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## Culture and activity in aging

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## **CHAPTER 2**

### **Culture and activity in aging**

*Josephine Tetley and Gail Mountain*

**T**he cumulative effects of illness and disability in older age can lead to individuals being less able to make positive decisions about involvement in activities for pleasure and socialization. This lowered self-efficacy can in turn lead to erosion of confidence and ultimately to social exclusion. Older tenants in sheltered housing schemes are at particular risk of isolation and exclusion as the move to age-specific housing is usually triggered by a sudden or gradual decline in ability and/or personal circumstances. In conjunction with this, assumptions that social networks naturally occur in communal retirement communities and that people will individually or collectively arrange activities can lead to peoples' aspirations for meaningful activities in later life being overlooked. This problem is further compounded as housing staff find their time is taken up building maintenance and ensuring that tenants receive basic housing and environmental services. This chapter reports on the findings from a needs analysis that aimed to identify the activities that older tenants in a sheltered housing scheme had enjoyed during their lifetime, were no longer able to do but wanted to resume, and any new interests they were interested in pursuing. This is followed by a description of a one-year activity and culture program developed out of this needs analysis, underpinned by previous work conducted in Sweden.

## **INTRODUCTION**

Promoting healthy active aging is a key policy of the World Health Organisation (1). More specifically the WHO active aging framework recognizes that health promoting activities can maximize the capacities of older people, and enable them to continue making important contributions to the overall fabric of society (1). It is further argued that initiatives aimed at promoting health and activity through-out the life course should be regarded as a necessity, not a luxury, to prevent global aging putting untenable economic and societal demands on all countries (1). In the United Kingdom (UK) the importance of healthy aging has been recognized in the National

Service Framework (NSF) for Older People, with Standard 8 requiring health and social care services to promote 'health and active life in older age through a co-ordinated program of action' (2). The associated implementation milestone (Annex III) expected that by March 2004 'Strategic and operational plans would include a program to promote healthy aging and to prevent disease in older people' (2). A recent review of the NSF for older people identified that this target was not met across most of the UK (3). As a result, the most recent NSF implementation plan continues to emphasize the importance of healthy aging and has made this one its key themes (4). That health and social care practitioners have struggled to deliver programs of healthy aging is not surprising as although practice examples and case studies exist; questions remain about what constitutes effective preventive intervention (5). Moreover, models of preventive strategies for implementation in practice are poorly defined (6).

Further research investment is therefore required to demonstrate the contribution that preventative interventions can make toward maintaining health and well-being in later life. The existing evidence suggests that when older people engage in activities, self-reported well-being and life satisfaction are enhanced, morbidity rates are lowered, and mortality reduced (7,8). Significantly, these studies and others (9,10) have found that improvement in health status was not merely related to engagement in formal physical exercise, but that social, creative, and productive activities such as gardening, community work, and art-based sessions, also made a significant contribution toward health and well-being. In an attempt to foster preventive services, the UK Department of Health Partnership introduced a new strategy in 2005; the Partnerships for Older People Project initiative (POPP). This policy has provided funding for local councils to invest in service redesign, whereby health promotion and preventive services are embedded within the whole system of health and social care within their localities, with a shift away from the emphasis on acute service provision to enable this to take place (11).

Occupational therapists have traditionally led the development of activity programs for health (12-14). Other disciplines, such as nursing services, housing providers, physiotherapists, social services, however, now recognize that they must also undertake more creative partnership working outside of traditional networks and include workers from the arts, leisure, and voluntary sectors, if such health support staff are to promote health and well-being amongst older people and ensure continued community connectedness (15,16). The need to develop new and innovative ways of working in health and social care is supported by the work of Carter and Everitt (9), who evaluated two community projects that aimed to promote health with older people through the use of physical activities and the arts. The findings of this study identified that in practice, programs of activities can meet the needs of a diverse group of older people only by including a wide range of practitioners from health, social care, social work, housing, libraries, sports, recreation, adult education, and the arts.

## **A model of activity and culture**

In Sweden, the concept of social activities as a means of improving the health and well-being of older people has been promoted. This approach has resulted in a wide range of activity and culture initiatives being established (17-20). Such projects are often located in community-based housing schemes for older people and offer programs of arts, music, activities, and entertainment to older tenants and to other older people living locally, who are encouraged to come to the housing scheme (17,19,20). An evaluation of these and other initiatives found that although the participants had restricted physical functions following disease or injury, participation in meaningful and enjoyable activities made a positive contribution to peoples' lives and improved individuals perceptions of their psychosocial functioning (17,19,21). These studies were of additional value as they presented varied descriptions and evaluations of activity models. For example, studies by Bodel (18), Lundvist and Liljeberg-Maack (19), and Samuelsson et al (20) described at local and national levels the ways in which work in day centers and specialist accommodations attempt to promote active aging within community-care settings. More specifically, Lundvist and Liljeberg-Maack described how they developed a weekly program of arts, literacy, physical exercise, gardening, and social activities to promote active and healthy aging. A study by Andersson-Sviden et al (17) however, looking more systematically at social and rehabilitative activities, found that where these are offered through a social center, older people reported significantly improved psychosocial functioning. Drawing on these studies and examples from practice, the evidence was clear that well-developed models of activities could make a positive contribution to the overall health and well-being of older people.

## **Activity and age-specific housing**

Community based activity programs for older people are delivered in a variety of settings including day centers, churches, and age-specific housing schemes (9,17,19,20). Locating activity programs in age-specific housing schemes is now perceived as increasingly important by policy makers because sheltered accommodation, private age-specific housing, and extra-care housing are used to reduce reliance on residential care or as a replacement for institutional provision (22,23). Moreover, if such activities can help tenants engage more fully with the external community and across generations, by taking people out and bring people in, then this approach can counteract the criticism that communal housing for older people tends to segregate them (24,25). Studies of older peoples' satisfaction with sheltered accommodation as a housing option have further revealed that people express greater levels of satisfaction when the environment is socially vibrant and can accommodate the very varied needs of tenants (15,23).

We wanted to look at how a multi-agency team of health, social care, and housing workers could work in partnership with workers from the arts,

leisure, and recreation services and older people, who were resident in one local authority run sheltered housing scheme, to develop and implement a diverse program of activities. More specifically, drawing on a Swedish concept of activities for health, the project team hoped to explore with tenants the ways in which physical, recreational, arts, and social activities could contribute to their overall health and well-being.

## OUR STUDY

Having identified the potential benefits of an activity program for older people, the project team approached a social housing agency that provided sheltered housing and put forward the idea of working with tenants to develop an activity and culture project. Following initial discussions, a sheltered housing scheme was identified as a pilot site for this work as the warden and the tenants expressed the greatest interest in taking part in this work.

Before commencing the study and interviewing the tenants, the research team obtained ethical and research governance approval. Once the study location had been agreed upon, all 27 tenants living in the scheme were sent a letter outlining the project and asking them to attend an introductory meeting. In addition, the warden passed information about the project to a married couple living in a nearby complex of flats, who regularly engaged in social activities within the sheltered housing complex.

Following this initial approach, 19 tenants, 3 men and 16 women aged 65 to 94 years, attended a meeting with the project leader, a second member of the research team, and the warden from their sheltered scheme. The meeting took place in the communal living area of the sheltered housing scheme as this was the area where people came together to socialize. Those present were given preliminary information about the proposed study and encouraged to ask questions. Drawing on reports of previous studies identified through the review of relevant literature, a list of examples was presented of the sort of activities that might be offered to facilitate understanding. These included creative activities such as painting and pottery sessions, physical activities such as chair aerobic sessions, a pedometer challenge, gardening, 'one off' challenging events such as an outdoor pursuits activity; social activities such as trips out to local areas of interest, film nights, musical activities; and literacy-based activities such as a book group. Local history and computer training 'silver surfer' projects were also suggested. Reflecting the findings from the literature, suggesting a wide range of activities to try and appeal to the diverse interests of the tenants was considered important (9). At the outset, the research team, older people, and housing providers agreed that should other tenants who were not initially interested later express an interest in the project, they would be given the opportunity in the activities. Tenants were also given the opportunity to join in the activities even if they did not wish to take part in the research activities associate with the project.

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The initial proposals for the activity and culture center were positively received by the nineteen people who had attended the initial meetings. Following this, arrangements were made with each person to undertake needs analysis interviews (26) that would identify individual aspirations for the activity program. These interviews were semi-structured to explore how long each person had lived in the sheltered housing scheme; what promoted them to move there; where they had live before moving into sheltered housing; what sort of things they did in the week; what things they had enjoyed doing in the past and whether they were still able to do them; what they enjoy doing now; and any new things they would like to try. Each person who agreed to be interviewed was given an information sheet that outlined what the interviews would entail and was asked to sign a consent form giving the researcher permission to undertake the interview and to tape record it. The taped interviews were transcribed and analyzed by the research team using content analysis (27). Each interview was analyzed separately in the first instance to identify the needs and interests of each individual. The results of this analysis were compared across the group to explore similarities and differences between participant's views.

## **OUR FINDINGS**

The results of the initial exploration of needs for meaningful activity and analysis of the interviews revealed the following:

- the activities that people enjoy or had enjoyed in the past,
- the activities that people wanted to continue with or new activities that people wanted to try,
- the importance of social activities,
- the factors that affected peoples' abilities to continue with, or participate in activities.

The individual interviews also demonstrated that tenants were interested in pursuing or continuing activities that could be mapped against four main categories: physical, art and craft, cultural, and social.

### **Physical activities**

Many tenants spoke about their past enjoyment of physical activities. For example, eleven of those interviewed said that they had enjoyed gardening in the past, in both home gardens and allotments. Since moving into the sheltered housing scheme, several people had tried to continue this activity by growing plants in the raised flower beds at the front of the housing scheme and by putting up hanging baskets. As Mr Broadfield explained:

*I've just started some hanging baskets. I usually do them myself but it got a bit too much for me gathering all the stuff in, all the soil and growbags and that sort of thing.*

As a consequence, he now bought pre-made baskets from a garden center to hang outside the main building. Other people described how they had previously participated in active games and sport such as table-tennis, bowls, walking, dancing, billiards, yoga, swimming, and exercise classes, but were now no longer engaged in such pursuits. The reasons given for disengagement were varied, but the interviews identified how changes to peoples' physical, sensory, and psychological health particularly affected their abilities to continue with these activities. For example, Mrs Lacey said that her son's death had affected her joining in the activities and she was no longer able to enjoy dancing:

*I used to sing and dance, dance with anybody, and sing, but it's all gone. But the doctor said it will come back in time, but it's been an awful shock. ...People used 'to call me the dancing queen because as soon as the music comes I'm up'. And when the Can-Can comes on, oh deary me...*

As people's physical and sensory health deteriorated, such changes in combination with falling, or fear of falling, were identified as factors that affected people's abilities to continue with physical activities. Indeed, Mrs Cooke aged 93 years also described how she had 'danced and jived' on her ninetieth birthday, but went on to explain how a recent fall had slowed her down.

Although the tenants recognized that they were no longer able to continue with physical activities as they had in the past, or had given up activities, during the interviews, they identified new activities that they would like to try. Indeed, Mrs Smith described giving up yoga and swimming after her move into sheltered housing, but said that given the opportunity she would like to try aquarobics and Tai Chi.

### **Art and craft activities**

Art and craft were very popular with all those interviewed, and everyone described activities that they had enjoyed and wanted to continue or were continuing. For example, Mr Roberts described how in the past he had enjoyed silver-smithing and had done so for 13 years at night school. He showed the researcher examples of his work, a box, and a tankard and said, "I enjoyed that very much, very satisfying that".

Art, flower arranging, and needle crafts were also popular with the female tenants. One woman, Mrs McGill, explained how she had done a number of paintings in the past that she had hung on the corridor walls of the sheltered scheme. A number of the women described enjoying flower arranging and had displays of artificial flowers that they had put together themselves on show in their flats. Another woman, Mrs Smith, showed the

researcher tapestries and knitting that were in progress, commenting that she thought that “doing the needlework had actually improved the dexterity of her hands.”

Whilst general enthusiasm was expressed for trying new art and craft activities, loss of vision and physical health restrictions were raised as factors that restricted participation in such activities. All those interviewed had been affected by deteriorating vision, which affected their ability to continue with activities that involved small objects or fine detailed work like embroidery. One woman, Mrs Thrush, explained that she had lost her sight in her 60s and was now totally blind. She said that she had enjoyed art and craft activities and was now upset that she was no longer able to embroider or sew.

### **Cultural activities**

All the tenants interviewed said that they were interested in music, the theatre, and/or literary-based activities. Music was important to the tenants for a number of reasons. Mrs Thrush had been a very active member of the Salvation Army and still attended the luncheon club and services. Others liked lighter musical entertainment and enjoyed the monthly visits from local musicians to the sheltered housing scheme. Mrs Cooke described ‘the King’ who visited once a month to entertain the tenants:

*Oh he’s lovely. He’s just our cup of tea. He laughs and talks to us and that, and sings.*

Mrs North also enjoyed the visits from musical entertainers, explaining that in the past she had loved opera and going to the theatre to see musicals. She said,

*I like good singing. I were brought up among it You know when I was at school, the head master, he used to say I had the best singing voice.*

Although musically based activities were popular, one woman, Miss Black, was particularly interested in formal art classes, literature, and poetry. She explained that she had always enjoyed reading, walking, and that after her father died, she started writing poetry. Miss Black said that whilst she had enjoyed this and won prizes for her poems, more recently she had struggled to write,

*I’ve not done any for a few years. I’ve got a lot that I’ve half done and want finishing, but I shall have to start and take it up again because it’s a thing you miss. But you have a bit of writer’s block sometimes.*

When the researcher asked Miss Black if she would like a writing club she said,



*I would indeed, I'd love a writing group again.*

In direct contrast to the other tenants, although Miss Black enjoyed music, she did not enjoy the visits from the musical entertainers and didn't attend these events as she said that she "didn't like been sung at."

### **Social activities**

Eighteen tenants described how they enjoyed meeting with one another at a weekly social club and on the afternoons and evenings when they met to play games with one another. The tenants also supported one another whilst they were taking part on these activities. For example, Mrs Day said she that she joined in "with everything that's [was] going on' at the scheme - the coffee morning, the social club and the bingo." Yet, she said that somebody had to "play her bingo for her" because of her poor eyesight. When she was asked if there were any particular activities that she would particularly like she said that she preferred things involving "mixing up with people" and went on to say,

*I like to talk to people. I can sit on the corridor for hours looking for people coming up and down, men or women and I'm not bothered, you know.*

The oldest tenant in the sheltered housing scheme, Mrs Perkins, was 94 years old. She explained that she enjoyed the weekly club where she played bingo. It was interesting to note that whilst the bingo evenings were popular, comments from tenants indicated that it wasn't particularly the bingo but rather the social interaction that was important. Indeed, when Mrs Perkins was asked if she enjoyed bingo she said,

*'Well put it this way, it gets me out among people.'*

Another tenant, Mrs Crookes, commented that she didn't particularly enjoy the bingo and that she mainly enjoyed the social contact. Mr Roberts also said that whilst he joined in many of the social activities he didn't join in the bingo as he didn't enjoy this.

Whereas the social activities that took place in a large group were popular, they were, however, difficult for certain people. Mrs White, a woman in her 90s, said that her general tiredness, poor eyesight, and poor hearing made it difficult for her to join in activities and that her deafness made her feel isolated...

*If you feel you can't hear and you can't really see very well. I never thought I should go deaf like this. There's deaf and there's sight, and it's bad when you don't... when you're used to talking and doing, but then you can't.*

Interestingly, not everyone enjoyed the group social activities. Miss Black, who preferred the literary and art based activities, explained that she did not enjoy the bingo or large group activities explaining that

*Women in the mass frighten me to death. Now that sounds horrid doesn't it. No, I'm not much of a company person at all. I don't mean to say I'm unsociable, perhaps folk think I am I don't know.*

She went on to clarify that she was

*Not a clubby person, no. I don't mean unsociable altogether; I'm just not a socialite.*

### **Developing and implementing the program**

Having identified the activities that the tenants enjoyed and the factors that appeared to affect their abilities to participate in these, a program of physical, arts and craft, cultural and social activities was put together that drew on the individual and collective interests highlighted by the needs analysis interviews. The proposals put forward to the tenants included the following:

- a greenhouse and gardening project,
- gentle exercise sessions such as chair aerobics, tai chi and accompanied walking,
- a pottery workshop,
- art-and-craft sessions led by a local artist,
- a falls-prevention workshop,
- trips out to the theater, local areas of interest such as the botanical gardens, and local sports events,
- themed social functions, which would include food and music.

These suggestions were positively received by the tenants. The research team then used funding acquired for the project to implement these. Again working on the principles of active participation by the tenants in the selection of the activities, local artists and workers from the city council's physical activities team were asked to come and meet with tenants to discuss their interests and to negotiate the exact nature of the activities. Two tenants also accompanied project team members on a trip to a local DIY warehouse to choose a greenhouse and general gardening equipment. When tenants, such as Miss Black, had specific interests, individual suggestions such as a supported visit to local literary events were put forward.

### **DISCUSSION**

Although an active and engaged later life is seen as positive, the reasons for people choosing to continue with, or stopping, certain activities in older age are complex. The findings of the needs analysis presented here, consistent with other studies of activities in later life (28,29), found that older people of all ages take part in leisure-time activities that are not only enjoyable but also help them to maintain their health and to engage with others. However,

changes to individual capacity (including disability, limited financial resources, low education, fatigue, attitudes, and habits), environmental constraints and or opportunities can easily erode their ability to participate (29,30). This limitation is compounded by outdated societal and service-provider assumptions about the needs and capacities of older people (6), which often leads to a stifling of interests and to restrictions being placed upon the nature of the activities offered. This assumption is often most keenly experienced by older people living in age-related accommodations who are also reliant upon others to help them to maintain participation. The needs analysis interviews identified that although tenants acknowledged being affected by changes to their physical health and sensory perception, they still wanted to continue with activities they had previously enjoyed or to try new activities.

Significantly, a UK study that developed an activity program to promote health in later life found that older people gained great pleasure from taking part in outward bound activities, but described sessions where they batted balls to each other and played with scarves as embarrassing and childish (9). So whilst activities may have to be adapted to compensate for the physical and sensory changes that occur in later life, if greater numbers of older people are to engage in and continue with activity programs, then such programs have to be diverse and workers have to be skilled facilitators of sessions that could otherwise be seen as patronizing.

This project also undertook individual needs analysis interviews to develop a program of activities in partnership with older tenants and ensure that the activities offered would be meaningful in the context of peoples lived experiences. This approach is important as older people affected by ill health and disabilities are traditionally offered rehabilitation and health-promoting activities through day hospitals. However, studies of rehabilitative and medically oriented day hospital care on community-based long-term care patients have found that these services do not reduce significantly the use of other health services, or improve the physical functioning of older people (31-33). Moreover, a Swedish study comparing rehabilitative day centers with social centers also found that social day centers had a more significant impact on people's perception of their psychosocial functioning because such centers offered activities regarded as meaningful to the people who attended (17).

It is also important that general assumptions are not made about potential interests based on broad indicators drawn from population data. This pilot project was based in a sheltered housing scheme located in the west of a large city in the North of England. In this location, 98.3% reported their ethnic background as white in the 2001 census (34). Unemployment levels are low, with most reporting employment in manual, manufacturing, or transport-related work (34). This profile was consistent with the backgrounds reported by eighteen of the older people interviewed during the course of this study. Miss Black, however, was different – she had never married and had predominantly worked in the jewelry industry. Her

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interview revealed how her background and interests were distinctly different from those reported by other tenants. Therefore, working closely with as many older people as possible is important when developing an activity program to ensure that the diverse interests of a group, united by a physical location, are catered for.

## **CONCLUSION**

In conclusion, for health promoting initiatives to support healthy aging successfully, it must be acknowledged that to have a positive impact on the health and well-being of older people, activity programs must be creative, must be based on individual and group needs, and must be developed in partnership with the older people who are the intended recipients.

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## **REFERENCES**

1. World Health Organisation. Active aging: a policy framework. Geneva: World Health Organisation, 2002.
2. Department of Health. The national service frame-work for older people. London, UK: Department of Health, 2001.
3. Commission for Healthcare Audit and Inspection. Living well in later life. A review of progress against the national service framework for older people. London, UK: Commission Healthcare Audit Inspection, 2006.
4. Department of Health. A new ambition for old age. Next steps in implementing the national service framework for older people. A resource document. London, UK: Department Health, 2006.
5. Little M. Improving older people's services: policy into practice. Inspection of Older People's Services. London, UK: SSI, 2002.
6. Biley A. National service framework for older people: promoting health. *Br J Nurs* 2002;11:469-76.

7. Glass TA, de Leon CM, Marottoli RA, Berkman LF. Population based study of social and productive activities as predictors of survival among elderly Americans. *BMJ* 1999;319:478-83.
8. Litwin H, Shiovitz-Ezra S. The association between activity and well-being in later life: what really matters. *Aging Soc* 2006;26: 225-42.
9. Carter P, Everitt A. Conceptualising practice with older people: friendship and conversation, *Aging Soc* 1998;18:79-99.
10. Hurdle DE. Social support: A critical factor in women's health and health promotion. *Health Soc Work* 2001; 26(2):72-9.
11. Department of Health Partnerships for Older People Projects. A prospectus for grant applications. London, UK: Department Health, 2005.
12. Clarke F, Azen A, Zemke R, Jackson J, Carlson M, Mandel D et al. Occupational therapy for independent- living older adults. *JAMA* 1997;278:1321-6.
13. Clarke F, Parham D, Carlson M, Frank G, Jackson J, Pierce D et al. Occupational science: Academic innovation in the service of occupational therapy's future. *Am J Occup Ther* 1991; 45(4): 300-10.
14. Rudman D, Cook J, Polatajko H. Understanding the potential of occupation: a qualitative exploration of seniors' perspectives on aging. *Am J Occup Ther* 1997;51:640-50.
15. Percival J. Self-esteem and social motivation in age-segregated settings. *Housing Studies* 2001;16:827-40.
16. Sanders K. Developing practice for healthy aging. *Nurs Older People* 2006;18:18-20
17. Andersson-Svidén G, Tham K, Borell, L. Elderly participants of social and rehabilitation day centers. *Scand J Caring Sci* 2004;18: 402-9.
18. Bodel E. Cultural activities for seniors: Culture and health. A summary of a descriptive report. Umeå, Sweden: Municipality Umeå, 2004.
19. Lundvist S, Liljeberg-Maack C. Aktivitets- och kulturcenterr på Bagaregårdens äldreboende. Gothenberg. Sweden: Örgryte Äldresorg, 2002.  
<http://www.orgryte.goteborg.se/prod/orgryte/dalis2.nsf/vyPublicerade/02CA0CA84AA7610DC1256CE80030F5DE?OpenDocument> [last accessed 2 July 2006].
20. Samuelsson L, Malmberg B, Hansson J-H. Daycare for elderly people in Sweden: a national survey. *Scand J Soc Welfare* 1998;7: 310-9.
21. Silverstein M, Parker M. Leisure activities and quality of life among the oldest old in Sweden. *Res Aging* 2002;24:473-8.
22. King N. Models of very sheltered housing: re thinking housing for older people. *Housing Care Support* 2001; 4:22-5.

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23. Oldman C. Blurring the boundaries: A fresh look at housing and care provision for older people. York, UK: Joseph Rowntree Foundation, 2000.
24. Fisk MJ. Older people's housing – the changing role of social housing providers. *Generations Rev* 2000; 10:8-10.
25. Kingstone P, Bernard M, Briggs S, Nettleton H. Assessing the health impact of age-specific housing. *Health Soc Care Community* 2001; 9:228-34.
26. Cooke J, Owen J, Wilson A. Research and development at the health and social care interface in primary care: a scoping exercise in one National Health Service region. *Health Soc Care Community* 2002; 10:435-44.
27. Woods L, Priest H, Roberts P. An overview of three different approaches to the interpretation of qualitative data. Part 2: practical illustrations. *Nurse Res* 2002; 10:43-51.
28. Midwinter E. Never too late to learn. *Nurs Older People* 2004;16: 10-2.
29. Agahi N, Parker MG. Are today's older people more active than their predecessors? Participation in leisure-time activities in Sweden. *Aging Soc* 2005;25:925-41.
30. Berger U, Der G, Mutrie N, Hannah MK. The impact of retirement on physical activity. *Aging Soc* 2005; 25:181-95.
31. Pitkala K. The effectiveness of day hospital care on home care patients. *J Am Geriatr Soc* 1998;46:1086-90.
32. Forster A, Young J, Langhorne P. Systematic review of day hospital care for elderly people. The Day Hospital Group. *BMJ* 1999; 318(7187):837-41.
33. Harwood RH, Ebrahim S. Measuring the outcomes of day hospital attendance: a comparison of the Barthel Index and London Handicap Scale. *Clin Rehabil* 2000; 14:527-31.
34. National Statistics. Neighbourhood Statistics. Census 2001. London: HMSO, 2001. [http://neighbourhood. statistics.gov.uk/](http://neighbourhood.statistics.gov.uk/) [last accessed 11 July 2006].