Price: FOC

From: Continuing Care at Home Association, 54 Glasshouse Lane, Countess Wear, Exeter, Devon EX2 7BU.

Disability and debt: the experience of disabled people in debt; by Linda Grant, Sheffield Citizens Advice Bureaux Debt Support Unit. Sheffield: Sheffield Citizens Advice Bureaux Debt Support Unit, 1995, 100 pp.

Explores the experiences of debt and the circumstances surrounding and leading to debt among a broad range of disabled people and people with long-term chronic health problems.
This Act makes it unlawful to discriminate against disabled persons in connection with employment and the provision of goods and services, and makes provisions for the establishment of a National Disability Council.
ISBN: 0105450952
Price: £9.25
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.

Presents an analysis of all published social services reports made since 1974 by the Local Government Ombudsman for England, regarding service complaints by people with disabilities.
From: Age Concern England, Astral House, 1268 London Road, London SW16 4ER.

This workshop identified five key problems relating to informal care of disabled people: communication and provision of information; inability of service purchasers and providers to judge users' needs; inter-professional barriers leading to failure in collaboration; confusion about provision of palliative care for non-malignant conditions; and no clear central strategy for caring for the disabled. Recommendations made called for: higher political priority for a national strategy for people with disability; more 'user-friendly' one-stop shops for information; education of purchaser and provider agencies on services needed; improved education for all health and social service professionals on needs of the disabled and their domestic carers; registers of people with disabilities; promotion of action to prevent disabilities occurring or getting worse; and support for initiatives to improve inter-professional co-operation in primary care, community health services and social services. (RH)
ISBN: 0951739840
From: CONCAH, 54 Glasshouse Lane, Countess Wear, Exeter, Devon EX2 7BU.

A form to be used as a basis for assessing disability-related expenditure.
Price: FOC (SAE)
From: Coalition on Charging, The Disability Alliance, 88-94 Wentworth Street, London E1 7SA.

Examines the views of disabled people and their carers regarding the community care services they receive.
ISBN: 0946828539
Price: £4.95
From: Campaigns and Parliamentary Affairs Department, SCOPE, 12 Park Crescent, London W1N 4EQ.

Presents findings from a study on the day-to-day experiences of parents and carers of disabled people, and the impact of caring on employment, income and health.
ISBN: 0946828482
Price: £4.95
From: SCOPE, 12 Park Crescent, London W1N 4EQ.

Disembodied voices; by Anthea Tinker.
Community Care, no 1063, 13 April 1995, p 30.
Suggests that telecommunication technology could be the key to independent living for disabled people in the future.
ISSN: 03075508

Dynamic balance in older persons: effects of reduced visual and proprioceptive input; by James O Judge, Mary B King, Robert Whipple, Jonathan Clive (et al). The Journals of Gerontology Series A: Biological Sciences and Medical Sciences, vol 50A, no 5, September 1995, pp M263-M270. Examines the contribution of visual input to balance performance in older people. ISSN: 10795006

The effects of vision loss in old age; by A V Salvage. Reviews in Clinical Gerontology, vol 5, no 1, February 1995, pp 95-102. Examines the prevalence of visual impairment among older people in Britain and assesses the physical, psychological, and social effects of vision loss. ISSN: 09592598

Elderly people with learning disability: a comparison of people over the age of 61 in 1984 with those over the age of 61 in 1994; by Jenifer Rohde, Richard Farmer, Jane McCarthy. British Journal of Learning Disabilities, vol 23, part 4, 1995, pp 143-146. People with learning disabilities (mental handicap) from Westminster who were aged over 61 in 1984 were compared with those in the same age group in 1994. Over the decade, there had been a significant change in the nature of residential provision; the proportion resident in hospitals fell, and that in 'community care' increased. There was a significant increase in the proportion assessed as having behaviour problems. A significant number of people were less able to feed themselves. Implications for service provision are discussed.


The European Union and older people with disability; by Eurolink Age. London: Eurolink Age, 1995, 19 pp. Sets out what the European Union is doing for older disabled people, and provides a list of organisations throughout the EU which are active on the issue. From : Eurolink Age, 1268 London Road, London SW16 4ER.


Evaluation of disability living allowance and attendance allowance; by Richenda Ward, Social Research Branch, Department of Social Security - DSS. London: Department of Social Security, 1995, 19 pp (Department of Social Security research summary, no 1). Presents the findings from two linked studies commissioned by the Department of Social Security to evaluate the changes to disability benefits with the introduction of the Disability Living Allowance and the revision of the Attendance Allowance.
Price: FOC
From: Social Research Branch, Analytical Services Division, Department of Social Security, 10th Floor, Adelphi, 1-11 John Adam Street, London WC2N 6HT.

An evaluation of the quality and costs of services for adults with severe learning disabilities and sensory impairments; by Chris Hatton, Eric Emerson, Janet Robertson, Dawn Henderson (et al), Hester Adrian Research Centre, University of Manchester. Manchester: University of Manchester, 1995, 70 pp.

Presents the findings of two projects commissioned by the Department of Health to evaluate the quality and costs of four different models of residential service provision for adults with severe learning disabilities and additional sensory impairments.
ISBN: 1899617019
Price: £6.50
From: Hester Adrian Research Centre, The University of Manchester, Oxford Road, Manchester M13 9PL.

An exploration of the responses of a social services department to the needs of black disabled elders; by Mary Cullen, Social Care Association (Education) - SCA; Department of Applied Social Studies, University of Warwick. Coventry: SCA; University of Warwick, 1995, 47 pp (excluding appendices) (Social Care: Papers for Practice).
This study based on a dissertation has a number of pages missing and therefore is incomplete. Bibliography.
ISBN: 0901244562
Price: £4.50
From: SCA (Education), 23A Victoria Road, Surbiton, Surrey, KT6 4JZ.

Factors associated with spinal cord injury in the elderly; by David F Apple, Carol A Anson, John D Hunter, R Bryan Bell.
Examines the risk factors for spinal cord injury in older people, and looks at medical and rehabilitation issues.
ISSN: 02701960
From: http://www.tandfonline.com

Foot pain and disability in older persons: an epidemiologic survey; by Francesco Benvenuti, Luigi Ferrucci, Jack Michael Guralnik, Salvatore Gangemi (et al).
Investigates the prevalence of foot pain in older people and its association with disability in activities of daily living.
ISSN: 00028614

Geriatric Medicine, vol 25, no 11, November 1995, pp 38-41.
Investigates how the hospital environment can enable or disable older people with physical impairments, and looks at the design, evaluation, provision and use of aids and equipment.
ISSN: 0268201X

Identifies ways in which advice agencies can make debt advice services and information more relevant and accessible to disabled people.
From: Sheffield Citizens Advice Bureaux Debt Support Unit, 237 London Road, Sheffield S2 4NF.

Grandparents' adjustment to grandchildren with disabilities; by Avraham Scherman, J Emmett Gardner, Phil Brown, Mark Schutter.
Presents findings from interviews with grandparents of children with special needs regarding their knowledge of their grandchild's disability, and the impact and emotional consequences this had on their lives and the lives of their families.
ISSN: 03601277

Price: FOC (SAE)
From: The Suzy Lamplugh Trust, 14 East Sheen Avenue, London SW14 8AS.

Head above water; by Linda Grant.

The health of the nation: a strategy for people with learning disabilities; by Department of Health - DoH. London: Department of Health, 1995, 40 pp (Health of the Nation). Aims to help commissioners of health and social services to implement the strategy for health by addressing the needs of people with learning disabilities within five key areas.

Price: FOC
From: HMSO, Oldham Broadway Business Park, Broadgate, Chadderton, Oldham LO9 OJA.


Price: FOC
From: Dr J Gill, COST 219, Royal National Institute for the Blind, 224 Great Portland Street, London W1N 6AA.


ISBN: 0750695315
Price: £30.00
From: Reed Book Services Ltd, PO Box 5, Rushden NN10 9YX.


ISSN: 00028614


ISSN: 09547762


ISBN: 0900270845
Price: £7.00
From: Royal Association for Disability and Rehabilitation, 12 City Forum, 250 City Road, London EC1V 8AF.

This report identifies key issues for the development, installation and use of electronic systems designed to enable older and disabled people to live independently. It highlights important roles for design and installation engineers working at the interface between users, equipment suppliers and manufacturers. It argues that firms will need to develop new skills and change their business procedures, to ensure better information flows between users and producers, if new markets are to flourish. The research was sponsored by the Electrical Contractors' Association (ECA), Mike Stothers Trust, and Atias Corporation (Japan).
ISBN: 0903622734
Price: £40.00
From: Science Policy Research Unit, University of Sussex, Falmer, Brighton BN1 9RF.

Summarises the findings of a study which researched the mismatch between the housing aspirations of people with disabilities and suitable available accommodation in Kent.
ISSN: 09583084
From: Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO3 6LP.

How costly is it to care for disabled elders in a community setting?: by Brooke S Harrow, Sharon L Tennstedt, John B McKinlay.
Describes the total cost of informal caregiving for a cohort of disabled community-dwelling older people.
ISSN: 00169013

Human experience in disablement: the imperative of the ICIDH [International Classification of Impairments, Disabilities and Handicaps]; by D J Peters.
The World Health Organization (WHO) introduced the International Classification of Impairments, Disabilities and Handicaps (ICIDH) in 1980. The Classification was ground-breaking for it recognition of the insider's perspective, and represented a significant departure from traditional ways of thinking in medical science. This article traces the Classification's history, by reference to the earlier International Classification of Diseases (ICD). It uses phenomenological theory to show how the insider's perspective might be more fully integrated into clinical research and theory development. Modifications to the ICIDH are suggested accordingly.
(OFFPRINT.) (RH)
ISSN: 09638288

A guide to improving disability services for service managers in health and social services. Covers advocacy, assessment, components of services and user involvement.
Price: FOC
From: King's Fund Centre, 126 Albert Street, London NW1 7NF.

Independent living through personal assistance: a practical guide to the alternatives; by Living Autonomy.
Provides information and advice to disabled people who wish to live independently by using personal assistance.
Price: £5.00
From: Independent Living Alternatives, Ashford Offices, Ashford Passage, London NW2 6TP.
Gives details of music published in large print, and provides information on the use of low vision aids and on making enlargements of standard music.

Price: £3.60/£3.00 (non-members/members)
From: National Music and Disability Information Service, Foxhole, Dartington, Totnes, Devon TQ9 6EB.

Aims to help learning disability nurses and other health professionals to identify and articulate their current and potential contribution to the lives of people with learning disabilities.

From: Department of Health, Wellington House, 133-135 Waterloo Road, London SE1 8UG.

Provides an overview of the needs of people with learning disabilities, identifies key areas that need to be addressed in service provision, and outlines the role of learning disability nurses.

From: Department of Health, Room G20, Wellington House, 135-155 Wellington Road, London SE1 8UG.

Reply to Age Concern regarding the implications of forthcoming European harmonisation of approval standards for telephones for people with hearing impairment.

Price: FOC (SAE)
From: Policy & Information Department, Age Concern England, London SW16 4ER.

Examines whether measures of physical function can predict subsequent disability in older people.
ISSN: 00284793

Assesses the advantages and disadvantages of using a classification system, such as the International Classification of Impairments, Disabilities and Handicaps (ICIDH) in national data collections for services for older people.
ISSN: 07264240

Examines the effects of certain medical conditions on the likelihood of developing functional disabilities.
ISSN: 00169013

Examines the housing and design needs of people with disabilities and mobility problems.

This paper is one of a series of briefings prepared for the "Older People in Europe" Conference organised by the European Resource Unit in January 1995, focusing on themes and issues which will have been addressed by the European Commission's proposed Second Programme on Old People in 1996. This paper focuses on the common needs of all older people with disabilities: their financial circumstances; community care; housing; health care; and transport and mobility. Case studies are presented on London's public transport mix, and Lifetime homes.
Examines how the Independent Living Transfer is being used, and whether it has promoted change in the planning and delivery of services for disabled people.
ISBN: 0905179331
Price: £8.00
From: Disablement Income Group, Unit 5, Archway Business Centre, 19-23 Wedmore Street, London N19 4RZ.

Gives advice on personal safety for disabled people.
From: Suzy Lamplugh Trust, 14 East Sheen Avenue, London SW14 8AS.

The outsiders; by S Scott-Parker, R Holmstrom.
Argues that employers and people with disabilities need legislation that places disability alongside race and gender as an equal opportunities priority.
ISSN: 09542361

This paper includes an analysis of audience attitudes and reaction to 'Skallagrigg', a television drama presented on BBC2 dealing with disability issues. Respondents generally agreed that television has an important role in educating and informing the audience about disabilities. Those with disabilities felt that disabled characters should appear in all types of programme, that issues surrounding disabilities should be more comprehensively addressed, and that those with disabilities should be directly involved in making television programmes.
Price: £10.00
From: BSC, 5-8 The Sanctuary, London SW1P 3JS.

The power to change: commissioning health and social services with disabled people; by Jenny Morris, King's Fund Centre; Prince of Wales' Advisory Group on Disability. London: King's Fund Centre, 1995, 46 pp (Partnership Paper, No 2).
Sets out guidelines for those commissioning health and social services for people with physical or sensory impairments, including older people.
Price: FOC
From: King's Fund Centre, 126 Albert Street, London NW1 7NF.

A practical guide for care workers in services for people with learning difficulties, covering all aspects of care. Topics covered include the caring relationship, effective communication, sight and hearing, challenging behaviour, tasks of daily living, day services, leisure, meeting the needs of black people, sexuality and advocacy.
ISBN: 1874790124
Price: £9.95
From: Hawker Publications Limited, Park House 13, 140 Battersea Park Road, London SW11 4NB.

Presents the results of a study which assessed the prevalence of hearing impairment in group of older people, and examined their attitudes to hearing difficulties and the wearing of hearing aids.
ISSN: 09601643
Prevalence of low vision in elderly patients admitted to an acute geriatric unit in Liverpool: elderly people who fall are more likely to have low vision; by C I A Jack, T Smith, C Neoh, M Lye (et al). Gerontology, vol 41, no 5, September - October 1995, pp 280-285. Examines the prevalence of impaired vision and common eye disorders in frail older people. ISSN: 0304324X


Relationship between driver's license renewal policies and fatal crashes involving drivers 70 or older; by David T Levy, Jon S Vernick, Kim Ammann Howard. JAMA, (Journal of the American Medical Association), vol 274, no 13, 4 October 1995, pp 1026-1030. When applied in the US, tests of vision and knowledge for older drivers at licence renewal merit further attention as a means of improving traffic safety, and reducing the number of fatal road accidents. ISSN: 0393554X


Review of the provision of equipment and adaptations for older people: report of a study for the London Health Partnership (Draft); by Nigel Appleton, Philip Leather. London: South Bank University, 1995, 53 pp. Focusing on people who develop disabilities in old age, this workbook examines the key problems experienced in gaining access to help with equipment and adaptations. Examples are given of good practice in service provision from across the country, and suggestions made as to how to improve services to older disabled people in London. Price: FOC (limited circulation) From: Philip Leather, Professor of Housing, Faculty of the Built Environment, South Bank University, Wandsworth Road, London SW8 2JZ.

Shropshire EPICS Projects: Meres Day Centre; Mytton Oak Practice; South Hermitage Practice; by EPICS in Shropshire; Social Services Department, Shropshire County Council. Shrewsbury: Shropshire County Council, 1995, 3 items in folder.

Descriptions of the projects, including a programme and summary for a workshop to develop EPICS in the Mytton Oak Practice in Shrewsbury. Contents: Meres Day Centre and community care scheme; Design for accomplishment ... (relating to Mytton Oak Practice); South Hermitage, Belle Vue, Shrewsbury: first quarterly review. [RHb] [EPICS collection]


ISBN: 0110533720
Price: £1.10
From: HMSO Publications Centre, PO Box 276, London SW8 5DT.

Sociological dimensions of illness behavior; by David Mechanic. Social Science and Medicine, vol 41, no 9, 1995, pp 1207-1216. (OFFPRINT.)


Describes the general philosophy of the independent living movement, and examines independent living provision across London.

From: Independent Living Alternatives, Ashford Offices, Ashford Passage, London NW2 6TP.


A proposal for a standard for notches in telephone cards, to enable blind people to select the right orientation for inserting the card.

Price: FOC
From: Dr J Gill, COST 219, Royal National Institute for the Blind, 224 Great Portland Street, London W1N 6AA.


TIDE (Technology initiatives for disabled and elderly people) aims to develop new technological tools and applications for people with disabilities and older people, to help them live autonomously and participate more fully in social and economic life. In this Bridge phase, TIDE is specifically aimed at stimulating a single market in assistive technology (AT) - defined as technology which can help compensate for functional limitation, facilitate independent living, and which can enable disabled and older people to realise their potential. This book provides synopses of 55 projects funded under the European Union's TIDE programme from 1993 to 1997. Projects are grouped according to the following themes: access to technology and related services; life at home and remote care; mobility and transport; control and manipulation; restoration and enhancement of function; and user and market issues. (RH)

ISBN: 9282695956
Price: ECU 35
From: Office for Official Publications of the European Communities, L-2985 Luxembourg.


There are some 100 million older people and 50 million who are disabled in Europe, who make up a significant part of the telecommunications market. This book gives a general overview of accessibility and usability of
telecommunications equipment and services for disabled and older people. Authors come from a range of European countries, and the work was co-ordinated by the COST 219 project, "Future telecommunication and teleinformatics facilities for disabled and older people". (RH)

From: Directorate General Telecommunications, Information Industries and Innovation, Commission of the European Communities.

Ten things you should know about visual impairment; by Royal National Institute for the Blind - RNIB. London: Royal Institute for the Blind, 1995, Leaflet.

Describes the prevalence and causes of visual impairment.
Price: FOC
From: RNIB Customer Services, PO Box 173, Peterborough PE2 6WS.


Explores the needs and experiences of older people with learning disabilities as they age, examines the needs of carers, and looks at the nature and quality of existing services.
ISBN: 1874004056
Price: £15.00
From: ENABLE, 6th Floor, 7 Buchanan Street, Glasgow, G1 3HL Scotland.

There may be trouble ahead: why occupational pensions and permanent health insurance are no substitutes for a state disability income scheme; by Marilyn Howard, Pauline Thompson, Disability Alliance; Disablement Income Group. London: Disability Alliance, 1995, 40 pp.

Examines available data concerning the prevalence of occupational pensions and private health insurance for disabled people, and indicates the implications for claimants of Incapacity Benefit.
ISBN: 0946336725
Price: £6.75
From: Disability Alliance ERA, 1st Floor East, Universal House, 88-94 Wentworth Street, London E1 7SA.


Sets out in draft form good practice guidelines for social and health services in relation to older people who are both deaf and blind.
From: Dual Sensory Loss Project, Department of Health, Wellington House, 133-155 Waterloo Road, London SE1 8UG.

Thirty years war; by Jane Campbell.
Community Care, no 1097, 7-13 December 1995, p 21.

This is the second article in a series on visions of the future of continuing care. It focuses on independent living for disabled people.
ISSN: 03075508


Contains papers on rural and urban travel needs, taxi services, dial-a-ride services and other services for disabled and older people.
Price: £5.00
From: Community Transport Association, Highbank, Halton Street, Hyde, Cheshire SK14 2NY.


Examines changes in the prevalence of different levels of dependency among older people in private households since the 1980s, using data from the General Household Survey, and investigates how future trends in dependency levels might best be monitored.
ISBN: 1857742036
Price: £5.50
From: Office for National Statistics, St Catherine's House, 10 Kingsway, London WC2 6JP.

Price: FOC  
From: RNIB Customer Services, PO Box 173, Peterborough PE2 6WS.

The use of deaf-aid communicators in a Salford hospital: a failure of communication?; by T A Roper. 
Age and Ageing, vol 24, no 2, March 1995, pp 160-162. Evaluates a scheme to improve communication for patients with hearing impairment. Lack of awareness of the aids and nurses' own strategies in dealing with patients' hearing impairment are cited as reasons for the scheme's lack of success. 
ISSN: 00020729

Using a phone: people with additional needs: promoting action; by Advisory Committee on Telecommunications for Disabled and Elderly People (DIEL). London: DIEL; OFTEL, 1995, 9 pp. Summarises points emerging from a study of the telephone needs of disabled and older people, and sets out the actions needed based on the findings. 
Price: FOC  
From: DIEL Secretariat, 50 Ludgate Hill, London EC4M 7JJ.

Using a phone: people with additional needs: qualitative interviews with people with a range of disabilities: a report to OFTEL and DIEL; by Qualitative Workshop, BMRB International Limited. London: DIEL; OFTEL, 1995, 74 pp. Presents findings from a study of the telecommunication needs of older and disabled people. 
Price: £5.00  
From: DIEL, 50 Ludgate Hill, London EC4M 7JJ.

Using a phone: people with additional needs: promoting action; by Advisory Committee on Telecommunications for Disabled and Elderly People - DIEL; Office of Telecommunications (OFTEL). London: DIEL; OFTEL, 1995, 9 pp. This leaflet provides a summary of points emerging from a qualitative study involving 40 in-depth interviews about the telephone needs of disabled and older people, and sets out the action needed based on the study findings. 
Price: FOC  
From: OFTEL, 50 Ludgate Hill, London EC4M 7JJ.

Visible voices: developing deaf service user involvement in local services; by Lynn Hawcroft, Bob Peckford, Albert Thomson. Carlisle: British Deaf Association, 1995, 44 pp. Describes and evaluates the work of the Deaf Services Participation Project, which worked with local deaf groups and specialist providers in order to develop methods of involving deaf people in health and social service agencies. 
From: British Deaf Association, Advocacy Services Department, 38 Victoria Place, Carlisle, Cumbria CA1 1HU.

Vision in Alzheimer's disease; by Alice Cronin-Golomb. 
The Gerontologist, vol 35, no 3, June 1995, pp 370-376. Suggests that the examination of vision in Alzheimer's disease may be of diagnostic value as well as useful in the interpretation of cognitive and functional symptoms. 
ISSN: 00169013

What now?: information services for disabled people; by Royal Association for Disability and Rehabilitation. London: Royal Association for Disability and Rehabilitation, 1995, 16 pp. This booklet provides brief information on services for people with disabilities, including aids and equipment, education, employment, housing, leisure and social security. Includes a list of useful organisations. (AKM) 
From: Royal Association for Disability and Rehabilitation, 12 City Forum, 250 City Road, London EC1V 8AF.

With a little help ....: a guide to equipment and services for independent living; by Disabled Living Foundation - DLF. London: Disabled Living Foundation, 1995, 27 pp. Provides information on equipment for everyday living needs, mobility, communication, leisure and sports. Includes a list of useful organisations, mobility centres and suppliers.
Working with people with a disability: support services at home: a training programme for care workers; by E A Smith, British Association for Service to the Elderly (Wales) - BASE Wales. Cardiff: British Association for Service to the Elderly (Wales), 1995, 31 pp (excluding appendices).

Aimed at domiciliary care workers, this training package examines the physical and social components of disability, explains why caring relationships may increase dependency, and looks at approaches to care that promote independence.

ISBN: 0951032089

Price: £50.00 (£6.50 p&p)

From: British Association for Service to the Elderly (Wales), 4th Floor, Transport House, 1 Cathedral Road, Cardiff CF1 9SD, Wales.


A list of sites on the World Wide Web related to the subjects of telecommunications and disability.

Price: FOC

From: Dr J Gill, COST 219, Royal National Institute for the Blind, 224 Great Portland Street, London W1N 6AA.

1994


Reports upon initiatives and shortcomings of local authorities to assist housing adaptations for the disabled.

ISSN: 09583084

From: Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO3 6LP

Age Concern's response to a consultation on government measures to tackle discrimination against disabled people; by Age Concern. London: Age Concern, 1994.

Outlines the concerns and recommendations of Age Concern regarding legislation to prevent discrimination and protect the rights of people with disabilities. Covers areas of employment, housing, education, financial and transport services.

From: ACE, Astral House, 1268 London Road, London SW16 4ER

Aging and Vision News; by Lighthouse National Center for Vision and Aging.


Includes articles on visual impairment and environmental gerontology, lighting, visual text accessibility for people with partial sight, access to public spaces, and programmes for visually impaired older people.

From: Lighthouse NCVA, 111 East 59th Street, New York NY 10022 (until July 1994 temporary address 800 Second Avenue, New York NY 10017)

All dressed up ....: a guide to choosing clothes and useful dressing techniques for elderly people and people with disabilities; by Diana de Deney, Nicola Stacey (eds), Disabled Living Foundation - DLF. London: Disabled Living Foundation, 1994, 124 pp.

Covers choice of garments, information on dressing equipment, making adaptations to clothing, toileting, dressing techniques both alone and with help, teaching dressing skills and techniques and assessing dressing capabilities.

ISBN: 0901908657

Price: £4.95

From: DLF, 380-384 Harrow Road, London W9 2HU

Allocation of care and services in an area-based system for long-term care of elderly and disabled people; by Marten Lagergren.


A Swedish survey concerning the provision of services catering for the increase in the elderly population.

ISSN: 0144686X
Directory of national and regional organisations, consultants and trainers within the field of arts and disability.
From: Arts and Disability Unit, Arts Council, 14 Great Peter Street, London SW1P 3NQ.

The association of disability with long-term care institutionalization of the elderly; by J E Young, W F Forbes, J P Hirdes.
Data from the 1986/87 Health and Activity Limitation Survey (HALS) in Canada were used to examine the relationship between reported disabilities and institutionalisation. Odds ratios obtained through logistic regression analyses were used for estimating the strength and direction of the associations between the various disabilities, age, gender, and institutionalisation. An analysis of types and combinations of disabilities which are most strongly associated with institutionalisation indicate that those with disabilities regarding agility, mental functioning or speech have higher odds of institutionalisation. Analysis of the relationship between number of disabilities and institutionalisation suggest that this increases exponentially with age, and has a higher rate for women than for men. (RH)
ISSN: 07149808

Audiological services for vision-impaired older adults; by R Osborn.
Discusses a variety of services provided by the Association for the Blind, for people with impaired vision.
ISSN: 07264240

Caregivers of the elderly and younger adults with disabilities: an annotated bibliography; by Lynn Sitsky (ed), Social Policy Research Centre - SPRC, University of New South Wales. Sydney
A bibliography on informal care of older people and adults with disabilities. Cites international research literature from Australia, Africa, Europe, Ireland, Japan, Singapore, Korea, New Zealand, the Philippines, USA, UK and Israel. Covers community services, dementia, elder abuse, family, education, gender, ethnicity, health, methodology, public policy, support networks, and demographic, psychological, legal, and financial aspects of caregiving.
ISSN: 10374035
Price: FOC
From : SPRC, University of New South Wales, NSW, 2025, Australia.

Confident living telelink programs; by J Gibbons.
Reports on the rehabilitation project developed by the Association for the Blind, which uses television to reach people who cannot attend centre-based rehabilitation.
ISSN: 07264240

The cultural adversity of physical disability: erosion of full adult personhood; by M Luborsky.
Examines the erosion of personhood in people with disabilities, due to the cultural meaning for physical dependency, which convey images of childlike and incomplete persons.
ISSN: 08904065

De-institutionalisation and ageing: some results from monitoring the effects in an area-based system of long-term care for elderly people and people with disabilities; by Marten Lagergren.
Presents findings from a study of the development of the public system of continuing care in Solna, Sweden.
ISSN: 09660410

Research compares the effectiveness and user satisfaction of schemes for disabled people whose support needs are met by direct service provision, with those who receive payments allowing them to make their own arrangements for personal and domestic assistance.
Disability and cognitive impairment criteria: targeting those who need the most home care; by W Spector, P Kemper. The Gerontologist, vol 34, no 5, October 1994, pp 640-651. Discusses the eligibility criteria by which home care services are provided including cognitive impairment and disability, presents an alternative evaluation process based on need.

Disabled in Britain: a world apart; by Brian Lamb, Sarah Layzell, SCOPE. London: SCOPE, 1994, 72 pp. A major study recounting the concerns and aspirations of people with disabilities. Topics include attitudes towards physical disability, independent living relating to housing, transportation and information services, experiencing discrimination and personal/social life. Also discusses government policy and strategies needed to overcome prejudice and discrimination.

Disabled people and community care planning; by C Bewley, C Glendinning, Joseph Rowntree Foundation - JRF. York Findings: Social Care Research, no 49, April 1994, 4 pp. Examines how disabled people are involved in community care planning and the opportunities this offers to influence the development of services.

Disabled people and social justice; by Bert Massie, Commission on Social Justice, Institute for Public Policy Research (IPPR). London: Institute for Public Policy Research, 1994, 34 pp (Commission on Social Justice paper 12). The independent Commission on Social Justice was set up at the instigation of John Smith, Leader of the Labour Party, in December 1992, to conduct a wide-ranging review of social and economic change in the UK. This paper examines the institutional and personal discrimination faced by disabled people, and proposes solutions. It considers the financial hardships experienced, and the way in which social services are often provided in a manner which deprives the disabled recipients of control and dignity. Recommendations made include: comprehensive anti-discrimination legislation; the right to choose either local authority services or the cash equivalent following a needs assessment; a Comprehensive Disability Income (CDI) to compensate for reduced earnings capacity; and for disabled people to be consulted on their needs and to be involved in planning of provision to meet those needs.

Disabled people have rights: final report on a two year project funded by the Nuffield Provincial Hospitals Trust; by J Keep, J Clarkson. London: Royal Association for Disability and Rehabilitation, 1994, 66 pp. Assesses the extent to which social service community care provision promotes and protects the rights of people with disabilities and makes recommendations for good practice.

Effects of similarity and duration on age differences in visual search; by Charles T Scialfa, Lisa L Harpur. Canadian Journal on Aging, vol 13, no 1, Spring 1994, pp 51-65. The visual search task, in one form or other, has been used frequently in gerontology, both as a means of describing age-related differences in search performance, and as an attempt to isolate the mechanisms or processes for the age differences obtained. In this Canadian study, young and old observers performed a feature search task in which a single target was embedded in five distractors. Target-distractor similarity was varied quantitatively (along the feature dimension of orientation); display duration ranged from approximately 50-400 ms. Identification accuracy was worse on target-absence trials, particularly when distractor similarity was high and display duration brief. An age X duration interaction on accuracy was found to reflect generalised age deficits in sensitivity and duration-dependent age differences in bias. Results suggest that an age deficit in the rate of information extraction produces a greater dependence for older people on partial information gained from...
distraction. Additionally, the additive effects of age and similarity have implications for visual search tasks where display size is varied. (RH)

ISSN: 07149808


Older and disabled people are likely to represent more than a quarter of Europe's population by 2020, and likely to present many, specific and acute demands on technologies, products and services. The Technology Initiative for Disabled and Elderly People (TIDE) programme has an important contribution to make to the social and economic well-being and technical development of Europe. This evaluation of TIDE makes recommendations concerning: the size and composition of consortia involved; project management; publicity and dissemination of results; and standardisation. The Evaluation Committee notes that consideration of standards was limited to technical standards, to the exclusion of ethical and human rights. Issues of state, the protection of the person, the security of information, privacy, freedom from control and exploitation, and self-determination must all be dealt with throughout all projects. (RH)

From: TIDE Office, DG XIII C-5, Avenue de Beaulieu 29, 1160 Bruxelles, Belgium.


Reports on the overwhelming support within social services for giving people with disabilities direct payments to purchase their own care.

ISSN: 03075508


Provides basic information on how to book a flight, what happens at the airport and on the aircraft. Produced with the co-operation of British Airways.

Price: £2.50

From: Disabled Living Foundation, 380-384 Harrow Road, London W9 2HU.

The forgotten millions: access to telecommunications for people with disabilities; by John Gill. London: European Commission, 1994, Unnumbered.

Discusses the challenges facing designers of telecommunication products in catering for the needs of older and disabled people.

ISBN: 9282673995

Price: FOC

From: Royal National Institute for the Blind, 224 Great Portland Street, London W1N 6AA.


Discusses some of the challenges facing older disabled people, in particular African Americans, and argues that many overcome obstacles such as apathy, lack of information about resources, mobility and transport and resistance to assistive technology, and manage to lead active lives in their communities.

ISSN: 01924788

From: http://www.tandfonline.com

From wheelchair to toilet; by Mandy Fader. Nursing Times, vol 90, no 15, 13 April 1994, pp 76-80.

Describes various methods by which wheelchair bound people can go to the toilet without leaving their chair.

ISSN: 09547762

Funding and managing the adaption of owner occupied homes for people with physical disabilities; by S Mackintosh, P Leather. Health & Social Care in the Community, vol 2, no 4, July 1994, pp 229-239.

Discusses the changes in funding arrangements for adaptation work on housing for people with disabilities. Reviews the new system, identifies problems and suggests ways health and welfare organisations should respond.
Further learning options: guidelines on the provision of further and continuing education for people with disabilities; by Prince of Wales' Advisory Group on Disability. London: Prince's Trust, 1994, 16 pp. Aimed at professionals involved in education, these guidelines cover learning needs and how providers, facilitators, funders and policy makers can ensure that those needs are met. From: The Prince of Wales' Advisory Group on Disability, Nutmeg House (2nd floor), 60 Gainsford Street, London SE1 2NY

Gender differences in disability, assistance, and subjective well-being in later life; by M Penning, L Strain. The Journals of Gerontology, vol 49, no 4, July 1994, pp S202-208. Examines gender differences in functional disability with a particular emphasis on the use of informal and formal care, as well as technical forms of assistance. ISSN: 00221422

Gender, race and health: the structure of health status among older adults; by R Johnson, F Wolinsky. The Gerontologist, vol 34, no 1, February 1994, pp 24-35. Explores the differences in the perception of health between men and women and black and white people with disabilities. ISSN: 00169013


The hearing-aid battery: a hazard to elderly patients; by David R Strachan, Helen Kenny, G A Hope. Age and Ageing, vol 23, no 5, September 1994, pp 425-426. Discusses the risks of corrosive damage from alkaline hearing aid batteries to confused patients. ISSN: 00020729

Homereach: a support network for housebound people; by B Cruysmans. Australian Journal on Ageing, vol 13, no 3, August 1994, pp 141-143. Describes a project which established a network for housebound older people, using radio, telephone and mail. ISSN: 07264240

Impact of joint impairment on longitudinal disability in elderly patients; by S Hughes, D Dunlop, P Edelman, R Chang, R Singer. The Journals of Gerontology, vol 49, no 6, November 1994, pp S291-300. Examines whether arthritis is a major contributor to disability in older people. ISSN: 00221422

An impairment and disability assessment and treatment protocol for community-living elderly persons; by Marie Koch, Margaret Gottschalk, Dorothy I Baker (et al). Physical Therapy, vol 74, no 4, April 1994, pp 286-298. Falls and immobility are common among older people living at home, and result from the accumulated effect of multiple impairments and disabilities as well as environmental hazards. The authors developed and tested a simple assessment and intervention protocol for use in prevention and treatment programmes. This article
presents the components of the assessment; the criteria for intervening on diagnosed impairments contributing to falls and immobility; and the recommended treatments, environmental adaptations, training and exercise programmes targeting the diagnosed problems. Appendices provide descriptions of the assessment and intervention protocols, and a list of the balance exercises. Jane F Hopp and Alvar Svanborg provide an invited commentary, to which the authors also respond. (RH)

ISSN: 00319023


Examines the provision of disability information at national and local levels, identifies the characteristics of the different markets for information services, including older people with disabilities, carers and professionals, and explores the different options for funding national information provision.

ISBN: 0853746419
From: BEBC Distribution Ltd, PO Box 1496, Poole, Dorset BH12 3YD

Independent wash; by Peter Morris.
Care Weekly, no 348, 24 November 1994, p 11.
Discusses bathroom equipment for people with physical disabilities and how such aids/adaptions increase independence.

ISSN: 09528636


Considers the needs and problems of people who are deaf or blind; who have learning difficulties, and older people, in relation to having access to information, and assesses how far government departments meet their needs for information about services and service standards.

Price: FOC
From: Informability Unit (Guide), Central Office of Information, Hercules Road, London SE1 7DU.


Examines the ways in which disabled people are involved in community care planning, evaluates the effectiveness of different methods of consultation and looks at ways in which their views may be inadvertently excluded.

ISBN: 1874270890
Price: £8.50
From: BEBC Distribution, PO Box 1496, Parkstone, Poole, Dorset BH12 3LL.

Issues concerning sensory disability in old age; by Katia Gilhome Herbst, Centre for Policy on Ageing - CPA. Tripod : journal of the West Midlands Institute of Geriatric Medicine, no 20, 1994, pp 5-6.

This paper was presented at a one-day conference on "Living into old age: health promotion for older people" on 22nd September 1993, held by the West Midlands Institute of Geriatric Medicine, in association with Age Concern Birmingham. This paper focuses on people who have partially, or totally, lost their hearing after the normal acquisition of language. (KJ/RH)

ISSN: 09619194


Aimed at architects, planners, housing developers and local authorities and caring professionals involved with accommodation, covers all aspects of design of the landscape environment addressing the various forms of accommodation for older people and dealing with adaption as well as creation of landscape.

ISBN: 1853410330
Price: £25.00
From: Antique Collectors' Club, 5 Church Street, Woodbridge, Suffolk IP12 1DS


Presents the main findings of a programme of research on the housing needs of older and disabled people. Topics cover the nature and extent of subsidised specialised housing, the cost-effectiveness of such housing, the
characteristics and needs of older and disabled people and regional and national estimates of the need for subsidised housing provision.
ISBN: 0117530573
Price: £28.00
From: HMSO

Living independently: the housing needs of elderly and disabled people; by Department of the Environment - DOE. London: Department of the Environment, 1994, 4 pp (Housing research summary, no 28).
Summary of a research report looking at the living and housing arrangements of older people both in mainstream housing in the community, and in specialist sheltered housing. Considers the current provision of subsidised specialist housing and the cost of this provision, and looks at the extent to which care and support services and specialist housing meet the needs of older people.
Price: FOC
From: Department of the Environment, 2 Marsham Street, London SW1P 3EB

Provides information on and contacts for a wide range of services and disability issues, including benefits, education, equipment, housing, leisure, the media, sex and women.
ISBN: 0901828246
Price: FOC
From: GLAD, 336 Brixton Road, London SW9 7AA.

Studies the activities of daily living, (ADL), of an elderly Thai population, with the aim of describing the prevalence of disability. Considers the Western ADL scales, and developing a new ADL index for Asian Populations.
ISSN: 00020729

Mobility and transport: meeting the needs of older people with disabilities: report from a Eurolink Age Seminar, Brussels, November 5-7 1993; by Eurolink Age. London: Eurolink Age, 1994, 43 pp.
Examines ways of improving transport policy and practice in the EC countries. Looks at public transport, the pedestrian environment and transport information. Makes recommendations for accessible transport.
Price: £10.00
From: Eurolink Age, 1268 London Road, London SW16 4ER.

Moving people; by Nicola Stacey.
Describes aids for lifting and hoisting disabled patients without risk of injury.
ISSN: 09547762

This anthology contains poems and personal writings on the experience of disability and illness by women from a variety of backgrounds. Topics include lack of accessibility of public buildings; equal opportunities; shopping; parenting; aids and adaptions; and various medical conditions.
ISBN: 0704343444
Price: £7.99
From: The Women's Press, 34 Great Sutton Street, London EC1V ODX.

Reports on whether occupational therapy services meet the needs of people with disabilities.
From: Department of Health
This study explored the daily experiences of a sample of older Japanese people with disabilities. Although the respondents indicated that they were receiving adequate support, they also experienced boredom, loneliness, ostracism and concern for the future.
ISSN: 03601277

Packages of need: a typology of dependency; by Catherine Thompson, Michael Hirst, Social Services Research Group (SSRG).
Presents information on disabled people's need for help with self-care and household tasks.
ISSN: 0264519X

Preventing disability and falls in older adults: a population-based randomized trial; by Edward H Wagner, Andrea Z LaCroix, Lou Grothaus (et al).
This article reports on a randomised controlled trial to evaluate the effects of a modest preventive intervention targeting risk factors for disabilities and falls among non-disabled older people. The main aim was to reduce the days of restricted activity due to illness. Risk factors focused on included physical inactivity, alcohol or prescription drug misuse, home safety hazards, and sensory impairment. Those in the intervention group reported a significantly lower incidence disability or falls, as compared with those receiving general health promotion visits, or ‘usual care’. Benefits after two years indicated a narrowing of differences between the groups. The mechanisms by which the intervention may have improved outcomes requires further investigation.
ISSN: 00900036

Pulling together: developing effective partnerships; by Care & Repair, College of Occupational Therapists. London: Care & Repair, College of Occupational Therapists, 1994, 10 pp.
Guidelines promoting constructive partnerships and good practice between client, carer and workers from a wide range of statutory and independent organisations.
Price: £2.50
From : Care & Repair Ltd, Castle House, Kirtley drive, Nottingham NG7 1LD

Raising a din; by Alison Clarke.
Elderly Care, vol 6, no 6, Nov/Dec 1994, p 12.
Charts the development of the Oxford Disability Information Project - an initiative to make information more accessible to older people, carers and people with disabilities.
ISSN: 09568115

Raising a din!: the final report of a region-wide disability information project which promoted cross-agency work via Disability Information Networks; by Alison Clarke, Oxford Disability Information Project. Oxford: Anglia & Oxford Regional Health Authority, 1994, 67 pp (excluding appendices).
Describes the Oxford Disability Information Project, which aimed to promote inter-agency cooperation in the provision of information for people with disabilities and to encourage the dissemination of information through advice, funding and the promotion of an inform network.
Price: FOC
From : Anglia & Oxford RHA, Old Road, Headington, Oxford OX3 7LF

A collection of papers which aim to give social work students a basic understanding of the perspectives of black disabled people, within the context of community care. Topics include the black disability movement, quality of service provision, housing, images of Black disabled in the media and social work training.
ISBN: 1857190815
Price: £12.00
From : CCETSW, Derbyshire House, St. Chad's Street, London WC1

Current triennial report of Series A/F 19. This series has now ceased publication with this edition. (KJ)
Representing the views of disabled people in community care; by C Bewley, C Glendinning. Department of Social Policy and Social Work, University of Manchester.
A critical account of the different ways in which the views of disabled people are sought and represented in community care planning, and of the organisational and practical barriers disabled people are likely to encounter in representing their views to service planners.
ISSN: 09687599

Formerly: Residential accommodation for the elderly, younger physically handicapped and blind. Continued as: Residential care homes and nursing homes in Wales. See also: Social Services Statistics Wales.
ISBN: 0750407298
Price: £5.00

Self-reported causes of physical disability in older people: the cardiovascular health study; by W Ettinger, L Fried, T Harris, L Shemanski (et al).
Determines symptoms and condition reported to cause difficulty in physical tasks of daily life, such as shopping, walking, housework, dressing reported as causes of difficulty in functioning in community-dwelling older people.
ISSN: 00028614

Sensory loss: a neglected issue in social work; by H Sloss Luey.
Describes the co-ordination between social workers and specialists in other agencies in addressing the service needs of elderly people with hearing and/or sight loss.
ISSN: 01634372
From: http://www.tandfonline.com

Shut out; by John Knight.
Community Care, no 1047, 15-21 Dec 1994, p 16.
Presents findings from a study on discrimination against people with disabilities in employment and concerning the provision of goods and services.
ISSN: 03075508

A sound old age; by Hesham Kaddour, Matt Smith.
A look at hearing aid provision and ways to encourage elderly people to use the devices.
ISSN: 09554262

Summary of a consultation on government measures to tackle discrimination against disabled people; by Disability Unit. London: The Disability Unit, 1994, 14 pp (DL6).
Outlines Government policy and legislation concerning the physically disabled. Considers aspects of employment, access, independence and benefits.
From: The Disability Unit, The Adelphi, 1-11 John Adam Street, London WC2N 6HT

Proceedings of the 1992 Conference on Technology and Aging held in Israel. Topics include ageing and disability, computer technology, housing design, living aids and equipment, consumer groups and research.
Price: FOC
From: JDC-Brookdale Institute of Gerontology & Human Development, P O Box 13087, Jerusalem 91130, Israel.
Unrecognised visual problems amongst residents of Part III homes; by I Sturgess, A G Rudd, J Shilling.
A survey of residents in the residential homes used in this study found unrecognised incidences of cataracts,
glaucoma, refraction errors and non registered blindness and partial sightedness.
ISSN: 00020729

Validation and use of performance measures of functioning in a non-disabled older population: MacArthur
studies of successful aging; by J Guralnik, T Seeman, M Tinetti, M Nevitt (et al).
Examines the validity of objective performance measures of physical functioning in characterising the hierarchy
of functioning in non-disabled older people.
ISSN: 03949532

Validation and reliability of the Winchester Disability Rating Scale (2): a comprehensive screening instrument
for the elderly in the community; by S Oliveri, I Carpenter, G Demopoulos.
Identifying physical dependency and depression of older people in the community
ISSN: 0304324X

Vehicle badges for people who are disabled or blind : "The Orange Badge Scheme"; by Department of Health
Analysis of the vehicle badge data for 1994 in tabular and graphical form. Also contains information on the
number of badges issued in England from 1987-1994. First table in this format, which was previously part of
'Meals served and vehicle badges for the disabled ... England' (Personal social services local authority statistics
A/F 18), and ceased publication with 1993 issue. (RH)
Price: FOC
From: Department of Health, Skipton House, 80 London Road, SE1 6LW

Vision impairment and functional disability among nursing home residents; by A Horowitz.
This study explored the relationship between visual impairment and functional dependency among nursing
home residents, and the implications for nursing home services.
ISSN: 00169013

Visual acuity, visual disabilities and falling in the elderly; by Cynthia L Arfken, Helen W Lach, Sarah McGee,
Stanley J Birge, J Philip Miller.
This study assessed the link between poor vision and falling, and concluded that visual impairment played only
a limited role in predicting falls in the elderly.
ISSN: 08982643

Visual disability among older people: a case study in assessing needs and examining services; by U Harries, R
Landes, J Popay.
Presents preliminary findings from a research project aiming to assess the health and social care needs of older
people with visual problems and to consider implications of the data collected for the new commissioning
authorities in the NHS.

Welcome to a world of books; by Royal National Institute for the Blind - RNIB. London: Royal National
Institute for the Blind, 1994, Unnumbered.
Describes the RNIB Talking Book service.
From: Royal National Institute for the Blind Talking Book Service, Mount Pleasant, Wembley, Middlesex
HAO 1RR

Will-making for blind people: a guide for professional advisers; by Royal National Institute for the Blind
Gives practical advice on how to assist blind people with the making of wills.
Price: FOC
From: RNIB Customer Services, PO Box 173, Peterborough PE2 6WS.
You and disability: a guide for everyone; by Department of Social Security.
Describes the personal experiences of people with learning, mental, physical, visual and hearing disabilities indicating common and negative public attitudes towards disability and how they can be overcome.
Price: FOC
From: Department of Social Security

This booklet explains what 'bedsores' are, how they can be avoided, and provides information of particular use to carers looking after someone who has to spend a lot of time in a bed, chair or wheelchair.
Price: FOC
From: Health Literature Line: 0800 555 777

A guide for those with disabilities, older people and those with mental health and learning difficulties.
From: Spinal Injuries Association, Newpoint House, 76 St James's Lane, London N10 3DF.

1993

Acquired deafness; by Mary Denny.
Elders: the Journal of Care and Practice, vol 2, no 1, January 1993, pp 55-61.
Highlights some of the emotional and social problems faced by elderly people with acquired deafness, and offers some practical guidance on how to alleviate these.
ISSN: 09646914

Aged disability and community care in Australia: issues for southern Africa; by J McCallum, C Mathers.
Reviews trends in disability, expectation of health, demand for services and community care, and examines whether improvements in life expectancy have been accompanied by a decrease in morbidity and disability.
ISSN: 10198016

Ageing with a disability: what do they expect after all these years?; by Gerry Zarb, Mike Oliver. London: University of Greenwich, 1993, 144 pp.
Based on responses from over 200 people disabled in earlier life and now ageing.
ISBN: 090082204X
Price: 8.50
From: University of Greenwich, Avery Hill Campus, Southwood Site, Avery Hill Road, Eltham, London SE9 2HB

Aging couples and disability management; by A Grand, A Grand-Filaire, J Pous.
This study looked at different types of elderly couples and related the typology to the management of disabilities. It concluded that when analysing the situation of a disabled old person, the couple's dynamic must be considered.
ISSN: 00914150

Beyond the call of duty: older volunteers committed to children and families; by Valerie Shahariw Kuehne, Heather A Sears.
Explores the characteristics and experiences of older people who volunteered with a project designed to assist families who have children with chronic illnesses or disabilities.
ISSN: 07334648

Discusses diagnosis of maculopathy and the use of different kinds of low vision aid; includes a personal account by Catherine Cookson
Everyday technical aids and furniture. Contains background information on current legislation, disability and basic medical terminology. Lists information sources and resources.
ISBN: 0904264655
From : London Guildhall University, 133 Whitechapel High Street, London E1 7QA

Determinants of disability in Alzheimer's disease; by O Zanetti, A Bianchetti, G B Frisoni, R Rozzini, M Trabucchi.
Findings indicate that along with cognitive impairment, age and duration of disease also impact upon the diminishment of functional performance in Alzheimer's patients.
ISSN: 08856230

Development and validation of a physical performance instrument for the functionally impaired elderly: the Physical Disability Index (PDI); by Meghan B Gerety, Cynthia D Mulrow, Michael R Tuley, Helen P Hazuda, Michael J Lichtenstein, Richard Bohannon, Deanna N Kanten, Margaret B O'Neil, Ann Gordon.
Describes the development of a performance-based instrument to measure physical function in frail elderly people.
ISSN: 00221422

Disability resulting in 'houseboundness'; by Ann Bowling, Morag Farquhar, Emily Grundy, Juliet Formby.
A study of the social circumstances of frail elderly people who had difficulties in going out, or who were completely housebound. It concluded that they had poor mental health, a low degree of life satisfaction and a heavy dependency on services.
ISSN: 09652000

Examines the changes in the prevalence and incidence of chronic disability in the United States.
ISSN: 00221422

Facilitating residential transitions of older adults with developmental disabilities; by S Jacobson, N Kropot.
Clinical Gerontologist, vol 14, no 1, 1993, pp 79-93.
Explores the transition from family care to residential care of older people with learning difficulties, and makes recommendations on how service providers can reduce the negative impact of residential transition.
ISSN: 07317115
From : http://www.tandfonline.com

Aimed at Directors of Social Services, this circular draws attention to changes in the application of some sections of the Act, in relation to responsibility for notifying dates, collaboration between agencies for assessing needs, and costs.
From : DH Store, Health Publications Unit, No 2 Site, Manchester Road, Heywood, Lancs OL10 2PZ

Examines the provision of services to disabled tenants by general needs housing associations.
Grief and disability: a case example; by Peter A Lichtenberg.
Illustrates the challenges facing older patients with disabilities and their psychotherapists during recovery from grief.
ISSN: 07317115
From: http://www.tandfonline.com

Guide to services in the UK offering advice, information and assessment to disabled and elderly motorists; by Disability Unit, Department of Transport. London: Department of Transport, 1993, 84 pp.
A guide to all aspects of motoring. Lists a variety of organisations, including organisations which provide advice, driving instructors and manufacturers and fitters of adaptations and motor manufacturer and dealers.
Price: FOC
From: Disability Unit, Department of Transport, Room S10/21, 2 Marsham Street, London SW1P 3EB

Health care and family support systems of functionally impaired rural elderly men and women in Terengganu, Malaysia; by Martin B Tracy, Patsy D Tracy.
Looks at the extent of disability suffered, the characteristics of the informal support systems, the availability of, attitudes towards and usage of formal health care, and the impact of gender differences.
ISSN: 01693816

Health practices and disability: some evidence from Alameda County, [California]; by Lester Breslow, Norman Breslow.
Preventive Medicine, vol 22, 1993, pp 86-95.
With greater longevity, people are increasingly concerned about how to avoid disability during their longer lives. Policy decisions concerning ways to extend health as well as life have become part of the health agenda in the US. Opportunity to examine this issue has arisen in the Alameda County Human Population Laboratory. Earlier studies there established seven health practices as risk factors for higher mortality: excessive alcohol consumption; smoking cigarettes; being obese; sleeping few hours, or more than 7-8 hours; having very little physical activity; eating between meals; and not eating breakfast. Observations now reveal that, taking account of age, gender and physical health status and social network index in 1965, the occurrence of disability was only about half as great among the cohort of survivors in 1974 who reported good health practices in 1965 as among those with poor health practices. Those with an intermediate level of health practices experienced about two-thirds the relative disability risk of those with poor health practices. Essentially similar relationships prevailed for the 1982/83 survivors of the original (1965) cohort, who, on being requestioned, had been free of disability in 1974. (RH)
ISSN: 00917435

Health and health care advice for the elderly.
From: BDA Health Promotion Services, Unit 17, Macon Court, Crewe, Cheshire CW1 1EA

Housebound elderly people: definition prevalence and characteristics; by James Lindesay, Catherine Thompson.
Looks at what physical, psychiatric, social and environmental factors constitute predictors of houseboundness, and the use of formal and informal services by the housebound.
ISSN: 08856230
Identifying hearing loss and hearing handicap among chronic care elderly people; by Enza Ciurlia-Guy, Marlene Cashman, Brenda Lewsen. The Gerontologist, vol 33, no 5, October 1993, pp 644-649. Recommends that as the prevalence of hearing loss is so high testing of all institutionalised older persons be conducted where feasible. ISSN: 00169013


Innovative service delivery models: lessons learned in providing care for older people and people with disabilities; by K Barnett, R Schultz. Australian Journal on Ageing, vol 12, no 3, August 1993, pp 9-13. Evaluation of six projects providing innovative community services to assess their effectiveness in meeting individual needs and to determine the factors most critical to supporting people at home. ISSN: 07264240


Local Government Finance Act 1992: council tax reduction for people with physical disabilities; by Department of Health - DoH. London: Department of Health, March 1993, 3 pp (Local Authority Social Services Letter, LASSL(93)9). Sets out information and procedures for dealing with requests from people seeking a reduction on their council tax bill under the reduction for disabilities scheme. From: DH Store, Health Publications Unit, No 2 Site, Manchester Road, Heywood, Lancs OL10 2PZ.


Monitoring and development: implementing community care for younger people with physical and sensory disabilities: report and findings of the SSI/HHSME special report; by Department of Health - DoH. London: Department of Health, 1993, 33 pp (Community Care). Describes the achievement and progress made in five local authorities under the headings of policy issues, joint working with users and across agencies, implementation and community services. From: Department of Health
"My sight is poor, but I'm getting on now": the health and social care needs of older people with vision problems; by Rachel Landes, Jennie Popay. Health & Social Care in the Community, vol 1, no 6, November 1993, pp 325-335. Presents findings from a survey of the needs of older people with visual impairment. ISSN: 09660410


On the sensitivity of need estimates to targeting criteria; by Bleddyn Davies, Personal Social Services Research Unit - PSSRU, University of Kent. International Journal of Health Sciences, vol 4, no 4, 1993, pp 157-167. The radical British reform of community care revives the commitment to needs-based planning, a methodology neglected between the 1974 Oil Crisis and the late 1980s. This paper describes the components of British needs-based planning methodology, and how these failed to develop the crude early work on the estimation of numbers in need applying alternative targeting criteria. The paper also describes how the changes in policy require the application of new and changed targeting criteria, and how Americans have recently affected numbers in target groups in the UK by alternative targeting criteria. It shows that the numbers are highly sensitive to the floor levels of ADLs (activities of daily living and IADLs (instrumental ADLs) postulated in different need definitions, to the living arrangements of the disabled person, and to whether the targeting is restricted to those on low income. It also show that numbers are insensitive to the specific inclusion of cognitive impairment and or/behavioural disorder in addition to ADLs and IADLs. (OFFPRINT). (RH) ISSN: 09242287

Partial sight: how to cope; by Mary Taylor. London: Robert Hale, 1993, 188 pp. Information on organisations which assist the visionally impaired or blind, and suggestions on how to cope with 'everyday' situations such as writing letters and telling the time. ISBN: 0709051387 Price: £6.99 From: Robert Hale Ltd, Clerkenwell House, Clerkenwell Green, London EC1R OHT

Practice with older parents of developmentally disabled adults; by G Smith, S Tobin. Clinical Gerontologist, vol 14, no 1, 1993, pp 59-78. Looks at the needs of older parents caring for their adult children with learning difficulties. ISSN: 07317115 From: http://www.tandfonline.com

Prevalence of hearing loss among people aged 65 years and over: screening and hearing aid provision; by P S Wilson, D M Fleming, I Donaldson. British Journal of General Practice, vol 43, October 1993, pp 406-409. The aim of this study was to assess the prevalence of hearing loss among people aged 65 and over, and to offer hearing aids where necessary. The study was carried out in a large health centre practice in Birmingham with a computerised record system. All patients aged 65 and a 20% random sample of patients aged 66 and over were invited for interview. They were questioned about hearing loss and examined audiometrically. All patients with a hearing loss in the better ear of 35 decibels or more over the speech frequencies were offered a hearing aid. A total of 322 patients attended (72% of those invited), and of these, 34 patients already had a hearing aid. A further 142 were identified for whom a hearing aid was recommended; 69 accepted. The acceptance rate was higher among men than women (57% compared with 43%). 61 patients (19% of those screened) had an asymmetrical hearing loss, and of these 24 required consultant assessment; none had serious underlying pathology. There is a large unmet need for hearing aid provision. Simple audometric assessment in health centres provides an opportunity to meet this need. (RH) ISSN: 09601643

The prevention and management of pressure sores within hospital and community settings: the new edition of a document originally produced by the Working Party of the Pressure Sore Study Group at the King's Fund Centre
Changes in the structure and culture of the National Health Service (NHS) in April 1993 have resulted in greater opportunities and need for pressure sore prevention and management, since this document was first published in 1989. The development of an effective strategy for the prevention and management of pressure sores requires the use of multidisciplinary quality assurance and research for the following steps: forming a Pressure Sore Group; collecting baseline information about patients, resources, and existing knowledge; interpreting this data and identifying problems that have arisen; developing and implementing this approach; and monitoring the whole programme. Above all, for this strategy to be effective, it requires commitment and enthusiasm from purchasers as well as from providers of health care. (RH)

ISBN: 0951739832

From: The Department of Academic Medicine for the Elderly, Chelsea & Westminster Hospital, Fulham Road, London SW10 9NH.


IN: Community care: a reader; edited by Joanna Bornat, Julia Johnson, Charmaine Pereira (et al), 1993, pp 153-159.

This is an abridged extract of Chapter 6, The principles and practice of collective care, from the author's 'Ideologies of caring', 2nd ed., 1996, written from a feminist perspective. The Centre for Policy on Ageing's (CPA) code of practice for residential care, 'Home life', 1984, and the 1996 update, 'A better home life', are suggested as a useful starting point. Five principles are suggested: individual responsibility for life choices; responsiveness of the care system to the individual's needs; the opportunity to form personal relationships as the individual wishes; developing skills and talents; and economic security. The particular needs of disabled people for economic and financial autonomy are discussed: they wish to live independent lives and be in control of their life circumstances.

Price: £13.99 (pbk)

From: Macmillan Distribution Ltd., Houndmills, Basingstoke, Hants RG21 6XS.

Rehabilitation of the elderly lower limb amputee; by P Buttenshaw. Reviews in Clinical Gerontology, vol 3, no 1, February 1993, pp 69-84.

Looks at the causes of amputation, post operative treatment and rehabilitation, gait, walking and prosthetics training and the psychological effects of amputation.


Successful improvement in health in an increasingly older population will greatly depend on reducing age specific disability levels. The authors have attempted to identify risk factors for physical disability among 4,428 people aged 50-77 using baseline data collected in the first US National Health and Nutrition Examination Survey (NHANES I, 1971-1975) linked to disability data collected 10 years later in the NHANES I Epidemiologic Followup Study. Results of forward stepwise linear regression analysis showed that the major characteristics contributing to greater disability were older age at baseline, less non-recreational activity, a history of arthritis, less education, female sex, and greater body mass index (BMI) at age 40. Other factors associated with greater disability included cardiovascular disease, abnormal urine test, less recreational activity, lower caloric intake, lower family income, elevated blood pressure, and lower serum albumin. Further factors were histories of asthma, rheumatic fever, tuberculosis, hip or spine fracture, chronic pulmonary disease, and kidney disease. (RH)


The project's objective was to promote eye care among both public and professionals, through preventative action and the provision of information.

From: Henshaw's Society for the Blind, Warwick Road, Old Trafford, Manchester M16 0GS


Concludes that quality of life for community dwelling elderly people is significantly linked to sensory impairment, identifying different quality of life factors associated with loss of sight and hearing.
Reports on the responses of water and sewerage companies to Ofwat's guidelines on services for older people.

Study of the needs of older people with hearing loss living in residential care and nursing homes.
Price: £5.00
From: Counsel and Care, Twyman House, 16 Bonny Street, London NW1 9PG

Describes the Telelink programme, a special telephone group support system designed to bring small groups of elderly people with visual impairments together each week for stimulation, social interaction or therapy. Investigates the factors which contribute to its' effectiveness.
ISSN: 07264240

Assesses the impact on quality of life of a telephone group link for people with visual impairment, including its' effect on levels of social contact, mental health and coping strategies
ISSN: 07317115
From: http://www.tandfonline.com

An illustrated manual of activities for people with Alzheimer's disease and related disorders. Topics covered include communication, group work, handicrafts, music, reminiscence groups; and sensory stimulation. Concludes with a consideration of the different health care systems in the United States and in Canada.
ISBN: 0834203561
Price: £97.50
From: Winslow, Telford Road, Bicester, Oxon OX6 0TS.

Type of elder impairment: impact on caregiver burden, health outcomes and social support; by Mary Anne Neary. Clinical Gerontologist, vol 13, no 2, 1993, pp 47-59.
Measured mental and physical outcomes for carer, subjective and objective burden, and levels of formal and informal support, comparing caregivers of elderly with physical and mental impairments.
ISSN: 07317115
From: http://www.tandfonline.com

"Us" and "them"?: feminist research and community care; by Jenny Morris. Basingstoke: Macmillan, in association with the Open University, 1993, pp 160-167.
This article is an edited version of a chapter in the author's book 'Pride against prejudice: transforming attitudes to disability' (Women's Press, 1991). Community care is a major area of concern for feminist academics, yet the experiences of disabled and older women are missing from the debate, from the research, and from the development of theory. This has meant that attempts to explore forms of care which do not depend on women's unpaid work within the family, non-disabled feminists have advocated residential care. Whilst disabled people would also reject how 'community care' often means 'family care', they still wish to assert their demand for the right to live within the community in a non-disabling environment with the kind of personal assistance that they would choose.
Price: £13.99 (pbk)
From: Macmillan Distribution Ltd., Houndmills, Basingstoke, Hants RG21 6XS.

350
Whether eighteen or eighty, we believe people should have fun. Don't you?: annual report and accounts 1992; by Community Action: holidays for older people with disabilities. Birmingham: The Guild of Students, 1993, 12 pp.

This annual report details the work of Birmingham University students working for the local community to provide outings-based residential holidays for older disabled people from Birmingham, supported by a high level of nursing and social care, and delivered by student volunteers. By 1992, Community Action had been providing quality holidays to those most in need for twelve years, but it is now defunct. (KJ/RH)

From: -

1992


This volume examines the extent to which younger and older adults with disabilities have common needs and interests. Also examined is the extent to which the disabled and the people who work with them can learn from each other and join forces in reaching shared solutions. Articles discuss independent living in the community, rehabilitation services for elders, education and training for independent living, and long term care. Contributors to the final section assess the political and policy substructure necessary to achieve common goals. This volume was originally published as the Winter 1992 issue of Generations, Journal of the American Society on Aging. (RH)

ISBN: 0895031086
From: Baywood Publishing Company Inc, 26 Austin Avenue, Amityville, NY 11701, USA.

Aids for old people living at home; by G P Mulley.

Looks at disability and the need for aids, at visual and hearing aids, aids for activities of daily living in and out of the home specifically mobility and personal care aids, and at the shortcomings in the provision and use of aids.
ISSN: 09592598


Looks at the existence of anxiety and depression amongst the registered blind aged over 65 years, and sees justification for rehabilitation measures to alleviate these.

Care of elderly people with learning disabilities into 1992; by S Coward.

Raises questions about how the needs and rights of this group can be sensitively met in a way that maximises independence and opportunity.
ISSN: 09646914


Discuss hospital staff disability awareness, the hospital environment, health risks to disabled people whilst in hospital and the management and training of hospital staff in relation to patients with disabilities.
ISBN: 1873240376
From: Royal College of Physicians of London, 11 St Andrews Place, London NW1 4LE.

Communication disorders, education and aging; by Karen Patterson (ed).

This special issue looks at communication needs and disorders, and examines the role of education in overcoming communication barriers. Topics include training for clinicians, the effect of hearing loss and hearing aid use and swallowing disorders.
ISSN: 03601277


A longitudinal study on the health, well-being and service usage of a chronic housebound group of elderly people.
Survey responses indicate that access to community based services, and liaison between service providers, family caregivers and advocates are the critical issues of service provision for the developmentally disabled elderly.
ISSN: 01634372
From: http://www.tandfonline.com

Survey responses indicate that access to community based services, and liaison between service providers, family caregivers and advocates are the critical issues of service provision for the developmentally disabled elderly.

Explores disability and dependency in old age. Looks at the social and economic circumstances of disabled and elderly people and assesses the consequences of recent policy changes for their care and support.
Price: £7.95
From: Family Policy Studies Centre, 231 Baker Street, London NW1 6XE

Provides guidance on disability issues in the Diploma in Social Work (DipSW) to training programme providers.
ISBN: 1857190009
Price: FOC
From: CCETSW, Derbyshire House, St Chad's Street, London WC1H 8AD

The authors use logit analysis and the US Longitudinal Study of Aging data to examine the sociodemographic factors - age, sex, race, education, poverty status, and marital status - that affect activities of daily living (ADLs), the prevalence of disability and the transitions that arise between able and disabled states. Findings show that age is linked with disability: older respondents are more likely to be or become disabled, and less likely to recover from their disabilities. Education is also strongly linked with disability: more highly educated older people consistently enjoy less disability; if disabled, they generally have greater chances to regain their abilities. Disability varies by race and sex, which are further affected by other covariates, especially marital status and poverty. Therefore, it is crucial to examine disability not only for the total older population, but to appreciate different disability characteristics among race- and sex-specific populations. These social, demographic and economic factors identify characteristics that place older people at risk of disability, and they also identify those characteristics that enhance an individual’s chances of successful ageing. (RH)
ISSN: 08982643

Examines changes in functional status over time by age, gender and ethnicity in a representative sample of older people.
ISSN: 00028614

Older adults reduce their activity levels as they age, and larger proportions are sedentary. Planning feasible interventions requires a far better understanding of the determinants of this behaviour pattern than currently exists. This literature review provides evidence that even modestly increased activity levels in older people may have major public health benefits. Increased activity appears to result in diminished age-related declines in physiological reserve, fewer depressive symptoms, reduced risk of CHD, fewer osteoporotic fractures, higher rates of maintaining function and avoiding functional loss, and lower mortality. The methods of measuring physical activity varies widely across studies, as does the level of activity at which health benefits begin. Future
research must answer crucial questions about the type, intensity and duration of activity required to achieve various health effects. (RH)

ISSN: 01637525

Estimating the prevalence of long-term disability for an aging society; by Suzanne R Kunkel, Robert A Applebaum.
Projections of disability, and by implication long-term care, are detailed by age and sex for the entire older population, and the policy implications raised by these estimates are discussed.
ISSN: 00221422

Functional limitations and disability among elders in the Framingham Study; by Margaret Kelly-Hayes, Allen M Jette, Philip A Wolf (et al).
Differences between self-reported disability and observed functional limitations in six activities of daily living (ADL) tasks were measured for older people living in the community from the Framingham Cohort study. The authors' findings suggest that physical functional limitations and disability in older people are two distinct concepts, and that the measure of choice should be determined by research objectives and the type of population being studied. (OFFPRINT.) (RH)

Health services for people with learning disabilities (mental handicap); by NHS Management Executive, Department of Health - DoH. London: Department of Health, 26 October 1992, 7 pp (Health service guidelines, HSG 92/42).
People with learning disabilities (mental handicap) have the same rights of access to NHS services as everyone else, but they may require assistance in using services. These guidelines outline action which purchasers, district health authorities (DHAs), and family health services authorities should take to ensure that NHS responsibilities are met. (RH)

Hearing loss prevalence and management in nursing home residents; by M Bunch Garahan, J Waller, M Houghton, W Tisdale (et al).
Looks at the prevalence and management of hearing loss and hearing impairment among nursing home residents.
ISSN: 00028614

In touch with the world outside: managing sensory changes in elderly people; by Lynne Swiatczak.
Describes changes in hearing, sight, touch, taste and smell in older people and suggest ways of minimising the difficulties these changes can cause.

Describes projects whose aims have been to provide access and to encourage participation in typical senior services for older persons with development disabilities, by bridging or the promotion of inter-agency collaboration between service providers for the disabled and for the elderly.
Price: FOC
From: NYS OMRDD, Bureau of Aging Services, 44 Holland Avenue, Albany, NY 12229-1000, USA

Life sustaining interventions in frail elderly persons: talking about choices; by F Russell Kellogg, Madeleine Crain, June Corwin (et al).
Archives of Internal Medicine, vol 152, November 1992, pp 2317-2320.
There is controversy concerning the use of life-sustaining measures such as cardiopulmonary resuscitation (CPR) and tube feeding. The authors studied the short-term emotional impact of a doctor-initiated discussion with frail housebound older patients. Most welcomed the discussion which proved therapeutic for some, possibly because their personal control was enhanced. Clear choices usually emerged regarding their future care. On follow-up, however, several were indecisive about their choices. (RH)
ISSN: 00039926

Surveys old people with functional disabilities, particularly severe difficulties with ADL (activities of daily living), assessing their social roles and circumstances and their service usage.

Price: £3.50

From: ACIOG, King's College London, Cornwall House Annexe, Waterloo Road, London SE1 8TX

Morbidity, disability, and health status of Black American elderly: a new look at the oldest old; by T P Miles, M A Bernard.


Presents information on self-reported health status, chronic disease prevalence, measures of physical functioning and nursing home utilisation rates within the older black population.

ISSN: 00028614

The prevalence of depressive symptoms and cognitive impairment in supported residential services in Victoria: a pilot study; by L Flicker, S Keppich-Arnold, E Chiu, R Calder, J Theisinger.


This study investigated the prevalence of depression and dementia in residential homes for older people with disabilities.

ISSN: 07264240


Presents findings from a survey of the characteristics of elderly people on waiting lists for institutional care. Concludes that community care services were more appropriate in some cases, and suggests that an improvement in services may prevent unnecessary institutionalisation.

Price: US $7.00

From: JDC-Brookdale Institute of Gerontology and Adult Human Development in Israel, JDC Hill, PO Box 13087, Jerusalem, Israel

Psychiatric status among the housebound elderly: an epidemiologic perspective; by M Livingstone Bruce, R McNamara.


Looks at the prevalence of psychiatric disorders in older housebound people compared to that of other older people living in the community.

ISSN: 00028614

Psychological strategies for assisting older adults who are partially sighted; by P Thompson, J Goldhaber, P Amaral, L Ringerer.


Explores the psychological barriers to rehabilitation for visually impaired older people, and examines successful therapeutic approaches to overcoming them.

The relationship between homebound older people and their home care workers, or "the pas de deux" of home care; by Barbara Barer.


Addresses the unique aspects of the setting, the particular characteristics of the elderly in need of care, the challenger of the care provider, and the dynamics of the relationship.

ISSN: 01634372

From: http://www.tandfonline.com

The relationship between low vision and performance of activities of daily living in nursing home residents; by M Marx, P Werner, J Cohen-Mansfield, R Feldman.


Examines the relationship of visual impairment with the ability to perform activities of daily living.

ISSN: 00028614
Social care for adults with learning disabilities (mental handicap); by Department of Health - DoH. London: Department of Health, October 1992, 19 pp (Local authority circular, LAC (92)15).
Gives specific guidance to local authorities on planning services for adults with learning disabilities. This circular was cancelled on 31 August 2001.

This volume focuses on the individuals, service systems, programmes and policies impacted by vision loss. ISBN: 1560242515
Price: £13.50
From: http://www.tandfonline.com

Assesses the possible contributions of visual ageing to declines in driving effectiveness. ISSN: 00221422

Examines the prevalence of visual disabilities and common eye diseases among older people in Inner London, and concludes that such problems may be largely undetected in the community. ISSN: 09598138

1991

Examines the experiences of people with physical disabilities who are also experiencing the ageing process, and their special needs for services.
Price: FOC

Asserts the needs for proper equipment and gadgets to facilitate the optimum rehabilitation of the older disabled patient.
ISSN: 09592598

Presents papers from the 1990 conference on Housing, Independent Living and Physically Disabled People. Discusses local authority policy and practice, housing associations, independent living schemes, design and future policy needs.
ISBN: 1870767152
Price: £4.95
From: Shelter, 88 Old Street, London EC1V 9HU

Examines caregivers' views of the adequacy and impact of the economic support provided through disability allowances.
ISSN: 01634372
From: http://www.tandfonline.com

Examines some of the differences which arise from the construction of community care policy in Scotland.
This workshop provides information about a number of disabling conditions, and about the normal ageing process. Specific conditions include arthritis, stroke, incontinence, blindness, deafness and diabetes.
ISBN: 1871080215
Price: £15.95
From : Pavilion Publishing (Brighton) Ltd, 42 Lansdowne Place, Hove, East Sussex BN3 1HH

Comments on various sections of the claim pack, such as assistance with completing the form, medical examination, and other points.
Price: FOC
From : Age Concern England, 1268 London Road, London SW16 4ER

Impaired adaptation to the dark due to reduced retinal sensitivity was found among a group of elderly fallers, and lighting in the home was found to be inadequate.
ISSN: 0304324X

Examines the value systems of older people concerning physical disability, health, and their opinions about health care, and looks at the perceived needs for services for those with different kinds of disabilities.
Price: £3.00
From : Centre for Physiotherapy Research, King's College London, Strand, London WC2R 2LS

A collection of papers highlighting some of the different views in the debate about the role of social policy in meeting the needs of disabled people. Topics covered include social security, income maintenance, social care services, informal care, and employment.
ISBN: 0853745358
From : BEBC Ltd., PO Box 1496, Poole, Dorset BH12 3YD.

Retirement pensions can be taken abroad (though up-rating is often lost), but disability benefits cannot; this limits the possibilities for chronically sick and disabled older people to be cared for by relatives in their country of origin
ISBN: 1854420704
Price: £2.50
From : Commission for Racial Equality, Elliot House, 10/12 Allington Street, London SW1E 5EH

Explains the purpose of disability equality training and provides a guide to what constitutes high quality courses and demonstrates bad practice.
ISBN: 0904488896
From : CCETSW, Derbyshire House, St. Chad's Street, London WC1 8AD

The extent of mobility and living arrangement changes associated with disability were studied to test whether persons with significant limitations to their ability to perform daily activities would be more likely to move with others or enter an institution.
The do-able renewable home: making your home fit your needs; by John P S Salmen, American Association of Retired Persons - AARP. Washington DC: American Association of Retired Persons, 1991, 36 pp. Identifies and explains design concepts, products and resources that can make homes more comfortable for older occupants with physical limitations.

Price: FOC
From: AARP, 601 E Street, N.W. Washington, DC 20049 USA


From: Disabled Living Foundation, 380/384 Harrow Road, London W9 2HU


From: Community Transport Association, Highbank, Halton Street, Hyde, Cheshire SK14 2NY.


ISSN: 09547762


ISBN: 0951766902
From: National Information Forum, 380-384 Harrow Road, London W9 2HU

Guidelines for library services to people who are housebound; by Domiciliary Services Subject Group of the Library Association Medical, Health and Welfare Libraries Group; London Housebound Services Group, Association of London Chief Librarians. London: Library Association, 1991, 83 pp. The guidelines are divided into fifteen sections and look in detail at all aspects of providing housebound library services. They have been adopted by the Library Association Council.

Price: £12.50
From: Library Association Publishing Ltd, 7 Ridgmount Street, London WC1E 7AE

Guidelines on services for disabled and elderly customers: guidance to companies; by Office of Water Services (OFWAT). Birmingham: OFWAT, 1991, unnumbered pages. This document contains the Director General's guidance to water and sewage companies on what are likely to be elements of company policies and procedures to meet the needs of older and disabled customers.

Price: FOC
From: OFWAT, Centre City Tower, 7 Hill Street, Birmingham B5 4UA


Price: £16.95
Levels of disability among US adults with arthritis; by Lois M Verbrugge, James M Lepkowski, Lisa L Konkol. The Journals of Gerontology, vol 46, no 2, March 1991, pp S71-83. This article studies the excess levels of disability experienced by people with arthritis compared to persons without, and concludes that while arthritis has pronounced effects on physical dysfunctions, these do not necessarily lead to personal and household care problems.

ISSN: 00221422


ISSN: 03601277


ISSN: 00020729

Reducing excess disability in dementia patients: training caregivers to manage patient depression; by Linda Teri, Jay M Uomoto. Clinical Gerontologist, vol 10, no 4, 1991, pp 49-63. This study investigated the relationship between depressed mood and pleasant activities in patients with dementia and major depressive disorder. By training carers to increase the frequency and duration of pleasant events, patients' depression decreased.

ISSN: 07317115

From: http://www.tandfonline.com


ISSN: 09547762

The right to a clean home: an initial report on the campaign by RADAR and Arthritis Care on the state of the home help service for disabled people; by Royal Association for Disability and Rehabilitation; Arthritis Care. London: RADAR; Arthritis Care, 1991, 5 pp. Discusses the importance of domestic assistance for disabled and older people and presents case studies which illustrate the hardship experienced by many disabled people not receiving help with cleaning and other household tasks.

Price: FOC

From: RADAR, 25 Mortimer Street, London WIN 8AB.

Seniors Independence Research Program (SIRP): inventory of funded projects; by Seniors Independence Research Program (SIRP); Minister of National Health and Welfare, Canada. Ottawa, ON: Minister of Supply and Service Canada, 1991, 134 pp. The Seniors Independence Research Program (SIRP) was set up in 1988 as part of the Health and Welfare Canada's Seniors' Initiative. It aims to stimulate and support research on the health and social issues related to Alzheimer's disease, osteoporosis and other disabilities which affect the independence of older people. This document describes the main activities of the programme and gives a short summary of all projects funded through or related to the SIRP initiatives. In French and English. (AKM)

ISBN: 0662581830


ISSN: 09547762
Describes the social welfare system in Tokyo, including major welfare programmes for disabled people and older people, children and women.
From: Research Section, General Affairs Div., Bureau of Social Welfare, Tokyo Met. Govt.,2-8-1 Nishi-Shinjuku-ku, Tokyo 163-01, Japan

One-off survey.
From: Department of Health, Statistics Division, Skipton House, 80 London Road, London SE1 6LW.

Describes a systematic approach to evaluating services for people with physical and sensory disabilities.
Price: £4.00
From: Living Options in Practice, 126 Albert Street, London NW1 7NF

Feminist research on community care is concerned with women's position in the family. Such research has failed to take on the reality and the interests of those groups of people who receive "care". This has led some feminists to conclude that non-sexist forms of community care are impossible, and to advocate new forms of institutional care as an alternative. Gillian Dalley's "collectivism", as espoused in "Ideologies of caring" (1988) is discussed as an example. Disabled people experience such research as oppressive and alienating. Research which incorporated the subjective reality of disabled people would ask different questions, but although rejecting institutional care, would still support feminism's rejection of the way that "community care" too often means "family care". This article is based on a chapter in the author's book, "Pride against prejudice: transforming attitudes to disability" (Women's Press, 1991). (RH)
ISSN: 02610183

Part of a comprehensive evaluation of day care centres, this study examines the running costs at different centres and looks at the reasons for the cost differences.
From: JDC Brookdale Institute of Gerontology and Adult Human Development, JDC Hill, POB 13087, Jerusalem 91130, Israel

The correct differentiation of pure word deafness, (PWD), from Alzheimer's has implications for the prognosis and treatment of patients. This report evaluated a patient who was misdiagnosed, and characterises the clinical features of PWD, comparing them to Alzheimer's.
ISSN: 00028614

1990

Age and disability a challenge for Europe: Eurolink Age seminar on age and disability, Florence, 15-17 March 1990, final report incorporating a European code of practice in meeting the needs of disability and ageing; by Patrick Daunt. London: Eurolink Age, 1990, 33 pp + appendix.
Part of the HELIOS programme to promote the economic and the social integration and independent living of disabled people.
Price: FOC
From: Eurolink Age, 1268 London Road, London SW16 4ER
The ageing process and visual disability: investigating change; by Michael Tobin, Eileen Hill.
Describes an investigation which is concerned with monitoring changes in the skills and self-perceived needs of blind and partially-sighted older people. Argues that an improvement in services will depend in part upon a better understanding how people adjust to and cope with visual impairment in old age.

Aging and severe physical disability; patterns of change and implications for services; by Nancy M Crewe.
Looks at the service implications of the increasing numbers of older people with severe disabilities, such as polio or spinal cord injury.
ISSN: 03601277

Aging, disability and the home-care revolution; by Irving Kenneth Zola.
Discusses the differences and similarities between ageing and disabilities, and argues that it is time to reconceptualise the constituencies of ageing and disability away from the label of them as vulnerable and in need of protection, to minority groups which are seeking their rights and equitable place in society.

Are hearing and visual dysfunction associated with cognitive impairment?: a population based approach; by Patricia L Colsher, Robert B Wallace.
Study to assess whether there is a relationship between cognitive impairment and impaired sensory functioning.
ISSN: 07334648

Examines the provision of care for the physically handicapped and frail elderly by local authorities and district health authorities, housing authorities and associations, GP services and voluntary organisations.
From : Business Sciences (UK) Ltd., 1 Denbigh Street, London SW1V 2HF

Looks at present arrangements for social security help for disabled people, and considers the Government's proposals for reform as set out in "The way ahead" (January 1990).
ISBN: 0102646902
Price: £7.15
From : HMSO

Describes the findings of an inspection into the extent to which social services departments are operating aspects of the legislation.
Price: FOC
From : SSI, Dept. of Health, Alexander Fleming House, Elephant & Castle, London SE1 6BY

DIEL telephone information pack for elderly and disabled people; by Advisory Committee on Telecommunications for Disabled and Elderly People - DIEL. London: DIEL, 1990, leaflet pack.
Information pack on the range of equipment and services available to meet the needs of disabled and elderly people.
From : DIEL, Room 2/3, Export House, 50 Ludgate Hill, London EC4M 7JJ

Looks at the financial position of older people in the light of the Government's proposals for disability benefits.
Price: 1 copy FOC
From : Age Concern England, 1268 London Road, London SW16 4EJ
Analyses the household income and expenditure patterns of households containing a disabled adult member in comparison with other households.
ISBN: 0117617555
Price: £5.65
From: HMSO Publications Centre, PO Box 276, London SW8 5DT

A framework for action: developing services for people with severe physical and sensory disabilities; by Barrie Fiedler, Diana Twitchin. London: Living Options in Practice, 1990, 18 pp (Project paper no 1).
Provides an outline of the elements that should be encompassed within a comprehensive service system for people with physical and sensory disabilities.
Price: £2.50
From: Living Options in Practice, 126 Albert Street, London NW1 7NF

Provides guidelines for standards for homes, personal care, buildings, management, and looks at consumer rights, needs and satisfaction.
ISBN: 011321314X
Price: £3.95
From: HMSO Publications Centre, PO Box 276, London SW8 5DT

The aim of this study was to develop a strategy for providing comprehensive health care, including mental health care, to older people in the rural community, and to develop a feasible model for the delivery of health services to the rural older population using the existing health infrastructure. The study was conducted at primary health care centres in Madurai, India, between 1984 and 1988. Data was collected from a sample of older people on demography, family composition and integration; physical and psychiatric morbidity; and disabilities. The subjects were followed up for three years and the outcome of intervention measures were assessed. In addition, the attitudes of older people towards the services offered and the impact of a geriatric clinic in the area were studied by sub-sample surveys.

Five myths common to hearing loss and five myths common to vision loss are discussed. Each myth is contrasted with its reality
ISSN: 03601277

"If it wasn't for this wheelchair - I might as well be dead...": a study of equipment and aids for daily living in the community: a district nurse and consumer perspective; by Fiona Ross, Fiona Campbell. London: St. George's Hospital Medical School, 1990, 65 pp.
This study provides an overview of the aids and equipment service in Mid Essex through interviews with key personnel from the Health Authority, Social Services and the voluntary sector, and the users themselves.
From: Dr. F. Ross, St. George's Hospital Medical School, Jenner Wing, Level O, Block G1, Cranmer Terrace, London SW17 0RE

Information on mobility: (report of a hearing on provision of and access to transport information and recommendations from it); by Disabled Persons Transport Advisory Committee. London: Department of Transport, 1990, unnumbered pages.
Discusses ways of improving information on transport, such as timetables, in order to make the transport system more accessible to people with disabilities.
Price: FOC
From: DPTAC, Dept. of Transport, Rm. 510/21, Marsham Street, London
Information on mobility: (report of a hearing on provision of and access to transport information and recommendations from it) appendices I-IV; by Disabled Persons Transport Advisory Committee. London: Department of Transport, 1990, various pagings. Discusses ways of improving information on transport, such as timetables, in order to make the transport system more accessible to people with disabilities. Price: FOC
From: DPTAC, Dept. of Transport, Rm. 510/21, Marsham Street, London

From: Nick Stone, O.T. Section, Stepney Neighbourhood Centre, Cheviot House, 227-237 Commercial Road, London E1

Assesses the prevalence of potentially reversible locomotor disabilities in older people and the cost effectiveness of providing aids for daily living. ISSN: 09598138

Introduces the methodological issues that are important when dealing with disability among the elderly population.
From: Dr. M. D. Garrett, INIA, 117 St.Paul Street, Valletta, Malta

Identifies the extent to which local authorities are meeting the need for housing and support services amongst disabled people, highlighting examples of good practice and putting forward detailed recommendations for improvement.
ISBN: 0901242926
Price: £3.50
From: Shelter, 88 Old Street, London EC1V 9HU

Outlines the characteristics of the elderly population in Denmark in terms of their health and self-care capacity, and looks at the future needs for services.

Describes a programme for delivering low vision devices to older people with visual impairment in rural areas in the United States.

This paper sets out the proposed changes to the social security benefits available to people with disabilities.
ISBN: 0101091729
Price: £7.50
From: HMSO Publications Centre, PO Box 276, London SW8 5DT
Price: £5.00
From: Wandsworth Borough Council, Technical Services Dept., The Town Hall, Wandsworth High Street, London SW18 2PU

Aging and lifelong disabilities: partnership for the twenty-first century: the Wingspread conference report; by Edward F Ansello, Thomas Rose. Maryland: University of Maryland Center on Aging, 1989, 82 pp. Explores the challenges and critical issues posed by the increasing longevity of older Americans with mental and physical disabilities, looks at service planning, policy and provision.
From: Center on Aging, The Univ. of Maryland, Room 1120, Francis Scott Key Hall, College Park, Maryland 20742-7321, USA

Breaking new ground: assessment of the needs and difficulties of elderly housebound and disabled people among ethnic minorities; by Standing Conference of Ethnic Minority Senior Citizens. London: SCEMSC, 1989, 32 pp. Presents results from case studies on the needs of older people who are housebound or disabled and from the Asian, Chinese and West Indian communities.
Price: £4.00
From: SCEMSC, 5-5a Westminster Bridge Road, London SE1 7XW


Co-ordinating services for visually handicapped people: report to the Minister for the Disabled [by the Working Group]; by R M Orton (chairman), Department of Health - DoH. London: HMSO, 1989, 15 pp. Considers ways of ensuring more effective co-ordination between health, social services, voluntary and other agencies in establishing a person's visual impairment and arranging for the necessary services.
ISBN: 0113211937
Price: £3
From: HMSO Publications Centre, PO Box 276, London SW8 5DT

Price: £25.00

ISSN: 08991996

Hearing loss leading to impaired ability to communicate in residents of homes for the elderly; by J K Anand, Ivy Court.
ISSN: 02670623
Price: £1.00
From: Home Tutor Scheme for Housebound Elderly in W14, Addison Centre, Addison Gardens, London W14 0DT

Housing for the physically disabled: a guide to adaption or rehousing; by Jack Rostron. Liverpool: Liverpool Polytechnic, School of the Built Environment, 1989, unnumbered. Booklet aimed at helping disabled persons assess the suitability of their existing home or move to a new especially designed house or flat.
Price: FOC
From: Liverpool Polytechnic, School of the Built Environment, Clarence Street, Liverpool L3 5UG

Housing options for older people with developmental disabilities: implications for adult residential care; by James A Stone. Adult Residential Care Journal, vol 3, no 3, Fall 1989, pp 193-208. Compares the types of housing and residential care available to older people with developmental disabilities. ISSN: 08991996

How the Building Regulations could be changed to improve access to buildings for disabled people.

The normal eyeball: senior systems 42; by Anne Roberts (comp). Nursing Times, vol 85, no 45, 8 November 1989, pp 55-58 (Systems of life no 177). Changes to the eye which may occur in later life ISSN: 09547762

"One in four": housing for tenants with disabilities; by W M Carlisle. London: London Borough of Tower Hamlets, 1989, 36 pp + appendices. Summarises the situation with respect to the provision of accommodation for people in Tower Hamlets, and puts forward recommendations intended to assist the Neighbourhoods in development strategies for the provision of this accommodation.
Price: FOC
From: Tower Hamlets, Housing Strategy Group, 27 Birkbeck Street, London E2 6JY

Price: FOC
From: British Psychological Society, St Andrew's House, 48 Princess Road East, Leicester LE1 7DR.

The prevalence of hearing impairment and reported hearing disability among adults in Great Britain; by A C Davis. International Journal of Epidemiology, vol 18, no 4, 1989, pp 911-917. Estimates for the prevalence of self-reported hearing disability and measured hearing impairment as a function of age in the adult population of Great Britain (GB) are reported from two 2-stage surveys. The main study was conducted in Cardiff, Glasgow, Nottingham and Southampton, with rigorous audiological assessment at the second stage. A supplementary study used a sample representative of GB with simplified domiciliary audiological assessments. In the main study, neither stage showed any gross bias arising from the cities chosen. The estimates from the first stage are free from bias arising from non-response. The estimates from the second stage are relatively free from bias arising from non-attendance. For the present purposes, defining a "significant" level of hearing impairment as at least 25 dBHL averaged over the frequencies 0.5, 1.2, 4 kHZ, 16% of the adult population (17-80 years) have a bilateral, about one in four unilateral or bilateral hearing impairment. About 10% of the adult population (aged 17 and over) report bilateral hearing difficulty in a quiet environment. (RH)
Providing for old age; by Hal Neslen.
Discusses the service provision for older people with severe visual impairment.

Providing for the old and disabled; by Michael Prowse.
Appropriate organisational and financial structures are needed to cope with community care needs

Advises on the design, operation and evaluation of health services, and the provision of psychological services to meet the needs of people with physical disabilities.
Price: £5.00
From: The British Psychological Society, St Andrews House, 48 Princess Road East, Leicester LE1 7DR

Bibliography with annotations.
Price: £0.60
From: Department of Health and Social Security Library, Alexander Fleming House, Elephant and Castle, London SE1 6BY.

Describes the way disability-related advertising is undertaken, and highlights issues which arose during discussions with advertising practitioners, charity advertisers and people with disabilities. Concludes with suggestions to the advertising industry and charities regarding future action and development.
ISBN: 0903060132
Price: £3.50
From: King's Fund Centre, 126 Albert Street, London NW1 7NF

1988

Progress in relation to access, education, training and employment of disabled people involved with the arts
Price: £5.95
From: Harper & Row Distributors, Estover Road, Plymouth, Devon PL6 7PZ

Examines some ideas behind the Griffiths report and emphasises the principle that disabled people should be able to negotiate the sort of care they want.
From: Kings Fund Centre, 126 Albert Street, London NW1 7NF

Disability counts; by Tim Lunn.
Community Care, no 729, 15 Sept 1988, pp 16-18.
Previews the forthcoming results from the OPCS surveys of disability and looks at their implications for services and social security benefits.
ISSN: 03075508

Disabled or aged?; by Eric Midwinter.
Community Care, no 731, 29 Sept 1988, p 15.
Looks at the difference between disability and the ageing process.
ISSN: 03075508

Price: £0.50
From: RADAR, 25 Mortimer Street, London, W1N 8AB


This code of practice provides guidance for designers and the building construction team in their task of incorporating into new buildings, or alterations to existing buildings, measures to enable the safe evacuation of disabled people, in the event of a fire. It is applicable to all buildings except single-family dwelling houses, flats and maisonettes. It is not intended for application in a building used as a house in multiple occupation (HMO).

ISBN: 058016408x
From: British Standards Institution

Gender, household composition and receipt of domiciliary services by elderly disabled people; by Sara Arber, G Nigel Gilbert, Maria Evandrou. Journal of Social Policy, vol 17, part 2, April 1988, pp 153-175.

Differences in the provision of statutory domiciliary services to disabled elderly people.

ISSN: 00472794


Provides forthright and factual information on how disabled people use unisex and other toilets. Advises on layout and distribution and the problems of small buildings.

ISBN: 090397620X
From: CEH, 35 Great Smith Street, London SW1P 3BJ


Includes the Social and Housing Services Committee report of 23 May 1988, a summary of the main findings of the report on housing and disabled people in Tower Hamlets, a summary of the recommendations, the 'ROOF' article 'Disabling Authority', (Jan 1989) the full report by Dr Morris and recommendations arising from the report.

Price: FOC
From: W.M. Carlisle, Tower Hamlets, Housing Strategy Group, 27 Birkbeck Street, London E2 6JY

Information needs of disabled people, their carers and service providers: final report; by Coopers and Lybrand; Priority Care Division, Department of Health and Social Security - DHSS. London: Department of Health and Social Security, 1988, unnumbered + appendices.

Looks at the information needs of the disabled, their carers and service providers, examines existing systems for meeting them and identifies possible options for improvement.


The decline of services and transport provision in the North Cotswolds has led to a progressive deterioration in disabled and older people's welfare. This study, based on interviews with 498 individuals in eight typical parishes, relates to travel behaviour of these groups to health status, personal circumstances, the grade and location of services, and mode of transport. The repercussions of the Transport Act 1985 for the car-less and severely disabled are then examined. Given the increased loadings on domiciliary support systems, the case is argued for coordinated initiatives to alternative transport provision which relate, sensitively, to the needs of different groups among older and disabled people. (OFFPRINT) (RH)

ISSN: 02779536
Offers guidelines for statutory and voluntary agencies on the preconditions to and ingredients of quality housing and care support service for physically disabled people, presenting case histories and suggesting starting points for change.
ISBN: 0951391402
Price: £6
From: Prince of Wales Advisory Group on Disability, 8 Bedford Row, London WC1R 4BA

Looking beyond the disabilities to the person inside the head; by Sarah Boyd.
A residential care worker reflects on attitudes towards the elderly.
ISSN: 00378070

Peripheral vascular disease - 2: senior systems 26; by Anne Roberts (comp).
Nursing Times, vol 84, no 23, 8 June 1988, pp 51-54 (Systems of life no 161).
Describes surgery for peripheral vascular disease in the form of amputation of a lower limb. Includes post-operative care and discussion of prosthesis.
ISSN: 09547762

Physical disability and social liminality: a study in the rituals of adversity; by Robert F Murphy, Jessica Scheer, Yoland Murphy (et al).
(OFFPRINT.)
ISSN: 02779536

What's cooking; by Will Hatchett (ed).
Care Weekly, no 35, 10 June 1988, pp 11-15.
Articles look at nutrition and catering in residential care settings, including training for staff, and at designing kitchen and cooking equipment to enable people with disabilities to maintain their independence. Comparisons are also made between the catering arrangements in a Part III residential home, a sheltered flat and a residential unit for people with disabilities.
ISSN: 09528636

Your caring sharing friends and helpers; by Lindsay MacHardy.
Community Care, no 693, 7 January 1988, pp 24-25.
Describes a community programme scheme run jointly by health and social services, voluntary agencies and local trade unions, to provide jobs for unemployed people who offer help to older housebound people.
ISSN: 03075508

1987

Makes recommendations for developing policies and plans to improve services to elderly people with mental disabilities
From: Center on Aging, University of Maryland, College Park, Maryland 20742-7321

Discusses the biological, psychological and environmental effects of ageing on people with long-term disabilities. Sponsored by the Spinal Cord Research Foundation (SCRF) of the Paralyzed Veterans of America (PVA).

Aging with a disability: executive summary; by Roberta B Trieschmann.
Caring for and communicating with blind and visually impaired elderly people; by L N Bentz.
Outlines the behavioural indicators of visual impairment and offers suggestions for caring for patients with visual impairment or blindness.

Depression, dementia and disability in the elderly; by R A Griffiths (et al).
A structured sample of patients in a rural community practice were assessed on a validity rating scales for depression, dementia and disability.
ISSN: 00071250

Disabled people's experiences, problems and views as electors in the 1987 general election.

Hearing impaired people who are unable to use the telephone can communicate over the public switched network using suitable keyboards, modems and receiving equipment. This guide defines the preferred transmission standards, the character set and protocols to which keyboards and receiving equipment used by people with impaired hearing should conform. It aims to encourage the supply or adaptation of equipment for the technically inexperienced to make the best use of text communication.

A guide book for those who lead group activities for adults suffering significant emotional, physical or mental loss of ability.

Describes the activities of the Home Tutor Scheme which provides educational activities for housebound elderly people living in Hammersmith and Fulham.
From: Home Tutor Scheme, Addison Centre, Addison Gardens, London W14 0DT

Independent living for the handicapped elderly community: a national view; by J E Crews, W D Frey, P E Peterson.
Examines independent living programmes for older and multiply disabled blind people in the United States.

Language in dementia; by I M Thompson.
Language breakdown in elderly people suffering from dementia.
ISSN: 08856230

Models of interaction: services to blind elderly persons; by J Joseph.
Describes how services for blind people can interact with external services.

Morbidity and disability patterns in four developing nations: their implications for social and economic integration of the elderly; by Kenneth G Manton, George C Myers, Gary R Andrews.
Analysis of data for Malaysia, the Philippines, the Republic of Korea and Fiji.
ISSN: 01693816

No way forward; by Linda Lennard.
Social Services Insight, vol 2, no 5, 30 January 1987, pp 6-7.
New social security proposals are in danger of exacerbating the problems of poverty for people with disabilities.
Optimum community care of disabled people: report on a WHO meeting, Turku, Finland 2-3 September 1986; by World Health Organization Regional Office for Europe - WHO: WHO, 1987, 23 pp. Reviews the range of services that have been developed in industrialised countries to deal with the problems that disabled people face, and examines the barriers to disabled people's integration within society.


Re-evaluating housing for people with disabilities in Hammersmith and Fulham: a report for the Housing Services Department, the London Borough of Hammersmith and Fulham; by Ian Robinson, Department of Human Sciences, Brunel University. London: London Borough of Hammersmith and Fulham, 1987, 100 pp. This research has been funded through the Hammersmith and Fulham Inner Area Programme, with the aim of obtaining detailed information about the needs and experiences of people with disabilities in wheelchair housing. It considers the effectiveness of the Wheelchair Housing Design Brief, and how it might be improved. A third objective was to develop and enhance procedures of the Housing Services Department for developing properties suitable for people with disabilities. (RH)

Religious involvement and the health of the elderly: some hypotheses and an initial test; by Ellen L Idler. Social Forces, vol 66, no 1, September 1987, pp 226-238. The study examines patterns of religious involvement, health status, functional disability, and depression among non-institutionalised older residents of New Haven, Connecticut (CT), in 1982. Controlling for demographic variables and physical health status, cross-sectional analysis of data for 2811 subjects from the Yale Health and Aging Project shows higher levels of public religious involvement associated with lower levels of functional disability and depressive symptomatology. Among men, the analysis also shows that private religious involvement modifies the associations of health status with disability, and disability with depression. Four alternative explanatory hypotheses with roots in classical sociological theories of religion are tested: three arguments for indirect effects of religious involvement through health behaviours; social cohesiveness; cognitive coherence; and an interactive theodicy effect. (OFFPRINT) (RH)

'So little for so many': a survey of provision to hearing impaired people by social services department; by Brian Grover, Julia Thompson, Royal National Institute for the Deaf - RNID. London: RNID, 1987, 21pp + appendix (RNID research report no 1). Preliminary findings from a national survey

Visual disability and associated factors in the elderly; by Dee A Jones, Norman J Vetter, Christina R Victor. Health Visitor, vol 60, August 1987, pp 256-257. Examines the proportion of elderly people with visual difficulties and associated psychological implications. ISSN: 00179124

1986

Cognitive telephone group therapy with physically disabled elderly persons; by Ron L Evans (et al). The Gerontologist, vol 26, no 1, Feb 1986, pp 8-10. A telephone counselling service in the US. ISSN: 00169013

Designing for disability; by Pauline Drummond. The Health and Social Service Journal, no 4981, 9 Jan 1986, pp 46-48. Public and private sector developments in designing appropriate furniture for elderly and disabled people. ISSN: 09522271

Disability, retirement and unemployment of older men; by D Piachaud.
A cross-sectional analysis of changes in the economic position of older men in relation to changing rates of unemployment.
ISSN: 00472794

Services to older blind and visually impaired people in the US have been delivered through two separate systems: rehabilitation services to the blind, and services to older people. This article reviews the history of both these systems, and discusses the ethical issues involved in providing services. Such issues include: current policies and legislation; choice of service delivery models; independence; involving the family; assessment and evaluation; and quality of life. (OFFPRINT). (RH)

The food bus project: shopping for elderly housebound people: report on an "action research" project; by David Blankfield. London: Age Concern Hammersmith and Fulham, 1986, unnumbered.
Looks into the need and feasibility of running a special shopping service for housebound elderly people in Hammersmith and Fulham.
From: Age Concern Hammersmith and Fulham, 197 Askew Road, London W12 9AZ

Report of a working party on the needs of elderly hearing impaired people and the services provided for them.

Hearing problems and the elderly; by Gerhard Salomon.
A report based on the work of an international working group on 'Hearing problems of the elderly' convened by the Kellogg International Health and Aging Program.
ISSN: 00116092

Includes the conference programme and outlines of the various workshops, together with the three papers presented which looked at various home support schemes in Kent, Ipswich and Newham.

Home visits for the deaf; by Hilary Sesta.
An audiological unit in Manchester provides a home counselling services.
ISSN: 00286729

Adaptions and alterations to the home for visually handicapped people.

Noises off; by Kevin Murphy.
Nursing Times, vol 82, no 17, 23 April 1986, pp 16-17.
Hearing impairment campaign launched by the RNID.
ISSN: 09547762

Provides base information on the numbers and circumstances of elderly and disabled people in North cotswolds on a parish by parish basis. Includes the survey instruments used.
From: Gloucestershire County Council, Bearland Wing, Shire hall, Gloucester GL1 2TR
Opening creative doors for the homebound; by Sheila Stavish.  
San Francisco Artworks programme sends artisans into the homes of ill and disabled elderly people.  
ISSN: 00020966

Poverty, disability and use of services by the elderly: analysis of the 1980 general household survey; by Christina R Victor, Norman J Vetter.  
Social Science and Medicine, vol 22, no 10, 1986, pp 1087-1091.  
Assesses the effects of poverty and disability on the ability of the elderly to live independently in the community, and whether health and social service provision take these factors into account.  
ISSN: 02779536

Providing for people with a mobility handicap: guidelines; by Institution of Highways and Transportation.  
Includes design standards (for footways, street furniture, seating, etc) crossing facilities, parking, public transport etc.

Review of Artificial Limb and Appliance Centre services: Volume II: Annexes to the report of an independent working party under the chairmanship of Professor Ian McColl; by Ian McColl (chairman), Department of Health and Social Security - DHSS. London: Department of Health and Social Security, 1986, various pagings.  
Assesses the DHSS wheelchair and artificial limb services.  
ISBN: 0948064269  
Price: £8.00  
From: DHSS

Discusses the artificial limb service and the wheelchair service, and various other appliances for the disabled.  
ISBN: 0948064269  
Price: £4.60

Transport and disabled people: part 1, a new age of enlightenment; by Ann Frye.  
Looks at the responses of transport providers and services to the needs of the elderly and disabled.

Ultimately immobile patients in departments of geriatric medicine; by Bernard Isaacs.  
A study to ascertain how many patients still occupied hospital beds in a wholly immobile condition.  
ISSN: 02640325

Causes of poor sight and ways of helping those who suffer.

1985

Acquired hearing loss and psychiatric illness: an estimate of prevalence and co-morbidity in a geriatric setting; by M R Eastwood (et al).  
Hearing impairment and mental disorders among residents of nursing and residential homes.  
ISSN: 00071250

Provides information for everyone working in the arts to help them improve their facilities and services for the benefit of people with disabilities, including examples of where this has been done.  
ISBN: 0903976153  
From: Centre on Environment for the Handicapped, 126 Albert Street, London NW1 7NF
These Regulations made under the Building Act 1984 revoke and replace the Building Regulations 1976, and came into operation on 11th November 1985. They differ from the 1976 regulations by imposing less detailed control. Schedule 2 relates to facilities for disabled people. The Secretary of State is empowered by the 1984 Act to issue or to approve documents containing practical guidance with respect to requirements of building regulations.
ISBN: 0110570650

The care gap: how can local authorities meet the needs of the elderly?; by Alan Walker. London: Local Government Information Unit, 1985, 52 pp.
Describes the interaction between growing social needs, especially amongst elderly people with disabilities, and government policy.

Caring for the elderly at home: the contribution of home helps and care attendants; by Robin Lovelock, Social Services Research and Intelligence Unit, Portsmouth Polytechnic.: University of Birmingham, 1985, pp 59-73.
Care attendant schemes and “extended” home help are just two of the responses made by social services authorities to the need to care for increasing numbers of older and disabled people in their own homes. This article reflects on a study of two such domiciliary support schemes in Hampshire. The author's full report, ‘Against the tide: approaches to the domiciliary support of frail elderly people in Hampshire’, is published as SSRIU report no 11. (RH)
ISSN: 02656957

Deafness: a common and severe handicap; by Cyril Josephs.
Causes and management of deafness.
ISSN: 01446630

Details of material held in the college library. Sections on reference, education, art and music therapy, various environments, aids for rehabilitation, etc.

The disabling effects of the green paper; by L Lennard, I McMaster.
Argues that many disabled people will face a drastic drop in their living standards if the proposals in the Green paper on social security reform are implemented.
ISSN: 03075508

The elderly: ageing and environment; by Michael Hall.
The architect needs to create environments that enable elderly people to lead active lives despite infirmities.

Emergency alarm systems for elderly and disabled people: summary of manufacturers information; by Research Institute for Consumer Affairs; Anchor Housing Trust. London: RICA, 1985, 80pp + questionnaire.
Dispersed alarm systems which can be installed in homes of elderly people living in the community.

MSc Thesis, Department of Social Policy, Cranfield Institute of Technology. Describes and evaluates the housebound reader service, and presents results from interviews with housebound readers about their reading habits.

Housing and the disabled; by Debby Ounsted.
Needs, aspirations and abilities of disabled people must be taken into account when designing and letting housing.
ISSN: 00186589
Housing design sheets; by Stephen Thorpe. London: Centre on Environment for the Handicapped, 1985, 9 sheets + references.

Checklists for architects designing for disabled people - includes entrances, windows, bathrooms, kitchens, floors, bedrooms, lifts, controls and safety.

Housing for the elderly; by Graham Rimmer (ed).
Short articles covering many aspects of accommodation for the elderly. Looks at the changing market for privately provided accommodation, at European housing perspectives and policies and aspects of disability as they affect housing provision. Compares 11 housing projects, looking at facilities, location, space provision and costs, summarises the different types of accommodation available with details of standards and building regulations and looks in detail at the plans for a private sheltered housing scheme.

ISSN: 00073318

How the disabled can become more mobile; by Peter Evans.
Dial-a-ride schemes
ISSN: 01434187

Policies towards the disabled in Israel: a critical overview; by Jack Habib, Haim Factor, Vincent Mor.
Looks at services, benefits and policy towards the disabled in Israel.
From: JDC Hill, POB 13087, Jerusalem 91130

Physical retraining methods for patients with long term physical disability. Covers social and psychological factors as well as physical problems.

Severe disability: 2: residential care and living in the community; by D Gloag.
Discusses the care options available for people with severe physical disabilities and dementia, including nursing and residential homes, disabled units, centres for independent living and care in the community.
ISSN: 02670623

Looks at the community care system and discusses ways in which services can take into account the family's current role as the principal provider of care for older people.

This Act had the effect of deregulating bus services, with the privatisation of the National Bus Company. It provides for local and central government to give financial support for certain passenger transport services and travel concessions. Miscellaneous provisions include reconstitution of the Transport Tribunal, the establishment of a Disabled Persons Transport Advisory Committee, and sections relating to substitution of rail services with bus services.
ISBN: 0105467855
Price: £18.60
From: The Stationery Office, Publications Centre, PO Box 276, London SW8 5DT.

Looks at door-to-door services and how public transport has been improved.

Looks at policies for the promotion of employment of elderly disabled people in Israel, concentrating particularly on the various rehabilitative programmes offered. Also assesses how they may be implemented in the USA.
Waiting for a white stick; by John Morgan, Julie Shaw.
The Health and Social Service Journal, no 4977, 5 Dec 1985, p 1540.
Report on a survey to examine whether the blind registration scheme was effective.
ISSN: 09522271

1984

Aging and the color of pills; by Peter D Hurd, Julia Blevins.
Decline in visual acuity with age may lead to difficulty in discriminating between medications that are similar in appearance.
ISSN: 00284793

Assessment of hearing health knowledge; by Jay M Singer, Winifred W Brownell.
Many elderly people lack adequate knowledge about their hearing disabilities and the availability of hearing aids.
ISSN: 00169013

These Regulations amend the Building Standards (Scotland) Regulations 1981 and 1982, and came into operation on 4th March 1985. One of the main amendments concerns facilities to meet the needs of disabled people on the erection of certain new buildings, and on the alteration and extension of certain existing buildings.
ISBN: 0110476603

A challenge to designers; by John Penton.
Environmental needs of elderly and disabled people should be taken as a model from which to develop design concepts generally and not as specialist studies.
ISSN: 03093042

Describes the meeting arrangements, the function of arts councils and regional arts associations, and the recommendations arising from the meetings.

A county library service to the elderly, sick and disabled; by Jean Machell.
The main services offered by Cleveland County Libraries.
ISSN: 02656647

Databases for disabled people: transcript of proceedings - discussion forum held on 21 February 1984 (unedited / with speakers' papers); by Information Technology Division, Department of Trade and Industry. London: Department of Trade and Industry, 1984, various pagings.
Proceedings from a conference which discussed the applications of information technology to services supporting people with disabilities.

Reviews computerised information services for people with disabilities and suggests a framework for future development.
From: DTI, Room 504, 29 Bressenden Place, London SW1E 5DT

Enormous unmet need, says transport study.
Transport for people with disabilities is an enormous area of unmet need.

An eye on old age; by R A Weale.
The Lancet, no 8384, 5 May 1984, pp 1008-1009.
The author believes there is a case for establishing priorities in gerontological research to modify the evolution of senescence.
ISSN: 01406736

Guidelines relating to the registration, conduct and inspection of private and voluntary residential homes for elderly, disabled or mentally disordered persons; by Social Services Department, Dorset County Council. Dorchester: Dorset County Council, 1984, 71 pp.
This guide covers all aspects of registration and inspection of private and voluntary residential care homes for older people, and people with disabilities or mental disorders.

Hearing difficulty and its psychological implications for the elderly; by Dee A Jones, Christina R Victor, Norman J Vetter.
Journal of Epidemiology and Community Health, vol 38, 1984, pp 75-78.
From a study of patients aged 70+ hearing difficulty was found to be associated with both depression and anxiety.
ISSN: 0143005X

The hearing loss epidemic: a challenge to gerontology; by John O Darbyshire.
Recommends a holistic approach to management of the social, mental and aural well-being of elderly people with hearing difficulties.
ISSN: 01640275

Discusses the housing needs of people with disabilities, examines housing practice in Camden, Harrow, Islington and Wandsworth, and highlights examples of good practice.
ISBN: 0901828076

A guidance manual for local authorities wishing to issue consumer advisory booklets on housing services for disable people. It includes a model guide.

In touch with cataracts; by Margaret Ford, In Touch, BBC Radio 4; Age Concern England - ACE.: Age Concern and Radio 4, 1984, 36 pp.
Discusses issues of relevance for cataracts sufferers, with information for people awaiting surgery.
ISBN: 0862420377
The informal care group: problem or potential; by Anne Yeadon.
Informal and formal systems of care can work together to benefit a visually impaired blind person.

Proceedings from an international conference in which 62 papers were presented looking at transport services in different countries, air transport, micro-computer applications to specialised transport services and state of the art research.

Report of a survey carried out in the London Boroughs.

Who needs the care?; by Richard Ambury.
A report on the work of the Association of Crossroads Care Attendant Schemes.
ISSN: 09640185

1983

The code of practice seeks to promote the participation of disabled people in the assessment of their needs and ensure that the provision of services under section two of the Chronically Sick and Disabled Persons Act is conducted properly, efficiently and fairly by local authorities.
From: RADAR, 25 Mortimpar Street, London W1N 8AB

Describes the Wisconsin Community Care Organisation (WCCO). A project of home-delivered services to elderly and disabled people.

The provision of transport for disabled and elderly people in the US, Canada, and Sweden.

Falls and disability in old people's homes; by P R Woodhouse, R S Briggs, D Ward.
A survey of the frequency of falls and factors associated with them in 5 local authority homes in Southampton
ISSN: 01921193

A look at the record of the Conservative Government 1979-83 on behalf of people with disabilities.

Hearing acuity in a healthy elderly population: effects on emotional, cognitive and social status; by Paula D Thomas (et al).
A study of physically healthy, independent-living elderly people found that hearing impairment is not synonymous with depression, isolation and confusion.
ISSN: 00221422

A lower limb amputee; by Coleen Lockstone.
Social and psychological factors may complicate the rehabilitation of an elderly patient.
ISSN: 09547762

Information to enable individuals who have mobility problems to arrange the form of mobility best suited to their private needs.

Pilot care attendant scheme, Chichester: preliminary evaluation report; by Pat Lockey, West Sussex County Council Monitoring and Development Unit.

The first six months of a care attendant scheme for disabled people.


Recommendations for selection of easy chairs for elderly and disabled people, following investigation of the seating requirements of the elderly and disabled population. Sponsorship by the DHSS.

ISBN: 0950790419
Price: £2.50


Surveillance, screening assessment etc. techniques and services.


The nature of public transport services with restricted use e.g. social car schemes, ambulance services etc and their relative productivity and efficiency.

1982

Acquired hearing loss and elderly people; by Frank Glendenning (ed), Beth Johnson Foundation; University of Keele. Stoke-on-Trent: Beth Johnson Foundation, 1982, 96 pp.

Papers arising from a seminar arranged by the Department of Adult Education and the Beth Johnson Foundation at Keele, in March 1982.


Analysis of a survey of the needs, difficulties and positive abilities of disabled people in Watford, concentrating particularly on the views and values of the 'consumers'.

From: Action on Handicap project, c/o South West Herts CHC, Abbey House (3rd floor), 26 The Parade, Watford, Herts.


The reliance on women as carers has serious consequences for the promotion of equal opportunities for men and women generally. This report indicates the scale of caring and dependency; demonstrates the costs of caring in emotional, social and financial terms; examines the social and health services available to disabled people and their carers designed to relieve the burden of care; and outlines the effects of reductions in public expenditure in the early 1980s on these services. (RH)

ISBN: 0905829514

Day for night: circadian rhythms in the elderly; by C A Armstrong-Esther, L H Hawkins.


Loss of response to the light-dark cycle plus a change in routine, eg admission to hospital, can lead to confusion, incontinence and sleep disturbance.

ISSN: 09547762
The research for this report was commissioned by the Electricity Consumers’ Council for the International Year of Disabled People 1981 as part of its continuing programme of work on paying for fuel. It examines the special needs of disabled electricity consumers and the place of electrical appliances as aids to independent living, and reviews the particular needs of problems of disabled consumers. These relate to appliances, meters and the mains supply, electricity board services, and paying for fuel. (RH)

Equal opportunities?: a review of transport and environmental design for people with physical disabilities; by Anne Borsay.
Transport and environmental design for disabled people.
ISSN: 00410020

Proceedings of a seminar held by CEH on 13 July 1982

The handicapped in the community: [on cover]: a study of people living in North Tyneside in 1980: 'Action on handicap survey'; by Karen Buck, Andrew Hibberd, North Tyneside Social Services Department; OUTSET. Killingworth: North Tyneside Social Services Department, 1982, 59 pp.
Report of a survey to find out about special housing and personal care needs of disabled people in North Tyneside.

Health and care of the physically disabled in Lambeth: the longitudinal disability interview survey: phase II report; by Donald L Patrick (ed), Department of Community Medicine, St Thomas’ Hospital Medical School. London: St Thomas’ Hospital Medical School, Department of Community Medicine, 1982, 200 pp + appendices.
Survey designed to provide information on the course of impairment and disability in persons living at home and on the social situations and characteristics of disabled people which are associated with their physical, social and psychological functioning.

Examines the needs of elderly and disabled people and evaluates a range of residential features from architectural factors to furniture arrangement.

In: Electricity and the disabled consumer; by Lynn Durwood, 1982, Annex (Electricity Consumers' Council research report, 9).
The Electricity Consumers' Council commissioned the Social Policy Research Unit, University of York to carry out this research in the International Year of Disabled People 1981 as part of its continuing programme of work on paying for fuel. The paper aims to identify the nature and extent of the differences between the fuel expenditure of households with a disabled person and those without. (RH)

The importance of mental disabilities for the use of services by the elderly; by Norman J Vetter, Dee A Jones, Christina R Victor.
A survey of elderly people aged 70+ in Wales found that use of services was related to both physical and mental disability independently.
ISSN: 00223999

Detailed descriptions of the lives of nine severely disabled people who, with support chosen by themselves, live independently in their own homes.
Characteristics of the conditions of elderly people referred to hospital who have taken to their beds for no apparent reason.

ISBN: 9289012315

A story of frustration and distress experienced by an elderly physically disabled woman.


An examination of the way in which Britain has responded, both in terms of legislation and awareness, to the problems of the handicapped.

A study to identify the psychological problems in middle aged and elderly subjects and to determine whether hearing aids improve these.
ISSN: 00071250

A handbook of numerous schemes and local projects to help hard of hearing elderly people.

Through a looking glass: access to the arts for people with disabilities and special needs; by Phillipa Warin. Exeter: South West Art, 1982, 81 pp.
A report on research undertaken for South West Arts which assesses the provision of arts activities for people with disabilities and special needs.
From: South West Arts, 23 Southernhay East, Exeter EX1 1QC

A consideration of the ways in which women can be freed from the sole responsibility of caring for dependents other than children.
ISBN: 0905829530

1981

The Centre on Environment for the Handicapped (CEH) has published "Access in the high street" as its main contribution to International Year of Disabled People (IYDP). In addition to consideration of features such as entrance doors, checkouts and counters, two wider issues are examined: the difficulties of disabled older people have in getting into shops; and the importance of helpful staff irrespective of size of shop. (RH)
ISBN: 0903976048

Some alternative views on the allocation of health resources and how best to serve the needs of long-term patients.
The Equal Opportunities Commission (EOC) presents findings of a campaign regarding the discrimination and inequalities experienced by married women who are disabled or caring for disabled or older relatives. The causes of their discrimination are the Housewives Non-Contributory Invalidity Pension (HNCIP) and married women's ineligibility for an Invalid Care Allowance (ICA). (RH)
ISBN: 0905829506

CCETSW's contribution to the International Year of Disabled People.

Paper concerned with the ability of physically handicapped people to use public buildings.

A comparison of the clinical status of elderly disabled people in local authority residential care and hospital care; by T Kondratowicz, D Wilkin, Research Section, Psychogeriatric Unit, University Hospital of South Manchester; Departments of Psychiatry and Community Medicine, University of Manchester. Manchester: University Hospital of South Manchester, Psychogeriatric Unit, 1981, 7 pp + appendices (Research report, no 3).
Clinical assessments of 19 matched pairs of disabled old people in geriatric wards and Part III residential homes revealed that 92% were suffering from a psychiatric disorder. The main difference between geriatric patients and residents was the concentration of coarse neurological sequelae of arterio-sclerotic brain disease among the former, and of senile dementia among the latter. Both groups required a high degree of basic physical care which was adequately provided in the different settings. Specialist therapy, which was also needed by both groups, was more likely to be available in hospital. It is suggested that such therapy could be provided outside the hospital setting, thus enabling older people to remain in more congenial surroundings. (RH)
From: Research Section, Psychogeriatric Unit, University Hospital of South Manchester, Manchester M20 8LR.

Directory of rights, benefits, aids and services available to disabled people.

Strategy for the delivery of services to physically handicapped people.

Deaf is not daft; by Margaret Meade.
Age Concern, in conjunction with the Kent County Council Social Services established a project to help deaf, elderly people.
ISSN: 01446630

The disabled in Sweden: good transportation - a prerequisite for contact; by Gunnar Johnson.
An appraisal of Sweden's transport system published by the Swedish Institute.

Feeling lonely in a world of silence; by Katia Herbst.
Hearing difficulty often leads to depression and isolation.
ISSN: 00378070

Geriatric medicine and disabled living; by J. F. Harrison.
Medical education should provide for the special skills required by geriatric medicine where disabilities are not always distinct and "long-term" care is often misunderstood.
ISSN: 02670623

Getting around on their own two feet; by Mayer Hillman.
Public policies to create better environments for the physically handicapped are needed.
ISSN: 00378070

This guide explains the powers and responsibility of the local authority, and the legal position relating to registration and inspection of residential care homes for older people, and people with disabilities or mental disorders.

Home aids and appliances for the elderly handicapped; by James Andrews, Leigh Atkinson.
Describes the wide variety of aids and appliances available for use in the home and where they may be obtained.
ISSN: 0268201X

Induced hearing deficit generates experimental paranoia; by Philip G Zimbardo, Susan M Anderson, Loren G Kabat.
Paranoid reactions are frequently observed when gradual deafness occurs in later life.
ISSN: 00368075

A life together: the distribution of attitudes around the disabled; by Tim Dartington, Eric Miller, Geraldine Gwynn.
In this book, the extent to which attitudes to people with disabilities are a function of the operation of other attitudes elsewhere, in a system of relationships around disabled people, is examined in the context of different kinds of caring system. (AKM)
ISBN: 0422779105
Price: £3.25

Set of five factsheets for disabled people, and those involved with the disabled, including holidays, benefits, help with projects, sport and recreation.

The need to know; by Ursula Keeble.
Discusses the role GPs should be playing in the implementation of the Chronically Sick and Disabled Persons Act 1970 which requires the provision of aids and services to people with disabilities.
ISSN: 09522271

* Committee of the House of Commons, Canada

Older women caring for disabled spouses: a model for supportive services; by Linda Crossman, Cecilia London, Clemmie Barry.
The issues and special problems facing elderly women supporting their disabled husbands.
ISSN: 00169013

Our image of the disabled, and how ready we are to help; by Stuart Weir.
A survey of attitudes.
ISSN: 00286729

Problems of the elderly deaf; by Jean Hough. Geriatric Medicine, vol 11, no 11, Nov 1981, pp 63-64. Practical hints on communication with the hard of hearing. ISSN: 0268201X

Public attitudes to deafness: a survey carried out on behalf of the Department of Health and Social Security; by Claire Bunting, Office of Population Censuses and Surveys - OPCS, Social Survey Division. London: HMSO, 1981, 43 pp (SS 1117). This survey aimed to explore what general views or stereotypes the public have of deaf people, and whether these appear to stigmatise, or at least characterise the deaf in discriminatory ways. The survey also aimed to discover the general public's attitudes towards particular aspects of deaf people's lives and what they know about deafness. The information was required by the Department of Health and Social Security (DHSS), the Health Education Council (HEC), and other bodies concerned with the deaf, to improve the impact of their work in this field. The findings should point to areas where the public could be more tolerant, to misconceptions that could be corrected, and to gaps in knowledge where information may help relationships with the deaf. (RH) ISBN: 0116907517

Report of working party on the provision of day care for elderly and physically handicapped people in East Cleveland; by County of Cleveland Social Services Department and Research and Intelligence Unit. Clearing House for Local Authority Social Services Research, no 8, 1981, pp 1-26. Development plan for day care in a rural area.


Social impact of hearing loss in the aged; by Michael L Norris, David R Cunningham. Journal of Gerontology, vol 36, no 6, Nov 1981, pp 727-729. Results of an investigation indicated that social involvement was not related significantly to the amount of hearing loss. ISSN: 00221422

Social security for the elderly and disabled; by Geoffrey S Roberts. Geriatric Medicine, vol 11, no 10, Oct 1981, pp 25-30. An attempt to simplify some of the complexities of the social security scheme relevant to the elderly and disabled. ISSN: 0268201X


The stroke victim with speech problems; by Valerie Eaton Griffith. Geriatric Medicine, vol 11, no 10, Oct 1981, pp 32-35. The Volunteer Stroke Scheme involves untrained volunteers in helping stroke patients with speech and associated problems. ISSN: 0268201X
Transport problems of the disabled.

Guidelines towards rehabilitation for elderly people who have suffered deterioration or loss of sight. ISSN: 00378070

1980

A project to identify the numbers and needs of older and handicapped people in Cambuslang is described. The project arose from the wish by Cambuslang Council of Churches to develop community service through employment experience. The report delineates the background to the project, the procedures adopted, the survey methods, the referral procedures, and concludes with a brief summary of the results of interviews carried out with handicapped and older people. In the main, the results reflect the prevailing situation in 1979/80. (RH)
The aged deaf: integration of a disabled group into an agency serving elderly people; by Gaylene Becker, Gay Nadler.
Although unusual in America integration of deaf elderly people into a day centre was found to be beneficial. ISSN: 00169013

Behavioural disabilities in psychogeriatric patients and residents of old people's homes; by C J Gillear, A H Pattie, G Dearman.
Disabilities such as incontinence, confusion and communication difficulties are more prevalent in hospitals than in homes (but the differences are less marked than previously). ISSN: 0143005X

Bus as you please; by Linda Tuckey, Bob Tuckey. Community Care, no 305, 6 March 1980, p 24-25.
The importance of a flexible transport service for the disabled
ISSN: 03075508

Disability in residential homes and long stay hospitals; by P H Millard, R Bailey. A paper read at the British Geriatrics Society, Isle of Man, Spring 1980

Report of a seminar held at the King's Fund Centre on 12 Nov. 1980 to investigate the potential of the institutional landscape for recreation, therapy and rehabilitation.

A study of the aged deaf showing their capacity for adapting to their social environment.

Results of a survey show an association between deafness and dementia due to age, and a relation between depression and deafness independent of age. ISSN: 02670623

Helping the disabled in old people's homes; by David Jolley, Tad Kondratowicz, David Wilkin. Geriatric Medicine, vol 10, no 11, Nov 1980, pp 74-76.
There is a need for more trained rehabilitation staff in residential homes.
Housing the disabled: report of a project to identify and meet the housing needs of disabled people living in the Borough of Torfaen; by John Hunt, Lesley Hoyes. Torfaen: Torfaen Borough Council, 1980, 204pp. Part I records findings of 1977 survey (includes age structure) part II describes policies implemented.


Out of the silence; by Elinor Harbridge. Community Care, no 314, 19 June 1980, pp 20-21. Workers for the Schemes for the Deaf charity give a new lease of life to residents of a home in Cardiff. ISSN: 03075508

Social work with elderly disabled people - not 'downhill all the way'; by Ethel Holloway. Social Work Service, no 24, Sept 1980, pp 14-17. Social work with elderly people is demanding but worthwhile. ISSN: 01419307

The use of technology in the care of the elderly and the disabled: tools for living; by Jean Bray, Sheila Wright (eds). London: Frances Pinter, 1980, 267 pp. This book contains a collection of international papers based on two symposia sponsored by the Commission of the European Communities to promote a better understanding about the use of new technologies and adaptations for people with disabilities and older people. (AKM) ISBN: 0903804751 Price: £12.00

A very high priority?: the impact on people with disabilities of government policies since the last election; by Disability Alliance. London: Disability Alliance, 1980, 45pp. Amongst the topics are social security and local authority social services.


What do they hear?: improving the communication environment for hearing impaired residents in homes for the elderly; by Paul Ward. Social Work Service, no 22, Feb 1980, pp 49-53. Effective use of aids is as important as their provision - demonstrated by a pilot programme in two homes. ISSN: 01419307
The adaption of existing public buildings for use by the handicapped: report on a pilot research project; by Neil Thomson. London: Built Environment Research Group, Polytechnic of Central London, 1979, 148 pp. This report is the outcome of a pilot research project which aimed to examine the use of public buildings by people with disabilities, and to suggest relevant adaptations. The project, carried out in Wood Green, London, was divided into three parts: a basic survey of public buildings; interviews with people with disabilities and those responsible for public buildings; and proposals for adaptations for a selected number of public buildings. (AKM)


Communication barriers in the elderly; by Rosemary F McCall, Age Concern England - ACE. Mitcham: Age Concern England, 1979, 16 pp. Deafness and other handicaps can result in loneliness for the elderly. The author describes the problems and suggests how visitors can help.

Concessionary fares for elderly, blind and disabled people: presented to Parliament by the Secretary of State for Transport, the Secretary of State for Scotland and Secretary of State for Wales; by Department of Transport. London: HMSO, 1979, 15 pp (Cmd 7475). A Green paper setting out the Government's proposals for a national scheme.

Deafness: a hearing aid alone is not enough; by L. Fisch. Geriatric Medicine, June 1979, pp 28-29, 31-32. Types of hearing loss in the elderly and the social disadvantages of deafness. ISSN: 0268201X


Disability rights; by Disability Alliance. Community Care, no 280, Sept 1979, supplement pp i-xii. Updates the Disability rights handbook 1979 ISSN: 03075508

The elderly in residential care: patterns of disability; by M Clarke, A O Hughes, Kathryn J Dodd (et al). Health Trends, vol 11, no 1, February 1979, pp 17-20. A survey of old people in institutional care in Leicestershire to assess levels of disability, revealing misplacement of residents and unmet needs. This report is the first of a series by a group from the University of Leicester, with the objective of gathering relevant information for the planning of psychogeriatric services. ISSN: 00179132


Auditory Rehabilitation, Royal National Throat, Nose and Ear Hospital; Social Services Department, London Borough of Islington. [London]: [Royal National Throat, Nose and Ear Hospital], 1979, 19 pp (typescript).
A scheme for the first-time hearing aid users.

The good, the bad and the ignorant; by Stuart Mole.
A review of the level of provision of services for the disabled by local authorities, following the Chronically Sick and Disabled Persons Act. Includes tables on registration and expenditure.
ISSN: 03075508

Drafted principally by Peter Townsend. Proposals include a shift from residential to community care.

A guide to services provided by the Council.

House hunting made difficult; by Sue Tester.
Community Care, no 246, 11 Jan 1979, pp 16-17.
Housing problems of the disabled.
ISSN: 03075508

The results of a survey of services to blind and partially sighted people in the United Kingdom.

Old and disabled: special feature.
Collection of articles on the provision of accommodation for the old and disabled, including aspects of design, sheltered housing and alarm systems.

Project carried out for the Department of Health and Social Security (DHSS). Information contained in this report may not be published in any form of advertising or other matter without prior agreement of the Director of MIRA.

Physically handicapped in a rural environment; by Jean Buchanan.
A survey in Wiltshire concludes that those in rural areas are more isolated socially and have less access to services and facilities than those in towns.
ISSN: 00186589

Preventing institutionalization of elderly blind persons; by Arnold M Gross.
Describes a project in the USA using volunteer help to keep the elderly blind within the community.

The Mental Disorder Programme Planning Group was set up in 1975 to advise on policies for the care of mentally disorder people in Scotland. This report by a Sub-Committee was endorsed by the Care of the Elderly Programme Planning Group and other interested bodies. Its main conclusion in considering the needs of older people with disabilities was that much of the accommodation and services provided for those with senile or artiosclerotic dementia was unsuitable. Recommendations made included: closer collaboration between local
authority services and the National Health Service (NHS) at all levels; availability of specialist assessment in each health district and social work area; extension of home help services to include an element of personal care; continued provision of residential homes by local authorities; developing use of psychiatric day hospital places for older people, and not enlarging mental illness hospitals. A new type of continuing care should become the main form of health service provision for the long term care of older people with dementia. The appropriateness of education and training of staff was also emphasised. (RH)
ISBN: 0114915962

Sensory deprivation in the elderly; by Charlotte R Kratz.
Nursing Times, vol 75, no 8, 22 Feb 1979, pp 330-332.
Sensory loss in the elderly and how it can be alleviated.
ISSN: 09547762

The transbus compromise; by David Young.
The new design of an American public transport vehicle to comply with legislation on access for the disabled.

A summary of projects to identify and suggest solutions to the transport problems of the disabled.

1978

A study in consultation with local authorities, social work departments and voluntary organisations in Scotland.

Adaptations of housing for people who are physically handicapped: joint circular from the Department of the Environment, Department of Health and Social Security, and Welsh Office; by Department of the Environment - DOE; Department of Health and Social Security - DHSS; Welsh Office. London: HMSO, 29 August 1978, (DOE Circular 59/78; DHSS LAC Circular (78)14; Welsh Office Circular 104/78).
This circular lists types of structural features for which disabled people in private sector housing may be apply for housing subsidy or improvement grant; and portable aids and equipment which should be the responsibility of the social services authority or the health authority. It outlines the powers and responsibilities of housing and social services authorities in respect of adaptations of housing for disabled people. (RH)
ISBN: 0117513369

Binaural analysis in the aging auditory system; by Linda Warren (et al).
A study of elderly people who have difficulty in understanding speech when background noise is present.
ISSN: 00221422

Building study: Kingsgate day centre and sheltered flats, Kilburn, London.
Design details of local authority accommodation and a day centre for disabled people in the London Borough of Camden.

This Act makes further provisions with regard to the welfare of chronically sick and disabled persons in Northern Ireland, covering provision of social welfare services, provision of public sanitary conveniences, separation of younger from older patients, and badges for display on motor vehicles used by disabled persons.
From : The Publications Centre, PO Box 276, London SW8 5DT.

This code details the architectural provisions which should be incorporated in ordinary new housing if it is to be convenient for disabled people to live in or visit.
The decade of change: building for special needs, 1; by Hugh Spencely.
A review of the provision of housing and care for people with special needs over the past decade.
ISSN: 03075508

Pack containing bibliography, articles and leaflets on aspects of designing accommodation for the disabled.

Discusses the nature of disability, and its relation to the physical and social environment. Includes chapter on age and disability.

Disability without handicap: a special supplement on practical help for disabled people.
Articles on aids, benefits and access for the disabled.
ISSN: 09547762

Guidance on standards and design for housing associations adapting housing for the disabled.

East Sussex balance of care model: suggested categorisation of the elderly; by G Nicol, South East Thames Regional Health Authority. Croydon: South East Thames Regional Health Authority, 1978, unnumbered.
Models of categorisation of dependency and need for care in the elderly by degrees of physical and social handicaps.

Elderly people with mental disabilities; by Personal Social Services Council.
Section III of the discussion document, reviewing residential provision for this group.

Evaluation of a follow up service for elderly people prescribed hearing aids: report of a pilot project; by P R Ward (et al).
1976-77 Register p. 249 refers
ISSN: 03005364

Feeding problems in elderly disabled patients; by Helen Wainwright.
Practical problems that eating and drinking present to elderly disabled patients in geriatric units.
ISSN: 09547762

Final report on the findings of a pilot project to evaluate follow-up services for elderly people prescribed hearing aids; by P R Ward (et al), Institute of Biometry and Community Medicine, University of Exeter. Exeter: University of Exeter, 1978, 27pp + appendices.
1976-77 Register p 249 refers

Hearing impairment in homes for the elderly; by David Martin, Bob Peckford.
Research by North Yorkshire social services department into the prevalence, needs and staff recognition of hearing impaired residents. 1977-78 register refers.
ISSN: 01419307

Case studies of mentally or physically handicapped people, revealing problems of institutional life and caring for handicapped people living at home.
ISBN: 0719909406
Home environment of the elderly disabled: report by the consultants; by Llewelyn-Davis Weeks Forestier-Walker and Bor; Birmingham Inner Area Study, Department of the Environment, 1978, 19 pp (Inner area study Birmingham, IAS/B/21).

A project to investigate the value of attaching an occupational therapist to an urban renewal project team, in order to advise on aids and adaptations to older disabled people's housing. (RH)


Describes a study of current policies and procedures for assessing and meeting the housing needs of disabled people in the London boroughs.


Report to Hammersmith's Director of Housing by the senior housing adviser for the elderly on her work in the borough.

How combined efforts keep two disabled patients at home; by Sally McCredie.


Two case histories illustrating how the support of social services, primary health care team, voluntary agencies and friends can keep elderly people at home.


Describes mobility and transport problems faced by severely disabled people, and the benefits available to them.

No place for wheelchairs: building for special needs, 2; by Jean Symons.


The importance of planning buildings with access for the disabled.

ISSN: 03075508


Includes surveys of the elderly and disabled, the Chronically Sick and Disabled Persons Act, prevalence studies, needs and services.

Provision of aids and equipment for the elderly and disabled in the community; by R. Gardiner.


Describes an aids distribution service for Health Boards.

ISSN: 03748014


An outline of the Act providing rate rebates for the disabled.

ISBN: 0117513482

The right to take risks; by Sally Burningham.


Disabled people should not be denied access to buildings because of inflexible attitudes to safety.

ISSN: 09522271


Bibliography on sources of advice for disabled people, including aids, transport and holidays.


114 references, including aids, holidays and local services.
Selecting aids for disabled people; by Robert J Feeney, Margaret Galer, National Corporation for the Care of Old People - NCCOP. London: National Corporation for the Care of Old People - NCCOP, 1978, 22 pp. General guidelines for the purchase and provision of products designed for the elderly and disabled. Compiled by the Institute of Consumer Ergonomics, Loughborough University of Technology for NCCOP. (KJ)

Services for the physically handicapped; by Gloucestershire County Council, Social Services Department. Clearing House for Local Authority Social Services Research, no 7, 1978, pp 1-50. Services reviewed cover adaptions, aids, telephones and car badges.

Social security and disability: a second study of the financial provisions for the disabled people in seven West European countries; by Paul Greene. London: Disablement Income Group Charitable Trust, 1978, 36pp. The result of further research undertaken after the 1971 report. Countries studied are Great Britain, the Netherlands, Norway, Sweden, Denmark, W. Germany and France.

Stairlifts and vertical personal homelifts for disabled people; by Department of Health and Social Security - DHSS. Announces the Department's report on the subject.


Visually disabled people at home; by T R Cullinan. Health Trends, vol 10, no 4, November 1978, pp 90-92. Surveys reveal many elderly people who do not seek help for visual defects. ISSN: 00179132


1977

The blind, the deaf and the physically handicapped; by Nicholas Bosanquet. Nursing Times, vol 73, no 26, 30 June 1977, pp 1006-1007 (Inside the social services). The post-Seebohm social services structure appears not to be serving the needs of blind, deaf or physically handicapped people. Staffing and economic constraints mean that it is difficult for local councils to meet their existing commitments, let alone to take on new ones. (RH) ISSN: 09547762

Care attendant programmes for disabled people living at home; by Pat Osborne. Design for special needs, Sept/Dec 1977, pp 18-20. The establishment of the Crossroads care attendant scheme, and the financial backing which has given the scheme a national base. ISSN: 03093042


Involving the housebound in the provision of neighbourhood care - a case study; by Volunteer Centre. Berkhamsted: The Volunteer Centre, 1977, 8 pp (A case in point, 2). Case study of a telephone switchboard system that attempts to involve the housebound as voluntary coordinators.

Living standards in crisis: the combined impact of inflation and cuts in subsidies and social services on the incomes of disabled people; by Alan Walker, Disability Alliance. London: Disability Alliance, 1977, 41 pp. Examines the combined effects of inflation and government social and economic policy on the incomes of the disabled, many of whom are pensioners.
Many old people are unnecessarily deaf; by Sue Jones.
A survey of old people's homes revealed that many of the staff had very little knowledge of residents' hearing problems and how they can be overcome.

Old people and sensory deprivation: the elderly : a challenge to nursing - 4; by Jennifer Boore.
Nursing Times, vol 73, no 45, 10 Nov 1977, pp 1754-1755.
The nurse's consideration of the sensory status and environment of each elderly patient can help him to have an interesting life despite failing sensory powers.
ISSN: 09547762

Revised print specification for badges.
ISBN: 0115504265

People with disabilities; by British Association of Social Workers - BASW.
A discussion paper on the role of social work with the disabled.
ISSN: 00378070

Causes of , prevention and services for the handicapped.

Purpose built or adapted: the neighbourhood counts; by Selwyn Goldsmith, Keith Kirby.
Are disabled people who have special housing needs better served by moving to purpose designed accommodation or by having their existing homes adapted and so maintaining social ties with their neighbourhood.

Report of a sub-committee appointed to consider the role of social services in the care of all ages; by AW Hunt (chairman), Advisory Committee on Services for Hearing Impaired People, Department of Health and Social Security - DHSS. London: Department of Health and Social Security, 1977, 33 pp + appendices.
Appendices include a survey of the services for the hearing-impaired provided by local authorities in England and Wales.

Presented pursuant to c. 44 Chronically Sick and Disabled Persons Act 1970, Section 22.

The main terms of reference were to establish the extent to which disabled adults utilised local adult education facilities for leisure time, recreation and cultural activities. Based on research conducted mainly in the London Boroughs in the early 1970s, recommendations are made regarding accessibility and transport, adult education centre locations, the role of social workers, and finance. (RH)
ISBN: 0901908304
Price: £2.00

Report of a seminar held at the University of Nottingham, 13-15 April 1977. Papers include training of wardens, design aspects and the contribution of housing associations.

Survey of concessionary bus fares for the elderly, blind and disabled in England and Wales; by A D McTavish, P Mullen, Department of Transport; Welsh Office. London: Department of Transport, 1977, 21pp + appendices (Local Transport Note 1/77).
Variations in type and expenditure of local authority schemes.
Survey of the registered blind and partially sighted 1976; by Royal borough of Kingston upon Thames Social Services Department.
Clearing House for Local Authority Social Services Research, no 6, 1977, pp 85-114.
A survey to identify and assess the needs of the registered blind in the borough.

Two surveys of the needs of the blind in Waltham Forest; by London Borough of Waltham Forest.
Clearing House for Local Authority Social Services Research, no 9, 1977, pp 1-33.
Surveys undertaken in 1975 and 1976, the second being specifically on the needs of the elderly blind.

1976

Age related decrement in hearing for speech: sampling and longitudinal studies; by Moe Bergman, Vera G Blumenfeld, Debra Cascardo (et al).
A 10-year study was conducted in which 282 adults in age decades 20s to 80s were tested in a comprehensive battery of tasks requiring the perception of speech under a variety of conditions in which the speech signal was degraded. The original results were plotted to reveal differences in performance of the population sample in each decade. In follow-up studies after 3 years and 7 years, samples of the original subject population were retested. The results of the first, stratified sampling and of the longitudinal studies are compared. The two most apparent trends are: the perception of degraded (distorted and competed) speech undergoes a noticeable decline beginning with the 5th decade of life; and the decline is sharply steeper in the 7th decade.

Chronically Sick and Disabled Persons (Amendment) (No 2): a Bill to ... provide access and parking facilities for disabled persons at newly provided places of employment in order to improve employment opportunities for disabled persons; by Jim Callaghan, Jack Ashley, Lewis Carter-Jones (et al). London: HMSO, 9 March 1976, 2 pp (HC Bill 84 session 1975/76).
This Bill, which was presented by MPs representing all parties, amended the Chronically Sick and Disabled Persons Act 1970, to improve access and employment opportunities for disabled people. (RH)
ISBN: 0103084762

presented pursuant to c.44 1970 section 22

Presented pursuant to c. 44 1970 Section 22.

Fire protection for disabled and elderly people in housing and residential homes.
Report of a seminar held at the Kings Fund Centre, 18 March 1976
ISSN: 03093042

Written in Italian and bad English.

Considers integration in the areas of education, employment, housing, community and personal relationships, transport, public buildings, and sport and leisure.

The needs of the elderly blind in a London borough; by Astrid Klemz.
The results of a 1976 survey of the elderly blind by the Social Services Department, Waltham Forest.
Old and immobilised; by Jennifer Bambridge.
Recommendations for the design and adaption of institutional and 'own home' housing for the needs of elderly people with physical handicaps.
ISSN: 03093042

Recommendations to the Minister for the Disabled on ways of improving the mobility of the disabled, especially on arrangements for payment of mobility allowance.

A study commissioned by the DHSS of surveys which had been carried out in 1971/2.

Towards a housing policy for disabled people; by Victoria Stark.

A study commissioned by the Developmental Disabilities Council to study the transportation problems of the disabled and elderly in the US.

1975

Deafness in middle age - how big is the problem?; by M F D'Souza, L M Irwig, H T Trevelyan (et al).
Screening for hearing defect by questionnaire was undertaken in two group practices in South-east England for 2278 people aged 40-64 years. The prevalence of deafness in the combined populations of these two practices as measured by audiogram was found to be 5.8%. This figure is much more than estimates derived from American data for use in the UK. The prevalence of deafness was shown to increase with lower social class and age. The questionnaire was found to be unreliable for prevalence studies, but was thought to have some use as a screening instrument. There was an incidental finding of increased hearing defects in the left ears of men: the firing of rifles was felt to be a possible explanation of this. The authors suggest that with the increasing ageing population, the provision of better health care for deaf people will present a growing challenge to the National Health Service (NHS). (RH)
ISSN: 00358797

With covering letter, dated 31 March 1976, from the Joint Parliamentary Under Secretary of State at the Department of Health and Social Security. The United Kingdom was a co-sponsor of the Declaration.

An evaluation of a prototype radio alarm system used in sheltered housing.

Friendship House, Poole: building study; by John Penton.
Housing: disabled Wyvern Design Group CI/SIB 81

Paper delivered at Connecticut Social Welfare Conference, University of Connecticut, School of Social Work, on November 13, 1975

ISBN: 0335001076

Housing for the disabled in Greater London; by Michael Minors, David Plank. London: Greater London Council, Intelligence Unit, 1975, 16pp. Report of a study carried out by the Intelligence Unit on behalf of the GLC Housing Department.


ISSN: 00378070

Inflation and low incomes; by Paul Lewis, Chris Pond, Peter Townsend, Alan Walker, Fabian Society. London: Fabian Society, 1975, 36 pp (Fabian research series, 322). The authors examine the effects of inflation on: low wage earners and the tax threshold; pensions and savings; and disabled people.

ISBN: 0716313227

International register of research on blindness and visual impairment; by J M Gill (comp). Coventry: University of Warwick, Warwick Research Unit for the Blind, 1975, unnumbered. Covers research in the natural, behavioural and technological sciences. Also lists relevant bodies, journals and information services.

Orange badge scheme: parking for disabled persons [under the] Chronically Sick and Disabled Persons Act 1970 - Section 21; by Department of the Environment - DOE. London: HMSO, 11 March 1975, unnumbered (DOE circular 23/75; amended by DOE circular 103/75). This circular outlines changes to the orange badge scheme of parking concessions for disabled drivers and passengers introduced in 1971. (RH)

ISBN: 0117509631

Providing supportive services; by Vida Carver, Peter Large, Keith Livingstone. Milton Keynes: The Open University Press, 1975, 100p. Open University course The Handicapped person in the community, Block 3 Part 3 (Units 12-13)

Social policies and the disabled: report of a pilot research study financed by the Nuffield Foundation; by Judith Steele. Leeds: unpublished, 1975, 150 pp. This report, based on a literature review, describes the evolution of policies and service provision relating to people with disabilities from the early nineteenth century to present day. It outlines the development in a number of fields, including income maintenance, health and medical provisions, home care, education and employment. The report concludes with recommendations for further research. (AKM)

The use of hearing aids by the hearing impaired: [papers presented to Second International Conference of the British Society of Audiology, Southampton, July 1975]; by D N Brooks. Describes a Manchester scheme whereby people issued with hearing aids for the first time are followed up by a voluntary trained visitor to advise on problems and encourage use of the aid. See Register D10


A wider world for disabled people; by Selwyn Goldsmith. International Federation for Housing and Planning Bulletin, vol 4, 1975, pp 18-20. The author reports the continuing expansion in the UK of programmes aimed at affording greater opportunities to disabled people, in managing independently, and in contributing to the life of the community.
1974

A study undertaken for the National Corporation for the Care of Old People (NCCOP) evaluating alarm systems available on the market. An interim report is also on file.

Guidance on technical solutions to problems such as provision of home dialysis, immobility, sensory lack, and restricted movement. (RH)

An investigation of factors affecting the use of buses by both elderly and ambulant disabled persons; by B M Brooks, H P Ruffell-Smith, Joan S Ward, British Leyland UK; Transport and Road Research Laboratory, Department of the Environment - DOE. Leyland: British Leyland UK, 1974, 109pp.
Report of research done on contract to DOE Transport and Road Research Laboratory.

Reprinted from Architect's Journal, 3 July 1974

Notes on developing local authority social services in England under the Chronically Sick and Disabled Act 1970; by J Browning, E Hope-Murray.
This article reports on survey work relating to the development of services for older people in 35 local authorities, in which the Social Work Service was involved. Social service departments have approached the Chronically Sick and Disabled Persons Act 1970 in a variety of ways, making comparisons between authorities difficult. They have developed a greater awareness of older people's needs, but have experienced difficulties in providing as good a service as they would wish, because of staff shortages, pressures from other demands and the need to deal with crises.
ISSN: 01419307

1973

This report points to problems in the fields of hearing and deafness, and in the organisation of research. Views collected by the author about priority areas for research and how best it should be organised differed widely. The evidence in favour and the factors against the establishment of a specialist institute of hearing research are examined, alternative courses of action are discussed, and a set of interlocking proposals is reviewed. (RH)
ISBN: 011320504x

Disabled income; by Tony Lynes.
New Society, 3 May 1973, pp 244-246.
Social security arrangements fall far short of providing all disabled people with a standard of living comparable to that of the rest of the population. The author discusses government decisions, and the proposals put forward by the Disablement Income Group (DIG) in its publication, Creating a national disability income.
ISSN: 002886729

Elderly and disabled persons.
Mr Greville Janner MP speaking about alarm devices and research projects undertaken by the National Corporation for the Care of Old People (NCCOP).

Local authority holidays for the elderly and physically handicapped; by Susan Stone, Social Science Research Unit, Department of Health and Social Security - DHSS. London: HMSO, 1973, 84 pp (DHSS Social Sciences Research Unit Study no 2).
This study is solely concerned with holiday schemes organised by local authorities, or by voluntary bodies on behalf of local authorities. Results of the survey conducted discuss the organisation, suitability of types of
holiday centre or scheme, choices available, inspection, selection of holidays, and the views of the clientele.

(RH)
ISBN: 0113201672

New horizons for the disabled; by Alfred Morris.
With the Chronically Sick and Disabled Persons Act in its third year, the architect of the Act looks at its achievements, criticises delays in its implementation, and suggests that so deep a problem needs radical remedies. Resources are required to be used as humanely and effectively as possible to the maximum efficiency of the handicapped.
ISSN: 09522271

Perception of residents entering old people's homes; by James Robinson, Paul Fletcher.
An architect's inquiry into the feasibility of designing an old people's home on several floors prompted a review of the characteristics of the old people entering welfare homes. This led to the authors' study of Buckinghamshire, which shows that different types of staff apply very different criteria in assessing the same people.

Based on samples from the valuation rolls (i.e. rate books) for Exeter and Edinburgh, surveys of men aged 16-64 and women aged 16-59 found the prevalence and diagnostic categories of physical disability other than blindness and deafness. The needs for institutional, domiciliary, medical-social or financial assistance were determined, and the extent to which needs were already met.
ISBN: 0900771674

1972

Components of the reaction to loss of a limb, spouse or home; by C Murray Parkes.
Similar feelings of bereavement were discovered in studies of all three experiences.
ISSN: 00223999

Dietary selection by elderly persons, related to dental state; by M R Heath.
Some findings of a pilot survey of housebound pensioners are reported. Despite wide variation, the dental state of those studied was, in general, poor. 88% were endentulous, and, of these, 24% used only their upper or neither denture for chewing, and 68% had dentures graded poor or very poor. Only 36% of these endentulous subjects thought they needed any dental treatment, and only two had sought treatment. Many subjects ate restricted diets. The range of foods included in the diet was found to be partially related to the dentures used, or not used, for chewing. Taking the findings as a whole, the dental needs of housebound pensioners deserve close consideration.

This survey was carried out between November 1971 and March 1972. The aims were twofold: to draw a brief general picture of the older and disabled people in Cambridgeshire; and to gather information concerning services that would help in the future planning by the Social Services Department. Survey results pointed to a clear demand for increased services, and the need for extended social work among older and disabled people, if a truly preventive service is to be offered to those at greatest risk of social breakdown.
Income and entitlement to supplementary benefit of impaired people in Great Britain; by Amelia I Harris, Christopher R W Smith, Elizabeth Head. London: HMSO, 1972, 74 pp.
Part III of "Handicapped and impaired in Great Britain".
Rehabilitation of the physically disabled was pioneered in Britain. This pamphlet outlines the historical evolution of these services and describes their workings in the early 1970s as regards administration and legislation. (RH)

Voluntary visitors to the elderly deaf; by Dennis Clark.
This paper describes the voluntary visiting service to older deaf people who attended the Weston-super-Mare Hospital and were issued with hearing aids through the National Health Service (NHS) from 1968 to 1970. The author discusses the effects of the service, and acknowledges the role of volunteers in relieving the isolation of older deaf people, and in helping to maintain a link with audiological and sociomedical departments at the hospital. (RH)
ISSN: 02670623

1971


Sample surveys in local authority areas, with particular reference to the handicapped and elderly; by Amelia I Harris, Elizabeth Head, Office of Population Censuses and Surveys - OPCS.: Office of Population Censuses and Surveys, 1971.
A guide commissioned by the DHSS.

Part 2 of Handicapped and impaired in Great Britain

1970

Aids and equipment for the disabled; by Equipment Research and Development Committee.: Equipment Research and Development Committee, 26 November 1970, 11 pp.
A confidential report, authors given as Mr Pater and Mr Aldridge.

An Act to make further provision with respect to the welfare of chronically sick and disabled persons; and for connected purposes.
ISBN: 0105444707

Housing for old people: with design standards for the disabled; by Scottish Development Department. Edinburgh: HMSO; Scottish Development Department, 1970, 53 pp (Bulletin 3).
Attached is a Circular by the Scottish Development Department - 72/1970 filed at KE: 9A*

1969

A first look at those so disabled as to need special care; by Amelia I Harris, Judith R Buckle.: Government Social Survey, 1969.
CONFIDENTIAL

Study undertaken by the Planning Research Unit at the request of the Central Council for the Disabled.
1968

The speaker, Minister of Social Security, talks about the problems of poverty for various minorities in society, including sick and disabled people, mentally ill, gypsies and other travellers, and homeless single people.

1965

Planning for the disabled: [interim report of RIBA and Norwich City Council research]; by Selwyn Goldsmith, Royal Institute of British Architects; Norwich City Architects' Department. [Norwich]: [Norwich City Council], 1965, 14 typewritten sheets.
This report consists principally of the text of a talk given at the Annual General Meeting of the Norfolk Association for the Care of the Handicapped in the City Hall, Norwich, on 25th June 1965.

1964

Planning for the disabled; by Selwyn Goldsmith, Norwich City Council. [Norwich]: [Norwich City Council], 1964, 10 pp.
This is an extension of the research report, 'Designing for the disabled', the report of which was published by the RIBA (Royal Institute of British Architects) in November 1963.

The relatives conference; by M B Hawker.
The Lancet, 16 May 1964, pp 1098.
The establishment of lines of communication between hospitals, and relatives and friends of patients with disabilities is reported on. An experimental Relatives' Conference at Edgware Hospital enables discussion of patients’ circumstances, and will help patients towards independence at home.
ISSN: 01406736

1963

Residential care of the disabled aged: the need for special accommodation for the aged infirm person; by A N G Clark.
This paper examines and investigates the problems of the older disabled person in hospital who does not need nursing care. A review of patients who are up and dressed all day in the wards of a geriatric unit is reported. 13% of the patients were disabled-infirm, but could not be discharged because of their infirmity. Specially designed and staffed local authority sheltered accommodation would seem to be the most satisfactory way of dealing with their needs.

1961

NAP (the National Association for the Paralysed) reports the results of a survey of local authorities' provision for the physically handicapped.

1959

British Journal of Preventive and Social Medicine, vol 13, no 2, April 1959, pp 51-58.
This article reports on 11 general practitioners in Birmingham who examined all of the men on their lists aged 70 and over. Of the six commonest diseases - bronchitis, coronary disease, arthritis, hypertension, hernia, and peptic ulcer - the first three were associated with a high incidence of disability. Only arthritis and possibly peptic ulcer showed an increase in frequency with age; only bronchitis has a marked association with social class. Frequency of disability was consistently related to social class. Of men over 70, about a quarter gave 'gardening' as their chief pleasure, and one third gave 'poor health' as their chief complaint. The effect of bias by exclusion of men living in hospitals and other institutions is examined.
1958

This Act amends the law relating to disabled people as regards the minimum age for attendance at certain courses under the Disabled Persons (Employment) Act 1944, as regards registration under that Act, and as regards the provision by local authorities of employment or other work under special conditions.
ISBN: 0108501418
Price: £1.50
From: The Stationery Office, Publications Centre, PO Box 276, London SW8 5DT.

1952

The housing of special groups: a report by the Scottish Housing Advisory Committee; by William Maltman (chairman), Special Groups Sub-Committee, Scottish Housing Advisory Committee, Department of Health for Scotland. Edinburgh: HMSO, 1952, 99 pp.
The Sub-Committee's remit was to advise the Secretary of State for Scotland on any groups of people for whom housing accommodation of special types may be desirable; the principles which should govern the provision and allocation of any such accommodation; and the types of accommodation which should be provided. The Sub-Committee consider the needs of: older people; other single people and two person households; large households; disabled people; higher income group households; and occupational groups such as doctors. (RH)

1951

The Committee considered the special needs of deaf-blind people living in their own homes, or in need of care and attention and requiring residential accommodation under Section 21 of the National Assistance Act 1948. (RH)