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Constructing and Negotiating Social Participation In Old Age: Experiences of Older Adults Living In Urban Environments in the United Kingdom

ABSTRACT

The age-friendly cities and communities movement has focused on how to better support older adults to age well within urban environments. Central to 'ageing well' and 'active ageing' agendas is ensuring that older adults can participate in meaningful forms of social participation. The benefits of social participation in old age have been well documented, and research amongst community-dwelling older adults has explored some of the neighbourhood qualities that facilitate or impede such forms of engagement. However, understandings of how older adults construct and negotiate social participation within everyday urban environments have been largely unexplored. To address this gap, we present results from 104 interviews conducted with older adults living in three cities and nine neighbourhoods in the United Kingdom (UK). The findings explore three themes generated from the research: 'constructing meaningful social participation in old age', 'negotiating access to social participation' and 'navigating home and community'. Across these themes, the paper describes how experiences of social participation in old age involve a number of inter-connected physical, psychological and social processes experienced by individuals across a range of environmental settings including the home, outdoor spaces and community facilities. The paper concludes by discussing the implications of the findings for practice specifically in the delivery of age-friendly communities.

Introduction

In recent years, there has been an increasing number of initiatives at local, national and international levels aimed at the development of age-friendly cities and communities (WHO 1999; WHO 2002). The World Health Organisation (WHO) defines age-friendly cities as those designating policies, services and structures related to the physical and social environment that are designed to support and enable older people to 'age actively' – that is, to live in security, enjoy good health and continue to participate fully in society (WHO 2007). Delivering age-friendly urban environments requires the provision of meaningful and accessible physical, social, environmental and cultural supports to sustain ageing-in-place, enabling older adults to remain living at home and in their communities surrounded by appropriate and effective support networks (Sixsmith and Sixsmith 2008; Sixsmith *et al.* 2017). Yet, urban areas in their current form do not always create viable environments in which to age. Research suggests that urban areas can be isolating and hostile environments for older people, where feelings of social isolation, insecurity and vulnerability are common (Lui *et al.* 2009; Phillipson 2004; Syed *et al.* 2017; Walsh, Scharf and Keating 2017). Moreover, research has challenged the notion of domestic homes and communities as consistently positive environments within which to age; such environments can rapidly assume negative associations in old age with shrinking support networks, changing mobilities, barriers to the physical environment and restricted opportunities for engagement (Means 2007; Wiles *et al.* 2012). Golant's (2015) framework of ageing in the *right* place suggests that one needs to be surrounded by an environment which offers opportunities for civic and social participation, place affordances to maintain purposeful roles in old age and a physical environment that promotes and enables active living (Golant 2015; Sixsmith *et al.* 2017).

Social participation itself is a key dimension of the age-friendly community agenda, underpinning the drive towards 'active ageing'; enabling older adults to participate in 'social, economic, cultural, spiritual and civic affairs' (WHO 2002: 12). Social participation as a concept has received much attention in the academic literature on ageing (e.g. Buffel *et al.* 2014; Newall *et al.* 2009; Sirven and

Debrand 2008) and has been defined as 'a person's involvement in social activities that provide social interactions within his/her community or society' (Levasseur *et al.* 2010: 2148). Measures of social participation include levels of engagement in 'formal participation' (defined through both a commitment to and engagement in community organisations) and 'social activity' (engagement in informal social activities that connect individuals) (Buffel *et al.* 2014). Other definitions have emphasised social participation in more relational terms. For example, Bukov, Maas and Lampert (2002) highlight dimensions of exchange or the 'conduct of actions in which individuals share resources with others' (Bukov, Maas and Lampert 2002: 510). Within this, the authors include 'collective social participation' (intention directed towards the group rather than an outside goal), 'productive social participation' (rendering of services, goods and benefits for others) and 'political participation' (acts of decision-making about social groups and the allocation of resources) (Bukov, Maas and Lampert 2002).

The potential benefits of social participation in older age are wide ranging and frequently associated with improved quality of life outcomes including self-rated health and mental well-being as well as cognitive functioning (Buffel *et al.* 2014; Levasseur *et al.* 2011; Levasseur *et al.* 2010). Social participation has been linked with lower levels of social exclusion, loneliness and isolation in community-dwelling older adults (Goll *et al.* 2015). Others have found associations between increased engagement in social participation and reduced mortality and morbidity (Glass *et al.* 1999). Social participation can also provide meaning and purpose in life, e.g. through being part of formal organisations such as church groups alongside helping neighbours and friends (Hendricks and Cutler 2001). Increased frequency in meaningful forms of social participation can also lead to an increase in perceived connectedness and belonging at a community level (Kohli, Hank and Künemund 2009).

Linked to this, social participation has been identified as a component of social capital, defined as 'social networks and norms of reciprocity' formed through *bonding* (cooperative and trusting

networks between people of a shared social identity), *bridging* (respect between individuals from different socio-demographic criteria) and *linking* (norms of respect and networks of trusting relationships between people who are interacting across formal or institutional organisations) (Putnam 2000; Sixsmith and Boneham, 2004; Sixsmith *et al.* 2014; Szreter and Woolcock 2004). Increased social capital is associated with a greater sense of security and safety in old age whilst playing an important mediating role, for example, by providing everyday supports in the community and also acting as a buffer against stressful life events (Poulsen *et al.* 2011). It should be noted that social capital can be gendered (Adkins 2005; Bookman 2004) and also linked to class, disability, and other social groupings as well as geographical locations (Coleman 1994). In terms of specific groups, social participation has been shown to be particularly beneficial for those living alone or have little contact with friends or family, the widowed or those experiencing decline in functional ability (Rozanova, Keating and Eales 2012).

Much of the theoretical literature on social participation has been linked to 'activity resources' predicated on the hypothesis that the more resources (e.g. financial and social) a person has, the more likely they are to participate (Gubrium 1972). Evidence suggests that frequency of social participation reduces in old age, due to losses in health, social or financial resources (Aartsen and Jylhä 2011). There has been a strong link to the role of the community and area-based effects in providing the 'opportunity structures' to enable social participation to happen (Forrest and Kearns 2001; Richard *et al.* 2009; Scharf, Phillipson and Smith 2005). Opportunities for social participation may be restricted in those areas that lack infrastructure such as community centres or meeting places which bring people together or when access to those places are compromised (Bowling and Stafford 2007; Cummins *et al.* 2005; Levasseur *et al.* 2011). Other research at a neighbourhood level looking into social exclusion in old age, reports higher levels of exclusion from material resources, social relations, civic activities and services in more disadvantaged communities (Scharf, Phillipson and Smith 2005; Scharf and de Jong Gierveld 2008). More recently, Buffel, Phillipson and Scharf (2013) found that

older people's perceptions of the neighbourhood predict both social activity (number of different social activities people engage in) and formal participation (engagement in voluntary work and in social, cultural and political institutions).

Whilst this literature is highly important in examining the role of community factors on social participation, there is a paucity of research exploring how older adults construct and negotiate access to social participation at a local level. This is an impediment to designing interventions to enable greater social participation amongst older adults within and across urban environments. The aim of this paper is to explore how meaningful forms of social participation are understood by older adults and how access to social participation is negotiated and navigated at a neighbourhood level. The research presented in this paper utilises data collected at the neighbourhood level for three main reasons. First, older adults depend more upon their immediate neighbourhood in old age and are more place-bound thus where local forms of social participation are important (Krause 2003). Second, older adults are disproportionately impacted by neighbourhood change including those to the physical environment which may act as barriers to social participation (Buffel, Phillipson and Scharf 2013). Third, research has proven that individuals tend to spend a considerable amount of time within their neighbourhood as they age, making it an important environment for experiencing social participation (Glass and Balfour 2003).

Methods

This paper presents data collected as part of an ESRC (Economic and Social Research Council) funded three-year project exploring barriers and facilitators to the delivery of age-friendly cities and communities. Specifically, the work draws upon findings from 104 semi-structured face-to-face interviews undertaken with older adults (between the ages of 60-92) across nine neighbourhoods and three cities in the UK (Manchester, Glasgow and Edinburgh). Neighbourhoods were sampled according to levels of deprivation (low, medium and high levels of deprivation), as measured by the

Index of Multiple Deprivation (IMD), a composite index of relative deprivation for small geographical areas. Multiple recruitment pathways were undertaken to reach participants including canvassing in the local community, utilising mailing lists of existing community groups, following up contacts provided through completion of a survey on perceptions of the community completed in the first phase of the research and snowball sampling from an initial set of interviewees. Residents did not receive any incentives to participate in the research.

The interview schedule was finalised after a pilot study in the selected neighbourhoods and comprised the following topic areas: perceptions of ageing and sense of place; reflections on the community in relation to domains of an age-friendly community; experiences of the barriers and challenges to ageing in the community; and priorities for how the community could better support the place needs of older adults. A flexible and conversational style was adopted to data collection with the schedule guiding the conversation to enable older people to talk about what they felt were relevant and important in terms of age friendly communities. Interviews were digitally recorded and lasted between 25 and 150 minutes (mean 52 minutes). Participants were given the choice of interview venue to ensure their comfort and convenience. Consequently, most interviews were conducted in older people's homes. Interviews were undertaken by the male project lead and female research fellow. Table 1 provides details of the sample by neighbourhood.

INSERT TABLE ONE HERE

A rigorous approach was undertaken to the analysis of the qualitative data. The interview audio files were transcribed and a team-based thematic analysis was undertaken using the six steps adapted from Braun and Clarke (2006). Initially, the transcripts were read and re-read by four members of the research team who then individually coded six of the transcripts. A whole team meeting was held to discuss the codings to resolve any disagreements and to organise and relate codings together to begin

the formation of tentative themes. A coding framework began to emerge. This process was repeated using the same format until all transcripts were coded and a shared coding framework was iteratively created and used to guide the analysis of the full dataset. A set of preliminary themes and sub-themes were co-created via a full team analysis workshop, and the identification of similarities, differences and areas of 'shared silence' were discussed, and final themes were agreed. Across the data set, five organising themes (ageing and sense of place; home and ageing in the right place; mobility, independence and getting around; social participation; civic engagement; and feeling respected and valued) were richly evidenced and written into a final report. In this paper, we focus on themes related to social participation as an aspect of one of the key organising themes generated. Having identified the notion of social participation as a key organising theme, and to ensure our analysis was thorough, we re-analysed the transcripts in more depth to refine the social participation themes through a more nuanced lens. In this way, explicit and latent meanings across all transcripts were fully explored and encompassed in the three themes presented here.

Prior to commencement of the study, a full ethics review involving scrutiny of all research instruments and protocols was approved by Heriot Watt University Research Ethics Committee. A research protocol was outlined and shared with all researchers and academic investigators in advance, ensuring the highest standards of ethical conduct and safeguard throughout. These included exercising sensitivity with older adults who might experience difficulties participating in the research; ensuring that data collection is tailored around the needs of the older adult; and developing a list of local older adult support services to enable any participant who is otherwise in need of assistance to be put in touch with the necessary services.

Findings

The findings highlighted what constitutes meaningful forms of participation for older adults and how they negotiate and navigate access to social participation at a neighbourhood level. Three key domains

were located in the data and we now consider these: constructing meaningful social participation in old age; negotiating access to social participation; and navigating home and community.

Constructing Meaningful Social Participation in Old Age

In understanding social participation, older adults reflected on the active ways in which people were building participation which was meaningful and social to them. For some, social participation provided opportunities to get out of the home, and gain companionship with others through commensality (sharing meals) and was particularly important for those living with disabilities and for whom their primary carer is managing a number of roles:

> We know how much having a meal with somebody is important if you're living on your own. […] it just brings people out of their house… if I didn't have the Open Door [community centre], I probably wouldn't go out all week, and I would like the thought there would be more [of these activities]… more for the community to help people who won't go out or don't go out, more contact for the elderly, company. (Female, 75, Morningside, Edinburgh)

> Yeah… like say my friend's mother, she just stays in the block, behind the block there. She's in a wheelchair and all that wee woman is craving for is company. But [daughter's name] works two jobs, [daughter's name] starts at half three in the morning in the schools and then she comes back, and she cleans. So she's tired by the time she comes in. But that's all that wee woman's looking for is just somebody to sit and have a gab to. Whereas if there was some place like that round here it wouldn't be a problem. (Female, 70, Easterhouse, Glasgow)

In addressing social exclusion, older adults stressed the importance of social participation in third places (Oldenburg 1998) for maintaining activity in a mental and physical sense. Third places describe community spaces that are neither a home nor a workplace, but which can have positive impact on social connectedness. The availability of such places was structural in nature e.g. neighbourhoods had differential access to assets (e.g. community centres) yet participants across all neighbourhoods identified the extent to which third places were meaningful. Participants recognised

the detrimental impact of not engaging and participating in their communities on their mental health and well-being highlighting the importance of keeping busy and occupied in the company of others and of which third places were highly significant:

> Well… a Monday we do exercises, and Tuesday arts and crafts, and a Wednesday cookery. So we're doing it. So it gets you, you don't want to stop in the house 24 hours sitting on your own. So I like it that way. So it gets me out. And then we go wee days here and wee days there, different things, so it keeps you busy and occupied. (Female, 70, Easterhouse, Glasgow)

Having a focus was an important part of doing something, a central part of participation for older adults. For some this involved undertaking different types of occupation, ranging from doing odd jobs for neighbours to busying oneself around the home. Others stressed the importance of interaction and engagement with others, exchanging everyday civilities within the context of the community, providing the stimulus for people to keep going:

> Now I'm kind of relaxing a wee bit, maybe doing an odd job here, like tomorrow I've got to do a job tomorrow, because I've not done anything for two months, and I'm getting fed up doing nothing. […] I've got to keep doing something. My back was sore there, that's why I went walking, it passes your time, because you don't get depressed then, you don't get fed up, you're going for a coffee, you know, and walking around, you chat to people, that's what keeps you going, I think, you know, talking to people. (Male, 70, Partick, Glasgow)

Participation in activities within a group also led to perceived benefits in physical and mental well-being and enhanced confidence as they learnt new skills such as knitting with people with similar interests. Participants emphasised the value of learning within a supportive network of acquaintances and made the distinction between friends and other people with whom they spent time in social groups (Bowlby 2011). Activities around social participation afforded an opportunity to share experiences and everyday health problems within a confidential and non-professional environment derived through a form of intimate knowing:

The centre gives me skills that I didn't have before because I could never knit, so that's what came out of that. So, everything that I'm involved in is very beneficial health-wise, mentally, physically, and the company is the be all and end all. I know when I come in, I've got these people, not just them, but I've got these people who I can talk about what's happened all week, and we can do different things. So, it's a big support for me. I don't know what I would do if it wasn't here. You've had a bad day or whatever. You know the people to talk to, that it's not going to be on news at ten, if you know what I mean. You know if you tell them something it's in confidentiality. (Female, 76, Partick, Glasgow)

The participants' social support networks also acted as an opportunity to monitor and respond to the well-being of others, creating a feeling of caring and being cared for (Barnes *et al*. 2012). Opportunities for social participation had the potential to create support structures formulated around knowing each other's routines and looking out for one another. Care was not always seen as a tangible concept and the practical and material ways of support, such as noticing the absence of others, and making things together, were viewed as care practice within the sphere of social participation:

Interviewer: You have got the art group and you have got your friends you meet down there, why is that important in old age?
Participant: Well you don't get lonely. Because you think well it is such and such a day, well I am going here and then if you don't turn up... 'Where were you?'...
Interviewer: So, if they have not seen you in the group then...
Participant: 'Where are you?'… 'Are you alright?' (laughter)… 'Yes, I am fine'. (laughter)
Interviewer: Does that make you feel good?
Participant: Well it does because... well, somebody else is thinking of me.*"* (Female, 79, Rusholme, Manchester)

In so doing, social participation was particularly important in supporting older adults to deal with shrinking social support networks in old age. Various forms of activities that older adults participated in, including physical activity, enabled older adults to 'meet' other people. Subsequently, these social

networks supported a number of older adults to overcome loss in old age, re-defining themselves as active and engaged, re-orientating themselves back into community life outside of the domestic space:

> I come here [Dixon Hall] to the keep fit classes, to the line dancing. I come to their wee bingo on a Tuesday. So, I do that and that's what gets me out the house. I started all this when my husband died at first, because you're lost. Then the family moved away to England. So, you're really lost. So, I started here at the keep fit and then you meet other people. (Female, 75, Govanhill, Glasgow)

To others, social participation was a source of comfort, providing a resource to navigate what could be stressful and complex life circumstances in old age. At the same time, it brought new friendships that built confidence which helped re-engage older adults in purposeful activities. There was recognition of the value of being with others and regaining a sense of self:

> It's just amazing in that class on a Thursday morning. As soon as you come in the door you can feel this, you feel this thing coming out to get you, because you might have had a really rotten day the day before or last week or whatever, but the friendship is just amazing. So much so that I have been able to sing in public again after more than 30 years. I'm in a huge big choir and perform with them, and I would never have managed that if it hadn't been for the Annexe [social group at the community centre]. (Female, 64, Partick, Glasgow)

Activities in old age were often meaningful when they incorporated both a learning component and social interaction, enabling the sharing of resources and expertise within the group, and stimulating new interests:

> Well, it's [older people's group] beneficial in the aspect of you're meeting people, you're able to discuss things with them, you know, like bits of news that you've heard and things like that, you see? And we always get someone in to give us a talk and it stimulates you. You've got to keep stimulated, and I like it here on a Friday because that does stimulate you. (Male, 86 Morningside, Edinburgh)

Purposeful and meaningful forms of social participation often involved activities that they could do alone but together and had a meaning. The following participant outlines the importance of a painting class, reflecting on the sense of accomplishment, pride in oneself and recognition from others:

> I go to a club down Platt Lane, it is called Trinity House and I go there on a Wednesday and on a Friday. Well, Wednesday we have like a little club where you make things and things like that, that is one painting there on the unit… Well, I came in and said to my daughter, "Oh this is what I have done today" and she said "Wow, I couldn't do that," of course you could, anybody could. Well you feel proud of yourself once you've done it. (Female, 75, Rusholme, Manchester)

Some felt that social participation provided a sense of value and recognition in old age. Here, social participation constituted the opportunity to enable others, thereby challenging negative perceptions of dependency in old age. In acting as an enabler, social participation afforded both community and societal recognition:

> It's in my DNA if you like and so to go there I feel I've got, I'm not one of the consumers. I've got to be one of the enablers as it were, you know. And that's very difficult because I'm limited in what I can do, you know, because of my mobility. I'm never happy unless I'm helping somebody, you know what I mean. Well, it's my fulfilment and that's part of my frustration as I'm getting older is the fact that I can't do what I used to do. I've got to be a receiver rather than a giver now and it's not… And to be dependent, you know, it's a bit difficult for me. (Male, 82, Didsbury, Manchester)

Participants recounted what might be seen as productive (purposeful) and consumptive ways of participating in and around communities. Both of these forms of social participation were identified as important and there was much diversity across the sample in how older adults experienced participation. For some, this productive function was key to continuing personal development in old age and providing a sense of purpose and direction:

It's about trying to use the skills that you had when you were at work. Whether I've still got them I don't know, I think five years ago I thought I did but you know. So, sharing the skills that you've got. I feel a bit directionless if I'm not on a course of some kind. I need to, like to do things. (Female, 65, Rusholme, Manchester)

We should have more musical activities, more choirs, more classes for the elderly people to learn music. I mean instruments as well and singing. Because once you start imitating, it sharpens your brain cells, and I think you will reduce the chances of having Alzheimer's. (Female, 81, Rusholme, Manchester)

Thus, there were a number of perceived benefits to social participation in old age both at an individual and collective level as well as different types of social participation occurring away from traditional forms of organised social participation in the community. However, the extent to which these benefits could be realised, depended upon the ability of older adults to negotiate access to social participation within the neighbourhood.

Negotiating Access to Social Participation

Participants across all neighbourhoods identified a number of local programmes and activities as potential opportunities for social participation. However, there were a number of perceived barriers and facilitators in respect of negotiating access to forms of social participation in the community. In some cases, participants reported feeling unable to participate in activities based on other people's experiences suggesting that the latter can influence social participation:

Not really interested in that [arts-based group in the community]. My neighbour put me off because she flitted in, it was a while ago, she flitted in and she started… she stuck it for the first session and never went back. So, I was thinking it would be a wee bit hard for me. And my partner also tried and he couldn't pick it up. It was too hard for him. (Female, 73, Govanhill, Glasgow)

A number of participants felt that the programming of services was designed to meet the needs of older adults who were not as independent as them. Those who were more active and mobile found they wanted activities which are more demanding and engaging and which challenged dependent labels of old age:

> My dad, who's passed away now, joined one of those groups one time, but he said, and I quote, 'they walk too slow for me, I need to get a move on!' Sometimes if it's a load of doddering old …[unclear] in a walking group, it's not quite got the pace that you want, really, to get your heart going, has it?... Yeah, you think to yourself, it's full of old people. (Female, 67, Didsbury, Manchester)

These accounts show the difficulty in mapping age to ideas of what constitutes age appropriate activities. Participants somehow felt not 'old old' or 'old enough' to enact particular forms of participation. The positioning of oneself as within or outside of the perceived demographic was itself an act of negotiation. A number of older adults stated they were 'not quite ready' to engage in activities for older adults, perceiving it as something that would be more appropriate in the event of declining physical and mental well-being or getting older:

> There's a bowling club opposite there which is, it's trying to pretend to be a sort of community facility, but I'm not really interested, but I could join it if I wanted to. So, it's there but I'm not very interested. I don't think I'm ready for a bowling club yet. (Male, 64, Partick, Glasgow)

Community centres themselves were often associated with negative perceptions, seen as places that signify older age rather than as spaces to promote positive and active living. Formal activities organised through community centres were often associated with an older generation and a number of participants were keen to distance themselves from these particularly if they were located in spaces that were identified as older people's spaces:

> I don't like community centres for a kick off. They tend to, I'm trying to stay as young as I

possibly can be… community centres make you old. Well, most of them, I don't know, I haven't been to one here but what I've been hearing. I'm too young. I'm not an old fuddy duddy yet. They cater for, they think you are ancient put it that way. I mean I don't look 70. (Female, 72, Govanhill, Glasgow)

Gaining acceptance within programmes and activities was complex given established 'cliques' and a sense of territoriality that could make some feel unwelcome or judged. Many experienced psychological barriers to attending local events and negotiating access was not always easy when social groups had already been formed around key activities. Some lacked confidence in joining existing groups on their own, relying on others to introduce them:

I don't use it [community centre]. I never go into it. I feel when you walk in, they all look at you as much as, 'What's she doing in here?' One table you see they've gone in and sat with all their pals. You don't feel like you can walk in. (Female, 64, Easterhouse, Glasgow)

I would never dream of going somewhere on my own. You know, say for a cup of tea and a cake. Because I have seen what it's like, you do have cliques, you know, and it puts you off a bit. (Female, 85, Didsbury, Manchester)

Feeling part of an inclusive and mixed group of older adults was seen as beneficial, whilst 'knowing others' within the group made it a familiar space that made it easier to negotiate access. Notions of familiarity within place created a sense of being recognised, emphasising the importance of 'face' in the interaction between older people and their engagement in community settings:

They have a group there on a Wednesday morning and I go to an exercise class, and they have their own, and it's about memories, but they're old people as well. […] And, you know, there's a mixed turnout, male and female, which I think is very good, and I know some of the faces from the group because I've lived in the area for so long. (Female, 70, Leith, Edinburgh)

While many of the neighbourhoods had opportunities for social participation, use of these varied as people did not always feel the available programmes and activities were appealing to them. Negotiation of opportunities was a complex nexus linked to intersectional positionalities such as gender and class. Social participation was often structured along gendered norms which many were keen to challenge. For example, women did not want to do cooking in their leisure time and often wanted other activities:

> They do a social café on a Wednesday, it's like come and cook something and eat. And I'm thinking, I know how to cook, I've been cooking for all these years. You can't teach me anything about cooking and nutrition, I don't want to come along and cook. It just doesn't interest me. If you were to have, I don't know, a book club or, I don't know, speakers or something. I don't know really, it's almost like we cater to the lowest common denominator, we're not going to go really. (Female, 65, Rusholme, Manchester)

In addition to the type of activities on offer, the act of negotiating access to community settings was also highly gendered. Men were reported to be less likely to engage in community centres and planned activities, increasing the likelihood of social exclusion and loneliness:

> Yes, they're [men are] more difficult to reach. I think it's been shown throughout time and time again that they don't. If you set up say these centres, or these clubs, I don't know glee clubs or something like that, you set something like that up, you'll find that 80% of the take-up is women, if you're lucky, you know, it might be higher. You get very few men, relatively few men wanting to do it, but yet they enjoy it when they do. […] No, I just think that older people should be encouraged and not left in isolation, because I think isolation is the major problem, irrespective of how it's caused. (Transwoman, 64, Leith, Edinburgh)

When social participation did work well for older men, it offered the opportunities to share experiences within a non-threatening and informal setting as can be evidenced by the potential benefits of the Men's Sheds global programme (Fisher *et al.* 2018):

There is the social stuff, you get the chance to talk to men, it's the only time we get chance to talk to people of our own age, men particularly. And we share experiences, usually because we're pretty much the same age group but we have common experiences. It's nice to discuss these things. (Male, 75, Morningside, Edinburgh)

It was evident that activities provided opportunities to share experiences and learn outside of more formal structures in communities of practice (Wenger 1999). Here, shared connections, interests, and experiences were as important in cultivating social participation:

Well you learn, I mean they're not formalised, that's the whole point. These are just acquaintances that people get to know over a period of time and you find you… do you understand the word simpatico? [of a person that is likeable and easy to get on with], you find you've got connections there, or similar things, maybe similar thoughts. Maybe you have similar ideals, or similar experience, or maybe diverse. And then you can pick up from other people and learn. (Male, 74, Morningside, Edinburgh)

It was felt that there needed to be more opportunities for older adults to participate in neighbourhoods which met the needs of a changing demographic and were not always about laying on traditional activities such as luncheon clubs:

They've put on a luncheon club for older people. And I said to my husband why on earth are they doing that? That is so outdated. Why would I want to go to a luncheon club, to an institutional type with people that I don't know? Why not organise a trip out to a pub that does a nice lunch? Something that's inclusive rather than putting on something specialist for people that don't particularly like luncheon clubs, they are just so outdated. (Female, 65, Rusholme, Manchester)

Ageing in the *right* place was often undermined by the lack of continuity in respect of the provision of supports for social participation, and some people reported that the closure of activities impacted

their wellbeing negatively. This lack of surety in terms of place provision and the programming of services often acted as a pathway back into social isolation:

> The Sacred Heart. We used to go there but they closed that, closed the club. So, then we got the one at St Anthony's, then October last year the lady that run it had to go in for a hysterectomy. She was in her 70s so when she come out she couldn't take it. It was worth going because there was a lot of us that go, and we were all friends who used to go. Not last year, the year before we went to Blackpool for a week. But unfortunately that's all gone now because it's closed. It must be six months since we went out, you know, and I've got fed up of staying in. (Female, 92, Baguley, Manchester)

What was raised as important for a number of participants, was the need for more culturally specific supports for older people, a particular concern in neighbourhoods where there was a high percentage of older people from ethnic minority groups. Here, there was a need to offer activities which reflected cultural sensitivities to ageing in place:

> Culture is very important, especially places like this where half, more than half the population is ethnic. You can have dancing club and jazz exercises. They don't believe in music, they don't believe in dancing, they don't believe in mixing with men and you have everything here which is sort of totally against their way of life. (Male, 66, Rusholme, Manchester)

In addition to inter-cultural supports, there was a specific desire for inter-generational opportunities which would allow for the mutual exchange of knowledge, expertise and skills that would be beneficial to both the older adult and the younger person. Thus, social participation was not about the provision of activities for and with older people but needed to be seen within the broader context of resourcing communities inclusive of all ages:

> I'll tell you what would be useful to me. I'd love to go to something where, and I thought about this in terms of inter-generational stuff. Probably younger people would keep me up to

date with technology… that knowledge exchange, that kind of thing would actually be really useful. (Female, 65, Rusholme, Manchester)

Negotiating access to social participation was also dependent on the quality and provision of information available to older adults. In terms of being informed and aware of programmes and activities in the local community, older adults tended to rely upon traditional forms of information and communication including word of mouth and notice boards. This was a useful form of information for those who were mobile and connected to existing networks but less so for those who were not. Moreover, many felt that information needed to be translated in meaningful ways to older adults which considered barriers to accessing online resources:

It requires you going around and looking at boards and seeing if you can get involved in anything or if somebody says, 'Oh by the way this is on, on such and such a day'. (Female, 66, Easterhouse, Glasgow)

A lot of it's word of mouth, you know, passing it on to other people. But maybe they could do better with advertising… and getting information out to people that this is where they can meet. No good just having information for information sake. (Female, 78, Partick, Glasgow)

Thus, negotiating access to forms of social participation was complex and could exclude some older adults. Existing forms of social participation were often seen as not fit for purpose, failing to address the requirements of different groups in the community particularly with regard to age, gender and ethnicity. When they were available, many found it difficult negotiating access, in terms of community settings where social groups had already been formed. Similarly, knowledge and awareness of activities was high amongst those 'in the know', less so for those who did not have access to traditional forms of information exchange in communities. The richness of these accounts display the importance of understanding how and what works for whom varies; where a simple mapping of 'available' activities will not necessarily afford or guarantee participation.

Navigating Home and Community

Accessing supports for social participation was also dependent on older adults being able to successfully navigate home and community. There were a number of psychological (anxiety about leaving the home) and physical (lack of accessibility, poor walkability) barriers that made the built environment inconvenient, uncomfortable or insecure to use. In some circumstances these barriers disabled (rather than enabled) older adults, excluding them from participating in leisure, culture and work opportunities and compromising their participation in social activities:

> If you're going to visit friends, if you're going to the shops, if you're going to clubs, you've got all these things to negotiate. Like dangerous roads, snow and ice, whatever, the distance involved and so on. If you're talking about loneliness and isolation in older people, it's just people would like to get out and socialise, and people would like to go to clubs, people would like to go to the shops. But it's just that, 'Oh god', you know, 'Do I need all that grief?' (Female, 78, Partick)

Physical barriers often impacted on levels of confidence when moving in and around the community and brought on a sense of place anxiety. Moving around public space was often conveyed as a source of stress for older adults, avoiding public spaces and becoming prisoners in their own home:

> I would say a lot of people are frightened of going out… and a lot of people haven't got the confidence or they're afraid of falling, they just haven't got confidence or they've lost the confidence of going out… they're prisoners in their own home. (Female, 80, Rusholme, Manchester)

> But the pavements roundabout here are not good, I would say that's something that needs to be seen to […] It's a very rough, rough and you really have to watch, you know, you're sort of walking with your head down watching where your feet are going, you know […] The pavements I would say are quite poor, aha… if they're not very good at walking and they're coming across really bad pavements, it does keep them from walking. They're more likely to

be housebound because they lose their confidence about going out. (Female, 78, Partick, Glasgow)

For some, feeling unsafe and insecure had profound implications on all aspects of their life. Participants spoke about developing strategies to keep safe and having a heightened sense of awareness of the environment including adopting and using well-lit spaces or depending upon others to accompany them when going out in the community:

> I don't find it very safe going out now. I used to be out to twelve o'clock, one o'clock in the morning at wee dances, come home, not worry, walking from Victoria Road straight home to Dixon Road, never gave anything a thought. You wouldn't do that now. I always make sure I either get a taxi home if I'm out or I get a lift in a car. I don't really walk now once the darkness comes down. (Female, 75, Govanhill, Glasgow)

Concerns about safety, whether real or perceived, had implications on social participation, as older adults chose to stay in and withdraw rather than engage in the neighbourhood. For the following older adult, there was a feeling of being 'held back' socially:

> It gives you a lack of confidence going out. […] No. When I get in the house now, five o'clock, six o'clock at night, that's the latest, I never go out again. […] I mean, you're being held back socially, you know? (Male, 86, Morningside, Edinburgh)

The physical environment became a particular barrier when older adults had a mobility issue or during inclement weather. This impacted on the ability to undertake activities of daily living, restricting the frequency of participation in the community:

> I thought it would be handy to go down to Partick to the supermarket. But I would think twice now because of this pavement thing. There's a park further along, going towards Great Western Road near the tennis courts. But that's a problem for me because to get to it from the road you've got to go down loads and loads of steps. (Male, 64, Partick, Glasgow)

Central to the ability to undertake forms of social participation was the ability to navigate from home to community. The lack of adequate street furniture and bus shelters often prevented older adults from using public transport and getting to community places, and there were gendered norms which challenged feelings of occupying certain spaces:

> You know what? There are not many places to sit. You know I was saying my husband has got two sticks, so there is no… it's really very few places [with seating] 'cos [name] needs a rest, after a while out his legs get sore, there are very few places to sit. I mean, you could in the park but [name] would feel very strange: a man on his own going [laughs] it's not acceptable, not anymore […] he might just feel uncomfortable, you know. (Female, 75, Didsbury, Manchester)

Adequate resting points were also seen as important, not just in providing a place to sit and rest but as public spaces where social participation takes place:

> I like to go where I don't have to walk too far, this is my problem. My stamina's not good. So that's why it's quite nice even if I have a walk on the links because there's chairs. […] They're along the path. […] Yeah, and then I walk a bit more, sit down and then have a chat, and then do the same on the way back. And also sometimes we go to that area there, and there's chairs going down the way, benches, park benches. And down the way. But I like to have a chair with a back. […] Well you feel it a bit trying to get up, I'm frightened I'll tumble back. (Female, 63, Leith, Edinburgh)

Public transport and the positioning of bus stops did not always meet the needs of older adults. It was often difficult for older people with mobility problems to reach transport nodes, cutting them off from essential programmes and activities in the local community. Transport needed to be routed around where people live, thus providing the means to 'connect' to opportunities for social participation:

> The positioning of bus stops in this community. If you are not able to walk it's a big barrier.

We need a small bus coming into the community. That is a major concern. If you are not able to move or walk you are toiling here. (Male, 65, Craigmillar, Edinburgh)

There were also a number of environmental challenges including the absence of places to cross the road and insufficient crossing times which added to a general confusion and disorientation when crossing busy roads, and which made reaching key community spaces problematic:

I've a bit of a walk and coming home I've to cross a busy road and it's so hard. I'd be ages to get across that road to get to the bus stop. There is a crossing but I've to walk to it and then walk back. And walking's my problem. I'm losing my breath walking… I've not got the puff now as we say, we haven't got the puff to do all these things. (Female, 86, Easterhouse, Glasgow)

You know another thing that I think is pretty bad, see the traffic lights, because I counted right from the traffic lights, and you know me, I can see but I can't. Right, look at your watch, right, and as soon as the green man came up, right, and we're crossing, and it's one and a half seconds you've got to cross from outside the shop to the library. (Female, 76, Partick, Glasgow)

The closure of public washrooms was a barrier to navigating around the community and people did not feel comfortable using toilets in commercial premises as it brought attention to something that was personal to the individual:

There used to be in this area four [public toilets], between Fairmilehead and Bruntsfield. All of them are closed. Now obviously for elderly people, this is a problem. Also because there are lots of cafes in the area, people probably think that cafes can be used, but not all cafes are happy with that idea. You would [need to buy something], you would have a cup of tea or something if you wanted to use the toilet, but I mean, not everybody would do that. I don't know, it's a personal thing. (Female, 75, Morningside, Edinburgh)

The findings revealed that physically and psychologically navigating home and community in old age is a considerable challenge for many, with a number of physical barriers in the neighbourhood

which compromised the ability to engage in social participation. The importance of these factors underscores the role of the neighbourhood environment in determining levels of social participation over and above the availability of activities for social participation. Increasingly, these barriers contributed to a loss of confidence when moving around urban space and considerable anxiety in planning everyday journeys.

Discussion

Accessing and positively experiencing social participation is an important aspect of ageing well in communities. Through the three themes considered in this paper, we have explored what older adults perceive meaningful participation to be, how older adults negotiate access to social participation opportunities, and how navigating home and neighbourhood spaces support or hinder social participation. The findings demonstrated that engaging in meaningful forms of social participation has the potential to bring about significant individual and collective benefits to older adults living in communities. Individual benefits include improvements to the physical and mental well-being of older adults living in neighbourhoods including reduced social isolation and loneliness. Amongst the participants, social participation had the opportunity to forge a sense of group and collective identity amongst older people, allowing for the sharing of resources including knowledge and expertise and the social capital to help navigate the complexities of declining health and shrinking social supports in old age. Importantly, engagement in social participation can enable older adults to manage loss and act as a point of reorientation in terms of integration back into community life and a re-engagement in purposeful activities. Social participation was important to personal development and skills acquisition in old age, whilst enabling older adults to 'keep active and busy'. For most, engagement in social participation was a conscious opportunity to challenge negative perceptions of being an older person i.e. to be seen as an asset and of value to others. The accounts show the ways in which personal characteristics and intersectional identities and positionalities are enmeshed with structural opportunities and assets of the communities. Here, the experiences of older adults confirmed that the

provision of social participation is a central pillar of delivering age-friendly cities and communities and in supporting a high quality of life for older adults across a range of urban environments.

However, in realising these benefits, there is a need to ensure all older adults are in a position to navigate and negotiate access to forms of social participation at a neighbourhood level thus seeing social participation as a process in the lives of older adults. Negotiating access to spaces of social participation was complex for older adults who were both engaged in activities and those who were more socially isolated, raising psychological and social issues for a number of older adults, and where the programming of activities did not always meet the needs of various groups. Moreover, negotiating access to community settings themselves was not easy. Places and spaces within the community were seen as territorial and associated with specific behaviours and a strong sense of group identity which was exclusionary to others. Barriers to participation were compounded by challenges in terms of the physical material space of the neighbourhood itself. Many felt a great deal of stress and anxiety about leaving the home, where everyday journeys within the community were fraught with barriers which precluded access. For others the spaces between home and community was not designed effectively to meet the needs of older adults with mobility difficulties. Inadequate pavement maintenance and a lack of crossing places and resting points were some of the physical barriers identified. Equally, transport interventions often failed to meet the needs of older adults leaving them unable to reach key destinations, thus compromising access to settings where social participation plays out.

The challenges in terms of accessing supports for social participation point towards interventions for practice in terms of designing age-friendly cities and communities that support older adults. A community seen as age-friendly (in terms of the availability of programmes and activities) will not deliver benefits to older adults if they are excluded from accessing such services on the ground. The need for more attention to outdoor spaces is necessary, including increased place upkeep and maintenance and the more effective planning of streets and spaces not only to help older adults

navigate around but also to provide micro spaces within the community where everyday social participation plays out (e.g. a bench can be seen both as a place to rest but also an opportunity to exchange civilities and engage in everyday conversation). Yet focusing on outdoor spaces in and of themselves are only part of the solution. More work needs to be done to understand how barriers are experienced across different settings and how older adults can be supported to transition between those environments e.g. leaving home, navigating outdoor space and accessing community settings. This calls for a more joined-up approach to 'settings', not just in terms of cross-sectoral working, but ensuring that interventions are designed around the everyday needs of older adults living in communities and which supports social participation as a process in the lives of older adults.

In navigating settings for social participation, there is a need to provide older adults with the tools to realise the age-friendly community e.g. befriending services that will enable older adults to overcome many of the psycho-social anxieties they experience in relation to social participation and place. Only then can facilities within the communities be realised as a valuable 'resource' in the lives of older people. Equally, forms of information and awareness about activities and programmes where social participation happens, is less about the quantity of information, and more about effectively transmitting that information to individuals. Whilst reaching all groups via the internet can be problematic, there may be a role for older adults who are digitally connected to act as 'information champions' who can cascade information to local residents, thereby blending modern forms of information access with traditional forms of communication that older adults value such as word of mouth. Equally, there is a need to rethink labels attached to social participation in old age, challenging the stigma often associated with community centres and the provision of activities for older adults.

As important, there is a need to reshape existing supports for social participation that have been predicated upon a generic understanding of old age and an assumption that what works for one group of older adults will necessarily work for another. Addressing social participation in later life is more

than just being 'out and about' in the community and attending formal groups – it needs to be meaningful and varied and offerings at a community level need to reflect this. One-size fits all solutions and guidelines which do not necessarily translate across different neighbourhood contexts nor be attendant to the different structures of social participation are unlikely to work in the lives of older people. Developing more nuanced understandings of old age and place across age, gender and culture in relation to community settings will enable us to better understand and address the overlapping and intersecting barriers to social participation and thereby design age-friendly communities that support people to age actively and in the 'right' place.

Lastly, there is a question of equity and inclusivity in relation to social participation at a community level. In terms of areas for further work, there is a need to understand how access to social participation is influenced by levels of neighbourhood deprivation. Whilst not directly considered in this paper, deprivation at a neighbourhood level potentially influences access to the physical, social and economic resources and structures to engage in social participation. Moreover, understanding how deprivation cuts across different old age cohorts (and culture, gender, ethnicity and disability) may provide the evidence for designing neighbourhood level interventions that challenge inequalities and inequities.

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Table 1: Sample of participant characteristics

	EDINBURGH			GLASGOW			MANCHESTER		
	Craigmillar (low income)	Leith (medium income)	Morningside (high income)	Easterhouse (low income)	Govanhill (medium income)	Hyndland, Dowanhill & Partick (high income)	Baguley (low income)	Rushome (medium income)	Didsbury (high income)
N:	11	11	10	10	16	16	9	14	11
Age:									
Min.	62	63	62	61	60	61	63	65	66
Max.	92	78	90	87	80	84	92	94	90
Mean	76	64.18	80.66	70.9	70.28	70.62	76.11	73.63	76
Median	77	70	86	70	68.5	70.5	70	72	77
Gender:									
Female	7	9	6	6	14	12	7	11	7
Male	4	2	4	4	2	4	2	3	4
Living arrangements									
Living alone	6	6	2	8	11	9	4	4	5
Living with others	5	5	6	2	3	7	5	7	6
Employment status									
Retired	11	8	8	8	13	16	8	11	11
Employed	0	1	1	2	**	0	1	**	0
Volunteer job	0	4	1	1	**	0	1	**	0
Unemployed	0	0	0	0	1	0	0	**	0
Years living in area									
Min.	1	2	0.66	9	10	0.58	20	17	15
Max.	84	77	70	78	79	76	92	53	60
Mean	36.63	30.8	*	47	31.85	18.89	60.37	38.42	40
Median	81.5	29.5	*	46.5	21.5	9.75	68	41	40

* not calculated as many values are missing

** data unavailable