2015

Identifying the enablers and barriers to community participation amongst older adults

Nicole Papageorgiou
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Identifying the enablers and barriers influencing community participation amongst older
adults

Nicole Papageorgiou

A Report Submitted in Partial Fulfilment of the Requirements for the Award of Bachelor of
Science (Occupational Therapy), Honours,
Faculty of Health, Engineering and Science,
Edith Cowan University.

Submitted (September, 2015)

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Abstract

The older adult population in Western Australia (WA) has significantly increased over the last decade and continues to grow, highlighting the importance of maintaining their health, wellbeing and independence. This may be achieved by facilitating active ageing, enabling older adults to continue to live meaningful and fulfilling lives, contribute positively to society, and lower the demand on costly health and human services. Conversely, a lack of social engagement and community participation may hinder healthy ageing and lead to social isolation, which is adversely related to the quality of life and health status of older adults. Occupational participation is critical to active ageing and occupational therapists have the capacity to facilitate older adults' continued connection with their community. To date, there appears a paucity of occupational therapy research exploring the factors contributing to the community and social participation of community dwelling older adults living in WA. Research indicates that programs and activities encouraging community and social engagement are more successful when they have been developed with the input of the participants they are targeting. Therefore, this research aimed to identify barriers and enablers to participation in community-based activities experienced by older adults living in the northern suburbs of metropolitan Perth, WA. This generic qualitative exploratory study employed the Theory of Human Occupation and the Model of Human Occupation framework. Semi-structured interviews were conducted with 10 older adults, and transcripts analysed using thematic analysis. Analysis identified four reoccurring themes of meaning that were enablers and/or barriers to community participation. These were: *relationships*; *interests*; *personal knowledge and awareness*; and *resources and the environment*. It was concluded that intrinsic factors such as developing or maintaining strong relationships and developing interests enabled community participation. Barriers identified within this study included group culture and group structure (e.g. over 60 years specific) and difficulty

accessing transport. Recommendations were established to inform the development of future programs aimed at increasing community participation amongst this group.

Key words: active ageing; community-based activities; occupational therapy

Nicole Papageorgiou

Professor Ruth Marquis

Dr Julie Dare

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1. Background

This study was established to identify factors influencing the community participation of older adults living in north metropolitan Perth, Western Australia (WA), in conjunction with the larger *Ageing Well in Wanneroo* research project being conducted by Edith Cowan University in collaboration with the City of Wanneroo and Mentally Healthy WA. This study aimed to fill a gap within current literature, and to identify factors older adults experience as enablers or barriers to participation in community-based activities, from an occupational perspective. For the purposes of this study, enablers signified intrinsic or extrinsic factors that supported, provided, encouraged, or instigated participation in community-based activities. Barriers represented intrinsic or extrinsic factors that inhibited, obstructed, limited or prevented participation in community-based activities. Community-based activities were any structured or informal type of activity that took place within the community.

This study addressed the importance of maintaining older adults' health and wellbeing. This is important given the ageing population, evidenced both globally and nationally, as well as at local level in Perth, WA (Government of Western Australia, 2012; World Health Organization [WHO], 2014). Two key components necessary for older adults to maintain their health and wellbeing are occupational engagement and social participation (Adams, Leibbrandt, & Moon, 2011; Buys & Miller, 2006; Hawthorne, 2008; Stav, Hallenen, Lane, & Arbesman, 2012). Occupational therapists can play a valuable role in facilitating older adults' continued occupational engagement and social participation (Arbesman & Mosley, 2012; Clemson & Laver, 2014; Orellano, Colón, & Arbesman, 2012; Stav, Hallenen, Lane, & Arbesman, 2012; Steultjens et al., 2004). In this context, occupation is defined as the daily life activities that people engage in, which have purpose, meaning and utility, occur over time and are

influenced by an interaction of factors relevant to individuals' ability to master their environments and live personally meaningful lives (American Occupational Therapy Association [AOTA], 2014; Finlay, 2004). Occupational therapists facilitate healthy ageing in community dwelling older adults by addressing and promoting their occupational needs (Stav, Hallenen, Lane, & Arbesman, 2012). This can include initiating programs and interventions that largely focus on the maintenance or facilitation of social participation, functional independence, quality of life and wellbeing (Orellano, Colón, & Arbesman, 2012; Steultjens et al., 2004).

Social participation is defined in the occupational therapy literature as supporting social interdependence through involvement in intertwining occupations that encourage chosen or desired engagement in activities that facilitate social situations with others, such as the community, family, peers and friends (AOTA 2014). In contrast, an absence of meaningful occupation and social participation may hinder healthy ageing and lead to social isolation (Dickens, Richards, Greaves, & Campbell, 2011; Hawthorne, 2008; Luo, Hawkley, Waite, & Cacioppo, 2012; Nicholson, 2012). Social isolation is described in the literature as a multidimensional term related to an absence of both functional and structural social support (Dickens, Richards, Greaves, & Campbell, 2011; Victor, Scambler, Bond, & Bowling, 2000). Functional support represents the subjective view of the value of informational, emotional and instrumental support provided by others, whereas structural social support is an objective measurement of the size and frequency of support. Therefore, social isolation suggests a lack of both objective and subjective social support.

Research in WA has highlighted that older adults may be at an increased risk of social isolation due to factors such as living alone (Ferrara, 2009; Howat, Iredell, Grenade,

Nedwetzky, & Collins, 2004; Pettigrew, Donovan, Boldy, & Newton, 2014). For example, in 2009, 23% of all persons aged 65 years and over in WA lived alone, spending on average 74% of their waking hours of the day alone (Australian Bureau of Statistics [ABS], 2009). Furthermore, a study conducted in 2007 in Perth, WA used a random sample of community dwelling adults aged over 65 years (n=353) and three measures of loneliness to determine the prevalence of severe loneliness at 7%, with a further 31.5% reporting they felt lonely sometimes (Steed, Boldy, Grenade, & Iredell, 2007). This highlights the extent of social isolation in WA, and the importance of targeting and preventing social isolation among community dwelling older adults (Government of Western Australia, 2012; Howat et al., 2004; Steed et al., 2007).

This study included participants who were living in the northern suburbs of Perth, WA a typically culturally and socioeconomically diverse population. Participants who were actively engaged in community-based activities provided insights into features that enabled and/or prevented their community participation. The findings of this study, based on a sample of 10 active participants living in the community, will be useful to inform interventions and programs that aim to prevent social isolation. The following chapters outline the explorative qualitative study undertaken, and are presented in the format of a thesis.

1.1 Overview of the chapters

This honours thesis is organised into the following chapters:

Chapter one: Background – provides a background to the study, outlines the meanings of terminology used throughout the thesis and local significance of the study.

Chapter two: Introduction – provides an outline of the significance of the study in relation

to active ageing and social isolation. This chapter also outlines a discussion of the role of occupational therapy in facilitating occupational engagement in community dwelling older adults and delineates the purpose of the study.

Chapter three: Methodology – describes the qualitative methodology of this research and outlines how the study was undertaken.

Chapter four: Findings – displays the findings of this research.

Chapter five: Discussion – provides a discussion of the research findings with reference to current literature and the Model of Human Occupation.

Chapter six: Limitations of the study – outlines the limitations acknowledged within this research.

Chapter seven: Conclusions, implications and recommendations – presents key conclusions that can be drawn from the findings and discussion, discusses the clinical implications of findings for occupational therapists, and provides recommendations for future research.

2. Introduction

2.1 Significance and scope of the study

The proportion of the world's population aged over 60 years is predicted to grow from 11% in 2000 to 22% by 2050 (WHO, 2014), presenting new and unique challenges. In Western Australian (WA), in 2010, 17% of the population (397,063 people) were aged over 60 years (Government of Western Australia, 2012). Current statistics suggest that older adults are the fastest growing proportion of WA's population, with annual growth rates at 4.2% (ABS, 2014; Government of Western Australia, 2012). The significant increase in this segment of the population highlights the importance of maintaining older adults' health, wellbeing and independence. This may be achieved by facilitating active ageing, defined as "the process of optimizing opportunities for physical, social and mental wellbeing throughout the life course, in order to extend healthy life expectancy, productivity and quality of life in older age" (WHO, 2002, p. 12). Active ageing enables older adults to continue to live meaningful and fulfilling lives, contribute positively to society and lower the demand on costly health and human services (WHO, 2013).

In Australia, older adults have identified that participation is fundamental to active ageing (Buys & Miller, 2006). Participation for older adults takes place through continued occupational engagement (Adams, Leibbrandt, & Moon, 2011; Buys & Miller, 2006; Hawthorne, 2008; Stav, Hallenen, Lane, & Arbesman, 2012), identified by Buys and Miller (2006) as encompassing occupations related to community involvement and contribution, personal development, social interactions and work. In contrast, there is strong evidence that a lack of meaningful occupational engagement can hinder active ageing and lead to social

isolation (Dickens, Richards, Greaves, & Campbell, 2011; Hawthorne, 2008; Luo, Hawkey, Waite, & Cacioppo, 2012; Nicholson, 2012). Social isolation is defined as involving a lack of both structural and functional social support (Dickens, Richards, Greaves, & Campbell, 2011). This refers to the structural or objective measurement of size and frequency of social support provided by others, and the functional or subjective view of the value of support provided by others (Dickens, Richards, Greaves, & Campbell, 2011). Other risk factors that contribute to social isolation include living alone, reduced transport and mobility, retirement, feelings of loneliness and lower levels of occupational engagement (Coyle & Dugan, 2012; Nicholson, 2012).

Social isolation has been found to negatively influence quality of life and to impede active ageing in older adults by contributing to poor physical and mental health status (Coyle & Dugan, 2012; Dickens et al., 2011; Hawthorne, 2008; Howat, Iredell, Grenade, Nedwetzky, & Collins, 2004; Nicholson, 2012; Pettigrew, Donovan, Boldy, & Newton, 2014; Schnittger, Wherton, Prendergast, & Lawlor, 2012). It has also been linked to poor diet, nutrition and alcohol-related problems (Pettigrew, Donovan, Boldy, & Newton, 2014; Schnittger, Wherton, Prendergast, & Lawlor, 2012), and has been correlated with increases in falls, hospital admissions and re-admissions (Pettigrew, Donovan, Boldy, & Newton, 2014; Schnittger, Wherton, Prendergast, & Lawlor, 2012), and lower cognitive functioning (Boss, Kang, & Branson, 2015).

By facilitating occupational engagement, occupational therapists can play a key role in preventing and reducing social isolation amongst individuals and communities, and reduce the associated risks and consequences (Andonian & MacRae, 2011; Boldy & Grenade, 2011; Clemson & Laver, 2014; Howat, Iredell, Grenade, Nedwetzky, & Collins, 2004). However,

while occupational therapists' role in facilitating occupational engagement is well established in the literature (Arbesman & Mosley, 2012; Orellano, Colón, & Arbesman, 2012; Stav, Hallenen, Lane, & Arbesman, 2012; Steultjens et al., 2004), there is a lack of specific research evidence focussing on the efficacy of occupational therapy interventions, and little translation of research findings within ageing services (Clemson & Laver, 2014).

2.1 Objectives of the study

The overall objectives of this study were to identify enablers and barriers to older adults' participation in community-based activities using an occupational therapy framework, and to inform future development and delivery of interventions that promote community and social participation. Research suggests that programs and activities encouraging community and social engagement are more successful when they have been developed with the input of the participants they are targeting, thus, empowering participants to take ownership of programs (Cattan, White, Bond, & Learmouth, 2005; Howat, Iredell, Grenade, Nedwetzky, & Collins, 2004). In keeping with this approach, explorative qualitative methods involving in-depth interviews with older adults residing in the northern suburbs of metropolitan Perth, WA were undertaken. Interview data facilitated the development of an in-depth understanding and enabled an exploration of the factors contributing to community participation experienced by older adults from an occupational perspective.

The research questions this study aimed to answer were:

1. What factors do older people identify as enabling their participation in community-based activities?
2. What factors do older people identify as barriers to their participation in community-based activities?

3. Methodology

3.1 Theoretical framework

Philosophically, this study is based on the foundations of a constructivist epistemology, whereby reality is socially constructed, and individuals create their own unique realities and meaning (Crotty, 1998; Liamputtong, 2013a). Theoretically, this study is underpinned by the Theory of Human Occupation paradigm (Keilhofner, 2008). This theory underlies the conceptual occupational therapy model of practice The Model of Human Occupation (MOHO), a therapy practice model based on open systems theory that seeks to explain how and why occupations are performed (Kielhofner, 2008). MOHO provides an understanding of the complex relationship between participant volition, habituation, performance skills and environment. MOHO components enable occupational therapists to analyse and understand how individuals' occupations are motivated, organised and performed within the context of their environment, fitting with the philosophical assumptions underpinning the study.

3.2 Research Design

The study employed a generic qualitative approach as described by Percy, Kostere and Kostere (2015) to investigate participants' subjective attitudes, opinions, beliefs and experiences. This approach facilitates the exploration and interpretation of meanings and experience, the social constructs of reality, and enables the generation of evidence from diverse contexts and populations (Denzin & Lincoln, 2011; Liamputtong, 2013b; Luborsky & Lysack, 2006). Individual interviews using open-ended questions were considered the most appropriate method to gain an in-depth understanding of the enablers and barriers to older

adults' participation in community-based activities. Research indicates that in-depth interviews provide an opportunity to collect "rich thick data, which can best provide a window into the participants' experiences and perspectives" (Green, 1999, p. 45) in a conversational manner that maintains participant comfort (Liamputtong, 2013b; Serry & Liamputtong, 2013).

3.3 Participants and Recruitment

A purposive sample of 10 community dwelling adults aged over 60 years residing in the northern suburbs of metropolitan Perth, WA were recruited to provide in-depth information on their experiences of community participation (Liamputtong, 2013b). Participants were aged from 64-83 years, mean=72 years, and included nine females and one male. Nine participants were retired from vocational employment, one participant was engaged in part-time employment, and all participants were currently engaged in community-based activities. Four participants lived alone and six lived with their spouse. Participants were recruited at community-based activities such as craft groups and via snowball sampling techniques. The researcher initially contacted facilitators of community-based activities via email (Appendix A) to obtain consent to attend the activity to recruit potential participants. Potential participants were provided with a participant information sheet (Appendix B), and if they were willing to participate, provided the researcher with their contact details. Follow-up telephone calls were then made to these individuals by the researcher to arrange an interview time. Additional participants were recruited via snowball sampling, where participants distributed the study information letter to contacts they thought might be willing to participate, and with their permission, forwarded their contact details to the researcher. Potential participants were then contacted via telephone and invited to take part in the

research.

3.4 Data collection

Once verbal consent had been obtained, in-depth interviews were scheduled at a time and place convenient to the participant. Nine interviews were conducted during the day at the homes of participants and one interview in a local café. Before interviews commenced, participants were given the opportunity to ask additional questions, and asked to read and sign the participant consent form (Appendix C). The interview protocol (Appendix D) was pilot tested before interviews took place using a convenience sample of two older adults to ensure the questions aligned with the study's objectives (Liamputtong, 2013b). Questions were exploratory and canvased participants' experiences and perceptions of their daily occupations and community participation, their attendance/non-attendance at community-based activities, and level of social participation. Interviews were recorded using a digital audio recorder and varied in length from 31 minutes to 133 minutes. Field notes containing comments, observations and evaluations were taken following each interview and during analysis to ensure dependability (Liamputtong, 2013b).

3.5 Data analysis

Following each interview, the digitally recorded interviews were transcribed verbatim by the researcher, inclusive of emotional expressions, emphases and non-lexical sounds from recordings and with additional field notes to ensure contextual clarity (Serry & Liamputtong, 2013). Transcribed interviews were imported into NVivo 10 (QSR International Pty Ltd, 2014) data management software, and thematic analysis used to analyse the interview data,

following the process described by Braun and Clarke (2006). This involved making sense of the data as a whole by reading and re-reading the data. Initial codes were generated based on repeated patterns of meaning emerging within the data, and collated to identify tentative themes. Data related to each tentative theme was collected and tentative themes revised in relation to the codes extracted among the entire data set. Credibility of the coding frame was maintained through co-coding and examination of a segment of the interview transcriptions independently by two researchers until consistency of at least 75% was obtained (Elliott, 2011; Liamputtong, 2013b). Clear definitions and designations were generated for each theme with the use of a thematic ‘map’ of the analysis. Inductive codes generated within the data guided the development of the coding frame. A clear and consistent audit trail was maintained throughout analysis to uphold rigour (Liamputtong & Ezzy, 2005). Member checking with two participants occurred following data analysis to ensure credibility, and to review tentative themes to validate or dispute the researcher’s interpretative process (Liamputtong, 2013b). While theories within MOHO and the existing research literature informed the coding frame, data was not altered to fit prearranged codes (Creswell, 2007; Luborsky & Lysack, 2006).

3.6 Rigour

Rigour and trustworthiness were ensured throughout this study by applying the principles of credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985).

Credibility refers to qualitative findings and conclusions representing participants’ perspectives and experiences in the most truthful and in-depth means achievable (Liamputtong, 2013b). Throughout this study, credibility was addressed through use of member checking, purposive sampling, an audit trail, digital recordings and co-coding.

Transferability is related to the theoretical or analytical generalisability of research findings, when applied to other comparable individuals, groups or situations (Liamputtong, 2013b).

Transferability was addressed within this study by utilising a purposive sample, thick descriptions and an audit trail. Additionally, the findings of this study align with those reported in existing literature, enhancing the transferability. Dependability signifies the clarity of the research processes undertaken (Liamputtong, 2013b). Dependability was addressed within this study by the researcher's use of an audit trail, which detailed annotations and decisions made throughout data collection and analysis. Confirmability refers to research findings clearly representing analyses derived from the data, and not the researcher's own views (Liamputtong, 2013b). To ensure confirmability, the researcher utilised an established methodology and maintained an audit trail during data collection and analysis processes that displayed and explained decision-making, and co-coding was undertaken.

3.7 Ethical considerations

Full ethical approval to conduct this research was obtained from the Edith Cowan University (ECU) Human Research Ethics Committee. Participants were provided with information sheets and consent forms, on which written consent was obtained. All data collected during this process remained confidential, and was de-identified and coded with individual participants allocated pseudonyms. Hard copy lists of codes and names were stored according to the National Health and Medical Research Council (NHMRC) and ECU guidelines (i.e. stored separately, accessible only to the researcher and stored in a locked cabinet). Electronic data and associated documents will be stored and then disposed of as per NHMRC and ECU's confidentiality procedures after 5 years. Participants were informed that they would not be identified in any publications or reports emanating from this study.

4. Findings

The analysis of participant interviews identified four repeated themes of meaning that were ascertained as enablers and/or barriers to community participation. The themes were: *relationships; interests; personal knowledge and awareness; and resources and the environment.*

4.1 Relationships

Participants discussed relationships frequently, revealing that they had a strong influence on community participation. The desire to maintain or develop relationships often enabled and motivated individuals to access their community. However, in some incidences relationships acted as a barrier to community participation. Three distinct sub-themes were present within this major theme, namely *friends, family and neighbours and community.*

4.1.1 Friends

Relationships with friends were valued and beneficial to participants. They provided a platform for community participation and the exchange of social support through activities such as lunch dates, exercising, attending social groups or travelling. One participant, Louisa, discussed how her book club often became a social outing:

Well it was funny on Tuesday we were sitting there, we went to the restaurant last Tuesday, and we were chatting away, and we got to the time [end], well they'd been talking so much we hadn't mentioned the book.

Likewise, Mary discussed how she participated in specific community-based activities that appeared to be motivated by receiving social support and staying connected to friends:

Well, tennis is a bit of socialising and that... I mean craft is some days... sitting there, and you just gossip and try to solve the problems of the world and discuss whatever is the topic of the day.

Staying connected to friends had become engrained in participants' daily routines, with daily activities arranged to maintain social connections. One participant, Barbara, illustrated this when she discussed how she had established routines in which she and her friends maintained their friendship by accessing their community together:

Every second Sunday I walk with girlfriends. And then we sometimes through the week, the four of us, catch up for a movie or if it's a birthday we go out for a meal.

When describing how they had formed and maintained friendships from different social circles, such as former work colleagues, family and activity groups that supported their community participation, participants demonstrated ongoing and established efforts to maintain occupations that sustained or developed friendships.

Well the friend I had lunch with on Monday is a girl I went to school with. Then I have the friends that I have lunch with or morning tea who all worked together in the school canteen. Then, I have friends that used to be neighbours but have stayed friends, and we go out and have lunch. (Sue)

On Wednesdays it's friends again [motivate attendance]... cause... if it's a couple of weeks and you don't go, they might ring up and go "Where are you?" "Are you sick?" And Thursday they [friends] will definitely ring up and ask you [if you're okay] if you've been away more than a couple of times. (Jane)

Participants discussed the importance of remaining connected to friends and how they had made a conscious effort to sustain important friendships. They also referred to developing new friendships as a result of attending community-based activities, expanding their social networks. One participant, Sue, provided a particularly vivid example of how a lack of friendships acted as a barrier to participation:

She [sister] didn't develop a social network around her and she's suffering for it now, when she needs it, you know? And the other sister well, she, she always worked, and never developed any really close friendships.

4.1.2 Family

Maintaining family relationships also enabled community participation. Participants discussed maintaining connections with their family through routine family dinners and visits, baby-sitting, holidays, watching grandchildren participate in community-based activities and through phone or Internet contact.

Yeah, tonight at half past four I'll go and watch the grandson do his karate. Cause otherwise I'd be at work. Wednesday I go and watch Brad play indoor soccer because... cause now I've got Wednesday off I can. (Barbara)

I'll often babysit in the evening, but if I do I usually stay overnight and travel back in the morning, cause the grandkids are south of the river. (Faye)

Just as friends supported community participation, spouses were also enablers in accessing community activities. Participants who had experienced the loss of a partner highlighted their desire to sustain current activities or instigate a new activity within the community following the initial loss to establish new social connections. However, relationships with family could also inhibit community participation. This was evident in discussions relating to self and friends whereby participants stated that relationship dynamics could lead to decreased capacity to participate in the community.

See another thing that happens is husbands and partners make and stuff up the other person cause I don't know they're jealous or what. But often I see it so much in the radio club too that, people put things in the way to stop the other going out and I don't know why? You know take the car, put it in for a service on the day and that. (Mary)

We had a car each [in England] and of course, it's not necessary to have two cars here. So we just have got one car. And my husband thinks it's his car and he doesn't let me drive. I'll drive you anywhere you want to, but I don't want you to drive. (Shirley)

4.1.3 Neighbours and community

Maintaining informal relationships in the community was common. Participants explained this was important for them and described the benefit they got from communicating with people in their local community.

But if I go shopping and if I have to wait a while for Bill, I just watch and I smile at people that go past, and I think see how many people smile back. And I tell you what 99% of people smile back. (Dot)

Because I'm a local you see, you know the people in the pharmacy know me, and people sort of, you know "How are you?" or "How's your day going?" (Olive)

An emphasis on remaining connected and feeling supported by local neighbours was also discussed. Neighbours of similar age demographic gave participants social support as well as encouragement to connect with their local community.

Yeah, yeah we do [keep in touch]. But the woman on, next door to us, we know her pretty well. Yeah, oh yeah we do communicate quite regularly. (Joe)

My neighbour yeah. See I never see my neighbour cause she works. But I see her for birthday club, she always takes me. (Dot)

Although participants with younger neighbours may not see them regularly, they relied on them for physical and emergency support, such as assisting with favours in the home, agreeing to be an emergency contact on personal alarms and giving the older adult a sense of security.

Well next door I've got the best neighbours you could ever have. Never see them, months could go by and never see them or hear them because they're beside you so you don't

ever see them. But they're wonderful neighbours, and he's always there for anything you want, you know that's what neighbours are for. (Louisa)

Shirley was the only participant who did not have a relationship with her neighbours:

Well not so much neighbours because you don't, neighbours it's a bit sad now days but I think everybody sort of says the same thing. I don't know next [door], the neighbours here and I don't know them there. I did know them but they've you know they've rented the house out so I don't know them.

4.1.4 Summary of theme

These findings suggest that relationships frequently act as enablers to older adults engaging in community-based activities. Individuals may be intrinsically motivated to maintain relationships, facilitating participation and interaction within the community. Additionally, relationships appear to provide older adults with valued external support that continues their community engagement. Conversely, a lack of relationships, loss of a spouse and unsupportive relationships can be a barrier to community participation.

4.2 Interests

An innate drive and motivation to maintain or instigate occupations that related to personal interests emerged as a major theme in this study. Interests enabled participants to attend community-based activities and to maintain community participation. The two sub-themes portrayed under this major theme were *maintenance* and *development*.

4.2.1 Maintenance

Frequently, participants observed they had developed routines and habits earlier in their life that motivated them to maintain occupations associated with their interests. For instance, participants who had a ‘passion’ for craft throughout their life naturally sought community-based groups related to craft following their retirement, and established routines around those activities accordingly. Participants who were interested in books and read throughout their life often accessed a local library to exchange new books or enquire about ebooks. One participant, Joe, maintained his interest in the arts by volunteering at a theatre:

And so that’s where we got involved because they wanted people to do things. I didn’t want to go on stage, I don’t want to put up sets. That left us with things like, front of house, so I was, I was happy to do that. So, so we [wife] volunteered for that and got involved that way.

Participants viewed maintaining interests through engagement in community-based activities as vital. They felt that it provided them with the motivation to maintain the interest, improve their health outcomes, sustain relationships with likeminded people and engage in meaningful activities.

Well water aerobics [attends] because that gives you social as well the exercise and it’s always easier to exercise in a group, it’s more motivating then to exercise on your own, cause it’s always easy to say “oh won’t go today” but if you’re committed to a group it’s a lot harder to say, “can’t go today” or you know. (Sue)

The challenge of doing something [motivates attendance]. And yeah, I think and the

group of women. We're all individuals but we all have a common interest in what you can do with your hands... I used to... before I came over here, I belonged to a cross-stitch group. (Olive)

And it gives you something to do, I'm not too big on sitting watching too much TV.
(Barbara)

4.2.2 Development

Development of new interests also facilitated participants' involvement in the community. A new interest was often conceptualised by participants prior to retirement:

Actually, when I, when I retired I thought I'd learn to play bridge and for some reason I thought that would be a fun thing to do. (Olive)

I guess I always envisioned that when, when I would retire that, I would spend more time doing things like riding my bike. Go up and down the coast, round the river whatever, round the trails and so on. (Joe)

Oh yeah and I think that's the important thing when you retire, that you have to have hobbies or develop hobbies. (Mary)

Participants who developed new interests stated that they were motivated by the challenges associated with learning new things. New interests such as travel, flower arranging, volunteering and playing life ball, tennis and scrabble often facilitated larger social networks.

But it does make you think [activity] and I think... particularly... because I live alone... you know, you have to set up some challenges for yourself. And... whether they be this, you know, what you're doing at craft, or, or what. (Olive)

Well the one I go on Tuesday [craft group] that's the friendships and the diversity [motivate attendance], the fact that you might pick up some new craft, something that you really like. Cause that's what... like having different things like that lets you find something you think you wouldn't have liked. (Jane)

4.2.3 Summary of theme

Older adults in this study identified that engaging in occupations related to their interests enabled community participation. Additionally, attending community-based activities that were structured to facilitate the development or maintenance of interests supported their community engagement. However, it was suggested that older adults who had not previously developed or maintained interests post-retirement might experience this as a possible barrier to community engagement.

4.3 Personal knowledge and awareness

Participants' intrinsic understanding and awareness of their own health and wellbeing, and acknowledgment of the importance of remaining engaged, underpinned their motivation to participate and contribute to the community. The three sub-themes evident within this major theme were *health*, *local knowledge* and *positive outlook*.

4.3.1 Health

Maintaining sound health and preventing physical and mental health decline were of considerable importance to participants, who believed that community engagement positively influenced health and wellbeing.

Motivation [to participate] is to keep a healthy active life. I'm a firm believer in that as soon as you start saying, no the one expression I cannot abide is "I can't be bothered" that is one expression that you hear often, and I cannot abide. (Sue)

Because I think to myself, I've heard of a lot of people, you know when they're around 80, they just sit. And I don't want to be like that. (Dot)

Participants described physical and psychosocial benefits arising from remaining socially connected and busy as an intrinsic motivator that often made it easier to overcome barriers to community participation.

They're very necessary, absolutely, necessary. And I'm not doing well with health, and, and I will go [to craft class] even when I'm not feeling that good. Because, I make the effort and because I'd rather make the effort and go, because I would be literally stuck here and wouldn't see anybody if I didn't get out. And that's not good. So, even when I'm not feeling up to it, some days I just can't and that's all there is to it. But when I can, I go. (Louisa)

However, changes in health that lead to functional decline did present barriers for some participants:

Oh I could belong to anything if I could participate I would... because being 80 your bones aren't as good naturally. But [I] would like to walk along the beach... but I can't do that, never mind. (Dot)

Well with the competitive tennis when I had to start wearing bifocal glasses, you know so that was a natural way of stopping tennis. (Sue)

4.3.2 Local knowledge

Awareness and knowledge of resources within the local community such as activity groups and civic spaces was evident, and allowed participants to maintain or develop access to the community.

I mean there's... everything's there if you just find it. I think even going with one of the girls. I just went to have a look [at leisure group] see what it was like. (Barbara)

You've got to go out and there's a tremendous amount to do if you just want to sort of go out and join in. (Shirley)

Participants had also taken to going on regular outings to familiar spaces, such as having a cup of coffee or getting some lunch at the local shopping centre, just for the sake of getting out of the house and into the community.

I hadn't realised, but I need to just get out, you know, because you know like a little outing you go and you have a cup of coffee and you're out. (Louisa)

I usually go out every day, sometimes it's just up to the shop or Spotlight or, you know if I'm looking for something for my craft on Tuesday. But I go out most days, sometimes I'll just have a coffee and a sandwich or something. (Jane)

Having an awareness of the local area increased participants' ability to socialise and stay connected to the community. Louisa described the importance of making the effort to get out into the community, which often led to learning about other social or interest related activities:

Things come out of, out of putting your self out there you put your message to get something else, if you're not there in the first place you don't know about the other.

4.3.3 Positive outlook

Maintaining a positive outlook was recognised as important and contributed to achieving and being satisfied with levels of participation. By remaining aware of the benefits of a positive outlook, participants were often able to modify their behaviour to remain socially connected and content with functional changes. The following comments highlight this positive outlook, and the link to participants' sense of contentment:

I'm well blessed really. Just get a bit of arthritis in the knee but then everybody else does don't they. Yep. (Shirley)

So very lucky really, when I think about it, I live the good life [laughs] no really when you think compared to the lot. (Louisa)

Well, because well, I'm fairly fit and I don't stress out about anything, I try and stay as calm and as casual about things as I can. (Sue)

I don't think I can do anything more in my life I think I'm, I'm quite content... Life just goes on. But most of all I look out there and just think, how lucky I am. I am, I just love it. (Olive)

4.3.4 Summary of theme

These findings suggest that possessing knowledge of the local facilities available and being aware of strategies to maintain their physical and mental health enables older adults to engage in community-based activities. Furthermore, older adults who had a positive outlook supported their own involvement within the community by overcoming physical setbacks. Some older adults, however, are unable to overcome physical decline and this can be a barrier to their community participation.

4.4 Resources and environment

Participants discussed the external resources and environment to an extent that signified their impact on enabling or inhibiting community participation. Within this major theme, three sub-themes emerged; *local facilities*, *group culture* and *accessibility*.

4.4.1 Local facilities

The availability, location and structure of local facilities where participants could attend community-based activities influenced active engagement. They often described an

abundance of facilities in the community that they could attend if desired. This included local libraries, seniors bus tours, craft groups, leisure centres, gyms, yoga centres, tennis clubs, swimming pools, theatres, cinemas, walking clubs and walking/bike paths. Participants explained that they felt “spoilt for choice” and that “a group was probably out there” if they could think of it or tried to find it.

Well I think we’re very lucky to have what I know of [community activities]... there’s probably a lot more. (Dot)

There’s all sorts of things [community activities] that I... that I could possibly do but right now. I mean I don’t feel as those I have time or the need to do it. (Joe)

Well there’s things like [gym group] that are already there that I often think I wouldn’t mind doing, it’s just a matter of getting around to it. (Mary)

I’ve got their news letter [council] and that’s very good because they do give you all sorts of things, you know like activities and, we, we did go. I think it’s there if you want to do it. (Shirley)

4.4.2 Group culture

The dynamics and culture of groups were discussed as influencing participation. Groups that were structured in a supportive or social manner appeared to benefit members and motivate their participation. However, groups that were more competitive in nature or posed too much of a physical challenge were described as ‘off putting’ to some people.

Yes the lady that runs it is very competitive, yeah. Which puts a lot of older people off, because they think they're going to get hurt. She's very physical. (Jane)

She [facilitator] said "You didn't enjoy that one bit did you?" and I said "No and I'm not coming back" and she said "Why?" and I said "It's not for me." I thought it was going to be social where you have a chat with somebody, you know? That sort of thing but it certainly, they played for sheep stations, believe you me. Oh... they are deadly serious! (Olive)

The direct targeting of 'seniors' or 'over 60s' in community-based activities was also perceived as a barrier. Participants explained that they often felt 'younger than they looked', and that groups that were aimed at seniors exclusively did not appeal to them. This perspective was exemplified by comments from Joe and Shirley:

Yeah, yeah, yeah I think that all of these things are probably aimed at people who feel a lot older than they might actually be. Yeah, so that's what it needs rather than, rather than aged based groups it needs interest based groups. So you know, you can have those, you can have model railways for examples where you could cater for all sorts of people.

But like-minded people of all ages, yeah. That's I think that's what people need they don't want to be just for old people, not seniors club [laughs]. Cause that was a class you know you don't join until you're a certain age, 60 now. And 60 is 50 now isn't it [laughs].

Instead, attending activities that were based on interests and open to a wider demographic that didn't explicitly target them as 'seniors' encouraged participation, as illustrated by Louisa:

I think it's healthy to mix a bit, and well they obviously enjoy otherwise they wouldn't keep coming and it doesn't matter, because whether you're 21 or 81 you're discussing that. And so who cares how old you are? And I think this is very healthy.

4.4.3 Accessibility

Genuine concerns were raised in relation to the accessibility of facilities. Overall, participants were able to drive or navigate public transport independently, which was highlighted as important in enabling access into the community. However, participants were concerned about transport options limiting some older adults' community participation.

But there's not many, there's dozens of car spaces for mother and child but when it comes to seniors there's not that many. And you do see a lot of seniors that can't get about, you know they can't really walk really far and there's hardly any facilities you know. Obviously, I know some can get disabled. But then otherwise, I guess if you don't park at the train it's not so bad, but yeah even train stations, a lot of seniors can't catch the train cause there's no parks. (Shirley)

If I want to go into town in the middle of the day, I can't get a park at the [train] station so I think that's, that's sad for older people. Lucky I can just walk out on the road there and get a bus down which isn't far. But there are a lot of people on side streets or have to walk to the bus stop and then so. (Barbara)

Now yesterday I had to go down the chemist to get some stuff, not major stuff, but you've got to get there, so how do you get there if you haven't got a car? And taxis sometimes, if you're going to somewhere like that, they won't come and get you because the trip isn't eh, worth it. You need, you must have a car, when the car goes, you go. That's it. (Louisa)

4.4.4 Summary of theme

Older adults in this study identified that having an array of advertised and appropriate community-based activities available to them enabled their community participation. Additionally, findings suggested that a group's culture (non-social) or structure (over 60 years) might inhibit older adults' attendance. Inadequate parking at local train stations and shopping centres were also identified as an extrinsic barrier to older adults' community participation.

5. Discussion

Congruent with previous research, this study identified both intrinsic and extrinsic factors that influence older adults' community participation (Andonian & MacRae, 2011; Buys & Miller, 2006; Steultjens et al., 2004). These factors were related to individuals' daily occupations, as distinguished within research themes in this study. Participants in this study were all involved in community-based activities; therefore, findings provide a valuable insight into factors and strategies that enable older adults' community participation. Overall, the findings were positive, with participants identifying many more enablers than barriers to their community engagement. These findings align with those presented in past research that explored the lifestyles of older adults who were actively ageing (Andonian & MacRae, 2011; Buys & Miller, 2006; Kristina, Jan, & Ewa, 2012; Nilsson, Lundgren, & Liliequist, 2012; Yuen, Gibson, Yau, & Mitcham, 2007).

In order to understand and apply the findings of this study to interventions or programs aimed at increasing older adults' community participation, it is suggested that they are implemented through the relevant discipline's conceptual practice model. Such models draw on a number of theories to understand a given issue within a particular environment (Glanz, 2008; Kielhofner, 2009). Within occupational therapy, a suitable evidence-based theoretical practice model that can be applied to further understand or conceptualise older adults' community participation is the MOHO. As previously described, MOHO provides an understanding of the complex relationship between participants' volition, habituation, performance skills and

environment (Kielhofner, 2008).

Throughout the study, it was evident that participants' volition enabled their community participation. Older adults who were actively engaged in community-based activities valued maintaining relationships, which motivated their attendance. Additionally, they held personal beliefs that it was important for their physical and mental wellbeing (which was also valued) to stay connected to others and access the community. These findings reflect those of previous studies which have identified various volition-based themes when investigating strategies used by older adults to remain independent (Yuen, Gibson, Yau, & Mitcham, 2007) and socially connected (Andonian & MacRae, 2011). This suggests that older adults' values, interests and personal causation must be considered as a whole when promoting their social participation and preventing social isolation. Conversely, lower levels of community participation in older adults have been associated with depression and anxiety, which often diminishes motivation, and makes it difficult to remain socially connected (Painter et al., 2012; Wilkie, Peat, Thomas, & Croft, 2007).

Within findings, it was evident that participants greatly valued maintaining their personal interests, and these provided a conduit to social engagement. This supports previous findings, which suggested that community-based groups that are interest-focused encouraged older adults' participation (Andonian & MacRae, 2011; Berger, McAteer, Schreier, & Kaldenberg, 2013; Lee, Lee, & Park, 2014; Ormsby, Stanley, & Jaworski, 2010; Richeson, Buettner, McKenzie, Fitzsimmons, & Keller, 2006). Previous research also suggested that designing groups to promote the development or maintenance of friendships, health and interests encourages community participation by older adults (Andonian & MacRae, 2011; Dickens, Richards, Greaves, & Campbell, 2011; Nicholson, 2012). This provides further validation for

this study's findings, in which participants preferred interest-based activities to those that targeted people of 'older' age explicitly. Thus, interventions that are uniquely developed to target or educate individuals on the benefits of developing interests, valuing post-retirement relationships and remaining connected to their community may contribute to preventing social isolation.

Having well-established habituation patterns also positively influenced participation.

Participants described habits and roles that had been developed around attending community-based activities, consequently becoming part of their daily routines. Often these were established earlier in participants' lives, encompassing historical values and interests that continued into older adulthood. Additionally, previous studies have identified the importance of beneficial habituation patterns for older adults' actively engaging in their communities (Andonian & MacRae, 2011; Jonsson, 2011; Sprange et al., 2013; Yuen, Gibson, Yau, & Mitcham, 2007). This emphasises the importance of individuals developing healthy routines and habits earlier in life as a preventative strategy to mitigate future social isolation, and including strategies to promote active engagement in retirement planning.

It was evidenced throughout interviews that participants believed their performance capacity was greater than that indicated by their declining physical function. Participants' positive attitudes and personal knowledge shaped the way they experienced their physical and psychological abilities, motivating them to participate to maintain their health and wellbeing. These findings align with studies that identified older adults who self-rate their health as good, or place importance on remaining healthy, are more likely to take part in health-promoting behaviours (Peralta-Catipon & Hwang, 2011; Yuen, Gibson, Yau, & Mitcham, 2007). Furthermore, older adults who fear further functional decline, such as falling, have

been identified as less likely to engage in activities (Mulry & Piersol, 2014; Painter et al., 2012), a finding reinforced in this study. This suggests that targeting the subjective experience of older adults' performance capacity, which might be more effectively treated than objective functional decline, may promote greater community participation.

Finally, the environment was identified as both enabling and inhibiting community participation. In general, the physical environment did not affect community participation, with many groups and services seemingly available, and in spaces deemed as appropriate (community centres, near to transport, adequate facilities etc.). However, the issue of limited parking close to shopping centres and near to public transport suggests that further consideration or exploration of alternative options for transport is needed, as highlighted in previous studies (Andonian & MacRae, 2011; Dahan-Oliel, Mazer, Gélinas, Dobbs, & Lefebvre, 2010; Mulry & Piersol, 2014). Furthermore, participants emphasised the important social aspect of community groups. Therefore, as evidenced in previous studies (Andonian & MacRae, 2011; Ormsby, Stanley, & Jaworski, 2010; Yuen, Gibson, Yau, & Mitcham, 2007), groups that emphasise opportunities for social engagement may encourage and sustain attendance.

6. Limitations of the study

The study comprised of a small sample group (n=10) and does not claim to be representative of the broader population of older adults living within the community in the northern metropolitan area of Perth, WA. However, in qualitative research, small sample sizes are accepted, as they facilitate the collection of in-depth information about participants' experiences in the area of investigation (Liamputtong, 2013b). Selection bias for this study is presumed, as participants who volunteered to take part may vary to those who did not. Older adults who did not participate may not engage as actively within their community, and may be more self-conscious about sharing their experiences with others. Additionally, the sample largely consisted of females (n=9). Although females are more highly represented in this age demographic (ABS, 2014), it is acknowledged that findings may differ for studies incorporating larger male samples. Furthermore, reflexivity of the researcher conducting the interviews must be accounted for, as being a younger female occupational therapy student may have influenced the information given by participants.

7. Conclusion, implications and recommendations

7.1 Conclusion

This study provides evidence of factors that enable and inhibit older adults' community participation within north metropolitan Perth, WA. Intrinsic factors that enable community participation, for example, developing or maintaining solid relationships and developing interests, were found to have a strong association with older adults' volition, habituation and subjective performance capacity. Occupational therapists can use the intrinsic enablers identified in this study to support older adults to identify and develop personally meaningful lifestyles that will promote their community participation. Occupational therapists may employ these within individual interventions and through advocating for primary whole population campaigns targeting active ageing and prevention of social isolation.

Additionally, barriers that were identified in this study such as group culture and group structure (e.g. over 60 years specific) must be considered when community-based activities are planned. Occupational therapists can advocate for community-based activities to be structured as predominantly interest and social-based. Furthermore, the environmental issue of adequate access to public transport was identified as a barrier to community participation. This may be addressed through advocacy to local council and government, and via ensuring older adults receive information on available and suitable transport alternatives.

7.2 Clinical implications and Future Directions

This study identified that intrinsic factors play a vital role in influencing older adults' community participation. As an implication of these findings, occupational therapists and program developers should ensure that they consider both intrinsic influences and environmental factors, when targeting older adults' community participation. Further directions for research in this area include investigating barriers and enablers to older adults' community participation with a greater emphasis on males and socially isolated older adults.

7.3 Recommendations

The findings of this study provide several recommendations to extend this research. These recommendations are detailed below:

- To obtain a deeper understanding of the factors influencing older adults' community participation, research needs to be undertaken with a sample that includes a larger number of older males. Males' views on barriers and enablers to community participation may vary in scope to those identified in this study. Therefore, exploration of these may better inform activities targeting the increased community participation of both mixed and gender specific cohorts.
- As interests-based groups were identified as enabling older adults' community participation, more research needs to be conducted examining older adults' areas of interest. Community-based programs or activities may then be developed to target particular interest areas based on research findings and tailored to suit the particular interests of individuals within corresponding geographical locations.

- The efficacy of occupational therapists facilitating older adults' participation in community-based activities has not been explicitly researched. Further research could evaluate the effectiveness of occupational therapy interventions aimed at increasing older adults' participation in community-based activities. Findings from such research could be used to identify the scope in which both the intrinsic and extrinsic findings of this study are addressed, and/or could be informed by the enablers and barriers to community participation identified in this study and in the existing literature.

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Appendix A Group facilitator recruitment email

Subject: ‘Ageing well in Wanneroo’ research project

Dear <insert name here>

I am writing on behalf of Edith Cowan University (ECU) regarding a research project investigating community participation.

I will be conducting this research as part of the requirements of a 4th year honours project within the Bachelor of Science (Occupational Therapy) (Hons) at ECU. This research project is part of a Healthway funded research project titled ‘Ageing well in Wanneroo’ being conducted by the ECU School of Exercise and Health Sciences in collaboration with the City of Wanneroo and Mentally Healthy WA.

The purpose of this research project is to explore and understand the factors that contribute to community participation amongst adults aged over 60 years living. The research project will provide important information to help support the development of community interventions and programs in northern metropolitan Perth, WA, and inform future research in the area of health and wellbeing of older adults.

I am currently looking to recruit participants for this project and was hoping it may be possible to either – attend one of your <insert activity name> sessions to provide members information about participating in my project, or, provide you with a participant information sheet to forward onto any suitable participants who may contact me if interested.

Participation involves taking part in an interview, at a time and location convenient to the individual, that will last for approximately 50-60 minutes.

As a token of appreciation for their time, participants will be provided with a \$20 gift voucher.

This research has Edith Cowan University approval based on the fulfilment of ECU Human Research Ethics Committee

Regards,

Nicole Papageorgiou

Appendix B Participant information form

RESEARCH ETHICS OFFICE

For all queries, please contact:

Research Ethics Officer

Edith Cowan University

270 Joondalup Drive

JOONDALUP WA 6027

Phone: 6304 2170

Fax: 6304 2661

Email: research.ethics@ecu.edu.au

03/08/2015

Re: ‘Ageing well in Wanneroo’ research project

Dear

I am writing on behalf of Edith Cowan University (ECU) and the City of Wanneroo to invite you to take part in a research project investigating community participation. I will be conducting this research as part of the requirements of a 4th year honours project within the Bachelor of Science (Occupational Therapy) (Hons) at ECU. This research project is part of a Healthway funded research project titled ‘Ageing well in Wanneroo’ being conducted by the ECU School of Exercise and Health Sciences in collaboration with the City of Wanneroo and Mentally Healthy WA.

What is the purpose of this research?

The purpose of this research project is to explore and understand the factors that contribute to community participation amongst adults aged over 60 years living in the City of Wanneroo. The research project will provide important information to help support the development of community interventions and programs in northern metropolitan Perth, WA, and inform future research in the area of health and wellbeing of older adults.

What is required of me?

Based on your current location and activity level you are being invited to participate in this research. I am interested in talking to you and hearing about your daily life and participation in the community.

Participation will require you to take part in an interview, at a time and location convenient to you, that will last for approximately 50-60 minutes. As a token of our appreciation for your time, we will provide you with a \$20 gift voucher.

Will the information I provide remain private and confidential?

Participant privacy and confidentiality of any information disclosed is assured at all times.

With your approval, your interview will be digitally recorded to be used in the research analysis. All identifying information will be removed from the information collected and your name will not be used in any reports or publications. The information will be stored securely

at ECU.

Do I have to participate?

Participation is voluntary, and you have the right to withdraw at anytime. Records and any information collected during your participation in this study will be destroyed if you choose to withdraw, unless you agree to allow the researcher to use any information collected before your withdrawal. It is assured that your current or future participation in services or programs will in no way be affected by refusal to participate or early withdrawal for this research.

A report of the research outcomes will be sent to you on request upon completion of the project.

Does this research have approval?

Edith Cowan University and the City of Wanneroo have given approval for this research to take place, based on the fulfilment of ECU Human Research Ethics Committee review and approval measures.

If you have any concerns or complaints about the research project and wish to talk to an independent person, you may contact the Research Ethics Officer by phone: (08) 6304 2170 or Email: research.ethics@ecu.edu.au

You are entitled to keep a copy of any Participant Information Forms and Participant Consent Forms for this project.

How do I take part?

Please read and complete the attached consent form that you will need to provide at the beginning of the interview.

For further information please feel free to contact Nicole Papageorgiou on phone: 0407 685 674 or email: npapageo@our.ecu.edu.au. If you would like further information on activities in your local area please contact the City of Wanneroo on phone: (08) 9405 5000.

Yours sincerely,

Nicole Papageorgiou

Appendix C Participant consent form

RESEARCH ETHICS OFFICE

For all queries, please contact:

Research Ethics Officer

Edith Cowan University

270 Joondalup Drive

JOONDALUP WA 6027

Phone: 6304 2170

Fax: 6304 2661

Email: research.ethics@ecu.edu.au

Ageing Well in Wanneroo

This form documents my informed consent or agreement to participate in this research project.

I _____ (the participant), confirm that I:

- Have received a copy of the Participant Information Form explaining the research project;
- Have read and understood the information provided on the Participant Information Form;
- Have been given the opportunity to ask questions and, where I have asked questions, these have been answered to my satisfaction;
- Understand that participation in this research is entirely voluntary and I have the right to withdraw at anytime;
- Am aware that I can contact the research team if I wish to ask additional questions;
- Understand that participation in the research project will involve signing this consent form, and taking part in an interview that will be digitally recorded;
- Understand that the information collected in the interview will remain anonymous and confidential, and any comments made by me which might appear in any reports or publications as a result of this research will not identify me in any way;
- Understand that the information provided by me will *only* be used for the purposes of this and the associated larger research project, and that all data collected will be destroyed within 7 years, following ECU's confidentiality procedures;
- Understand that the analysis of all data collected in this research project will be reported only in documents and reports that are a result of this research;
- Understand that I am free to withdraw my participation at any time, without explanation or penalty.

By signing this document, I consent to participate in the research that is being conducted by:

Student researcher: Nicole Papageorgiou
Phone: 0407 685 674
Email: npapageo@our.ecu.edu.au
ECU School: Exercise and Health Sciences

Research supervisor: Prof Ruth Marquis
Phone: (08) 6304 5623
Email: R.Marquis@ecu.edu.au
ECU School: Exercise and Health Sciences

Research supervisor: Dr Julie Dare
Phone: (08) 6304 2613
Email: J.Dare@ecu.edu.au
ECU School: Exercise and Health Science

Participant Name:	
Signature:	Date:

Appendix D Interview protocol

Identifying the barriers and enablers to community participation amongst older adults

Hello, my name is Nicole Papageorgiou and I am from Edith Cowan University. Our interview today is part of a study I am conducting to find out about older adults' community participation in the City of Wanneroo/north metropolitan Perth. Our interview will take 50-60 minutes and with your permission will be recorded.

During our interview I would like to ask you some questions about your day-to-day activities and any community-based programs you may participate in.

1. Firstly, can I ask you some demographical information?
2. Can you tell me your date of birth? Which suburb do you live in? Which community-based activity/ies do you attend?
3. Now, can you tell me a bit about yourself?

Prompts: daily activities, interests, living situation, history (employment, family)

Community participation

4. Can you please describe to me how you typically spend your week?

Prompts: morning, daily, evening routines, outings, self-care, roles, outings (social)

5. Can you describe to me any changes, if any, you would like to make in your day-to-day life?

Prompts: health, interests, hobbies, community access, outings etc.

6. How often do you like to spend time out of your home?
7. How do you normally spend your time out of your home?
8. Can you tell me about any activities or hobbies that you enjoy?

Prompts: That you do by yourself? That you do with others?

9. Can you tell me about your current and past involvement in any of these?

Prompts: Where did you do this? How did you get there? Could you tell me why you stopped? What would have to change for you to do this again?

10. Are there any other activities that you would like to take part in if they were available to you?

11. If yes, what would make it possible for you to take part in these?

12. Are you satisfied with the amount of time you spend on health and leisure? If not, can you describe to me what changes you would make?

13. Do you like trying new things or have you developed any new interests lately?

14. Can you tell me what helps you to attend activities or access the community?

15. Can you tell me what makes it difficult or prevents you from attending activities or accessing the community?

16. Could you describe to me any social supports you might have in the local community?

17. Is there anything else you would like to tell me about in relation to what we have discussed today?

Thank you for your time today. If you have any additional questions please don't hesitate to

contact me on 0407 685 675

Appendix E Table 1: Enablers and barriers to community participation identified by older adults.

Enablers	Descriptive example
Intrinsic	
Developing and maintain relationships (family, friends, neighbours and community)	At times just easier to let it go [activity] and if you know they [friends in group] didn't make contact you probably would just let get it go. So it's helpful, yeah and they notice that you weren't there. (Jane)
Developing and maintaining interests	Well it's developed, because well I'm a self-taught person. I saw cards with thread embroidery on card, and I thought well if I can do cross stitch and embroidery I can do that. So I've sort of self taught myself in a lot of things. (Sue)
Values (stay healthy and involved)	Living here in Wanneroo by the lake, I do a walk about 3 times a week. I do walk 40 minutes a day for health reasons, it's encouraged so I do it. (Faye)
Established routines (attending groups and accessing community)	I used to play tennis four days a week. So I used to play sort of competitive tennis on Wednesday and Saturdays. (Mary)
Personal knowledge (health and community resources)	Well the book club [joined when], my... little dog died, and ... no I [thought] don't have a lot of friends or anything, you know, and no that's just not good, I've got to do something. (Louisa)
Positive attitude	Well I think, you know from, from my point of view like I go to the hospital and nursing home visiting... and I don't think I can do anything more in my life. I think I'm... I'm quite content. (Olive)

Extrinsic	
Resources (local facilities)	It [group] gives you an opportunity for meeting those people and having that day once a month, which is excellent. So more power to the council and the librarians for, for doing it I suppose it's great. (Louisa)
Social group culture	Ah I belong to a Birthday club, yeah went yesterday actually, we go out to dinner on their [members] Birthday there is 11 of us. (Dot)
Interest based groups	You can also do things in the theatre that sort of tie in with your particular interests and capabilities. (Joe)
Transport options (own vehicle, public transport)	Yes I drive, always have driven. There will come a time when I'll have to give it up but I think that's a long way off at this stage. Cause driving is the car is an extension of my own self you know. (Sue)
Barriers	
Intrinsic	
Declining performance capacity	I would love to go walking but I can't so.. no, there's nothing else, because I can't do I would love to. I can't even really walk that far with my trolley. (Dot)
Relationship dynamics	My husband he goes on at me, I spend too much time out. (Shirley)
Extrinsic	
Group culture (non-social) and structure (older age specific)	And I went up a couple of times [to group] and I was sort of, I was really put off because they were so old [laughs]. (Shirley)
Transport and mobility access (parking)	I'd drive to the station if you could get a spot.. (Joe)