Fully updated and revised, this second edition considers older people as major clients of occupational therapy services. The ethos of the book is to inspire innovation in the practice of occupational therapy with older people, promoting successful ageing that entails control and empowerment. It encompasses current theories, debates and challenges which occupational therapists need to engage in if they are to provide pro-active and promotional approaches to ageing.

Detailed coverage of bodily structures, functions and pathologies leads on to chapters dedicated to activity, occupation and participation. In addition, brand new material has been included on occupational transitions such as retirement, frailty and dying; user perspectives; public health including advocacy, enablement and empowerment; people entering old age with disability; older people in prisons; homelessness; immigration and ethnic minorities; and ageism.

- Provides a comprehensive resource for students and a basic working reference for clinicians
- Includes case studies, narratives and user perspectives
- Adopts the framework of the WHO International Classification of Functioning, Disability and Health.
- Specialist contributions reveal the diversity of occupational performance considerations in older age.

About the Editors

Anita Atwal PhD, MSc, DipCOT, FHEA
Anita is a senior lecturer in occupational therapy at Brunel University. Prior to her academic career Anita’s practice experience was in acute medicine, older people and neurology. Anita has continued her particular interest in older adults in the acute care setting into her academic career and has published over 30 articles in international and national peer-reviewed journals. Anita is the director for Professional Practice Research at Brunel University, which aims to support and empower students, academics, clinicians and service users to promote high standards in clinical practice. She also leads a master’s level module on evidence-based practice for occupational therapists.

Anne McIntyre, PhD, MSc, PGCertTLHE, DipCOT
Anne is currently programme lead for the MSc (pre-registration) Occupational Therapy course at Brunel University, where she has been an OT lecturer since 1997. She teaches occupational therapy and physiotherapy students at undergraduate and postgraduate level. Anne has worked in acute health care, neurological rehabilitation, with children with motor disorders and in community rehabilitation with older people. Anne has also continued her particular interest in older people into her academic career. She leads a master’s level module on occupational therapy and active ageing. She is a member of the Brunel Institute for Ageing Studies.
Occupational Therapy and Older People
Acknowledgements

To our families, friends, colleagues and students. To our parents for being such inspirational role models.
# Contents

List of Contributors vi

1 **Introduction**  
   *Anne McIntyre and Anita Atwal (with contributions from Jennifer Wenborn)* 1

2 **Perspectives of ageing**  
   *Anne McIntyre* 16

3 **The social context of older people**  
   *Frances Reynolds and Kee Hean Lim* 38

4 **Policy development and implications for occupational therapy practice**  
   *Margaret Gallagher* 59

5 **Health conditions and active ageing**  
   *Melanie Manley, Rachel Bentley, Christina Richards, Kirsty Tattersall, Alison Warren, Alice Mackenzie, Anna L. Pratt, Alison Lillywhite, Mary Grant, Anne McIntyre, Jacqueline Lawson and Thérèse Jackson* 73

6 **The ageing body – body functions and structures: Part 1**  
   *Stephen Ashford and Anne McIntyre* 120

7 **The ageing body – body functions and structures: Part 2**  
   *Linda Gnanasekaran* 146

8 **Occupation and successful ageing – activity and participation**  
   *Anne McIntyre (with contributions from Lesley Wilson)* 185

9 **Environmental impacts, products and technology**  
   *Anita Atwal, Sarah Buchanan, Marcus Sivell-Muller, Anthony Slater and Sue Vernon* 224

Index 251
List of Contributors

Stephen Ashford, PhD, MSc, BSc, MCSP, PGCE
Steve trained in Physiotherapy at Salford University and qualified in 1993. He undertook an MSc in Neuro-rehabilitation. Steve is a clinical specialist and gained teaching experience at Brunel University, being appointed course director for the Neuro-rehabilitation MSc course from 2001 until 2003. Steve has published a number of peer-reviewed papers in the rehabilitation literature as well as book chapters and clinical guideline contributions.

Anita Atwal, PhD, MSc, DipCOT, FHEA
After qualifying from the Derby School of Occupational Therapy in 1989, Anita gained a wide experience in acute medicine, older people and neurology. Anita has a particular interest in older adults in the acute care setting and has published over 30 articles in international and national peer-reviewed journals. She regularly presents at international and national conferences. Anita is the Director for Professional Practice Research at Brunel University, which aims to support and empower students, academics, clinicians and service users to promote high standards in clinical practice.

Rachel Bentley, MSc, BSc
Rachel worked as a junior and senior occupational therapist in medicine, surgery and oncology. She then spent five years in the community, working in intermediate care rehabilitating patients and supporting palliative care patients. She is currently working in a lung care team/specialist palliative care team.

Sarah Buchanan
Sarah is Research Director at Thomas Pocklington, a small UK charity that provides direct services for people with sight loss. Sarah has worked in the voluntary and public sectors for many years after being involved within academic research.

Margaret Gallagher, MA, DipCOT, FHEA
Margaret is an occupational therapy lecturer at Brunel University and manages the Practice Placement Educators course, preparing colleagues for practice education. She leads the OT programme for interprofessional learning. Her practice experience includes working with children with disabilities and their families. Her management experience was as a senior manager and spans mental health, learning disabilities,
community services and the acute sectors. Margaret’s research interests are supervision in practice education and interprofessional working.

**Linda Gnanasekaran, MSc, BSc(Hons), DipCOT, FHEA**

Linda has worked in higher education for 23 years, teaching student occupational therapists and physiotherapists at undergraduate and postgraduate levels. Currently, she is the programme leader for the BSc Occupational Therapy course at Brunel University. Her teaching and scholarship focuses upon physiology, neurology, cognition, and neuro-rehabilitation. She has a particular interest in the physiology of ageing, and frailty. Prior to teaching, Linda worked in neuro-rehabilitation and community physical disability services.

**Mary Grant, MSc, DipCOT**

Mary qualified as an occupational therapist in 1984 and has worked in clinical practice, education and research. She has been a lecturer at Brunel University and Coventry University and is currently working as a research occupational therapist at the University of Nottingham.

**Thérèse Jackson, MSc, DipCOT**

Thérèse is the Consultant Occupational Therapist in Stroke for NHS Grampian and is the lead Allied Health Professions for the Stroke Management Clinical Network. She is the occupational therapy advisor to the National Advisory Committee for Stroke at the Scottish Government and has worked in the areas of stroke and neurosciences for most of her career. Thérèse has extensive teaching experience and runs courses nationally and internationally and has published several articles and written book chapters on topics related to stroke.

**Jacqueline Lawson, MSc, BSc**

Jacqueline is an occupational therapist who has a research interest in recovery and has been involved in several projects to promote recovery including the recovery arts and narrative project. She has spent many years working as a clinician and has presented at numerous conferences.

**Alison Lillywhite, MSc, BSc**

Alison has mainly worked in community-based services for people with learning (intellectual) disabilities. Since 2009, she has worked as a Practitioner Researcher with the NIHR’s CLAHRC for Cambridgeshire and Peterborough, supporting research into the design and delivery of community-based specialist learning disability services, particularly for people whose behaviour is ‘challenging’ or have unmet mental health needs. Alison continues to provide professional supervision to occupational therapists in clinical services.

**Kee Hean Lim, MSc, DipCOT**

Kee Hean is an occupational therapy lecturer at Brunel University. His research interests include occupational therapy in mental health, service users’ involvement and empowerment,
cultural awareness and competency and the Kawa Model Framework. He is a co-author of the book *Advancing Occupational Therapy Practice in Mental Health Practice*.

**Alice Mackenzie, MSc, PGCertHE, BSc OT (Can) DipCOT**
Alice worked as an occupational therapist in mental health services and elderly care services for many years in London and Canada. In 2000, Alice came to Brunel University as an occupational therapy lecturer. She has had particular responsibility for practice placement education and teaching first-year undergraduates.

**Melanie Manley, BSc (OT)**
Melanie is an occupational therapist who has expertise in mental health, particularly in relation to older adults.

**Anne McIntyre, PhD, MSc, PGCertTLHE, DipCOT**
Anne is currently programme lead for the MSc (pre-reg) Occupational Therapy course at Brunel University, where she has been an OT lecturer since 1997. She teaches occupational therapy and physiotherapy students at undergraduate and postgraduate level. Anne has worked in acute health care, neurological rehabilitation, with children with motor disorders as well as community rehabilitation with older people. Her interests are successful ageing and the use of the ICF in practice. Her doctoral research explored the experience of falling for older people with dementia and their carers. She is a member of the Brunel Institute of Ageing Studies.

**Anna L. Pratt, MSc, PGCert LTHE, DipCOT**
Anna specialised in the area of hand therapy soon after qualifying as an occupational therapist. She has worked as a Clinical Specialist and Research Hand Therapist and has researched and published widely in the specialist area. She is currently the programme lead for the MSc Hand Therapy course at Brunel University.

**Frances Reynolds, PhD, Dip. Psych. Couns, BSc, AFBPsS, FCOT**
Frances is a Reader in Health Psychology at Brunel University and joined the Division of Occupational Therapy in 1992. She has a particular interest in supervising students’ qualitative research projects, at MSc and PhD levels, and is a member of the Brunel Institute of Ageing Studies. She has particular research interests in the meanings of creative occupations, and their role in promoting positive identity, social networks and life satisfaction among people who are living with adversities associated with later life and/or disability. She has published articles in journals such as *Disability and Rehabilitation*, *Arts in Psychotherapy*, *The British Journal of Occupational Therapy*, and *Qualitative Health Research*.

**Christina Richards, MSc, BSc(Hons)**
Chris has worked in the physical health setting as both a junior and senior occupational therapist. This has encompassed specialist work with respiratory patients including setting up the occupational therapy component of a breathlessness clinic. She currently manages the therapy services within a general hospital.
Marcus Sivell-Muller, M.Phil, PG Dip OT, BA (Hons)
Marcus is a qualified occupational therapist and former Lecturer at Brunel University. He has been a Programme Manager supporting US Central Command and the International Security Assistance Force (ISAF) with numerous State-Building and Rule of Law projects in Afghanistan for almost a decade. Marcus has been at the forefront of pushing forward occupational therapy into the area of overseas development work. His expertise is focused in applying occupational theory and processes within a broader, empowerment: enabling a mentor/advisorship role amongst stability building and nation development projects in conflicted environments.

Anthony Slater
Anthony was Lighting Development Manager at Thomas Pocklington Trust where he was responsible for developing guidance on lighting for people with sight loss. Anthony has over 35 years’ experience of lighting research and development and has published technical papers and served on international and UK technical and standards committees.

Kirsty Tattersall, BSc
Kirsty has worked as a junior and senior therapist within medicine, orthopaedics and neurology. She worked for five years as a clinical specialist at a tertiary cardiac and respiratory hospital, jointly setting up a rehabilitation programme for heart failure patients. She is currently working within critical care and surgery.

Sue Vernon, DipCOT DSA ADI (Car)
Sue qualified as a Driving Standards Agency Approved Driving Instructor (Car) in 1992 and becoming the first dual qualified OT/ADI in the UK. Sue established her own business and is currently running two specially equipped assessment vehicles and her expertise and wide experience enables her to work effectively with the high level of complex trauma at trauma centres.

Alison Warren, MSc, DipCOT, PGCertHE
Alison has many years’ experience of working with older people with mental health problems. Alison completed her Masters on the use of COPM in mental health and, more recently, completed research related to dementia and interprofessional education. She is currently working at Limerick University, and is undertaking a PhD in the area of role emerging placements in occupational therapy. Alison is a Health Research Board (HRB) Fellow for 2012–2013.

Jennifer Wenborn, PhD, MSc, DipCOT
Jennifer is currently Clinical Research Fellow in Occupational Therapy, University College London, Dementia Research Unit. She has primarily worked with older people within many settings. Jennifer is involved in a randomised controlled trial of reminiscence therapy for people with dementia and their family caregivers. She is a past Chair of the College of Occupational Therapists Specialist Section – Older People.
Lesley Wilson, MSc, DipCOT
Lesley is an occupational therapy lecturer who was the programme lead for the MSc Occupational Therapy (pre-registration) which she developed in 2007, until 2012. Previously, she was the programme leader for the part-time BSc (Hons) Occupational Therapy from 1998 to 2005. Her clinical background is in physical and neurological disability, paediatrics, community work and senior management within the NHS and Social Services. Her research interests include occupational science, the mind–body interaction, spirituality and the connections between mental and physical health linked to occupation.
Chapter 1

Introduction

Anne McIntyre and Anita Atwal (with contributions from Jennifer Wenborn)

This introductory chapter provides a justification for why occupational therapists should be interested in working with older people and explains the structure of the book. The demands of occupational therapy practice with older people are considered, and a brief explanation is given for how the World Health Organization’s [WHO] International Classification of Functioning, Disability and Health [ICF] (WHO 2001) can be used in occupational therapy practice. We also present our own reflections and that of an occupational therapy expert, Jennifer Wenborn, interspersed in boxes within the chapter, on why we work with older adults. We are not proud of our initial attitudes, but we hope that we do convey our enthusiasm for occupational therapy with older people.

Ageing is a process which occupational therapists cannot ignore, for globally there will be 1.2 billion people over the age of 60 by the year 2025 and by 2050 these figures will have doubled, with 80% of older people living in developing countries (WHO 2002). It is also worth considering why there is a global increase in the ageing population. There are three main factors – a decline in mortality, an increase in longevity and also a decline in fertility (Beard et al. 2012). It is also important to realise that the numbers of the oldest-old (or those people aged over 85 years) has doubled in the last 25 years and is predicted to more than double in the next 20 years (Wise 2010). Instead of regarding the growth in the ageing population and also the increasing life expectancy as success stories, these are often viewed with doom and gloom. This doom and gloom is often associated with the belief that old age equals indignity and dependency, as well as economic concerns of the need for more money to pay for additional health and social care. Yet healthy older people can be considered a precious resource, making important contributions to their families, communities and the economy at large, by either paid or voluntary employment (WHO 2002).

The type of service provided by occupational therapists for older people varies internationally, and it has to be acknowledged that the authors of this book speak from their own perspective. The services that occupational therapists provide to older people are not only determined by the needs of a growing older population, but also by government policy – either at a local or national level. As occupational therapists that work in England, we have seen many changes in the way that services are delivered to older people, in both the public and private sectors. Health and social care services for older people are not only provided by public services in the acute or rehabilitation in-patient settings...
for older people with physical or mental health care needs, but also by community health or social care services. Occupational therapists also provide services to older people in residential and nursing home care. Increasingly, older people are receiving services provided by the commercial and also the voluntary sectors. These are exciting and challenging times for occupational therapists working with older people.

Using this book

As in the first edition of this book, we discuss the biological, psychological and social elements of health and wellbeing for older people rather than having a bio-medical focus on health conditions. There are several reasons for this; many older people are referred to occupational therapy services with multiple difficulties in occupational performance and not all of these are caused by a health condition – some may be the result of the normal ageing process, or by environmental and contextual factors. There is also an increasing emphasis within health and social care on health promotion, and occupational therapists are becoming increasingly aware of their role with the ‘well’ older age group.

Once again, we have used the World Health Organization’s [WHO] bio-psycho-social model of health, the International Classification of Functioning, Disability and Health [ICF] to provide a framework for the book, and the domains of the ICF have provided definitions for the content of each chapter (WHO 2001).

The motivation for writing a second edition of our book is our desire and wish for occupational therapists to continue to move towards an ‘active ageing’ approach (WHO 2002). Active ageing (Box 1.1) signifies an important paradigm shift: away from a ‘needs based’ approach to a ‘right based’ approach which support the rights and continued participation of older people both in the community and the political process (WHO 2002).

This chapter provides an introduction to the core issues that influence our practice as occupational therapists, including some personal reasons. Chapter 2 considers common concepts and theories of ageing, contextualising them within an occupational science perspective. Chapters 3, 4 and 9 consider other contextual factors such as social, cultural, environmental and economic factors. Chapter 5 does consider some of the more common health conditions that affect people in old age, but also directs the reader towards the evidence base for occupational therapy intervention as well as highlighting some

<table>
<thead>
<tr>
<th>Box 1.1 What is active ageing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age. (WHO 2002: 12)</td>
</tr>
<tr>
<td>‘Active’ refers to continued participation in society and to realise their potential for physical, social, and mental wellbeing whilst ensuring adequate protection, security and care when assistance is needed. This includes continued participation in social, economic, cultural and spiritual, and civic affairs.</td>
</tr>
</tbody>
</table>
commonly-used outcome measures. Chapters 6 and 7 consider the ageing body in terms of body functions and structures. Chapter 8 presents how activity and participation changes in older age.

It is hoped that this book encourages the reader to view the strengths of older people during the ageing process, to consider old age as a time of celebration and to promote occupational justice for their older clients whilst still meeting all the demands of present-day practice.

**The demands of occupational therapy practice**

Although policies, demands and service provision vary from country to country, there is an increasing need for occupational therapists to clearly articulate the importance of their role and the evidence base of occupational therapy interventions to other professionals who might hold the power to commission services on behalf of older people, or to older people themselves and their families. Within the UK, public health and social care service provision is being increasingly determined by guidance provided by the National Institute for Health and Clinical Excellence [NICE] and the Social Care Institute for Excellence [SCIE]. What is encouraging is the inclusion of occupational therapy research within the UK NICE guidelines (NICE 2008). This guidance refers to occupational therapy and physical activity to promote the mental wellbeing of older people. These guidelines are extremely important for supporting and developing interventions within UK clinical practice.

Interestingly, where occupational therapy is well established, there is often little or no evidence for the service provided. Indeed, a systematic review of occupational therapy practice for older adults with lower limb amputations found that research evidence with this population is limited and scarce, and yet occupational therapists are key members of the multidisciplinary team for these older adults (Spiliotopoulou and Atwal 2011). However, complacency is dangerous, as one reason for occupational therapy posts being axed or services being contracted is a lack of evidence to support interventions or to provide evidence of its cost-effectiveness.

**Box 1.2 Why work with older adults? – Jennifer Wenborn.**

“I left occupational therapy college in 1979 very undecided about which speciality I wanted to work in – except I was clear I was NOT going to work in ‘geriatrics’ (as older people were then known). This was due to a very unsatisfactory first clinical placement at a (well-known) geriatric hospital, following which I seriously considered leaving the course as I didn’t think OT was the right job for me. I started a rotational post in a central London hospital but almost immediately the unit was shut to save money and I was transferred to ‘slow stream geriatric rehabilitation’. Not the most auspicious start to my brand-new career! However, I soon found that I enjoyed building relationships over time with the patients and working as part of a multidisciplinary team. Senior and Head OT posts followed, and I enjoyed and developed a broad range of experience, predominantly working with older people. After 15 years in the NHS I opted for redundancy when yet another reorganisation came along.