

Occupational Therapy practice based evidence



Promotion of leisure occupations and its impact on active ageing for community based older participants.

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Abstract

Background – An emerging need following a time limited occupational therapy led group was an ongoing supportive network. A leisure group with a health promotion focus was set-up to meet this need. Practice based evidence identified a gap in the provision of tailored indoor leisure activities for older people. Following discussions with the local leisure centre management and further collaboration with social work, an ongoing weekly activity group was formed.

Aims - To provide equity in access and tailored local indoor leisure services for all older people towards achieving personal active ageing goals.

Method - The group was tailored for the needs of older people by Occupational therapy led design and facilitation, with support from Time Capsule Leisure Trust Management and a Locality Links Worker from the Social Works department. The group was advertised via poster information at various community and NHS locations in the Coatbridge locality. Older people attended the indoor leisure activity group once a week. There was a minimal cost to participate in the chair aerobics class, lunch and afternoon games, including table tennis and quiz. Some older people additionally participated in the exercise class, swimming and gym facilities. The group was attended by 19 older people initially and the numbers rose steadily in successive months. A survey revealed people from age 60 upwards attended the group from mainly the Coatbridge area.

Results - Descriptive statistics indicate that participants, carers and professionals perceived positive health and social benefits for attending the activity group.

Conclusions - This project is innovative in its occupational therapy design and delivery. Results suggest it is an effective intervention to empower older people to strive towards individual active ageing goals. Its success is marked by participant, informal carer and multi-agency collaboration.

Implications for occupational therapy - The project demonstrates occupational therapy can play a significant role in design and delivery of ill health prevention agenda and community integration for all older people.

Ethics - This was a practice evaluation, therefore formal ethical consent was not required by NHS Lanarkshire.

1. Introduction

This section will summarise the literature, for a more detailed literature review, please refer to Appendix 3.

Current socio-economic conditions and demographic projections have impacted Scottish Government policy towards encouraging people of all ages and conditions to be healthier to reduce demand on health and social care resources. The current agenda for NHS and Social Care services is towards health promotion; innovation to improve or maintain a quality service; cost effectiveness and partnership working across agencies (Scottish Executive, 2007a; Scottish Executive, 2007b).

Active ageing has been a focus for the World Health Organisation (WHO) recently. It endorses health promoting activities as it emphasises poor health rather than age impacting on medical spending. (WHO 2000a; WHO 2000b). The EU adds, participation in community activities aids Active Ageing. Findings from research supports concepts of Active Ageing. For instance, research suggests that an active lifestyle can promote independence (Pennix et al, 2002), contribute to positive mental health (Strawbridge et al. 2002); reduce depression (McMurdo,et al. 1993); possibly reduce cognitive decline (Yaffe et al. 2001); reduce falls (Gardner et al. 2000; Robertson et al. 2007) and development of physical health conditions such as obesity, cardiovascular disease and osteoarthritis (Nelson et. Al 2007). Leisure is recognised as one of the significant domains to assist older adults in transition of life stages and to aid continuity with the past and a more satisfying use of time in retirement (Christensen, 1990).

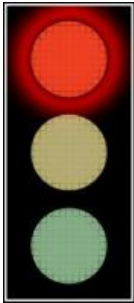
Occupational Therapy provides one of the most robust forms of evidence sources for health promoting interventions for older people as it demonstrated important health and cost effectiveness gains (NICE: Scottish Perspective, 2009). Nice recommends occupational therapy interventions should be utilized during individual/group sessions to encourage older people to participate in activities to help improve or maintain health and wellbeing.

In North Lanarkshire, findings suggest there is a gap in preventative services targeting older people's health and wellbeing and better access to leisure facilities (North Lanarkshire Council and Partners, 2008).

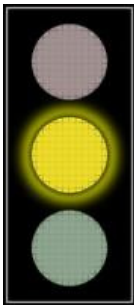
The following project emerged from a previous occupational therapy group, as practice based evidence identified a gap in local indoor leisure community service provision tailored for all older people.

2. Background

The National Development Team for Inclusion created 'Inclusion Traffic light' system as indicators for different types of interventions. Red- service users and staff only at formal care venue; Amber- service users and staff only in a community venue; Green- service users and non-service users together in a community venue (Bates, 2005). This Inclusion traffic light system will be used now to illustrate the creation of this project:



Project began as an 8 week group led by occupational therapy for older clients known to the community mental health team. It aimed to provide education, support, practical solutions and health promotion towards self management. The emerging need at the end of group feedback was for an ongoing facilitated network.



Following a successful two month pilot to meet this emerging need, a leisure occupation based community group was created with a health promotion focus, aiming to increase independence, safety, confidence and recovery. Peer support grew stronger and staff role became more empowering. Leisure activities undertaken during the summer included use of public transport to reach venues for walks around local towns and lochs. In the winter months seasonal adjustments were made. Group members sought fitness activities during the winter as Physical activity was seen as a meaningful occupation.



Group members who attended a local leisure centre fitness class, reported difficulty following the 50+ chair aerobics due to complexity and pace of movements. Practice based evidence was presented to the leisure center management who agreed to set up 5 taster sessions with occupational therapy and instructor collaboration with a range of fitness classes. Positive feedback was received from group members. Further evidence was presented to leisure centre management and following negotiation, agreement was reached to create a longer term leisure group for all older people, with a range of capabilities and interests. The Locality Link Officer from the social works department was keen to participate in this partnership project.



3. Key Aim

To provide equity in access and a tailored local indoor leisure services for all older people to achieve personal active ageing goals.

Specific Aims

- To integrate NHS community mental health service users with mainstream peer group using Recovery Model principles.
- To recognise older people as active members of society for themselves and others.
- To promote active ageing goals, independence, safety and confidence to participate in indoor leisure occupations using the occupational therapy approach.
- To provide a safe, supportive and empowering environment for positive risk taking for individuals to make informed decisions relating to the level of participation.

4. Objectives

- To encourage older people to provide regular feedback on their perceptions of the activity group and to assist in scoping future older people's indoor leisure service.
- To explore participants' view of the project and to gauge potential motivators.
- To investigate the demographics of people who attend the group eg. age, gender, residence, support networks and living status.
- To encourage person centered feedback of physical, mental and social health and wellbeing.
- To find out about participant's current leisure interests and level of functioning in relation to medication usage and external support systems.
- To gain informal carers' and multi-agency staff reflections about their perception of the project and impact on participants and carers to date.

5. Methodology

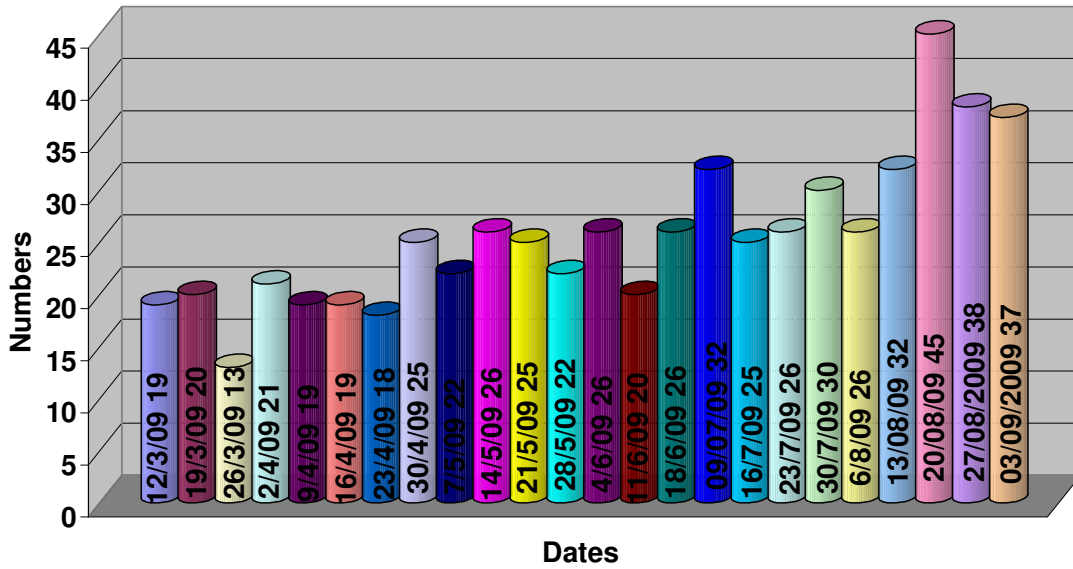
Intervention- A weekly ongoing group was designed to run from late morning to mid-afternoon at the local leisure center. A leisure center Fitness instructor in collaboration with participants and an occupational therapist tailored gentle seated exercise session to music with primary focus to promote strength, balance, flexibility and enjoyment. This was followed by lunch consisting of hot and cold food and drinks provided by leisure center. After lunch a range of leisure activities were offered throughout the leisure center eg. board games; Wii; table tennis, badminton, soft ball, carpet bowls, group quiz; charity work; arts and crafts. Other exercise classes, swimming and gym sessions were run by leisure facility staff during the duration of this group. Participants chose which activity they wished to participate in and at what level. Regular communication with all stakeholders and members present took place to discuss any matters arising.

Occupational therapy role was to empower older people by providing conditions to encourage peer support, increased socialisation, maximise participation and grade activity to suit the person's wants, needs and capabilities to ensure positive and meaningful experiences takes place. This was carried out in collaboration with Social work Locality Links officer and Nursing support worker from Community mental health team for older adults.

Written questionnaires were designed, with one or two questions posed weekly to gauge participants' perceptions of the project and to gather demographic data. A questionnaire was devised for visitors to the project. Six month evaluation questionnaires were created and completed by Informal carers and NHS, Social work (SW), Time Capsule, Care Home and taxi firm personnel involved.

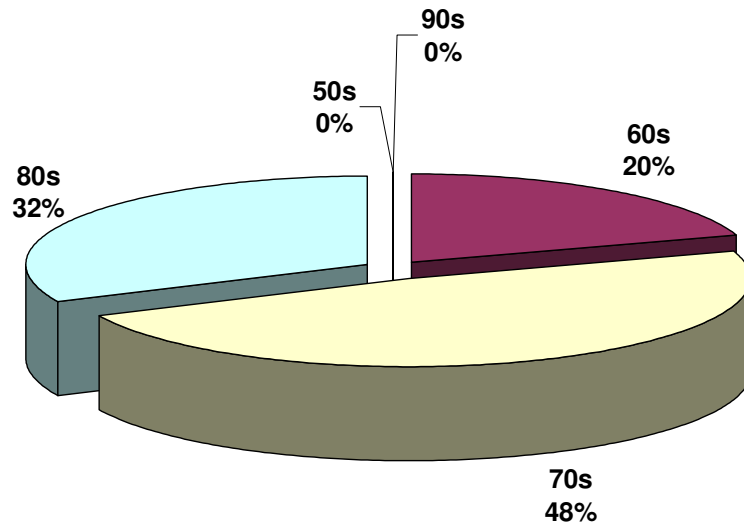
19 older people attended the group initially and there was a steady increase in attendance figures during the six month period.

Time Capsule Attendance Rates: Silver Seniors Activity Club



Demographics suggested group members were aged 60 plus. The majority in the survey were aged in their 70s.

16/07/009: How old are you?



Most were females and of white ethnicity with UK origin. The majority of people attending reside locally and use transportation to attend the group. During the survey a majority of participants reported they take medication at present and most participants receive assistance from health, social work and other agencies. A minority of participants report they experience sensory difficulties.

Data Analysis- Descriptive statistics were used to provide summaries about the survey information gained.

Ethics and confidentiality- NHS Lanarkshire policies and procedures were followed throughout the project. Local policy indicates no formal ethical committee approval is required for local practice evaluation purposes.

For full details of all results obtained please refer to Appendix 1.

6. Discussion

The attendance figures steadily increased during the duration of the project, doubling towards the end of the 6 months. This may be attributed to participants embracing the project and encouraging peers in the community to participate through their distribution of the activity group information leaflet in a range of community venues. Feedback revealed all attendees perceived benefits to physical, mental health and socialisation and indicated they would recommend this activity group to others. Throughout the project, Time Capsule Leisure Trust management indicated that this project has 'broken even' and therefore was able to financially sustain itself.

Demographics suggest the majority of participants attending the project were females. This may reflect the current UK gender population rates, which indicates more females than males. Further monitoring is required to reveal how this gender attendance trend continues for the project. The majority of participants attended were aged in their 70s and some in their 80s and least in their 60s. This project appears to be attracting the age group which surveys indicate in the literature review as populations which significantly do not meet government targets for physical activity (PAHA, 2003).

Most people indicated they do not participate in any other mental or physical activity during the week. Despite this feedback, a majority of the participants reported perceiving themselves as moderately physically and mentally fit. Most indicated they felt 'younger' as a result of attending the group. This project may have contributed to the perception of this feeling as it focused on individuals' capabilities.

When the group was asked what activities they may participate in, in the absence of the project, a majority indicated they would be carrying out active pursuits. This feedback contradicted the original feedback, when the majority of group members were unable to identify any physical/mental active pursuits they engage in. Perhaps, the majority of adults do not recognise the active pursuits may be regarded as those which promote mental and physical wellbeing.

Results suggest that participants were not the only individuals who perceived active ageing gains, as non participants involved in the project also echoed the perceived benefits for older individuals attending the group. Additionally, all multiagency staff involved in project reported job satisfaction and this may attribute to observation of participant satisfaction.

Overall 6 month feedback signals participants are enjoying the group and some members have highlighted additional activities they would like to be offered in the next 6 months.

Challenges of practice

- Meeting the needs and rights of the whole group, of varying age, gender, preferences, and capabilities.
- To work creatively with increasing number of people attending whilst core staff numbers remain the same.
- Attendees ranged from age 60 upwards, however to date, two younger people have asked to participate in the group and they have been alerted to other opportunities via leisure centre by staff.
- A Health professional indicated a formal risk assessment to include attendee name list at every session and list of their medical conditions should be in place eg. if someone fails to return after going to the toilet. The Time Capsule Leisure Trust management state there are systems such as regular toilet and corridor checks by floor staff to minimise such risk as attendee name and checks would be difficult to implement effectively due to drop in nature of the group. At present discussions are taking place with Time Capsule Leisure Trust Management to increase training opportunities for the fitness instructor working with older people to minimise any associated potential risks. The multi-agency team felt that equality in access to the leisure center was an important aim of the group. Therefore, a person who has capacity to make own decision, should be able to choose to participate at a level the person feels comfortable. See Appendix 2 Positive Risk Taking Statement utilised for this project, which will be reviewed regularly.

Impact of specific Occupational Therapy interventions during project

- Engagement in healthy occupations and its positive relationship with good health has been reinforced to all participants directly by an occupational therapist to promote an activity based culture towards self management of health eg. Many members have actively promoted the group to their peers in the local area.
- The Occupational therapist has provided information about the local community mental health team for older adults, Occupational therapy service provision and access to other agencies.
- Over 20 participants are known to older peoples' community mental health team and subtle changes in mental health and functional ability have been fed back by the occupational therapist to the team.
- The group acts as a therapeutic tool to aid Occupational therapy rehabilitation goals towards recovery of clients known to the community mental health team for older adults.
- Occupational therapy approach has motivated participants to continue to engage in the group over the last six months through utilisation of functional memory/motivational aids.
- Activity analysis and adaptation of tasks have met individual needs eg. OT adapted a table tennis task for a participant whose reaction times were delayed and difficulty noted with dynamic balance. As a result, this person's participation was maximised and satisfaction achieved. Following adaptation of the activity a formal carer was able to implement this tailored adaptation.
- The Occupational therapist was able to recommend and implement specific level of support required prior, during and following the group, to ensure the person can access the leisure facility as safely, independently and confidently as possible by working jointly with Home support managers (social works department); community psychiatric nurses and support nurse, relatives, neighbours, friends and other carers. For instance, some participants known to the CMHT-Older people with a diagnosis of mild to moderate dementia now regularly take a taxi independently from home to venue and return as tailored support mechanisms are in place to help compensate for memory impairment prior and following the group.

- Occupational therapist uses graded activities employing a rehabilitation approach towards recovery. For instance, some participants with cognitive impairment are now orientated from taxi to leisure center hall and toilet without the requirement of verbal/physical cues due to specifically designed graded intervention by OT.
- Occupational therapists are dual trained, in physical and mental health. This was an added benefit to treat the person holistically in the group setting as occupational therapy was able to identify functional physical, mental and social needs, capabilities and offer possible practical solutions. Uniquely, occupational therapists are the only allied health professionals who are employed by health, social work and voluntary agencies working across boundaries.

Occupational therapy is one of the core professions to design and deliver health promotion in a functionally meaningful and accessible manner for older people, as indicated in the results of this project.

7. Conclusion

Evaluation findings indicate that participants, informal carers and agencies involved in the project identify benefits of attending the project towards achieving personal active ageing goals. Feelings of enjoyment, valuing socialization, health & wellbeing and appropriate support seem to be the key motivators for participants to continue to attend this activity group. To date it has demonstrated a quality service through continual practice based evidence gathered from participants and all those involved in the project. Leisure centre management indicate that the project continues to 'break even' financially. This project is innovative in its occupational therapy led design and delivery. Its success is marked by participant, informal carer and multi-agency collaboration and the embedded use of the occupational therapy approach. The project embraces the occupational therapy approach and the principles of the Recovery Model to breakdown individual, professional and societal barriers.

8. Recommendations

- Development of further partnership working to promote indoor leisure engagement for all groups of older people and sustained quality in delivery of the service offered.
- To continue to gather regular feedback from participants and all those who are involved with the project to meet the indoor leisure needs of the dynamically evolving local older population.

- Re-evaluation of practice in 6 months and identifying possible clinical evidence for its potential cost-effectiveness.

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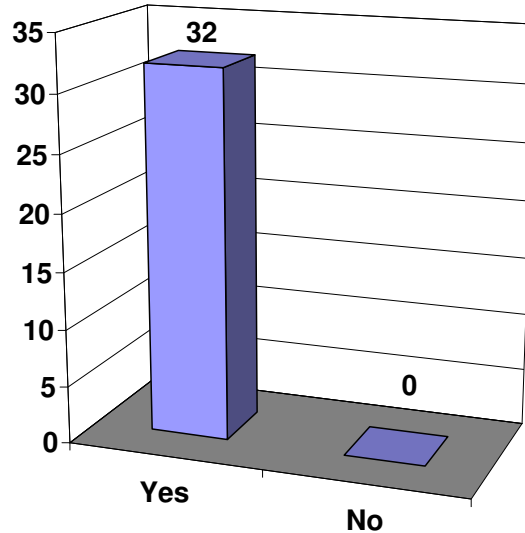


September 2009



Appendix 1 Results

09/07/09: Are you finding the Time Capsule Activity Club beneficial to your physical and mental health ?



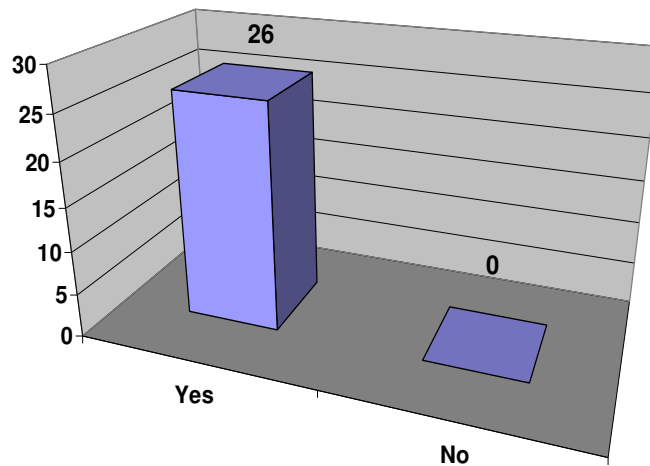
Why?

1st time here and I think it is very beneficial to senior citizens
Very interesting
It's good to meet new people to chat with
I enjoy doing the exercises
There are always new faces and people to chat to
Good company helps you to relax
Pure dead brilliant
Good company and enjoyable lunch
2nd time here (staff wonderful)
Wonderful
Super
First class
Very enjoyable as all the staff are very caring and nice

27.8.09 Do you think this group is beneficial for socialisation?

Very beneficial- 25 beneficial- 12 Little beneficial- 1
Not at all beneficial - 0

06/08/09: Would you recommend others to attend this group ?



6.8.09 Why ?

“Company, exercise and so pleasant staff“

“Exercise class“

“People new at the club are welcomed by older members so this gives a warm soft feeling“

“For food and activities“

“Very enjoyable“

“Companionship + exercise- good reason to get up and go“

“Good company, a range of activities and a good lunch“

“It’s a place to meet new people and participate in various games, you can also swim if you wish“

“Very friendly“

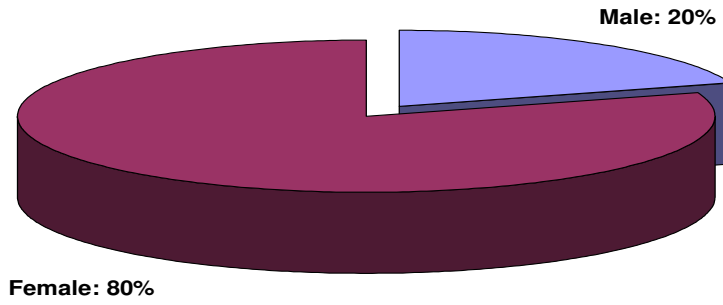
“It’s good for mind and body“

“Keeps you active“

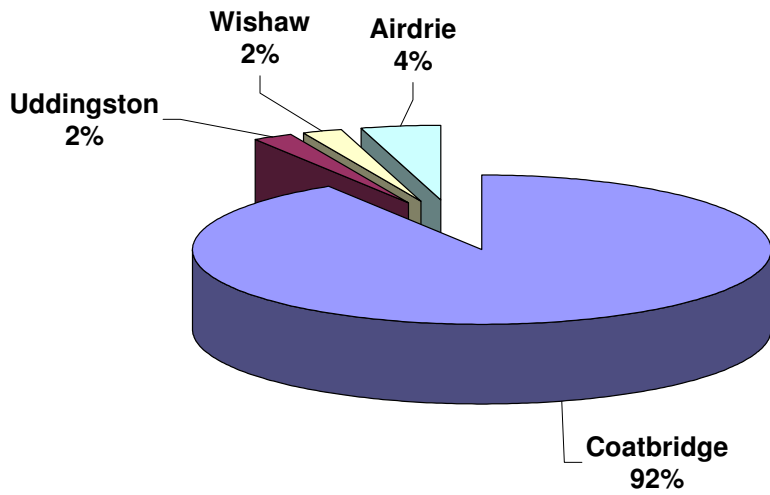
“It’s good for all of us“

“Good company, good exercise“

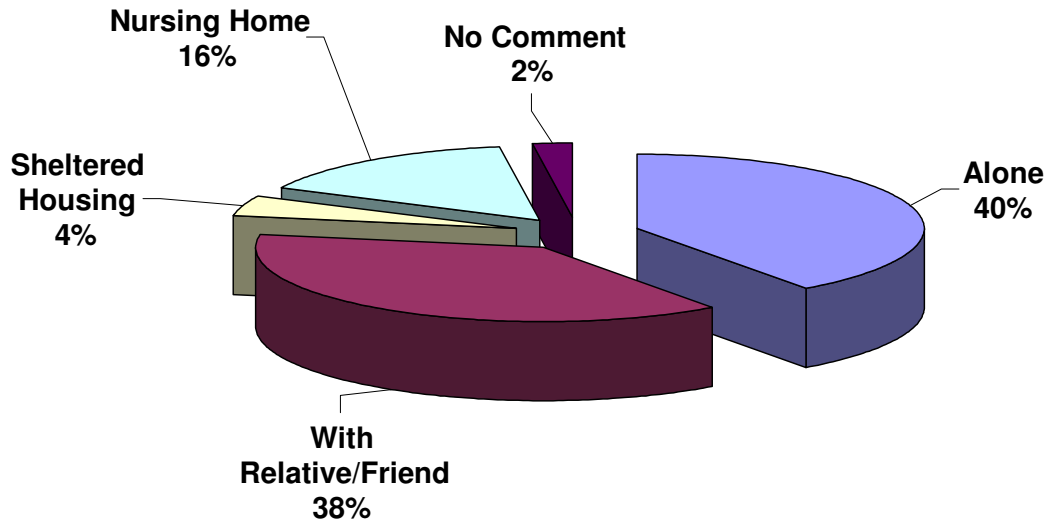
30/07/09: Gender



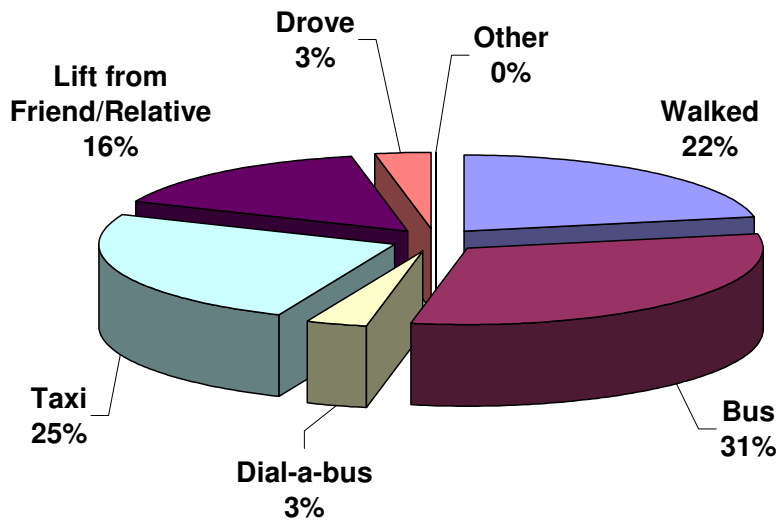
20/08/09: Where do you live?



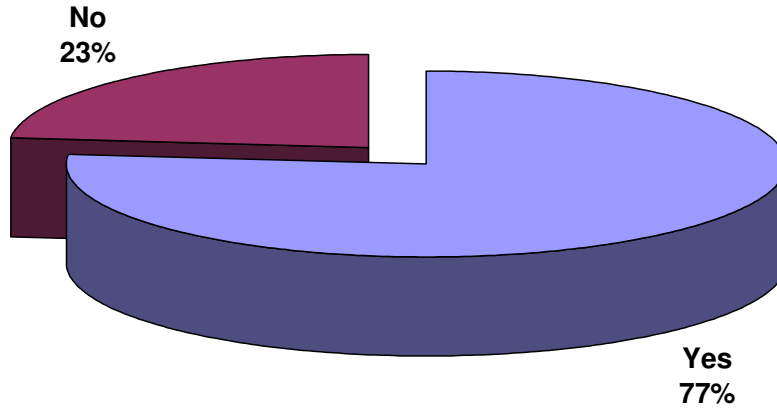
20/08/09: Who you live with ?



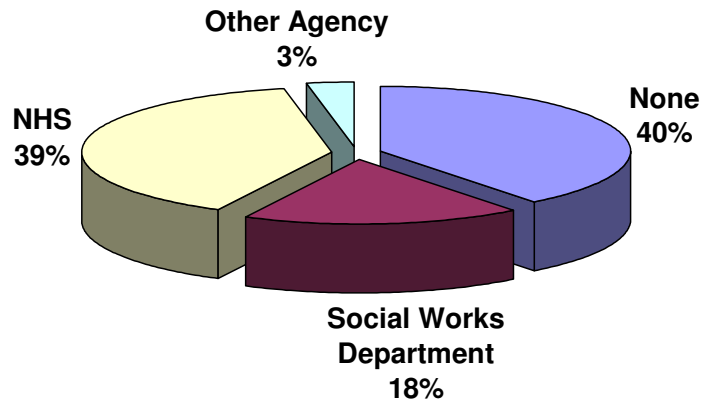
13/08/09: How did you get to the Time Capsule today?



30/07/09: Are you taking any medication?



30/07/09: Are you receiving any help from the following agencies?



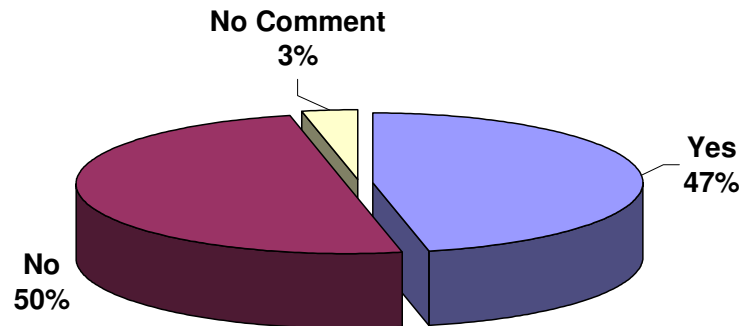
Are you experiencing any difficulties with hearing (despite wearing a hearing aid)?

Yes-7 No-33

Are you experiencing any difficulties with your vision (despite wearing glasses)?

Yes-6 No-33 No comment-1

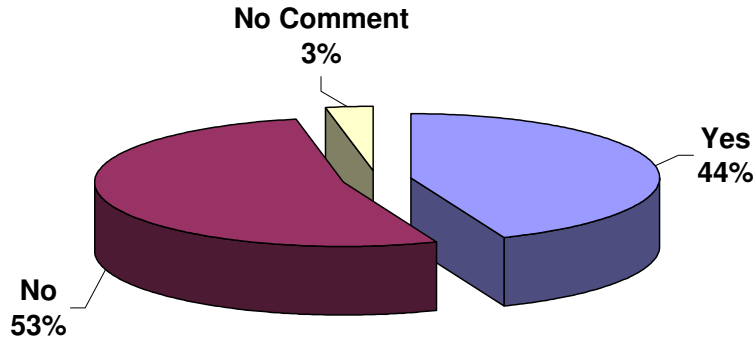
13/08/09: Do you participate in any other mental activity?



13.8.09 Do you participate in any other mental activity during the week?

- Crosswords
- Bingo
- Reading
- TV
- Digital photography
- Puzzles
- Quiz
- word games
- sudoku

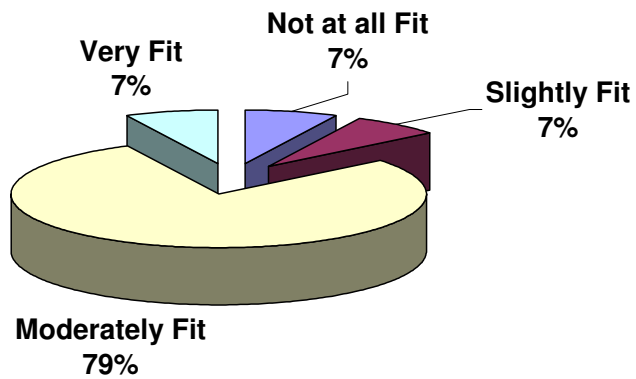
13/08/09: Do you participate in any other physical activity during the week?



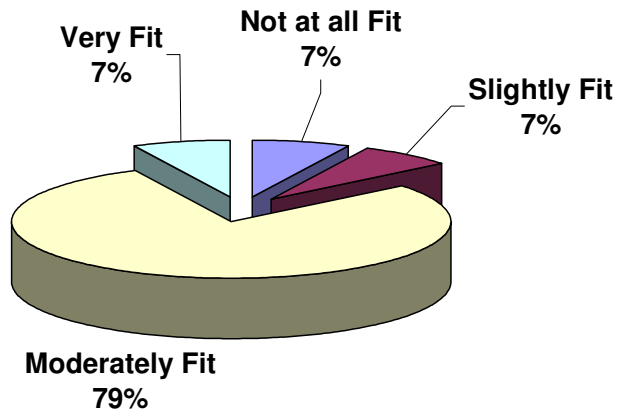
13.8.09 Do you participate in any other physical activity during the week?

Swimming, walking, gardening, housework, dancing, salsacise, chair aerobics.

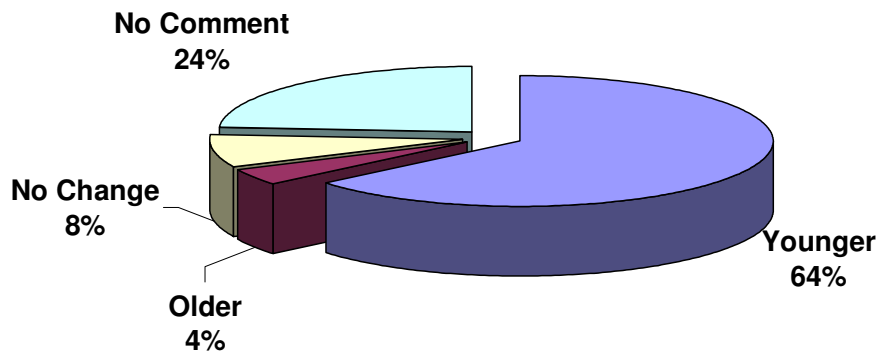
30/07/09: How Mentally fit do you feel now?



30/7/09 How Physically Fit do you feel today ?



16/07/09: How old does attending this group make you feel?



This activity club will unfortunately not be running next week- 10th Sept due to a Career's Fair which was organised prior to the set up of this club. What activities may you be doing this time next week?

Activity	Frequency mentioned	Activity	Frequency
Going for a walk	3	visiting family	3
Bus trip to visit places	1	arts/crafts	2
Keep Fit	5	Contacting friends	1
Swimming	6	Doing nothing	1
Housework	3	Shopping	7
OT group activity	1	Bingo	3
Darts	1	Watching TV	7
Sleeping/resting	2	Baking/cooking	1
Gardening	2	Knitting	1
Don't know	2	Eating	1
Reading	1	Dominos	1
Sitting smoking	1		

Relative Feedback 31.8.09

Very beneficial	Beneficial	A little beneficial	No benefit
9	1	0	0

Comments

“My mum enjoys going to the club as it gets her out of the house weekly. She enjoys the company of others. If taxis weren't organised for her she wouldn't be able to make it there on her own. My one concern would be if her memory became poorer she would get more confused using the taxis. “

“Gets dad out of the house, into company his own age. Keeps him active, other conversation for him to give others at home and he enjoys it. “

Multi-agency feedback: SW, Time Capsule, volunteer, Care workers; taxi drivers

27.8.09 How beneficial do you think this group is for older people ?

Very Beneficial	Beneficial	A little Beneficial	Not at all beneficial
14	2	1	0

What challenges have you come across during the project?

“The passenger didn’t really know where she was going (in taxi) “

“I have been trying to encourage new residents to mingle and associate with the other members of the club. It’s difficult to try to get people to talk to others that they don’t know. “

How satisfied are you working with this project?

Very satisfied	satisfied	a little satisfied	not at all satisfied
13	4	0	0

Any other comments

“I feel its helping them (clients) to move and take part in other activities“

“I enjoy watching our residents and other members enjoy themselves. It’s good for them to get out and meet other people while they are getting exercise etc. It does make me smile to see them having fun. I would be happy to take a bigger part/role in the club if needed. “

“Enjoy working with new people and talking to new clients“

A Care Home Nursing Manager feedback verbally over the phone that staff got some ideas for activities from the club to utilise in Care Home and this was noted to be reciprocal.

From the feedback received from relatives, carers and other agencies about this club, what do the overall comments suggest about its role in promoting physical, mental and social well being ?

Very beneficial	Beneficial	Little beneficial	Not at all beneficial
8	1	0	0

From your professional point of view, do you think this group addresses ill health prevention for your clients?

Yes	No
9	0

Comments

- This has proved to be very good at promoting the recovery model. Provides a valuable link for the client group promoting a sense of community and socialization with peers.
- Providing this service for the elderly is most certainly the way forward to ill health prevention as it is based locally on local transport route, start and finish time excellent, a chance to meet new friends means new beginnings for the elderly.
- Encourages social interaction maintaining social skills and preventing isolation. Provides mixture of cognitive, educational and physical activities. Ran by experienced staff allowing link between community and services. Helps provide activity for weekly routine support.
- Most of the service users I have heard speaking about the above have made positive comments regarding their attendance. They state they feel supported and included, it has helped prevent social isolation and they have made friends. Carers have also commented positively about the service stating not only does the user benefit but they also benefit from the respite they get from their caring role.
- One person is highly motivated to attend, whilst another person requires prompting to attend but does have long standing mental health issues and motivational problems.
- Patient who has a degree of cognitive impairment spoke very positively about the group and is actively encouraging others to attend.
- Great feedback from older people with mental health problems. Beneficial that it is geared towards ALL in the community.
- From a professional point of view I feel that the group assists in reducing stigma of mental illness by having the group in a social setting for any older person to attend. However, if assistance needed for mental health issues unobtrusive guidance is given by ECMHT. I also believe it is a good health promotion activity because it combines exercise, diet, social networking, and social stimulation within a social setting/community base.

- A number of my clients attend. The physical and psychological benefits can be seen during visits to them after attending the group. They have improved their physical activity and established friendships, social links and identified other interests at the Time Capsule. Each individual I have, who attends states that they enjoy going. They appear stimulated and mood appears elevated- evidence that they gain stimulation and social interaction.

Visitor Questionnaire- completed by relatives and professionals revealed they all felt the group promoted physical, mental and social aspects of an older person- see below:

Do you think this group promotes /meets participant’s physical, mental and social health aspects? 27.8.09 and 3.9.09

Yes	No
7	0

Comments

“Visited with mum for her first time. Really good experience- welcomed on arrival- new visitors greeted and reassured. Warm and friendly atmosphere. Great idea! Good luck to all involved!”

“Very active group, promotes participation in a very accessible way.”

“Good concise exercises. Great that people sitting together for lunch.”

Participant Reflections and Aspirations of last/next 6 months

3.9.09 Do you have any other thoughts, comments, questions or suggestions for the last or for the next 6 months of the club?

Staff sectioned to designated lunch tables to help make it more manageable as number of people is increasing.
 Perhaps a couple of days out (bus run)
 Very enjoyable plenty of variety
 Visiting speakers
 Benefits advice
 Sing song
 Bus run
 Movie
 I like to play Bingo
 Carry on- quite like it the way it is
 Bingo, swimming, dominos, quiz

Appendix 2 Positive Risk Taking Statement August 2009

The Silver Seniors' Activity Club comprises of partnership working consisting of NHS, SW and Time Capsule Management at its core.

As multi-agency professionals we agree to view risk in broader terms to empower participants to equity in access and participation in exercise classes and activities. Therefore, participants of this club will make informed choices about level of participation in the gentle exercise class and any other activity they choose to participate in. Time Capsule staff seek a doctor's approval to engage in gym activities if participant has a medical condition and this is communicated to the person by the staff based within the gym.

The occupational therapist or the fitness class instructor will provide a message at the start of every session of the gentle exercise class to include the following:

- Please participate at your own pace and level
- If you feel uncomfortable at any point or are in any degree of pain then please stop and let a member of staff know.
- Please see your GP and discuss any discomfort or pain experienced during the exercise class.

Agreed by

Pasna Sallis
Occupational Therapist
NHS Lanarkshire

Mairi Deigan
Time Capsule Manager

Leanne Coyle
Silver Seniors Fitness Instructor

Sandra Basu
Locality Links Worker, SW

This statement will be reviewed in 6 months, unless issues arise earlier.

Appendix 3 Literature Supporting Practice

'Practice based evidence is a concept that has a deeper connection with real practice in the context which individuals and team works, recognising that they have first hand knowledge and experience of what works, needs to change and how to change it' (Morgan, 2001)

The Literature review will address occupational therapy and its relationship with occupation and health. In the context of older people, leisure as a meaningful occupation will be discussed in connection to Active Ageing. Local and national projected demographics for the older age population will be highlighted as key drivers towards some of the current Scottish government and local community based policies and guidance towards new ways of working for mental health NHS staff.

Occupational Therapy

'The purpose of occupational therapy is to assist people to fulfill their occupational nature. The main aim of the profession is to maintain or improve the client's functional status and access to opportunities for occupation and participation. The process by which this is achieved is through the maintenance, restoration or creation of a match between the abilities of the person, the demands of her or his occupations and the demands of the environment. Activity is the main medium of intervention and agent of change in occupational therapy' (COT 2007).

Occupational Therapy is regarded as one of the core professions addressing needs and rights of older people. For instance, NICE (Scottish perspective) 2009 states the most robust evidence for health promoting interventions for older people came from occupational therapists in the USA (Clark et al. 1997; Hay et al, 2002). This gold standard level of research via randomised control trials has proved that occupational therapy can demonstrate important health, function and quality of life gains as well as cost effective interventions which can be sustained over time. The College of Occupational Therapists supports the health promotion role as it states many of the profession's beliefs and skills fit well within the domains (COT, 2008).

Occupation and Health

Occupational Therapists believe there is a strong connection between occupation and health. For instance, Wilcock 1998 suggests that occupation is an evolutionary function for survival and health. Furthermore, indicates in relation to health, occupation can restore, exercise and balance mental, physical and social needs.

Meaningful Occupations for older people

A Danish study found that older people without any medical conditions considered physical based activities the most important set of activity (Legarth et al. 2005). Another study by Phinney et al. 2007, echoed these findings with older people with mild to moderate dementia residing in their own home who reported activities which allowed them to be active were most meaningful, 'doing as much as I can do' as these evoked feelings of pleasure/enjoyment, a sense of belonging and sense of autonomy and identity. It found that familiarity of physical and social environment promoted involvement in such activities. Manderson 2006 concluded that taking part in a meaningful activity and participating in a responsive social network has a positive impact on health and wellbeing.

Leisure

Leisure has been described as 'primarily for its own sake after the practical necessities of life have been attended to' according to Drummond 1990 and older people tend to have more leisure time available than younger age groups (Lietner and Lietner, 2004). Some authors relate leisure to factors such as choice and freedom of time (Kraus 1990; Pettifer 1993 and Lobo 1998). Christiansen (1990) states leisure can play an important role to assist with the transition of life stages as leisure can assist with continuity of the past and a satisfying use of time in retirement. In the study by Ball et al. 2007 aspects such as enjoyment, satisfaction and wellbeing were the main motivators for taking part in leisure occupations.

Active Ageing

Active ageing pertains to people aged 60 years and over 'with or without a disability, to promote physical, mental, social, economic, cultural, spiritual wellbeing' (WHO, 2002a). It uses the rights rather than needs based approach towards equal opportunity and treatment (WHO, 2002a, UN, 1982). It highlights poor health rather than age impacts medical spending (WHO, 2002a) as many health problems experienced in later life are preventable as they are often associated with the onset of a more sedentary lifestyle (WHO 1998). It recommends health promotion, as a way of empowering people to be more in control and be responsible towards self care (WHO, 2002b). The EU states countries should 'promote health and active ageing through participation in community life' (European Parliament, 2009).

There is evidence that participating in an active lifestyle can help maintain independence (Penninx et al 2001); contribute to positive mental health (Stawbridge et al 2002) and possibly reduce the risk of cognitive decline (Yaffe et al. 2001). A study found that participation by older people in activities to promote social engagement is strongly associated with life satisfaction (Warr et al 2008) and survival (Glass et al 1999).

Evidence is established for positive associations between regular leisure time physical activity and a reduced risk in developing a number of health conditions that become more prevalent in later life, including cardiovascular disease, hypertension, elevated cholesterol, strokes, certain cancers, type two diabetes, obesity and osteoarthritis (Nelson et al.2007) and additionally prevention of post menopausal osteoporosis and protection against osteoporotic fractures by reducing risk of falls and decreasing accidental falls (Gardner et al.. 2000; Robertson et al.. 2001). A National Travel survey 2005 found that 45% of adults over 70 years old take a 20 minute walk less than once a year or never.

A study by Crombie et al (2004) indicated that some older people are reluctant to engage in physical activity due to lack of interest, perceived ability and lack of belonging to a group. Older people with mental health problems may be vulnerable to double discrimination and therefore they may feel stigmatised and this could hinder their participation in community activities (WHO, 2002b).

Social networking assists ageing to be 'comfortable, secure and productive; feeling of being valued and appreciated; motivates engagement in physical activity and making it enjoyable' (PMSEIC, 2003). Taking part in social activities is connected with maximising cognition, physical and emotional life (SPRC, 2009). Evidence shows that social isolation is associated with depression and low morale (Findlay and Cartwright, 2002). Furthermore, a reduction in loneliness and isolation alone could reduce depression, which maybe as effective as antidepressants (Blumethaletal, 1999). Isolation is considered a particular risk for people who live alone and are over the age of 79 (NHS Health Scotland, 2007).

NICE (2008) states despite many older people leading healthy and well balanced lives, there are many other older people living who are becoming increasingly less satisfied, more lonely and depressed, leading to decrease in life satisfaction and wellbeing. The guidance sights a study which revealed 40% of older people attending GP surgeries and 60% of those living in residential institutions reported 'poor mental health'. PAHA (2003) revealed in Scotland 25% of suicides involve older people, although older people account for 15% of the population.

Evidence suggests that chair based exercise can help to reduce depression (McMurdo et al, 1993); arthritic pain (Hochberg et. Al 1995), postural hypertension (Millar et al. 1999) and body fat (Nicholson et al. 1999). Additionally, it can also be effective to use with frail older people in assisting to stabilise the lower spine, increase range of movement, minimise load bearing & balance difficulties and to increase confidence (BHF, 2009).

Projected demographics and socio-economic conditions

Scotland's society is ageing. The population based on 2006 figures for period 2006 to 2031 for people 65-74 years is projected to rise by approximately 46.7 %, within North Lanarkshire the rise is expected to be by 46.5%; people aged 75-84 years to increase by approximately 60.6% and in North Lanarkshire this is expected to be 67.6 % and 85+ by approximately 142.7 %, with North Lanarkshire an expected rise of 178.3% (GRO, 2009). The incidence of long term conditions is also rising. For instance, Alzheimer's Scotland (2009) projections from year 2009 to 2031 of people over 65 with a diagnosis of dementia in Scotland is estimated to double and over 85s to treble. Subsequently, it is anticipated there will be an increased demand for health, social work and supporting agencies in the coming years. The changing demographics, the impact of lack of work force availability and lower financial allocations (due to lack of tax revenue as increased number of people projected to retire and low birth rate) have become key drivers towards government policy for ill health prevention to reduce demand on health and social care services and consequently improve costs (Scottish Executive, 2007a; Scottish Executive, 2007b).

Government Policy supporting practice

NHS Confederation Conference 2009 messages concluded that most delegates and the main political parties' focus was: health promotion now and not to wait for permission to invest in prevention; using more activity to sustain good health, especially for older people; the long term insurance is going to be prevention to help people live healthy lives (Lawson-Porter, 2009).

In April 2009 the Government reported that the NHS will experience financial pressure possibly for the next ten years and NESTA expressed 'the recession makes radical innovation in public services a necessity' and called for 'a rigorous experimentation which encourages and embraces local solutions' (Health Foundation ,2009)

The NHS National Director for Improvement and Efficiency echoed this new way of thinking through the introduction of National QUIPP agenda - quality, innovation, productivity and prevention for action for all levels of the NHS system (Link Gov, 2009)

The Physical Activity and Health Alliance (NHS Health Scotland) recommends for all healthy older adults an accumulation of at least 30 minutes of moderate activity on most days of the week was appropriate. In addition for adults over 55, including those who are frail 3 sessions a week of strength and balance exercises is also recommended, that being more relevant than aerobic exercise'. Government target is to have 50% of adults meeting the minimum recommended level of physical activity by 2022 (Health Scotland, 2009). The Scottish Health Survey 2003 indicates only 23 % of men and 16% of women met the recommended target for people aged between 65-74 years and for aged 75+ 13% of men and 6% of women met this target. Health Scotland 2009 recommends long standing, high quality physical environment to support inactive people to be active.

Recent Scottish Government policies aim towards maintenance or improvement of physical and mental health wellbeing for all older people (Scottish Executive 2009, Scottish Executive 2005, Scottish Executive (2007a), Scottish Executive (2007c), Scottish Executive (2007d), NHS Health Scotland 2007, Scottish Executive 2002). Scottish Executive (2007a) document focuses on the importance of rehabilitation- to maintain and enable potential for physical, psychological, emotional, occupational and social health and wellbeing and anticipating any decline before it becomes acute. It recognises that social engagement and purposeful occupation are key to self-worth and wellbeing.

Local Policy Supporting Practice

Community Plan for 2008-2012 North Lanarkshire Partnership, includes key themes for Health and Wellbeing. The document states a local resident survey revealed 11% of residents expressed their health was poor and they did not follow guidelines for physical activity. It recognises that many local residents cannot take part in activities that lead to healthier lifestyles due to poor life circumstances. The document supports action that enables people to make more healthy life choices (North Lanarkshire Partnership, 2008).

Following local consultation with older people feedback revealed need for more preventative services' and 'easier and cheaper access to leisure facilities' (North Lanarkshire council and partners, 2008).

Mental Health Collaborative is a Scottish Government initiative which aims to look at workstreams towards meeting mental health HEAT targets. It highlights the importance of non-pharmacological interventions, appropriate social support mechanism and a focus on self-management to sustain recovery and wellbeing (Scottish Executive, 2009). Local NHS Lanarkshire Old Age Psychiatry HEAT targets aim to reduce suicide rate and annual rate of increase of defined daily dose of anti-depressants; reduce the number of hospital re-admissions within one year; increase level of older people with complex needs receiving care at home and active improvement in the management of patients with dementia.

New ways of working for NHS mental health staff

SHEPS 2002 states in order to reduce health inequalities, focus should be to involve service users and well population as equal partners in the development of health, participation and empowerment. Current thinking in mental health shifts focus from ill health to recovery, using principles such as 'hope, therapeutic risk taking and more equal therapeutic relationship with service user'. (Cleary and Dowling, 2009). Recovery has been described as being more than recovering from illness, as it may be about recovering from identity and life; promoting choice, inclusion, taking control through self management, finding meaning and purpose and based on supportive relationships (Scottish Recovery Network, 2009).

Furthermore the NES (2007) includes further training materials for mental health professionals to work in partnership, respect diversity, practice ethically; challenge inequality, promote recovery, identify peoples' needs and strengths, service user centered care, making a difference, promoting safety and positive risk taking.

Positive risk taking is about supporting people to 'constructively access opportunities and working in a trusting relationship. It is concerned about the here and now and allows people to experience some degree of power and autonomy' (Morgan, 2004) It is not about being complacent, but encourages a person centered approach to minimise risk (Perkins, 2004). Wilcock states 'lack of occupational aspirations' and a loss in 'balance of health maintaining' and 'satisfying occupations can be a risk in itself to health'. Furthermore, Wilcock expressed 'this can be viewed as discriminatory and unhealthy practice in itself' (Wilcock 2007).

