

Reviews

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Anthea Tinker and Vera Coomber, *University Research Ethics Committees: Their Role, Remit and Conduct*, King's College London, 2004, 52 pp., no price, ISBN 1 872342 22 1.

While the United Kingdom National Health Service (NHS) Multi-centre and Local Research Ethics Committees (widely now known as MRECs and LRECs) have been developing elaborate and co-ordinated ethical review and approval procedures for some years, there is concern that those conducting research beyond their medical and NHS remit are paying too little attention to ethical issues in both proposal development and during the conduct of research. Poor practice could cause harm and ultimately give rise to litigation. At a time when the Higher Education Funding Council for England does not issue advice or set ethical procedures for university research, the increasing scale of research projects and the impact of new legislation such as the *Freedom of Information Act 2000* enhance the need to extend and improve ethical scrutiny.

In the light of these concerns, The Nuffield Foundation decided to support a 'study of ethical scrutiny for non-medical research involving human participants as it is carried out in universities' (p. 8). Anthea Tinker and Vera Coomber of King's College London were commissioned to undertake the research. They set out to answer the question, 'to what extent do universities undertake ethical scrutiny of research and if so how' (p. 9). The research was carried out over 14 months in 2003–04 with the support of an advisory committee, chaired by Lord Sutherland, and the scrutiny of the King's College Research Ethics Committee. To gain a national picture, the two-stage methodology involved a postal survey and telephone interviews. Eighty-seven of the 115 UK universities approached responded to the postal survey and, of the 57 who agreed to take part in telephone interviews, 30 were selected to represent the old and new universities, the English regions, and central or devolved systems of ethical scrutiny.

The authors comment on the high response rate and the interest raised by the topic, whilst cautioning that the findings are a snapshot (in autumn 2003) of a rapidly changing situation. They also acknowledge that they did not collect user-perspectives of the systems. The survey revealed that the understanding of the importance of ethical scrutiny was developing in all higher education institutions (HEI): three-quarters had a formal ethical policy, more than 50 per cent had a specific individual with responsibility for the issue, and 80 per cent had a central University Research Ethics Committee (UREC), which gives advice on ethical issues as well as scrutinises research applications for both staff and post-graduate student projects. The majority of the URECs report formally to the university Senate, Board or Council, but few are audited externally.

Nearly half of the URECs had been established since 2000 and their brief did not include undergraduate project research. For some, they were the only form of

ethical scrutiny of research involving human participants, but in almost two-thirds of the HEIs, they worked alongside 'local' research ethics committees (LURECs) run by faculties or departments. In some cases, the UREC had an advisory and policy-setting role over the LURECs; in others the central committee was taking over the devolved roles. In the main, the different systems had arisen through local and idiosyncratic sequences but some followed the medical LREC and MREC models. The researchers reflect the widespread concern among social scientists that, 'ethical scrutiny should not be a bureaucratic burden and must be seen to be facilitating research' (p. 41). They also point out that although psychologists have been proactive, some social scientists still need to be convinced that their research requires any form of ethical scrutiny.

So who are the members of the central committees? Whilst Tinker and Coomber do not unpack what was meant by 'lay' members, 80 per cent of URECs had 'lay' members, including people from outside the University or the research community. In addition, just under one-half had student members, and the majority had part-time administrative staff. The committees meet infrequently, between one and three times per year, and work was carried out through correspondence as necessary. Obviously demand depends on the volume of projects and publicity for the service. There was evidence that not all an institution's research received ethical scrutiny and in nearly all cases the Chair or a sub-committee had delegated power for certain types of application. The capacity to deal with inter-disciplinary and cross-institution proposals was investigated. For the former, a UREC frequently needs to communicate with several departments and many set up special panels. Procedures to deal with the latter are less well established: 40 of the 60 universities commented that had no special arrangements.

The range of information gathered through this research led Tinker and Coomber to consider how the level of ethical scrutiny could be assessed. They propose 10 'gold standard' criteria, from 'does an institution have a UREC, whether single or devolved?' to a score for the 'clarity and volume of documentation in hard copy or on Website, *e.g.* guidance for researchers, code of practice, consent forms and ethics approval applications forms' (p. 45). Of 57 universities with sufficient data, 30 scored 8–10 and 51 scored 5–10, which indicates that a basic infrastructure is widespread. The authors conclude that universities are aware of the importance of ethical scrutiny for research that involves human participants and are willing to learn from each other, that some disciplines, such as business studies, remained outside the system, and that the scrutiny of undergraduate research needs more discussion.

Both the centralised and the devolved committee systems have advantages and disadvantages. Whilst the former produces common standards, the latter may develop more appropriate methods for particular disciplines. Further evidence is needed. The authors stress the need for research funders to insist upon, and resource, ethics awareness and approval, and for the university procedures and practice to be externally audited. They recommend training in research ethics for researchers, students and committee members. Although already two years old, this study provides a valuable record of the extent to which universities have established systems of ethical scrutiny, and helpfully suggests criteria by which

they may be assessed. It is a welcome addition to this literature and will benefit all those involved in research with older people.

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Pat Chambers, *Older Widows and the Life Course: Multiple Narratives of Hidden Lives*, Ashgate, Aldershot, Hampshire, 2005, 257 pp., hbk £50.00, ISBN 0 7546 4001 9.

I was pleased to review this book because so few studies represent women who are widows from their own perspectives and, as the author points out, most see them as lonely, problem-ridden and passive. Chambers's narrative refreshingly respects the women who participated in her study and acknowledges that they have lived whole lives. She persuasively argues that her use of the concept of multiple narratives is 'a useful tool with which to re-conceptualise, analyse and understand older widows' lives within a feminist lifecourse perspective' (p. 233). The material is in three parts. The first seven chapters introduce the study, provide an extensive literature review of research methods, and explain how the study was done. They take up almost half of the book, were probably written for a PhD thesis and were longer than I would have liked, but Chambers has a congenial writing style. The material throughout will be of interest to anyone with little background in research and experiential writing on widowhood and women's experiences as widows.

Chapters 8 to 11 present the findings of Chambers's study and are successively entitled: 'Me, myself'; 'History and me'; 'Me and my social world' and 'Me now'. Each of these chapters has numerous quotations from the interviews. Chapter 12, 'Multiple narratives of later life widowhood', brings together the themes and argues that the narrative method enables the researcher to see older widows in a way that respects their own points of view. It recognises that women's experiences following their husbands' deaths are multi-faceted and affected by diverse phenomena including historical events and gendered experiences. Chambers does a fine job of illustrating the distinction between 'objective' events and women's 'subjective' understanding. In the end, she shows that widowhood and grief are not synonymous, and that many of the participants were strong, resilient women, far from the poor, lonely unfortunates who have often been described.

Chapter 13, 'Reflecting', provides a fascinating discussion of the author's reflections on her study. She generously includes quotations from her research journal. This section is candid about her initial nervousness and growing confidence as she became more experienced with the interview process, *e.g.* 'Have arranged an appointment ... I feel really nervous. Will I be able to sit back and let J. talk about her life? What about the silences?' Novice researchers will appreciate the author's courageous admissions, such as 'I tried so hard to listen but sometimes intervened inappropriately. I feel that I am not always picking up

leads. I need to slow down, risk silences and stay with the story which I am being told; perhaps I'll get better at this (p. 244)'.

In her efforts to cover the previous literature, Chambers provides broad comments on large swaths. Her primary goal was to make the case for the use of multiple narratives, and in this she definitely succeeds, but there is little discussion of the social processes that she identifies or of how her findings relate to others. Perhaps in her future writing, Chambers will integrate her insights with other qualitative and narrative literature. One frustrating feature of this book is the conspicuous lack of copy-editing (about which I am a stickler). One example: the contraction of 'it is' is consistently the possessive 'its'. There are too many similar problems. On page 97, the reader is referred to a 'Statement of Ethics' in Appendix 1, but there is no appendix. There are mistakes in the bibliography. Nonetheless, this book will be of interest to both scholars and students, particularly those with little prior knowledge of either the topic or the method.

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John Doling, Catherine Jones Finer and Tony Maltby (eds), *Ageing Matters: European Policy Lessons from the East*, Ashgate, Aldershot, Hampshire, 2005, 204 pp., hbk £49.95, ISBN 07546 4237 2.

The challenging aim of this collection, which is based on the papers given at a workshop in March 2003, is to ask: what can Asia and Europe learn from each other in terms of policy planning in the light of population ageing? One of the contextual chapters refers to two-way 'lesson-trading' in social policy. It turns out, however, that the focus is on the lessons to be learnt in Europe from the developed and fast developing economies of East and South East Asia. Over two-thirds of the book's 200 pages are devoted to six case studies from Malaysia, Singapore, Hong Kong, Taiwan, South Korea and Japan. The workshop appears to have assumed that the economically-advanced countries share a common challenge, so it should be possible for European policy makers to learn from their Asian peers who are responding to 'western style problems'. The challenges in mind are indeed familiar: labour-market change, active ageing and retirement, the role of the family, pension arrangements, and how best to deliver health and social care. The preparatory work for the workshop was supported by funding through the European Union Fifth Framework R&D Programme for a project entitled 'Ageing Populations: Policy Lessons from the East (APPLE)'. Perhaps this created the tension in the book between two-way knowledge transfer (Chapter 2) and the lessons Europe can learn from Asia (Chapter 11).

If two-way exchange has been impeded by the different time periods in which population ageing and societal 'modernisation' have manifested themselves, the book exemplifies continuing possibilities. The UK Prime Minister has extolled the stakeholder principle that underpins the Singaporean Central Provident Fund. It is also made explicit in Chapter 9 that more two-way exchange between Japan and Europe would be productive. There is also a puzzle about what the

authors mean by Europe. The one chapter on 'Europe' focuses on European Union macro-economic employment and pensions issues in the context of demographic ageing. Yet many of the potential policy lessons surely concern health and social care services, housing, mobility, justice, safety, education and leisure, and are most relevant to policy makers at the level of the member states and regions.

A contextual chapter on the mutual relevance of social policy debates in the East and West argues that there is more scope for the passage of 'mid-range' ideas – useful techniques, modes of policy delivery – than of grand notions. The policy transfer process should therefore focus on 'the how' rather than 'the why', particularly the key issue of how best to support the family or, in Euro-speak, to promote inter-generational solidarity. The case studies provide useful descriptions of 'ageing policies' in East and South East Asia (up to 2003), but implementation and effective delivery are little addressed. In this respect, the book does not focus on 'mid-range' ideas and therefore does not deliver practical lessons. Indeed, the ideological underpinning of the case studies is a deep-rooted rejection of the western welfare state as 'dependency creating', which is more 'grand notion' than 'useful technique'.

Despite the fragility of the book's framework, it provides a useful contribution to western understanding of social policy in modern Asia, and the two concluding chapters suggest that the sharing and exchange of ideas and a continuing dialogue on ageing policies, might prove more fruitful than specific policy prescriptions or imported techniques. One detail: if there is a reprint, the three repeated paragraphs in the chapter on South Korea should be removed (pp. 133–6).

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Robert B. Hudson (ed.), *The New Politics of Old Age Policy*, Johns Hopkins University Press, Baltimore, Maryland, 2005, 309 pp., hbk \$58.00, ISBN 0 8018 8074 2, pbk \$22.95, ISBN 0 8018 8075 0.

This book is an edited volume on the political controversies over United States social policy towards their elders. It has 14 chapters in four sections: Perspectives on age-based policy; Age-based policy and populations dynamics; Age-based public policy; and Old age politics and policy. The contributors include Martha B. Holstein, John Myles, Robert Binstock and Angela O'Rand. The book is written for American readers, so some knowledge of the US legislative framework and current controversies is required. There are, however, important lessons for comparative politics and comparative social policy, but readers will have to draw these out for themselves.

Only John Myles's and Steven Teles's contributions include cross-national comparisons, but universal issues are debated, including the place and importance of older people in society, and their rights, needs and claims on public support. Martha Holstein, for example, makes a strong case for age-based, universal, public support for older people. Most of the contributions put the

generational-equity debates and proposals for changes to social welfare into context and document specific local and legislative examples. The contributions alert the British reader to the diversity of provision in the USA and provide many examples of both good and bad policies and practices. The book is about politics and does not primarily focus on social policy as an abstract process of ethical or economic theorisation. As Steven Teles says, 'it requires that policy analysts recognize that their work is not an alternative to, but an extension of, the political enterprise' (p. 105). The politics of old age is a much more developed subject in the USA than in the UK, and given the current strengths of the neo-conservative ascendancy, full recognition is given to the political nature of policy.

The first chapter by the editor, Robert Hudson, is a clear historical overview of the development of US social-welfare policies for older people. It outlines the current political context and debates about the future. Hudson documents improvements in the wellbeing of older Americans and argues that this is a product of the success of aged-based policies which are now under threat. He suggests that the conflicts are no longer being presented as 'young *versus* old', because there is no anticipation of improved welfare for younger people and families. Rather the prominent issues are fiscal reform and the tax burden on the incomes of future workers.

The remaining contributions to the impressive first section are by Martha Holstein on 'A normative defence of universal age-based policy', by John Myles on 'What justice requires: a normative foundation for US pension reform', by Madonna Harrington Meyer on 'Decreasing welfare, increasing old age inequality: whose responsibility is it?' and by Steven Teles on 'Social security and the paradoxes of the welfare state'. Holstein tackles the justification for basing social policies on chronological age: why should there be universal provision rather than, for example, means-testing or assessments of need? Myles discusses inter-generational equity from a Rawlsian perspective, and argues for a greater reliance on redistributive measures as well as a shift from payroll taxes to general taxation. Meyer documents the recent dismantling of the welfare state in the US and the shift in the responsibility for elder care back to the family from the state, companies and insecure stock-market investments. She details the changes, benefit by benefit, that have increased the risks for older Americans. Steven Teles works through pensions proposals by making an explicit comparison with the British 'Beveridge model'.

In the second section, Angela O'Rand's contribution, 'When old age begins: implications for health, work and retirement', points up the inappropriateness of a single age threshold for old age. She argues that the variable age at which disabilities are acquired, and the impact of disability and ill-health long before old age, renders obsolete the use of 65 years as the delimiting age. The dramatic growth in late-life employment among certain groups of older Americans is linked to the needs of the poor, women and minorities and the rules of employer-based health insurance. In his chapter, 'Minority workers and pathways to retirement', Flippen quotes evidence from the Health and Retirement Survey on the exceptionally late labour-market exits of Hispanic Americans. He also shows that black and white women experience disadvantages associated with their insecure labour-market position and work well into old age in growing numbers. Gonyea, in 'The

oldest-old and a long-lived society: challenges for public policy', examines the changing social demography of the 'oldest old' and points to a 'democratisation' trend, meaning that a wider range of people than formerly make it to their nineties, but that this is resulting in more diverse social conditions in the age group. She argues that age-based programmes for the *very* old are vital, and advocates a public insurance model for residential care.

The third section provides some trenchant critiques of current US policy proposals. In their chapter, 'Reframing social security: cures worse than the disease', Herd and Kingston elucidate how the privatisation of welfare became a key part of the US political agenda. They critique the view that Social Security is 'broken', and see its construction as failing as a political manoeuvre. They assess the Bush administration's proposals for partial privatisation, and suggest that other minor adjustments are all that is required to sustain the system. 'Sustaining Medicare as an age-related program', by Marilyn Moon, presents the benefits of Medicare as an aged-based system of insurance, despite the problems for the non-aged and its limitations of coverage, and argue that private-market, health-care insurance provision is an example of market failure. Colleen Grogan, in 'The politics of aging within Medicaid', provides an interesting account of how the strong legitimacy of Medicaid, as opposed to Medicare, developed by linking it to middle-class support through coverage of nursing-home care fees. Pynoos and Nishita show how US housing policy concentrates on supporting frail older people and defends the legitimacy of age-segregated housing. Their contribution, 'The changing face of senior housing', has interesting implicit comparisons with the UK.

The final section has two contributions, 'The contemporary politics of old age policies', by Robert Binstock, and 'Using local tax levies to fund programs for older people: good politics and good policy?', by Applebaum, Roman, Molea and Burnett. Binstock is a critic of the American Association of Retired People, the leading voluntary association of American seniors, and the chapter details its political role in relation to the Bush 'reforms'. Applebaum and colleagues provide a fascinating account of the devolved democratic institutions and describe case examples of local initiatives that use property taxes to fund services for older people. They conclude that it is good politics (it sustains public support) but have concerns about the unevenness of provision. They also provide a very useful critique of simplistic accounts of self-interest, age and voting behaviour.

The problem that is consistently addressed in this volume is the political dilemma of informed, liberal-minded, social-policy academics who, on the one hand, know and understand the severe limitations and injustices implicit in current US programmes, but on the other, have to defend an inadequate system from debilitating 'reforms' and dismemberment. This is an excellent book for those who specialise in American social policy but will be hard going for those with little prior knowledge of social conditions and institutional arrangements in the United States.

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Jill Manthorpe and Steve Iliffe, *Depression in Later Life*, Jessica Kingsley, London, 2005, 160 pp., pbk, £18.95, ISBN 1 84310 234 X.

This book appears to be aimed at the staff of all disciplines of social work and primary medical care. It covers depression in a balanced way – both medical and psychosocial approaches are given due weight. The first chapter focuses on the significance of depression in old age and tackles the issue of recognition, stressing how often it is hidden behind physical symptoms. The approach to the medical classification of depression is practical and non-dogmatic. The second chapter stresses the impact of depression on the client, the carers, helpers and professionals. It sensibly suggests brief training for home-care assistants in how to recognise depression and what to do about it. The chapter on helping people with depression has both the medical and psycho-social approaches, but the discussion of medication is brief and not very systematic (guidance on medication is not the book's purpose). There are useful discussions of the differential diagnosis of depression and dementia, and of depression in at the different stages of dementia and its management. Other psychiatric disorders, particularly anxiety and psychotic disorders, are briefly discussed. The section on the drug treatment of anxiety is also weak, and neglects the role of Serotonin-specific reuptake inhibitor (SSRI) drugs although it is appropriately cautious about the use of benzodiazepines like diazepam and nitrazepam.

A good chapter on suicide and self-harm deals well with risk assessment and management, in recognising the complexity of the management of these risks and stressing the need for co-operation among family members and primary and secondary medical (mental health) services and social services staff. The needs of carers and their role as 'experts' are addressed adequately and primary, secondary and tertiary prevention are all discussed. The book is an easy-read and well supported by 'practice examples' that emphasise the complexity of real-life situations. It is generally well referenced and makes use of authoritative sources to support its recommendations. The role of secondary-care mental health services for older people is not well described and the perennial question of when to refer is only briefly addressed. Nevertheless, this is a good and accessible read for its target audience.

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Stephen Curran and Roger Bullock (eds), *Practical Old Age Psychopharmacology: A Multi-professional Approach*, Radcliffe Publishing, Oxford, 2005, 288 pp., pbk £29.95, ISBN 1 85775 958 3.

To edit a text on practical psychopharmacology is an ambitious task, and to approach the subject from a multi-professional viewpoint is even more challenging; then to open with a chapter by the well-known critical historian of psychopharmacology, David Healy, is surprising and might be considered foolhardy, for

it sits uncomfortably with the rest of the book. Healy's contrasted accounts of the 'conventional' and the 'unconventional' history of the major groups of psychotropic medications makes little reference to their use for older people. It would have been interesting if the other contributors had been asked to reflect on his views. Healy's main point, that 'the notion that dementia involves a cholinergic deficit is probably a historically grounded mistake' (p. 8), is not taken up in the chapter on dementia which focuses largely on the efficacy of the cholinesterase-inhibitors.

The remainder of the book is constructed along conventional lines, with chapters on neuropathology and the neurochemical changes that are found in the brains of older people. The assessment of older people with mental health problems and the general principles of prescribing are then well summarised by Curran, Nightingale and Wattis. A multi-professional view is provided by contributions from pharmacy, nursing and general medical practice (the last with informative clinical vignettes). The use of drug treatments in specific conditions in later life is discussed in chapters on mood disorders, psychosis, anxiety, dementia and delirium. Another discusses sleep disorders but surprisingly there is not one on addiction and drug misuse, now recognised to be a significant problem in later life.

One might expect that a text on *Practical Old Age Psychopharmacology* would provide clear advice on which drug (if any) to use for which patients with which condition, but unfortunately the lack of evidence of the efficacy of many of the commonly used psychotherapeutic drugs makes it difficult to give robust, evidence-based advice. Jawaid and Baldwin state 'no antidepressant drug is clearly more effective than another' (p. 125). Given that they list 17 antidepressants, readers might require more specificity. Where specific advice is given, however, it is sound. I would also have preferred a more consistent structure and clearer approach in each chapter. The advice on drug treatment in delirium is included in a paragraph headed, 'Somatic interventions' (p. 260), but do not expect the doctors who prescribe psychotropic drugs for this condition in the general hospital to understand the term. This deficiency can be rectified in the next edition. Despite these criticisms, the book as a whole succeeds, and provides its intended readers, practising clinicians, with a wealth of useful information.

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John P. Marsden, *Humanistic Design of Assisted Living*, Johns Hopkins University Press, Baltimore, Maryland, 2005, 119 pp., pbk \$49.95, ISBN 0 8018 8031.

The demographic imperative that is driving the expansion of the care-home industry in the USA also affects most of the developed world. Responses differ, but a shared international theme is that older people wish to live independently in their own homes for as long as possible, to avoid moving to institutional care. For the small minority who do move to a residential care-home or a nursing home, it

is widely acknowledged that, whilst the institutional setting can never take the place of one's own home, good design of the communal living environments can make them places in which older people feel 'at home', as opposed to 'in a home'. Set against this backdrop, the aim of Marsden's book is to demonstrate, through worked examples, how the architecture of assisted-living environments can convey the experience of domesticity or institutionalisation.

Assisted-living is a relatively recent concept, originating in the USA during the 1990s. It describes residential and care arrangements between independent housing and the nursing home, and its advocates argue that it promotes person-centred, non-institutional and therapeutic support. As originally conceived, it comprises self-contained apartments that have at their core a health-care facility. The aim is to deliver professional personal and medical care in a 'homely' group-setting in which the residents live independently, and to provide on-site 24-hour, skilled care for those who need it. This avoids the residents having to move through a succession of settings that offer increasing levels of institutionalised care. The concept was introduced to Britain by the Joseph Rowntree Foundation, whose continuing-care retirement village at Hartrigg Oaks, York, opened in the early 1990s. Several housing providers, including McCarthy and Stone, a leading builder of retirement homes, and Sunrise Senior Living, a US organisation with an international property portfolio, are now marketing assisted-living in the UK as a viable alternative to long-term residential or nursing-home care. Contemporary assisted-living environments do not necessarily achieve this objective, and so this book provides a timely reminder about the ethos behind the original idea.

The book has three sections. The first introduces the assisted-living concept, the second elucidates the idea of humanistic design, and the third offers design guidelines in four key architectural domains, namely the principal façade of the building, the main entrance, the residents' lounge, and the communal dining room. Readers expecting conventional guidance on the design of extra-care housing or residential care-homes will be disappointed, for there is little on location criteria, site planning, building layout, the design of individual apartments, staff accommodation and service areas, facilities management and service delivery. What it does provide, however, is a strong analytic framework for design principles, many of which are concerned with how to make the public areas of group residential environments feel more homely.

Marsden suggests several generic features define an assisted-living environment: state regulation and monitoring of the service; residential environments that offer various personal and health-care services; service delivery by trained professionals; 24-four hour cover; a homely environment; and user-centred design. The essential ingredient of humanistic design is to develop ways of ensuring that older people and their families input into the design process. In the third section of the book, six generic design principles are presented to evaluate each of the four selected architectural domains: familiar housing cues; protective enclosure; caring cues; human scale; usability; and naturalness. The evaluation leads to design guidelines and checklists for each of the four settings.

As Marsden points out, the architectural record is crowded with critically-acclaimed buildings designed by well-meaning but uninformed architects, who are unaware of the real needs of users. One of the strengths of Marsden's

approach is that his guidance is based on first-hand research into actual assisted-living environments. His design recommendations are grounded in older people's perceptions of what makes for a home-like or an institutional environment. These were developed through small, user-centred studies that involved over 500 older Americans and their families. The principal methodology was a commendable 'picture reference procedure', in which the participants were shown pictures of real or imaginary environments and asked to rate how much they liked them. The informants enjoyed the activity and it has been shown to provide a reliable guide to how people evaluate real environments. The approach has been quite widely adopted, and is as applicable to social care and service provision as it is to architecture. Its reliability and usefulness are dependent on the choice of photographs and how each view is framed and presented to the participant. The narrative is supported throughout by numerous photographs that depict environments that were approved or rejected by the older research participants and their families. The photographs were of post-1992 detached buildings of no more than three storeys. All were of communal accommodation, not individual dwellings. The position of the photographer, the weather conditions and the time of year were standardised.

Because the book deals only with the public face of assisted-living environments, it is unclear whether the illustrated buildings correspond to 'extra-care living', where the bulk of people's time is spent independently in self-contained apartments and the communal facilities provide the enhanced amenities, or to 'residential care', in which personal space is restricted to a bedroom, and residents are expected to spend much of their waking hours in the public spaces. Perhaps this does not matter, as Marsden asserts that the principles he advocates are equally applicable to nursing homes and retirement housing. Most of the studied buildings were in suburban or rural areas, and the guidelines would be difficult to implement in inner cities. A more serious limitation is that the architectural vocabulary and domestic detailing are derived from American 'colonial' style, single-family homes. The precise meanings attributed to the photographs are likely to be different in other cultural contexts, and so the actual design recommendations will require reinterpretation in the light of vernacular traditions. The design principles, however, are more robust and should be of widespread interest to architects and care-home managers.

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Birgit Jaeger (ed.), *Young Technologies in Old Hands: An International View on Senior Citizens' Utilization of ICT*, DJOF Publishing, Copenhagen, 2005, 248 pp., pbk £24.00, ISBN 87 574 1127.

This book contributes to the literature on information technologies by examining different aspects of the relationship between senior citizens and information and communication technologies (ICTs). Although it uses an expansive definition of ICT, which encompasses personal computers, the Internet, telephony, television and other devices, the main focus is on the use of home computers and the

Internet. It has commendable international perspectives, with contributions from Denmark, Spain, the USA, Germany and China. Most chapters are based on work in Scandinavia, and they feature a Danish research programme on the development of ICT for senior citizens.

The editor claims that the book can be distinguished from previous publications on its topic by its recognition that older people are heterogeneous, not a homogeneous group, through its focus on ICT rather than technology in general, and because it discusses the ways in which senior citizens can access the technologies rather than how they might be used to overcome their impairments. The recognition of the social factors that influence the use of ICT is an important feature of the book. The introduction provides a concise and solid examination of several key issues, such as the growth of the information society and the digital divide. The remainder of the book has 10 chapters. Chapters 1–3 characterise older users and discusses why they adopt ICT. Chapter 4 examines the Danish media's reporting of ICT in relation to older people. Chapters 5–8 examine different models and methods for involving senior citizens in the use of ICT, the relative success of each model, and analyses factors in inclusion, particularly those that address the perceived 'digital divide' among older people. Chapter 9 examines Internet use amongst older adults in the USA and China. Finally, Chapter 10 examines the possible role that senior citizens might play in the development of ICT, particularly their user acceptability.

Of especial interest were Stefanie Becker's chapter on participatory research within product development, Lars Fuglsang's chapter on the media representations of older people's use of ICTs, and the editor's discussion of Danish initiatives to reduce the digital divide. More could have been done to tie the chapters together, for while the introduction provides a thematic overview, the book lacks a conclusion. The diversity of theoretical perspectives is revealed in several chapters, but there is little explicit analysis of relevant social theory, as is explicitly recognised.

While the material is successful in examining the relationship of senior citizens to ICT, it is less successful in its claim to represent the diversity of older people. Few differentiating factors beyond the labour market are examined, not even gender, social class and ethnicity. Further, except in two chapters, the ICTs discussed are almost universally personal computers and the Internet; the impact of, for example, mobile and fixed-line telephones and other communication media, while occasionally discussed, are greatly under-represented. The book is also spoilt by spelling and grammatical mistakes. Nonetheless, the book successfully elucidates several of the major issues relating to the use of ICT by older people and its much-needed international perspective is welcome.

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