Moving On

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A report for Help the Aged by Kim Willcock

Contents

Introduction

In 1997 Help the Aged drafted a homelessness strategy. The strategy combines several distinct elements in one integrated campaign: research, project development, fundraising, campaigning for changes in policy and practice, and developing partnerships with other agencies. Underpinning the homelessness strategy was a programme of research into the needs of older homeless people.

As part of this work, Help the Aged commissioned Kim Willcock to explore the views of older homeless people on their circumstances and needs, and to identify the kinds of interventions perceived as appropriate and acceptable to older people. This is the second of several reports based on this research.

The first report (Willcock 2004) explored older homeless people's experiences of social isolation and loneliness. Following on from the themes introduced in that document, *Moving On*

explores the meaning of activity for older people. The study includes a range of group activities including social, leisure, educational and physical activities. Outcomes for service users were examined from two homelessness projects in London providing group activities for older people (aged 50 or above):

- Spires Connect, Spires Centre: a day centre-based programme of group activities for older people (table 1); and

- The Moving On Project, St Botolph's Project: a life-skills project for older homeless people (table 2).

Report structure

1 Context

The first chapter provides a brief overview of the relevant literature. Included are theories of activity and ageing, empirical studies on the

benefits of activity for health and well-being, and theoretical concepts of how activity influences mental health. The chapter concludes by drawing attention to the lack of research about the potential benefits of meaningful activity for older homeless people.

2 The needs and aspirations of older people

After describing the characteristics of participants, the second chapter looks at older people's perceptions of their needs, what they hoped to achieve from participating in group activities, and the kinds of activities participants were interested in.

3 The meaning of activity

Focusing on the perceptions of older people and of frontline workers, this chapter explores the meaning of activity for older (ex-)homeless people. This includes the benefits of activity for promoting health and well-being, for alleviating social isolation, increasing social skills, for improving motivation and increasing uptake of services.

4 Mechanisms underlying the therapeutic effects of activity

Chapter 4 discusses the factors that contributed to the beneficial effects of activity. These are concerned with the type of activity, activity characteristics and the dynamics of group interaction.

Methodology

The fieldwork for the study took place over four years (1998–2002). A multi-method approach was taken to data collection. The research used both qualitative and quantitative methods, including:

- structured questionnaires;
- semi-structured interviews with older people;
- interviews and group discussions with project workers;
- participant observation; and

- collection of monitoring data and documentary material from homelessness agencies.

In total there were 227 service users, of whom 106 regularly participated in the group activities. Altogether, 100 older people took part in the research, participating in interviews and/or completing questionnaires.

Two questionnaires were completed by older people before participating in an activity or activities. Questionnaires were self-completed or completed in one-to-one interviews with a member of staff or a volunteer. Findings from the two questionnaires were used to develop the group activities.

- The first questionnaire was completed by 93 participants, and explored how older people perceived their needs and what they hoped to achieve from participating in a group activity. The questionnaire covered the following areas: physical and mental health, use of alcohol, social isolation and loneliness, daytime occupation, life and social skills, and confidence and self-esteem.

- The second questionnaire was completed by 64 older people, and examined the kinds of activities that older people were interested in.

Semi-structured interviews were undertaken with 55 older people who had regularly participated in group activities. Interviews explored the meaning of activity to older people. Interviews with project staff explored staff perceptions of the benefits of group activities.

With the consent of users, the researcher sat in on group activities and also spent time talking informally with staff and users. Monitoring data was collected from the project's own monitoring systems with additional information supplied for the research.

Table 1 The Moving On Project

Background

Many older homeless people have lost the skills necessary for independent living and encounter difficulties coping with the demands of day-to-day life when they move into independent tenancy. They may lack the necessary social skills and confidence to build links with the community, access mainstream facilities and develop social networks. They often remain isolated after they move into permanent accommodation. Many need rehabilitation including life skills training to enable them to maintain tenancies and prevent them from returning to the street.

Help the Aged approached St Botolph's Project to deliver a training programme for older homeless people because the organisation has developed expertise in training and has long experience of working with older homeless people.

The Moving On Project

With the support of a grant from Help the Aged, St Botolph's Project developed a modular needs-led training package for older people over 18 months. The project was designed to focus on the capacity of older homeless people to support themselves after placement in suitable accommodation. The training was delivered in a time-limited, closed group at a venue within easy reach of participants' housing.

Project aims

The aim of the project was to develop the necessary skills and confidence for independent living after being re-housed in permanent accommodation. The training aimed to enhance independent living skills in budgeting, shopping, cooking, eating healthily and managing a home.

Service users

The training was targeted at people aged 50 or above who were either currently homeless and about to enter accommodation or who were in newly allocated accommodation and had identified needs in terms of independent living.

Referrals were taken from a number of statutory and voluntary sector agencies, as well as self-referrals in response to publicity materials. Many participants were recruited through outreach work at homelessness day centres and hostels.

Altogether, 43 people engaged in the project during the 18-month funding period.

Staffing

The course was provided by St Botolph's two floating support workers with specialist input from external professionals – two occupational therapists, a nurse and nutritionist – to run individual sessions.

Referrals

Service users were referred to other health, advice and support services and some were linked into St Botolph's mentoring scheme.

The training programme

There were 9 groups over 18 months; each group running over five weeks with two sessions of 90 minutes per week. Between two and eight people were in each group.

Based on a thorough needs assessment, the training covered a broad range of areas of independent living, including:

- the move-in process and setting up home; feelings about change and how to settle into a new environment; coping with the stress of life changes; coping with isolation and loneliness

- home-making and maintenance; keeping warm and insulation; repairs and emergencies; what to do in an emergency; which services to access for various problems

- budgeting, bills, rent payment and other official paperwork; ways of saving money and saving on energy bills

- shopping on a budget; cooking; nutrition and eating healthily

- leisure activities and meaningful occupation: things to do, getting to know the local community, cheap or free activities, ways of overcoming boredom, obtaining travel and leisure passes

- tenancy sustainment: different ways of losing a tenancy and how to prevent it

- communicating with people, communicating needs, assertiveness, anger management, stress management

- health issues: medication, common illnesses and complaints, keeping fit, registering with a GP, first aid treatment, household accidents, alcohol issues.

Two sessions were held each week. The first session focused on life skills; at the second session, which was less formal and more social, group members were encouraged to practise skills they had learnt in the previous session.

In the final session of each group an outing was organised (e.g. to an to amusement park, to the theatre or a meal out) according to the expressed preferences of users.

Table 2 Spires Connect

Background

The Spires Centre is a large day centre in Streatham, South London. The Spires became aware that a high proportion of centre users were aged 50 or over. The older users were more isolated than younger users and older people were sometimes reluctant to use the centre as they found it intimidating. There was also an identified need to offer opportunities for recreational activities within the centre that were appropriate for an older age group.

Spires Connect

Spires Connect is a specialist service for older people with housing needs, funded by grants from Help the Aged and the Bridge House Estates Trust Fund for three years.

The Connect Project was set up in two parts:

- a club facility providing a programme of group activities for the over-50s; and

- outreach work offering one-to-one support to older users.

The project provides four afternoon sessions, from 2 to 4pm, when the drop-in centre is closed.

Project aims

The project aims were to:

- encourage older centre users to spend more time at the centre and to socialise with other centre users;

- provide a wider range of social activities appropriate to older people;

- provide advice on health, benefits and welfare rights;

- provide extra support to older users and link older users into health services and other support;

- in the long term, promote the club and its activities within the wider community, help integrate centre users into the community and encourage other local older people to join the over-50s club.

Service users

The project was targeted at people aged 50 and over with housing and other support needs, although people aged 45 to 49 were included where this was felt to be appropriate. Most of the Connect service users were people who were currently using the drop-in facility at the Spires Centre, although the project also took referrals from other homelessness agencies. Altogether, 184 people accessed the project during the first three years of the project, of whom 63 attended the group activities on a regular basis.

Staffing

The Connect project is co-ordinated by a full-time dedicated worker who is line-managed by the centre manager. The over-50s worker co-ordinates the activity programme and undertakes advice work and case work with older people. Another centre worker and a volunteer assisted with running the group activities. Individual sessions were facilitated by outside speakers from the START mental health team, the benefits agency and the police. Some of the group sessions were facilitated by other in-house specialist workers including the drug and alcohol worker. There was additional input from a social work student on placement at the Spires who was able to undertake case work with some of the outreach clients.

Referrals

The Connect worker works closely with other centre staff and links older users into other on-site services. The over-50s worker liaises with other agencies including social services and the benefits agency to link clients into appropriate support and ensure they are receiving their benefit entitlements. She also assists clients with registering with a GP and accompanies people to appointments where appropriate.

The group activity programme

The club facility provides a range of regular ongoing group activities for older people. Activities were developed in accordance with feedback from the older people who took part in the research. Most activities took place in alternate weeks, with the exception of bingo which took place weekly. Also, talks were given each month on a variety of topics by outside speakers and regular monthly outings to places of interest were organised.

Discussion group
A total of 13 people took part in the discussion group, with an average (mean) attendance of nine in the sessions. People brought topics for discussion to the group, which included current affairs, recent news events and health and welfare issues.

Talks
Monthly talks and discussion sessions included:

- sessions on benefits and welfare rights, with a speaker from the benefits agency: these sessions were in high demand and attended by up to 16 people;

- a talk by two police officers about safety in and out of the home, attended by 10 people;

- a session on mental health issues, facilitated by two workers from the START mental health team and attended by eight people;

- a session on alcohol use, run by the Spires drug and alcohol worker and attended by 14 people.

German classes
The German classes were run by the over-50s worker, who speaks German. The classes covered the alphabet, numbers, introductory grammar and conversational German. Between six and eight people regularly attended the fortnightly classes.

Music group
Thirteen people attended the music group, with an average of nine in each session. Participants brought in their own music tapes to listen to. During group sessions group members often started dancing and the group learnt some dance routines, as well as singing German drinking songs.

Swimming
Twelve older people joined the swimming group, which was held at the local pool (with an average attendance of seven in each session). For most in the group it has been a long time since they had been swimming. Members played ball in the pool and built up confidence in the water. Some members learnt how to swim.

Walking
A number of older people participated in the walking group, with an average of six older people at each session.

Computer skills
Regular computer sessions for the over-50s were developed with a centre worker who provided one-to-one tuition to five club users.

Social group
Ten people participated in the social group, with a mean attendance of six people. These were unstructured, informal sessions where members could socialise and play cards, board games and puzzles.

Bingo
Bingo was popular among older users, with 26 people in the group and an average of 19 attending each session.

Outings
Monthly group outings were organised, attracting 10–35 people (with a mean of 17). Trips were made to Brighton, Hampton Court and other places of interest to club members.

1 Why engaging in activity matters

Imagesource

Regular engagement in activity is believed to be vital for maintaining health and well-being in later life. Many theories have been proposed concerning the role of activity for ageing. Some of these are described briefly below.

Activity theory

Activity theorists (Lemon et al 1972; Longino and Kart 1982) have argued that maintaining activities is the best way to cope with ageing and to maintain well-being later into life. The theory asserts that 'successful' ageing can be achieved by maintaining into old age the activity patterns and values associated with middle age. Where the relationships, activities or roles of middle age are lost it is important to replace them with new ones in order to maintain life satisfaction.

Activity theory has been criticised for the unrealistic expectation that people can maintain the level of activity associated with middle age

through to old age in view of the biological changes, and economic, political and social constraints linked to ageing.

Continuity theory

A more recent theory proposed by Atchley (1989, 1993) emphasises the value of continued activity into old age whilst acknowledging that people adjust and adapt in response to biological changes associated with ageing. While maintaining some activities developed throughout adult life, the range and specific types of activities people engage in naturally change and evolve with advancing age, and associated changing roles, resources and capabilities. Activities are seen as important to adaptation to ageing and continuity of sense of self in a changing environment.

Role loss

Role theorists propose that the loss of roles associated with retirement and other life events produces demoralisation and reduced self-esteem. Roles help to define self-worth, enable people to make sense of their inter-connectedness with others and operate in networks, and provide the rules for interaction (Oatley and Boulton 1985). Oatley and Boulton suggest that some forms of depression may follow the loss of, or invalidation of, roles, particularly those that yielded a sense of self-worth.

Research has found that psychological well-being correlates with the number of roles held by an older adult (Adelmann 1994). Replacing lost roles with new ones through part-time work, volunteering or other productive activities can enhance well-being, increase self-esteem and sense of self-worth.

'Successful ageing'

Recently, Rowe and Kahn (1998) have proposed that the continuation of social relations (especially close ties with important others) and regular engagement in productive activity are crucial to 'successful' ageing. Kelly (1993) suggests that the two are usually associated when activity is the context of the relationships and communication and sharing with others are a central component of the meaning of the activity.

While commentators have criticised the concept of 'successful' ageing, as this would imply that some people by definition age 'unsuccessfully', there is a general agreement in the literature of the importance of social relationships and regular engagement in meaningful (though not necessarily 'productive') activity for quality ageing.

The benefits of activity for health and well-being

The discipline of occupational science focuses on the fact that occupation is an integral and complex part of life. Engaging in occupation is seen as a central mechanism of health (Wilcock 1998). Wilcock (1998) describes how lack of opportunity to carry out occupations due to limited opportunity and choice can mitigate against health. This may occur when an individual experiences too much of the same activity, when there is a lack of opportunities and choice to carry out occupations, caused by the environment (e.g. in institutional settings), or when an individual is unable to meet his or her occupational needs because of societal factors and external sources.

Studies have found that various types of activity (including productive, educational, leisure, social and physical activities) benefit health and well-being among older adults.

Life satisfaction

Studies investigating the health benefits of activity in later life have found that participation in leisure, social and physical activities is associated with higher life satisfaction (Herzog et al 2002; Burton 1989; Palmore 1979).

Mortality

Lower mortality rates have been found among people engaged in leisure, social and religious activities, and productive activities including volunteering, shopping and gardening (Glass et al 1999).

Physical health

Among older people, participation in leisure, productive and social activities has been found to have a protective effect on health (Unger et al 1997).

Increased physical activity is associated with a reduced incidence of coronary heart disease, hypertension, non-insulin-dependent diabetes, and some forms of cancer. Exercise reduces the risk of osteoporotic fractures, improves mobility and increases longevity (Shephard 1997).

Cognitive function

Intellectual or educational activities, social activities, leisure activities and certain productive and helping activities have all been found to be associated with higher levels of cognitive functioning. There is however debate as to the direction of causation (Herzog et al 2002).

Results of studies examining the effects of physical exercise on cognitive performance among older people are equivocal but meta-analytic findings indicate a small but significant improvement in the cognitive performance of older adults who experience an increase in aerobic fitness (Boutcher 2000).

Affective mental health

Participation in activity also benefits various aspects of mental health.

Social, leisure and productive activities (including voluntary work) have been shown to be associated with reduced anxiety, fewer depressive symptoms and other indicators of affective mental well-being in later life (Herzog et al 2002; Hunter and Linn 1980–1).

Studies have consistently found that increased physical activity improves psychological well-being, although there have been comparatively fewer studies with older adults.

- Physical exercise is consistently associated with positive effect and mood (Biddle 2000). Among middle-aged adults, physical exercise can help to combat moderate to severe forms of depression as it releases endorphins and serotonin in the brain, promoting a feeling of well-being. The effect can be of the same magnitude as from psychotherapeutic techniques, although studies have not included cognitive-behavioural therapies (Mutrie 2000).

- Some studies have reported improvements in mood among older people resulting from exercise, although there has been comparatively less research with older adults and other forms of physical activity such as walking and swimming.

- Physical exercise has been found to have a low to moderate state and trait anxiety-reducing effect among middle aged adults, with some studies suggesting a greater effect (Taylor 2000).

- Physical activity can improve self-worth, physical self-perceptions and, in some cases, improve self-esteem (Biddle et al 2000; Fox 2000). Physical activity positively influences perceptions of self-efficacy among older people (McAuley 1993).

Loneliness

Group activities and support groups can be effective for alleviating social isolation and loneliness among older people (Jerrome 1991; Cattan 2002).

Being part of a group may bring real benefits to older people. Mosher-Ashley and Barrett (1997) have synthesised findings from studies examining outcomes from support groups for older people. The therapeutic effect of support groups for older adults reported in the literature (e.g. Abraham et al 1991; Clark and Vorst 1994) include:

- improvements in interpersonal and social functioning;

- opportunities to socialise and practise social skills that have deteriorated with disuse;

- opportunities to forge new friendships;

- help with adjusting to new lifestyles and changing roles;

- the enhancement of a sense of belonging and well-being;

- opportunity to express deeply concealed feelings of fear, loneliness, anxiety and sadness; and

- receiving support from, and sharing experiences with, other group members who share similar emotions and experiences.

Theories of how activity influences mental health and well-being

Some types of activity may be more likely to influence mood in particular individuals.

According to Williams (1992), usually only 10 to 20 activities are mood-related for any specific person.

Little research has been done to investigate the types of activity that benefit mental health, and studies about activity in later life have focused more on the health benefits of physical activity than other types of activity.

A number of theories, or hypotheses, have been proposed for the mechanisms underlying the beneficial effects of activity for mental health and well-being. Some of these are described briefly below.

The subjective meanings which occupations have for individuals

Whereas earlier models within the field of occupational science attributed affective reactions to the characteristics of an activity, more recent (PEOP) models emphasise the subjective meanings that occupations have for individuals.

Reed and Sanderson's Human Occupations Model (1992) attaches the highest importance to the individual and subjective nature of meaning in terms of occupational performance.

A model developed by Cynkin and Robinson (the Activities Health Model) places emphasis on the personal meanings and emotions which activities evoke (Cynkin and Robinson 1990). It is asserted that by performing an activity, the individual takes on the roles, skills, culture and meanings of the activity.

Burton explains that occupational tasks have different meanings for different individuals. Maintaining quality of life in older age extends beyond the ability to perform necessary tasks – it includes involvement in leisure and social occupations that are meaningful to the individual (Burton 1989).

Activity characteristics

Affective reactions might be related to the characteristics of an activity. For example:

- Reed and Sanderson (1992) propose that to benefit health, occupations should be one or more of the following: meaningful, purposeful, goal-directed, challenging.

- Kelly (1993) proposes that the kinds of activity that benefit the older adult are those that are characterised by involvement, commitment and skill, and that challenge mind and body, social and personal skills.

- For older adults, activities performed in pursuit of a desirable goal or valued state seem to be more beneficial to mental health than those without such purpose (Herzog et al 2002).

Cognitive and behavioural factors

Group activity may benefit an individual by modifying negative or dysfunctional thoughts and associated behaviours.

Regular engagement in such activity can:

- help to counteract the lethargy and inactivity associated with depression and increase motivation, improving the individual's sense of well-being;

- by confronting and managing avoidance behaviour, reduce the anxiety associated with social interaction;

- through the practice of social skills in a group, encourage a positive attitude;

- distract from depressive ruminations and anxiety-provoking thoughts, which can lift mood;

- improve personal control and sense of self-worth; and

- increase a sense of mastery: mastering new tasks will raised self-esteem and confidence, which may influence mood.

Mastery and pleasure

Activities more likely to influence affective mental health are those that are associated with mastery or pleasure. These might be activities that have been rewarding in the past but are now avoided, or new activities that may be rewarding.

Mastery of tasks can challenge the beliefs that the person holds about their personal abilities and reduce feelings of inadequacy and failure. Mastering tasks and learning new skills can improve self-esteem and confidence. Lack of self-esteem is believed to be central to depression. Depression may reduce self-esteem and people with low self-esteem are more prone to becoming depressed.

Biochemical and physiological changes

A large number of hypotheses have been proposed to explain the mood-enhancing and anxiolytic effects of physical activity, although these are not yet clearly established.

Biochemical and physiological changes linked to increased physical activity include:

- increased production or endorphins (Hoffman 1997), commonly cited as the body's natural anti-depressant;

- changes in levels of serotonin in the brain (Chaouloff 1997);

- changes in levels of the neurotransmitter norepinephrine (Dishman 1997);

- reduced muscle tension, which may explain why exercise has the effect of reducing anxiety.

Some commentators have suggested that cognitive factors may play a more significant factor among middle-aged and older people than physiological factors (Fox 2000). Among older people, subjective improvements in mood from exercise may be related to the opportunity to participate in a meaningful, goal-oriented activity, and the opportunity for social interaction where

this is lacking in their lives (Gitlin et al 1992; Mosher-Ashley and Barrett 1997).

Homelessness and meaningful occupation

The DTLR's homelessness strategy placed central importance on the role of meaningful occupation to help homeless people to regain the confidence to re-integrate into the community (DTLR, 2002). The focus, however, was on returning people to the workforce, and little attention was paid to older people.

Scharf et al (2001) explain how, in terms of public policy, social exclusion debate continues to emphasise the integration of younger and unemployed people into the labour market. Scharf et al suggest the need to explore social inclusion in the context of relationships and resources that exist beyond (paid) employment.

There has been little research into the potential benefits of meaningful activity for homeless people of any age. Indications are, however, that regular engagement in structured activities may have an important role to play in helping homeless people build the skills and confidence necessary for their successful resettlement in the community.

Warnes and Crane (2000) report that regular and organised activities with homeless people have been found to be valuable. In some projects, activities have been found to be of value in encouraging socialisation, in building social skills and life skills, in raising morale and motivation, improving self-esteem, and in promoting appropriate behaviour.

In a recent study of resettlement outcomes for older homeless people, Crane and Warnes (2002) found that those older people who had formed a social network and engaged in activities after being resettled were more likely to be housed after 24 months than older people with few social ties and interests. The authors suggest that developing social networks and interests plays an important role in tenancy sustainment.

2 The needs and aspirations of older people

This chapter focuses on the characteristics, needs and aspirations of the older people who took part in the study.

Two questionnaires were administered before (or shortly after joining) an activity. The first questionnaire explored how older people perceived their needs and what they hoped to achieve from participating in a group activity. The second questionnaire examined the kinds of activities that participants were interested in.

Characteristics of participants

Age, gender and ethnicity

Most participants (78 per cent) were men and the majority (72 per cent) were in their fifties (table 1). In line with other research about homelessness and older people, a high proportion of participants (39 per cent) were Irish or Scottish (table 2).

Table 1 Age and gender of participants	
Gender	**Number of people (%)**
Men	78
Women	22
Total	**100**
Age	**Number of people (%)**
50–59	72
60–69	23
70+	5
Total	**100**

Table 2 Ethnic group of participants	
	Number of people (%)
White English	38
Irish	29
Scottish	10
Welsh	2
Other European	4
Asian	2
Black African	3
Black Caribbean	5
Other	2
Not known	5
Total	**100**

Current housing situation

Table 3 summarises the participants' current housing situation.

Table 3 Participants' current housing situation	
	Number of people (%)
Sleeping rough	10
Hostel/night shelter/ cold-weather shelter	19
Other temporary accommodation	9
Permanent housing	62
Total	**100**

A small proportion of users (10 per cent) were currently sleeping rough. Twenty-eight participants were staying in temporary accommodation including short-stay hostels and night shelters, or other temporary housing such as rehabilitation units, preparing for independent living.

The majority of service users (62 per cent) were living in permanent housing, mostly in independent tenancies. The majority in this group were resettled older people who had previously been homeless. Some were recently rehoused, although many had been housed for up to one year or longer, and still using homelessness day centres or other homelessness services. Most were considered to be at risk of losing their accommodation without the continued support of voluntary homelessness agencies. The group also included a small number of people who did not have a history of homelessness but who were using day centres for homeless people. Most in this group were considered to be at risk of losing their home because they were experiencing difficulty, often related to learning disabilities, heavy drinking or mental health problems, in coping with living alone.

The majority of service users had experiences of sleeping rough. The length of time spent rough sleeping varied considerably. Some had experienced short episodes of homelessness (for a few days or a few weeks) and had been re-housed quickly. Others had long histories of rough sleeping (10 years or longer). Some had experienced one episode of homelessness, while many others had repeated episodes of homelessness and being housed.

Perceptions of needs

The needs questionnaire was completed by 93 older people (table 4). These were either self-completed or completed with a staff member or a volunteer. Questionnaires were completed when a person was referred to a project or when he or she first joined a group activity.

Table 4 Participants' needs (n=93)	Number	%
Physical illness or disability	48	52
Learning difficulty	14	15
Mental health problem	54	49
Alcohol problem	44	47
Mental health and alcohol problem	19	20
Other substance misuse	5	5
Self-esteem/confidence	44	47
Social isolation/loneliness	47	51
Daytime occupation	58	62
Life skills	53	57
Social/communication skills	43	46

Health, disability and substance misuse

Forty-eight participants (52 per cent) reported having one or more chronic or significant physical health problems. Health conditions included respiratory, cardiovascular and neurological diseases. Many had alcohol-related diseases. A high proportion of participants had mobility problems or a sensory impairment.

Almost one-half of participants (49 per cent) had mental health problems, including those who had a formal diagnosis of schizophrenia, bipolar disorder, depression and anxiety disorders. Others, without a formal diagnosis, reported having mental heath problems or symptoms of mental ill-health including psychotic and depressive symptoms.

Many participants reported problems with anxiety or stress. A high proportion of participants were interested in trying complementary therapies to help with anxiety, particularly relaxation and aromatherapy/

massage (table 5). Other reported difficulties included poor short-term memory, difficulties concentrating and poor motivation.

Forty-seven per cent of service users had alcohol problems. The majority were heavy drinkers. Nineteen users (20 per cent) reported both an alcohol problem and a mental health disorder, although in some cases reported depressive or psychotic symptoms may have been alcohol-related. A small number of people (five) reported taking drugs.

Fourteen participants (15 per cent) reported mild-to-moderate learning difficulties. The majority of people with learning difficulties (10 out of 14) had mental health problems and six people with a learning difficulty had a substance misuse problem.

Self-esteem and confidence

Almost one-half of participants (47 per cent) reported problems with low self-esteem or poor confidence, which in some cases may be linked to depression.

Social isolation and loneliness

Just over one-half of participants (51 per cent) reported problems with social isolation or loneliness. Comments made in relation to loneliness were often with reference to a lack of a meaningful or close relationship, and estranged relationships with family.

Daytime occupation

Sixty-two per cent of participants expressed dissatisfaction with their current daytime occupation. Difficulties reported included:

- boredom and problems finding something to do in the day or knowing how to keep occupied;

- a perception of inadequate social, leisure and educational opportunities available to them;

- lack of accessible information about community facilities, activities available locally and travel and leisure passes; and

- difficulties using local facilities for leisure and interests, due to lack of confidence or health and mobility problems.

Life skills

Over one-half of participants (57 per cent) reported a need to improve life skills. The most common difficulties reported were with:

- budgeting;
- cooking;
- nutrition and healthy eating; and
- literacy and numeracy.

Others included:

- setting up and maintaining a home;
- shopping, housework and doing the laundry;
- attending to health needs and personal hygiene;
- health and safety in the home and knowing what to do in an emergency;
- dealing with official letters (Council Tax demands, benefit enquiries, bills);
- how to deal with debt or rent arrears; and
- coping with stress and life changes (associated with moving house).

Many older people said they were interested in life skills training (table 5).

Social and interpersonal skills

Problems with social and interpersonal skills were reported by 43 participants (46 per cent). These included:

- communication and listening skills;
- being in close proximity to, and mixing with, people;
- forming and maintaining friendships and relationships;
- unassertiveness;
- articulating needs and asking for help when needed; and
- expressing feelings appropriately and managing anger.

Participants' aims

Participants were asked why they wanted to join a group activity. The main reasons given at point of referral were to:

- learn new skills or gain knowledge;
- improve life skills/increase independence;
- occupy time/learn how to cope with boredom and loneliness;
- improve social and communication skills;
- build confidence and improve self-esteem;
- meet more people and make friends; and
- meet other people in a similar situation/share personal experiences with others/learn from others' experiences.

Additionally, a number of participants said they thought that regular engagement in an activity would help them to cut down on alcohol use.

Type of activity

An activity questionnaire was completed by 64 participants (table 4). Respondents were people who were interested in joining a group activity and there was a high expressed interest in a range of activities.

Music was one of the most popular activities included in the questionnaire. This included listening to music as well as learning to play an instrument. While unstructured social groups (e.g. a shared lunch, social club, games) were among the least popular type of activity included in the survey, group outings were very popular among participants. Bingo was also popular, although this was often with reference to the anticipation of winning prizes (e.g. free food and toiletries).

Participants were interested in structured activities, particularly those that were focused on learning skills or that had an intellectual component (including discussion groups, talks, life skills and reading). Sixty-four per cent of participants said they were interested in life skills training, especially literacy and numeracy, cooking and budgeting.

Talks and lectures on subjects of interest to participants were very popular, as were discussion groups (with 50 and 47 per cent expressing interest respectively).

Some topics suggested for educational courses, discussion groups or talks were:

- health issues
- life skills
- literacy and numeracy
- languages
- IT/computer skills
- current affairs
- social issues/social studies
- politics
- science
- history
- economics
- religion and culture
- philosophy
- first aid lessons
- women's issues.

The most popular activity included in the questionnaire was 'health issues', with 80 per cent of respondents expressing interest in this. Among the suggestions for health topics were nutrition and healthy eating, advice on keeping healthy, exercise and keeping fit, medication and first aid, mental health issues and the effects of alcohol on health.

Almost three-quarters of the sample (73 per cent) expressed an interest in taking up some form of physical activity, including walking, aerobics or keep-fit, dancing and swimming. Sports suggested by participants included football, netball, rugby, tennis, ice skating, badminton and volleyball.

'I enjoy the club. Would like keep-fit and exercise to be introduced.'

'We could have exercise or dancing or something. Maybe have some sporty session.'

'Keep-fit – I'd like that. Table tennis would be good.'

Participants were asked if there were any other activities not included in the questionnaire that they would be interested in. Ten people said they would be interested in doing voluntary work, especially helping activities. Participants were keen to have opportunities to share their skills with other people:

'I have lots of skills, but they're not of any use in the centre.'

Table 5 Activity preferences (n=64)

Activity*	Number of people	%
Educational activities		
Health issues	51	80
Life skills	41	64
Talks/lectures	32	50
Discussion group	30	47
Languages	19	30
Computing	17	27
Social and leisure activities		
Outings	40	63
Book group/reading	40	63
Bingo	24	38
Video and film	29	45
Informal social groups	8	13
Expressive arts		
Music	49	77
Art/painting/drawing/clay	27	42
Drama/acting/play production/play-reading	23	36
Creative writing	7	11

Activity*	Number of people	%
Physical activity		
Walking	29	46
Aerobics/keep-fit	22	34
Dancing	22	34
Swimming	21	33
Sport (football, volleyball etc.)	13	20
Complementary therapies		
Relaxation	32	50
Massage/aromatherapy	25	39
Reflexology	11	17
Yoga	4	6

*Activities may belong to more than one group. Dancing, for example, may be classified both as a physical activity and an expressive art.

3 The meaning of activity

This chapter considers the social, health and psychological benefits of activity, from the perspectives of older people and of frontline staff working in the homelessness field. Sources of data include semi-structured interviews with 55 older people who had regularly participated in group activities and interviews and group discussions with project staff. Names have been changed to respect participants' anonymity.

Outcomes for service users were examined from two homelessness projects in London providing group activities for older people (aged 50 or over). The study included a range of social, leisure, educational and physical activities.

According to the reports of older people and of project staff, the group activities benefited participants in a number of inter-related domains, including:

- enhanced physical health and mobility;
- improved cognitive ability and memory;
- reduced anxiety;
- improved social and interpersonal skills;
- reduced social isolation;
- improved self-esteem;
- improved motivation and interest;
- improved awareness of life skills and increased independence;
- a limited impact on reducing levels of alcohol consumption; and
- increased access to services.

Physical health and mobility

Of those who had joined the swimming and walking groups, a number of participants reported improvements in physical health from regular exercise. Reported health gains referred mainly to a general sense of physical well-being, although several people reported increased

mobility and improved co-ordination from swimming regularly. Physical activity also boosted self-esteem and confidence.

'The swimming has been absolutely brilliant. I have lost some of my motor skills but by joining the swimming I'm improving them…'

'The swimming, because I have a lot of problems with movement and it's given me confidence again.'

'Walking. It's good to get a bit of exercise. My general health has improved. It makes you feel like you've done something positive. It makes you feel good, and it's more fun in a group.'

Cognitive ability and memory

A number of participants reported improvements in cognition functioning or improved memory from taking in part in certain activities.

'I recognise the numbers at the bingo quicker. The bingo gets my brain working and it keeps my mind alert.'

According to older people, improved memory was also related to the routine of regular attendance at an activity.

Improvements in reliability and attendance were noted by the project workers. They observed that once people got into the routine of attending an activity regularly, they started to arrive on time for groups, and remembered to turn up for most sessions. This included some people who were previously unreliable and who invariably failed to keep appointments.

One man, for example, who had been known to be unreliable and forgetful, was arriving early for sessions within a few weeks of attending a group. It seemed that this was because he looked forward to the group and found the activity rewarding.

Anxiety

According to the self-reports of older people, activity had a temporary anxiolytic effect. Of the activities available to participants, activities most commonly noted for their anxiolytic effects were swimming, walking, music and outings.

'The trip was relaxing. I wasn't going to go as I'm not a good mixer. It helped me release a lot of tension. It drew me back in, helped to settle me back down.'

'I look forward to bingo and the music session. It's relaxing, the music. You can sit and relax, listen to music, have a nice dinner. It's nice to see people. Coming here keeps me quite busy. Something extra to look forward to.'

Improved social skills

Many participants said that by participating in the groups they learnt how to interact with other people. As groups progressed, they began to feel more comfortable being with people, and many reported improved social and interpersonal skills and increased assertiveness.

'The group discussion, because I learnt to communicate better and understand the people better. I improved my listening skills.'

'The discussion groups are very interesting. I have improved socialisation skills, listening skills, making-friend skills.'

'Good sense of humour and socialisation skills. Understand the people better. Discussion group, because of honest exchange of opinion. I learnt to listen a little bit.'

Improvements in social skills were demonstrated by participants not only during group activities but outside the group environment, in their day-to-day lives. Project workers observed how some older people who took part in the life skill groups, for example, became more assertive in the way they communicated with professionals and staff from other agencies – for example, by voicing their opinions, and making appropriate complaints and requests for services.

Reduced social isolation

For socially isolated older people, group activity can provide an opportunity to expand social

networks. The importance of the social element of the group was emphasised by participants.

> 'Somewhere to come and meet other people. I felt very closed off from the society due to living alone… It's given me a big lift and it's somewhere to go and I have made lots of friends.'

> 'To have company again and meet some interesting and intellectual people.'

Many participants had formed friendships and relationships with other group members, and in a number of instances these relationships were sustained outside the groups.

> 'Meeting people and making friends. Enjoyed the group loads.'

> 'I like it and enjoy it. I have made lots of friends and got more confident.'

> 'I enjoyed getting to know the people in the group – I felt welcome, it was a homely atmosphere. I felt I related well to everyone.'

Group activity may facilitate meaningful social engagement and provide an environment conducive to the development of friendships, which might not always develop in a less structured environment such as in a drop-in session.

For people who lack confidence, it can be easier to mix with others in a small group, particularly for people who are depressed or who lack confidence.

> 'It's easier in a group, talking in front of people. You can say what you think and the others would listen. It helps you to feel more comfortable. In the group you can feel more confident to express yourself and talk to other people. It needs to be small because in a big group I don't feel safe… I wasn't going to go in. I felt scared. I knew one of the other group members and that helped…'

Having a common focal point such as a structured discussion or an activity with a common goal can facilitate communication within the group and ease apprehension about social interaction.

> 'Having something to talk about, something we all do together, makes it easier. It gives you more to talk about. You don't have to worry about being left out, not having anything to say.'

Some participants said they valued the opportunity to spend time with others of a similar age who had shared experiences, although others said they would have preferred the groups to have been open to people of all ages.

> 'For being able to socialise with others of the same age. It's very good and also very interesting. Friendship. Some extra time with people of my age.'

> 'I think it's positive. Gives the over-50s people something to do with other over-50s. And it keeps us active.'

> 'Could the over-50s be open in the evening for one evening for dancing and other social activities, and for other people as well as over-50s?'

Self-esteem and confidence

Perhaps the most noticeable change in individuals from participating in a group activity, according to the self-reports of older people, was increased confidence and self-esteem:

> 'Getting out made me feel important. It kept me occupied and gave me a purpose. [I learnt that] I was a worthwhile person. It brought me out of myself. I had given up.'

> 'I gained confidence and respect and learnt not to be ashamed of my faults.'

> 'The discussion group, because it brings out the best in me. And also I like the idea of freedom of speech in the discussion session… Build up my confidence again and also getting better with my listening skills. I have gained confidence, and self-esteem.'

Such improvements in self-esteem and feelings of self-worth were also observed by the project workers. This seemed to impact on other areas of life including increased self-care and improved motivation.

Improved motivation and interest

Older homeless people are often demoralised and poorly motivated. This is sometimes linked to depression or heavy drinking. These people may become less and less active and less likely to receive positive feedback and support, which may intensify feelings of failure.

The aim is to increase the individual's frequency of engaging in activities that are reinforcing for the individual. Positive reinforcement may come from the activity itself (finding it rewarding, improving skills etc.) or it may come from being part of a group: receiving feedback, encouragement and support from other group members.

Participants benefited from the routine of regular attendance at an activity, whereas before their lives had lacked structure.

'Getting out of the house, getting into the routine of coming… The routine of coming out – makes it easier for me to go out at other times. I was becoming housebound.'

'Encouraging me to do some things again I haven't done for a long time. The swimming. I haven't been for a long time and I should go again… I would not like to go swimming alone but with a group it's great. With the swimming I'm a lot more comfortable… The swimming sessions have been most useful as I have not been able to go for very long time because I don't like going by myself.'

Once participants got into the routine of attending an activity they found rewarding, they tended to continue attending. One of the most common reasons for dropping out of an activity was not enjoying the group or not liking the choice of activities available, or finding them inappropriate to their needs.

Re-introducing pleasurable and rewarding activities can help to counteract lethargy and poor motivation, and reduce feelings of inadequacy.

Staff commented on how some people, having built up self-esteem from participating in the groups, were more likely to resolve problems when they arose, e.g. paying bills or sorting out debts, whereas previously they would not have paid the bill, and would have allowed debts to accumulate. This was also mentioned by older people. One participant observed, for example, that he had learnt

'how to manage things better, get food in, pay my bills, where before I couldn't care less.'

According to staff reports, some participants started taking more of an interest in their personal appearance and self-care. Such improvements were observed both within and outside groups, by the group facilitators and by other support staff. It seemed that this stemmed from the perception by older people of being involved in something that was purposeful, as noted by one worker:

'Len had put on a clean shirt and bought a new bag and a camera specifically for the day out. He refers to it as "the holiday". Something to feel excited about – a holiday. Every day's the same, nothing to look forward to… Another bought a briefcase to keep the paperwork in… Having something perceived as important and purposeful.'

Increased interest in personal health was demonstrated by reporting health concerns to staff, registering with a GP or attending hospital appointments. A worker described, for example, how one group member had changed since attending a group:

'John is still saying it was the best group he's ever been to… He is talking about his illness and hospitals. He was in denial before. Talking about his medication and worries, opening up more. He's becoming more respectful to staff, he's calmed down. He feels he is more of a worthwhile person than he was before, that he deserves to get better.'

Some participants explained how involvement in the groups had given them the impetus to renew old interests or take up new hobbies.

'I started taking an interest in doing things. I've started bike riding and I'm going to buy a budgie.'

Increased confidence enabled people to do things they might not have felt capable of doing previously. Some people moved on to other group activities provided by homelessness services. Many participants obtained or renewed travel passes and started getting out more. Some renewed previous social contacts and started visiting old friends.

A number of people starting accessing community facilities, sometimes for the first time in many years. They were going swimming, and to the library and leisure centres. A number of participants started doing voluntary work and several participants decided to look for paid employment. Two men found jobs during the course of the research.

Through involvement in meaningful activity, people may become aware that there is an alternative lifestyle open to them.

'The afternoon has been filled in, especially from the social aspect. It saves you from getting bored and helps you realise that there is another world outside your house.'

'It's good to increase my knowledge about various experiences about life. It broadens my mind.'

'The discussion groups are very good sometimes, depending on the theme… The discussion group, because it gets my brain working and also it makes you think of more of your surroundings and it makes me come out of myself.'

Participants said taking part in group activities had boosted their confidence and in some instances had increased their motivation to 'move on', and to break ties with the homeless life. This occurred more frequently within the time-limited life skill groups.

One man, for example, explained how during the group sessions he had come to realise that he had been becoming dependent. He said the group had given him the confidence to be more independent and do things on his own. Another man began doing some voluntary work several days a week in a community facility. After a few months of volunteering he stopped using the homelessness day centre he had been using for 10 years. He explained:

'I started taking an interest in things and found the motivation to move on rather than stay in old routines.'

Staff described how, since attending the groups, some participants had become more independent and had moved on to new things.

'Michael has moved on from the day centre. He has been able to fill his days in other ways. He has been to the library and started reading a lot. Michael has been shopping with Rick [another group member] – they have been cooking and sharing meals too. Michael said he felt he was budgeting better and that he was drinking less.'

'Eddie was very quiet but once he started you couldn't stop him talking. He was so nervous about going on an outing and doing anything new. Eddie enjoyed the outing because it was small. He has now engaged with his befriender and going out with him – that came out of the group. Eddie has been down to an agency and is getting back into work. He used to sell The Big Issue. *He thought about doing voluntary work but thought that would be a step down for him, so he went to an agency.'*

Increased independence

From the life skill groups, service users gained an increased awareness of life skills, and, according to staff reports, improvements in independent life skills were sometimes evident several months following the end of the groups.

The life skill groups focused on promoting and practising skills and developing self-help strategies, all of which increased independence:

'I learnt how to help myself.'

'Coping skills – do things right before getting my drink – pay my bills. Take responsibility for own life.'

'A good teacher – someone who knew what they were talking about. Putting theory into practice and doing things for ourselves. The health talk could have been less technical and more directed toward practical issues.'

Confidence was also boosted by involving people in planning and developing group

activities, setting ground rules and so on. This may also enhance a sense of belongingness as well as encouraging increased independence.

'We all had a say in what we wanted. E.g. the trip – everyone agreed together where to go etc.'

Alcohol use

As part of an overall alcohol treatment programme, engagement in regular activity may help people abstain or reduce their level of alcohol consumption.

In this study, participation in a group activity had a limited (but none the less significant) effect on drinking behaviour.

People were not permitted to drink alcohol during any of the activities, which gave people some 'time out' from drinking. For the majority of participants the effect on alcohol use was restricted to the actual time spent participating in an activity. During their involvement in activities, the majority of heavy drinkers did not reduce their level of alcohol consumption outside of the group situation. On the other hand, the group activities gave participants some quality time and social contact with others in a non-drinking environment.

For a minority of people, this effect generalised beyond the activity and led to an overall lower consumption level and, in a few cases, abstinence. A reduction in use of alcohol was reported by a small number of participants, and this was also observed by staff.

From the self-reports of participants, it seemed that regular activity helped (some) people to reduce alcohol levels in three ways:

1 A distraction from drinking

Involvement in an activity distracted most people from drinking:

'It passes time for me, and keeps me out of the off-licence because you can't have any drink in here.'

'It keeps my mind occupied and that helps me to cut down on the drink.'

'If we had more activities it would be helpful. We need more activities, then I wouldn't drink so much. When I do cooking etc. I don't drink.'

2 Increased motivation and improved self-esteem

Engagement in an activity gave some participants a reason not to drink. A few participants, for example, noted that they made an effort not to drink on the day of an activity or outing as they wanted to enjoy, and remember, the event.

For some people, participation in an activity increased their motivation to cut down or abstain from drinking by building self-esteem, by learning alternative coping strategies, and by increasing awareness of other ways of occupying their time. Several people said they had cut down on their drinking since attending a group and, by way of explanation, noted that they were now keeping themselves otherwise occupied.

3 Reducing environmental influences

It is widely believed that environmental contingencies play a powerful role in encouraging or discouraging drinking (Hunt and Azrin 1973). Activity (in a non-drinking environment) might help people cut down by the development of non-alcohol using (or abstaining) social contacts and relationships and by providing positive social reinforcement for non-drinking behaviour.

Among participants who drank heavily, their day-to-day social contacts were largely alcohol-using contacts. Within some of the groups, members supported each other in attempting to abstain. Some participants commented on the non-drinking environment of the groups being of benefit to them, and some mentioned that they found it more difficult to abstain when other group members had been drinking prior to an activity.

Access to services

During the course of group activities, many older people accessed primary healthcare services, mental health and alcohol services, housing advice and resettlement services, and other support services.

Participation in the group activities may have increased uptake of services in a number of ways.

- Having a dedicated worker to spend time building relationships with older people, and to undertake a detailed needs assessment, working at the individual's own pace, encourages use of services.

- Activity may provide a way of engaging with people who may be distrustful of services. Staff reported that some older people revealed their most pressing worries for the first time during an activity: these included the imminent threat of losing their home and serious health concerns. Some people may feel more comfortable asking for support in a less direct way, e.g. mentioning needs 'in passing' during an activity.

- Discussion groups may be a more acceptable and empowering way of imparting information. Holding discussion sessions on specific topics such as mental health, alcohol issues and benefits was useful for identifying areas of unmet need that might not otherwise have come to light. One worker explained:

  'Clients wouldn't have come to tell us about these things otherwise. It's good having discussion sessions – it brings issues out.'

- People may build confidence and self-respect by participating in a meaningful activity. They may then access health services and other sources of support because they come to believe that they deserve it.

- By sharing concerns in a group with others who have similar problems, people may feel more amenable to accepting support. This may occur, for example, when people realise they are not alone in the difficulties they experience, or by observing others accepting support.

4 Mechanisms underlying the therapeutic effects of activity

Imagesource

Participants reported a broad range of psychological benefits from their involvement in activities. These improvements were also observed by project workers. Indicators of improved affective symptoms included increased self-care, improved motivation, increased interest in activities, improved self-esteem and thinking more positively about the self and the future.

This chapter considers the possible mechanisms underlying the therapeutic effects of activity. Most likely, it is a combination of a number of factors that explains how activity influences psychological well-being.

The chapter draws on the interviews with project workers and 55 semi-structured interviews with activity participants. The sample includes people who had taken part in each of the activities:

- life skills groups
- discussion group
- talks and discussion

- German classes
- computer skills
- music group
- swimming
- walking
- social group and games
- bingo
- group outings.

As is often the case in 'real life' research (i.e. using existing activities, rather than an experimental design), there are difficulties in comparing the benefits of different activities. This places limitations on the conclusions that can be drawn regarding the benefits from different types of activity.

- Some of the activities were developed in accordance with the expressed needs and aspirations of older people. There were not equal numbers of different types of activity (educational, leisure, social or physical activity). There were more educational activities than other types of activity, which might bias the findings in favour of educational activities.

- Other types of activity (such as volunteering, other productive activities and expressive arts) were not included.

- The sample was one of convenience and the number of people interviewed varied slightly between different activities.

- Many participants participated in more than one activity, and sometimes three or four different activities.

- There were also overlaps in activity type, e.g. the life skill groups (an educational activity) also included a social group and outings (for this reason it is often difficult to categorise activity types).

- The duration of activities varied: some were time-limited while others were ongoing.

- The frequency of activities varied (weekly, twice-weekly, fortnightly or monthly).

None the less, some common themes emerged in interviews with older people and with project workers about how activity benefited people. The main factors that seemed to contribute to the therapeutic effects of activity in this study were the type of activity, activity characteristics, and the dynamics of group interaction.

Type of activity and activity characteristics

Older people reported gains from all the group activities. However, according to the self-reports of older people and the observations of project staff, there were different outcomes from different activities.

- Physical activity enhanced physical health and well-being, and swimming reportedly improved co-ordination and mobility.

- Self-reported improvements in cognitive ability or memory were mainly in relation to activities with a cognitive component, including, for example, number recognition in bingo, or memorising vocabulary or lists of numbers in the German classes. Poor memory also seemed to benefit from the routine of regular attendance at an activity.

- Increased social contact and the development of relationships within groups was reported from participation in all the activities, including the social group and from playing bingo, but especially from those that were structured and communication-based (life skills groups, discussion groups and language classes).

- Improved social and interpersonal skills were reported by older people from all the group activities, including informal social groups, as well as more structured activities, though particularly from communication-based groups (mainly the life skill sessions and discussion groups).

- Activities most commonly noted for their anxiety-reducing effects were physical activity (swimming and walking), music and outings. Music is thought to have a powerful effect on

mood (Osgood 1993), and singing to music can be an effective form of distraction. The music group was also a physical activity (dancing). Physical exercise has been found to have an immediate anxiety-reducing effect. An enjoyable day out can provide 'time out' from day-to-day stresses, and the simple act of having fun, and especially laughing, can reduce tension.

- Activities that involved learning new skills (especially the life skill groups and language classes) seemed to have the greatest impact on self-esteem. Physical activity also improved self-esteem.

- Improved motivation, interest and self-care, sometimes stemming from increased self-esteem and learning skills, were most notable from the life skills groups, though also observed in the other educational activities, physical activities, and from going on outings.

- Increased motivation to 'move on' and break ties with the homeless life, and increased use of community facilities, was more evident from the life skill groups. There are a number of possible reasons for this:
  - from these training groups, group members learnt the skills necessary for independent living;
  - learning life skills increased confidence in the ability to cope with independent living;
  - the training included a session on finding ways of keeping meaningfully occupied and discussed the various opportunities in the local community for leisure and educational pursuits;
  - in contrast to many day centre-based activities the groups were time-limited, which might have increased motivation to find an alternative activity following the end of a group; and
  - given the finite nature of the groups, members were also given encouragement and support by the group facilitators to find an appropriate activity in the community to move on to.

Mastery

Participants seemed to benefit from activities that were structured, goal-oriented, and that were associated with a sense of mastery. These were often activities that were mentally, physically or personally challenging.

In terms of self-esteem, self-worth and motivation, the activities that really seemed to make a difference were those concerned with learning skills or acquiring new knowledge.

When discussing the benefits of activity for self-esteem and well-being, participants often referred to skills or knowledge they had gained, including:

- learning a new language;
- learning to use a computer;
- increased knowledge of current affairs;
- improved life skills such as budgeting, cooking or learning a new recipe;
- enhanced awareness of health issues;
- improved number recognition from playing bingo;
- learning to swim; and
- improved interpersonal and social skills.

A sense of mastery associated with skill or knowledge acquisition improved self-esteem and motivation.

'I gained knowledge which brought back my confidence.'

'That's what it's all about – to better oneself. It's about moving on in life.'

While also applying to other skills such as learning to swim, this was particularly the case in relation to skills or knowledge gained from educational activities, or those that contained an intellectual component (life skills training, discussion groups, language classes and computing):

'The German classes are very good… I'm giving my German a brush-up. Because I can already speak it, but it is good to keep up one's language skills…'

'The German classes, because I'm learning a new skill. Very good. Danke, gut!'

'I've improved my German, and also friendship…'

'And learning the computer I like very much indeed. There's a lot to learn. I'm not used to expressing myself. Find it easier on the computer. Very interesting. Just started recently – six weeks. Later on I might be able to get on to the internet. Once I've mastered the computer, get on the net. It'll take a long time, it's a very new thing to me. Very instructive, learn to express yourself, it's easier. It seems to give you more sight.'

The beneficial effects of an activity may be related to the personal meaning the individual attributes to the activity. Among participants, the perception of 'meaningfulness' sometimes related to the perceived importance of an activity or a particular skill to society.

There was sometimes a difference between activities that were reported as having been the most enjoyable (i.e. mainly social groups, outings and bingo) and those that reportedly yielded the most benefit to participants (i.e. structured, skill-based/educational activities).

Interestingly, the kind of activity an individual finds rewarding may not always be the activity that the individual enjoys most. Williams (1992) advises that activities that provide a feeling of mastery may not necessarily be pleasurable, and activities that provide pleasure do not necessarily give a sense of mastery.

Group dynamics

One of the strongest themes to emerge in interviews with both older people and with project workers was the therapeutic benefit of the dynamics of group interactions: practising social skills, sharing feelings and experiences, working together and experiencing belongingness. This applied to all the group activities, though especially to communication-based groups such as the life skill groups and the discussion groups.

'The atmosphere of the group – the other members. I wanted to talk more with the group

and continue with the group and do things together like cooking, lunch, outings.'

Group work approaches are based on theories regarding the dynamics of group interactions and processes and their effects on the behaviour and reactions of group members. The group is seen as the therapeutic medium, and as having greater influence on outcomes than the content of the activity. This may be especially true for people who experience feelings of loneliness.

Practising social skills and reducing inhibitory anxiety

In a group people may benefit from practising social skills that have deteriorated through disuse, in a safe and supportive environment. Through interacting with others in the group people can develop the skills to elicit those behaviours that will bring positive feedback and reassurance. This can increase confidence in social situations and improve self-esteem.

'I learnt a lot – how to converse with other people. I feel better about myself.'

Many said they had gained an enhanced understanding of other people from participating in the groups, and some reported having gained an enhanced self-awareness:

'It reminded me of what I should be doing… Learning about my strengths and weaknesses and patterns of behaviour.'

Project workers observed that as the groups progressed, participants became more confident and started to interact more with each other. They noted that some older people who had previously isolated themselves became more social as the group evolved. One worker suggested that people gained confidence by being accepted by the group, whereas in the past they may never have felt accepted. As groups progressed, group members became more at ease in a group and more able to voice opinions. Group members became more comfortable being with other people, and some overcame their anxiety about being in a group.

'Anthony felt confident enough to say which sessions he didn't enjoy and why. He overcame his nerves of being in a group.'

Such gains were also reported by group members:

'I have overcome shyness and fear of people, and gained confidence. I learnt how to communicate with other people.'

'How to mix with people. Self-confidence and able to mix with people, whereas previously I always avoided having to be with people.'

A worker observed that, over time, the group members became more aware of being part of a group, and of how their behaviour impacted on other people. They started listening to each other more, letting others have their say, and showed increased respect for others' opinions.

In a structured group people can also learn how to deal with conflict. Workers noted that some people became more accepting of others and less judgmental during the course of groups. Group members displayed greater tolerance in each other. Such behavioural changes were also reported by group participants. For example, one participant said he had learnt more about

'dealing with difficult people – I learnt how to walk away from volatile situations.'

Some older people commented on the valuable opportunity to mix with a diverse group of people from different cultural backgrounds:

'The interaction of a disparate group of individuals. Meeting other people and learning how to get on with other people. Understanding more about where different people are coming from. A good varied mix of people was at the group.'

Sharing feelings and experiences

The groups provided a safe and supportive environment to explore feelings.

'People talking about their experiences and confidentiality… Learning new ideas… I would have liked to have listened to other people more.'

'Never been to a group before. Feel now I can talk easier to people. Talk and get things off my chest.'

'The company, talking to people, confidence, and telling people my needs… Feel more relaxed. It gave me some space and time for myself. Could talk and feel safe.'

A project worker noted that as groups progressed members began to open up to others and share problems, suggesting that they believed they were in a safe and trusting environment. This allowed people space to talk openly and share concerns. The worker explained that group members came to trust the group enough to disclose feelings of worthlessness, depression and self-isolation. They started to express worries and personal feelings, such as anxieties over health problems. She said that some group members had felt able to acknowledge and be honest about personal issues for the first time to a group of people.

This was also reported by group members:

'Learning more and giving my own experience of my own situation.'

'The chats we had – talking in a group. Sharing experiences, with everyone in the same situation. Being more open with people you have got to know well.'

Participants benefited from listening to others who had had similar experiences to themselves, who shared similar concerns and faced the same difficulties. This reduced individuals' sense of being alone.

'Listening to others and their views… I learnt how to feel at ease with myself.'

'Meeting people and listening to them. Others' point of view – people who have been in the same situation.'

'Peace of mind and knowledge from listening to others.'

The experience and expression of feelings within a group, especially when they have been withheld for a long time, can have a therapeutic effect. In a group, the individual may come to realise that they are not alone in their thoughts,

feelings or experiences, which may provide relief and reduced sense of isolation (Yalom 1985).

Working together

The kinds of activities valued by participants were those that encouraged reciprocity and inter-dependence, which made participants feel useful and valued. These focused on the sharing of information, experiences and skills between group members, such as occurred within structured communication-based sessions (discussion groups and life skill groups).

When talking about the life skill groups (which encouraged the sharing of skills between group members), participants often commented on how they had 'worked together':

'It was enjoyable to speak in a group, with everyone working together.'

'It's easier in the group. People talk to you, make you feel welcome. We all worked together to solve problems and helped each other.'

In a group people may benefit from the support and encouragement of other group members, and from helping other people in the group.

'We helped each other with problems. Everyone's problems got addressed. No ill feelings. People in the group were very friendly and supportive – made welcome. [The group facilitators] *made you feel welcome – gave you that bit of confidence you needed to be able to talk. Never once did anyone ever laugh at each other in the group… It was a small group. People were very friendly. People don't laugh at you, they tried to contribute. We helped each other. If there was a problem we couldn't solve,* [the group facilitators] *would be there to help.* [They] *would listen to you and the others would listen. All expressed feelings – no arguments. We would come to a mutual agreement.'*

Group members gained from helping and being of assistance to other people in the group, and from having feedback from others on their efforts and achievements. One worker said she thought improved confidence and self-esteem stemmed in part from people having the

opportunity to do things for other group members, such as cooking cakes for the group and seeing others enjoying them.

A sense of belonging

Staff observed how groups became cohesive during their course. One worker described how supportive roles developed within the group. She suggested that 'members gained support and comradeship which raised confidence and self-esteem'. The worker emphasised the importance of developing a safe and supportive environment which was accepting and non-judgemental that people felt they could relax in. She described, for example, how one group member benefited:

'Dave gained confidence. As time went on he put more in… felt he could contribute without being judged… Somewhere people accepted him. At the beginning he was very nervous. That reduced over the course.'

Group members felt accepted by the group, they built trust in other people, and formed relationships within the group. They experienced a sense of belonging:

'The sense that I am not alone.'

'Friendship, socialising with various people. Being part of a group makes you feel good and also gives me something to look forward to the next day.'

'The group accepted everyone as they were — they were non-judgemental. You can be open-minded. Everyone else was open-minded.'

During the course of the group, where group members become committed to the group, members work together, care about, support and accept each other. People may feel part of a group, perhaps for the first time in their lives (Yalom 1985).

Many participants were disappointed when the time-limited groups came to an end. They experienced a sense of loss. They said they wanted the groups to continue for longer, and to continue to meet up with each other on a regular basis. A project worker described the final session of one group:

'All were in agreement that it was a shame that the group was not continuous and ongoing. Bill made the suggestion of forming a Moving On Club in order to keep in touch with people and for continuity. Also suggested was a reunion at the end of the year. Nobody wanted the session to end and eventually, although somewhat reluctantly, left, but all stated they had gained so much from this group.'

Workers from both projects commented that group members felt a sense of ownership over the groups. The group became 'their' group.

'Three months after the group ended, Robert is a different person. Can't say it's all because of the group. Part of it is that he is having a lot of one-to-one as well. At the beginning he had no self-worth: "I'm an idiot," etc., he was always saying. Now, with one-to-one as well, he's so much happier and more content with himself… He now does voluntary work twice a week — prepares sandwiches and hands them out, sets things up for the sessions at the centre. He puts himself out to enjoy everything and has a go at everything. The difference was he was one of a group, not an individual on the outside alone. All felt a sense of ownership — it was "their" group. They were part of a group, not alone.'

5 Conclusions

Many participants reported problems with depressed mood, heavy drinking, anxiety and low self-esteem. Other reported problems included poor short-term memory, difficulties concentrating and poor motivation. Many participants were isolated or lonely and lacked meaningful occupation. A high proportion experienced problems with independent living, and many said they wanted to improve life and social skills. These were among the reasons given by older people for wanting to join a group activity.

Participants were interested in a wide range of activities. A high proportion was interested in physical activity. Music was also very popular among older people. Participants were interested in structured activities, particularly those that focused on learning skills or that had an intellectual component.

Older people benefited from all the group activities, and different activities yielded different benefits to participants. Reduced social isolation and improved social skills were observed with all the group activities. Physical activity, music and outings appeared to have a temporary anxiety-reducing effect. Physical activity enhanced physical health and improved self-esteem. According to older people, activities with a cognitive component, including bingo, helped with memory problems, as did the routine of regular attendance at an activity.

Participants seemed to benefit from structured, goal-oriented activities. In terms of self-esteem and motivation, educational activities seemed to yield real benefits to individuals. Learning new skills gave participants a sense of mastery which increased self-esteem and improved motivation.

Older people benefited not only from the content of an activity, but from being part of a group. Participants gained from the interactions which took place within the groups: from practising social skills, sharing experiences, working together, and belonging to a group.

Research about homelessness and older people (e.g. Crane 1999) has found that among the reasons for failed resettlement attempts are social isolation and loneliness, mental health problems, heavy drinking and difficulties coping with independent living.

Participation in structured group activities can help to:

- reduce the social isolation and loneliness often experienced after being rehoused;
- build life and social skills;
- increase self-esteem and self-worth;
- stimulate motivation and interest;
- distract from drinking and improve motivation to manage drinking behaviour; and
- increase independence and the motivation to 'move on'.

Meaningful activities can help to build the confidence and skills that are necessary for successful resettlement, tenancy sustainment and re-integration into the community.

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