

Towards the end of the book, Grierson reports that Olga suffered a fall after being with some former students. Olga had become distracted, and ended up falling down a steep flight of stairs. Olga was taken to hospital, and as a reader, you expect to read how this healthy fit nonagenarian was seriously injured. However, Grierson reports that whilst at the hospital Olga overheard two doctors looking puzzled at her X-ray film and commenting, 'How is this possible?' A 93-year-old woman takes a flyers header down a dozen stairs and she does not break a single bone?' (p. 209). This in itself is extraordinary, and adds further questioning to the longevity question.

What becomes evident towards the end of this book is that many studies and research in the past and at present do not include nonagenarians and this leaves scientists in difficulty when it comes to cut-off points or understanding the effects of a certain test. At the beginning of this journey, Grierson aimed to identify how a nonagenarian was able to compete across a variety of athletic events and several areas are considered (diet, genetic make-up or lifestyle choices), and all of these facets are covered in the book. Yet, despite ageing and longevity becoming a popular field of study, there is no direct answer to what has enabled Olga to be so physically active.

Grierson concludes the book with the nine rules for living, providing readers with several areas to consider. This book shows that it is never too late to change one's lifestyle habits; and that research in the above areas is still young and the future is very exciting for academics in this field.

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Beth Baker, *With a Little Help from Our Friends: Creating Community as We Grow Older*, Vanderbilt University Press, Nashville, Tennessee, 2014, 256 pp., pbk \$22.95, ISBN 13: 978 08265 1988 7.

This book looks at the issues of housing for seniors, and the range of possible solutions that are being developed by those who have been prepared to ask 'how do I want to live as I get older?' The narrative is balanced between highlighting research on housing, health and wellbeing of older people, with the practical schemes that the author has investigated. The strongest messages that emerge are:

- The importance of community and social networks in achieving a 'good' old age.
- The success of ground-up rather than top-down solutions.
- People are more willing to accept help in an environment where they are also encouraged to provide help.
- People want to be in control of the balance between possible risk and accepting an element of intrusion into their lives in order to live how and where they want.

The book first considers the existing situation; a generation of baby-boomers who pushed back the definition of old age and are recognising the limitations of available housing options. Those who have moved past denial are considering whether they can reorder ageing in the same way that they have been tackling other societal problems, with a particular emphasis on community and self-help. Based on the situation in America, there are no assumptions about looking to the state for solutions, but the experience is still relevant for those countries with a stronger history of public provision that is now under increasing pressure from the changing demographic.

The main part of the book looks at the range of housing options and supporting structures that are emerging. Through site visits, research and interviews, the author has covered a lot of ground looking at projects that are, for the most part, fairly successful in offering ways to 'age in place'. To be successful, these solutions must address not just the physical suitability of the home but create a social dynamic that can combat isolation.

Examples range from formal to informal, with different levels of paid and voluntary support and include:

- Bespoke housing developments such as co-operatives and co-housing communities.
- Support organisations such as the Village model, Communities without Walls or NORCs (Naturally Occurring Retirement Communities). These are self-organised networks where members continue to live in their own homes but provide and receive support from each other and/or from professionals who are paid for through membership.
- Individually focused solutions such as house sharing, living with friends or extended family housing.

The author also encounters some interesting examples of communities based around a shared interest or experience, such as one for retired postal workers in Florida set up by their trade union or a retired artists' colony in California. The US basis of the book is most evident in the section titled 'Getting from Here to There', which considers the financial and social support infrastructure that exists, as well as issues for developers and city planners. But as this is an ideas book and not a how-to manual, there are questions and possibilities raised which should be of interest to anyone involved in provision of services for older people. In addition, a number of the models have been spearheaded and maintained by a few dynamic individuals and attract more financially secure owner/occupiers so there is also the challenge to see how these could be realised for people in other circumstances.

By their own admission, most of the communities visited have not yet formulated their response to serious levels of illness, dementia or frailty. But

the author looks at the role of technology in enhancing the home environment (alas probably not in the form of a humanoid-type robot). In particular, the Full Circle model, pioneered by a local family doctor in Maine, has brought together elements of technology, community networks, volunteers and some limited paid support to enable people to remain in their own homes successfully when the normal expectation would be a move into care.

The anecdotal style of the book makes it very accessible and the references to research and other supporting documents provide a good starting point for anyone who wants to delve deeper. Also, given that most people hope to grow old, it's probably a book that everyone should read if they want to take control of their future.

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Sarah McGann, *The Production of Hospice Space: Conceptualising the Space of Caring and Dying*, Ashgate Publishing, Farnham, UK, 2013, 122 pp., hbk £60, ISBN: 9781409445791.

At the start of this book, the author claims that it will challenge the notion that hospice is not a building but a philosophy of care. This is a big claim to make and I do not think that it achieves this. However, in the final chapter the author reflects on the book's journey and concludes that hospice is a philosophy, 'but a philosophy that is anchored by space and spatial practices' (p. 110). This is a more modest claim, and one which I think the author goes a long way towards achieving; the hospice building can contribute much to the provision of good care under the hospice ethos, but the ethos does not depend upon the space within which the care takes place.

The author is an architect and the book is largely based around her work in designing the first two phases of St Francis Hospice in Dublin, Ireland. She is most assured when she is writing about this work. She describes the building as 'an unfolding narrative', and describes three themes which form the 'basis for a new conceptualisation for the production of hospice space' (p. 74). McGann draws on the work of a number of theorists from different disciplines in order to make her case, which she does convincingly here. The third theme, for example, privacy/community and the 'lived' hospice (pp. 97–104), illustrates her claim of the importance of space in the hospice philosophy. The design made flexible use of space in order to meet the needs of the different users of that space, and so that outdoor spaces were as integral to the design as indoor spaces. Natural light and the flow of movement around the hospice were key elements in ensuring that the needs of patients, for example, for being both sufficiently private and also being part of the hospice community, were met.

The notion of a space which is designed specifically to meet the needs of dying people, so that they may live well until they die, is attractive and