

SIX

Participation and Social Connectivity

Penny Vera-Sanso, Armando Barrientos, Leela Damodaran, Kenneth Gilhooly, Anna Goulding, Catherine Hennessey, Robin Means, Michael Murray, Andrew Newman, Wendy Olphert, Philip Tew, Janice L. Thompson, Christina Victor and Nigel Walford

Introduction

Extending participation and social connectivity is now widely accepted as central to adding life to years as well as healthy years to life, and participation in the life of the community is seen as critical to wellbeing (Sen, 1992:39) and capable of addressing older people's rights, extending inclusion, reducing exclusion, easing demand on national budgets and building social cohesion. The central conundrums of increasing participation and social connectivity are, first, the intermeshing of personal, local, meso and macro level factors in shaping participation and social connectivity and, second, how the drive towards increased participation can be included in framing policy in such a way that participation is individually meaningful, social connectivity is enhanced and benefits flow to participants and to society generally. Underlying the application of the concepts of participation and social connectivity to older people is the idea that old age places people outside the mainstream; that older people's participation and social connectivity is wanting in scale or scope, that they do want or should want to participate more and that it is chiefly the impediment of old age that constrains their participation. Categorized as outside the mainstream, older people become defined by their age rather than those other salient aspects of their social identity, class, sexuality, ethnicity, education, histories and personal outlook that policy makers and implementers find difficult to respond to in relation to older people. This chapter examines older people's experiences of participation and social connectivity across

a range of geographical and social locations within the UK and in low and middle income countries in order to test conceptualisations of older people's participation and social connectivity against experience, and to begin to trace out the individual, local, meso and macro factors and linkages that need to be addressed to extend meaningful participation and engagement for *people* who happen to be older.

The World Health Organisation's (2002) concept of active ageing as a process of optimising opportunities for health, participation and security in order to enhance people's quality of life as they age is now widely accepted (EuroHealthNet, 2012), in part because it provides an umbrella for a wide number of perspectives and objectives, ranging from neo-liberal and austerity perspectives, demanding contraction of state services and expansion of individual responsibility, to grass-roots organisations focusing on older people's rights. Research on the positive impact of participation on mortality (Menec 2002: Bennett, 2002), cognition (Fratiglioni et al, 2004), mental health (Greaves and Farbus, 2006) and wellbeing (Morrow-Howell et al, 2003) has provided common source material both for promoting older people's participation in order to reduce demands on the state and for increasing wellbeing, extending inclusion and reducing exclusion within and between generations.

Historically the demand for increased participation came from those outside the circle of economic and political power; in the second half of the 20th Century it also became a tool of governmentality, a means of controlling participation and containing dissent. In the field of international development, where participation and social connectivity ('social capital') became seen as a key means of alleviating poverty and powerlessness for the majority poor, participation became a standardised demand of power-holders as well as those fighting for social and economic justice. Research has shown that participation can become a tyranny in itself (Cooke and Kothari, 2001), that there is a wide difference between increased time spent participating and effective access, that there can be significant opportunity costs to community participation and, more concerningly, increased participation may not only structurally reproduce exclusion and but also deepen inequalities (Cleaver, 2005). In high income countries participation is often presented as local democracy and choice which, while it can give greater control at local level to resources generated at or supplied to the local level, it can reinforce local level inequalities and fail to challenge regional inequalities. Participation can no longer be seen as an unequivocal good and calls for participation need

to be unpacked. Participation on what terms and with what effect? Which forms of participation and social connectivity are promoted, which are ignored or underplayed, and by whom? These questions are as critical to extending older people's wellbeing through participation and social connectivity as they are for younger generations.

Access and participation

Access is the most fundamental requirement of participation and social connectivity, yet access alone is not sufficient to ensure either greater inclusion or reduced exclusion. To increase inclusion participation must be experienced in the short and long term as meaningful, spurring further and deeper participation. The measure of meaningful participation is persistent participation. Insufficient or incomplete access and superficial participation will deepen inequality by allowing the better off in health, wealth and social connectivity terms to find avenues for bridging the access and participation gap in ways that others are not able to do.

i) spatial access

Active ageing includes participation in social, economic, cultural, spiritual and civic affairs as well as physical activity and participation in the labour force (WHO 2002), and central to all these is the capacity to access well known and unfamiliar places. Changes in people's use of different spaces as they grow older come from alterations in their personal circumstances and physical or mental well-being and from adjustments to the environments that they encounter. The interplay of these factors can mean that people who were formerly 'spatially gregarious' may be deterred from visiting unfamiliar places and previously familiar places can take on an unfamiliar nuance. The *Older People's Use of Unfamiliar Spaces* (OPUS) project examined people's use of different spaces as they grow older, finding that it was not just alterations in personal circumstances and physical and mental well-being that determined older people's experience of way-finding in familiar and newly unfamiliar spaces.

Rather, adjustments to the environments that older people encountered also constrained their spatial access by making previously familiar places take on an unfamiliar nuance and by deterring people from visiting unfamiliar places. The OPUS study focused on older people's

navigation and way-finding in unfamiliar places: it combined a quantitative assessment of the physical, built environment by adapting existing street audit tools (Cunningham et al 2005; Ewing et al 2005) with participants' qualitative appraisal of places never previously visited. Fifty older people from Swansea in South Wales were given the opportunity to 'visit' an unfamiliar place by viewing a predetermined filmed walking route in Colchester, north-east Essex. The route included residential and shopping streets and led the 'virtual visitor' on a visual and auditory experience of the Colchester incorporating panoramas at selected locations (Walford, et al 2011). A group of older people were also escorted on a visit to Colchester providing them with the opportunity to walk the filmed route, to meet local older residents and to discuss their feelings about the town with planners and urban designers (Phillips 2012).

The findings offer some important insights into the strategies adopted by older people when faced with unfamiliar environments. Over-reliance on transferring experience and norms from a familiar environment to an unfamiliar one proved to be an unhelpful guide to navigating new places. Familiar 'high street' brands such as shops with a national profile may provide reassurance in unfamiliar places, but can also be too commonplace, detracting from their usefulness as navigational landmarks. Distinctive, unusual structures, such as churches, castles and historic buildings, can help older people to find their way around an unfamiliar place, but disorientation can arise if changing sightlines mean these disappear from view. Study participants who experienced difficulty in following directions were more inclined to walk or use public transport as opposed to venturing into unfamiliar areas by means of private transport.

Undoubtedly while visiting adjusted environments and unfamiliar places contributes to active ageing by being both a rewarding and stimulating experience and a basic requirement for participating in social, civic and economic life, a focus on inclusive design that creates accessible and navigable environments for everyone will be as beneficial to older people as to people of all ages and abilities - as was amply demonstrated during the UK Olympics in 2012. Critical to using public space is understanding the cultural context in which shared spaces are used and the exclusionary effect of lack of familiarity with custom and practice in unfamiliar places, including places that have become unfamiliar, may be as important in deterring access as not having previously visited the location. Signage can aid navigation

and make the experience less disconcerting. Yet while an indication of distance or time to the featured destinations can ease uncertainty, too much information may contribute to sensory overload and confusion. As built environments undergo regeneration and renewal it is essential to make the outdoor, public environment convenient and usable by older people (and others) in ways that go beyond the current limited requirement to address the issue of physical ingress and egress to buildings.

Spatial access is central to increasing participation and social connectivity but measures that are task-and-effort focused, rather than being experience-and- expectation focused, will not fully grasp why older people (and others) choose, or feel forced to restrict mobility. People-unfriendly environments reinforce inequalities based on age, cognition, ability and class.¹

ii) digital access

As social, civic, cultural and economic transactions and information and knowledge exchange become increasingly located in digital space older people's digital access becomes critical to their participation and social connectivity. While older people (aged 50+) are still among the minority in terms of computer usage, the number of new 'silver surfers' is increasing at a steady rate - and the growth rate is indeed fastest among the over 75s (ONS, 2010). To date there has been little research to understand the nature of older peoples' computer usage and the challenges that they may face in remaining digitally connected as they age. The Sus-IT research project aimed to fill this gap, collecting data through a questionnaire-based survey of more than 750 older people across the UK, supported by a number of in-depth interviews and case studies. The project explodes the popular myth that older people typically shy away from use of new technologies. The survey explored the extent of older people's digital engagement and found that the majority of older people were using a wide range of digital technologies on a regular basis. Almost 80% used a mobile phone daily or several times a week and almost 70% used a computer daily or several times a week. Digital technologies are integral to the daily lives of many older people, the centrality of which was epitomised by one respondent's statement that 'The computer is one of the 5 'C's in my life – the others being children, church, car and cat'. Respondents graphically summarised the significance of 'digital connection' to participation

¹ The link between health, capacity, mobility and class are well established (Cattel et al, 2008; Crawford, 2010; Tilt et al, 2007).

and social connectivity when answering the open question ‘how would you feel if you had to stop using the computer?’: ‘devastated’, ‘alone’, ‘isolated’, ‘powerless’ and as having ‘lost independence’.

The study also challenges the myth that older adults are reluctant to learn new things. Findings show that while some only learn the basics associated with using digital technologies for a narrow range of tasks relevant to their everyday lives, others will go on to master use of digital technology and to find new and creative ways of applying it. While the ‘oldest old’ in this sample (80-89 year olds) tended to use their computers for fewer tasks, around 50% of the 60-80 year olds used their computers for a wide diversity of tasks. Some have developed in-depth expertise using particular software relevant to their pursuit of hobbies and interests, such as photography. Further, a third of respondents were keen to extend their current use of digital technologies. The desire for personal development, to keep up with the times, or to acquire a new skill were by far the most frequent reasons cited for using digital technology. As one respondent put it, ‘I feel that if I cannot use modern communication technology it would be similar to being unable to read’. Keeping in touch with friends and family via email/Skype is also a popular activity - especially when faced with reduced mobility or geographical separation – and was often cited as a reason to get online.

Social connectivity is not only a positive outcome of digital connectivity; it is a key factor in both becoming and staying connected. Social inclusion and digital inclusion are widely recognised to be closely related (Selwyn, 2002). Older people’s awareness of this inter-relationship, from the perspective of personal experience, explains their exceptional tenacity to remain digitally connected – often persisting in the face of obstacles posed by changes in physical ability, memory, support, and/or technology problems/changes. For more than a quarter of respondents, human help and encouragement was the most important factor that enabled them to use technology successfully and to sustain their usage. Participants emphasised the importance of accessing face-to-face support for digital connectivity – expressed as ‘being around people who you can talk to and who can help you’. There appears to be a strong consensus among many older users that they prefer their learning and use of ICTs to be a social process in which knowledge and experience are shared, relationships nurtured, communication enjoyed – often inter-generationally –

hobbies and interests pursued, and problems of many different kinds can be resolved. Yet current provision of both learning and support opportunities for older people in the UK is patchy and only partially meets these expressed needs.

In addition to busting myths regarding older people's wish to or capacity to keep up with the changing social and technical environment, this study demonstrates the centrality of social connectivity to secure digital connectivity – social connectivity is not just the outcome but the means. The interconnection between spatial and digital access, the ability to go somewhere for face-to-face support and the costs in doing so means that under current arrangements spatial and digital access are likely to deepen inequalities amongst older people while easing inter-generational inequalities for some.

iii) institutional access

The capacity of people to move institutions with a duty of care to protect them and the capacity of institutions to identify when they should act reflects gaps in connectivity at a range of social and institutional levels. This is particularly apparent with the general rise in financial abuse and financial abuse of older people is a growing concern due to the substantial and increasing numbers of frail and cognitively impaired older people living in the community (Kemp & Mosqueda, 2005). Financial abuse can take many forms, from that perpetrated by family, carers, 'befrienders', rogue tradesmen to that of postal, telephonic and digital scammers. It is through the vulnerable older person's connection with health, social care and banking professionals or through connections with family, friends and neighbours that financial abuse is often detected and acted upon. Applying a "Bystander Intervention Model" (Gilhooly et al, in press) to the study of decision making by professionals in detecting and preventing elder financial abuse is complex. Complexity arising from the presence or involvement of other people in the care of the older person and from organisational constraints, including policy and procedural rules, plays a part in determining what interventions may be possible or likely to occur. Five decision making stages were identified:

1. The professional must notice or be told by another party that something unusual is happening.
2. The situation has to be interpreted as suspicious.

3. The decision maker must decide what kind of intervention can be provided.
4. The decision maker has to decide what they can or should do.
5. The decision maker has to consider the rewards and costs of intervening.

Interviews with professionals in health, social work and banking as well as an experimental study of decision making found that, all three professional groups showed a high level of consistency in their decision making. This indicates that the individual professionals had stable strategies for dealing with cases which would yield similar decisions for similar cases. Of the many cues that could be used in deciding whether financial abuse is taking place, only a few seemed to influence the decisions and the actions taken (Davies et al, 2011) . The cues that exerted the greatest influence were the mental capacity of the older person, the nature of the financial problem and, in the case of those in banking, who was in charge of the money.

The study addressed the connectivity of vulnerable older people to the agencies entrusted with protecting them from financial abuse. The agencies are often dependent on other parties such as relatives, friends and neighbours as sources of information about possible abuse. However, for an abuse case becoming known to an agency, ‘bystander intervention’ issues arise. Should a neighbour report tradesmen harassing the older person? Or decide it’s not their business? If the neighbour decides he or she should report the matter, to whom should they report? If the neighbour reports to a GP then the GP has to decide whether to report to the police or to social services. If a neighbour contacts social services directly, should the professional receiving the report decide that single report is enough to take action upon or should further reports be awaited? Thus, victims are dependent on decisions of individuals in a complex network that connects them to those who can take effective action. A sequential form of “bystander intervention” is occurring throughout the network in which potential informers may or may not contact appropriate agencies who then may or may not take action. The cumulative effect of such a sequential process, that can lead to “no action” at each choice point, is the “iceberg” phenomenon where for every case investigated and substantiated there are many more cases not investigated (National Center on Elder Abuse, 1998).

This study not only highlights the lack of connectivity between institutions with a duty of care and older people but also points to the need for wide social connectivity and a range of accesses (spatial, digital, institutional) for older people in order that they or others can identify financial abuse. As services move from neighbourhoods to the high street and on to the digital high street the importance of widening social connectivity and participation increases and inequalities in being able to do so widens.

iv) access to social and political organisations

Older people's access to social and political organisations is critical to their ability to participate in the 'life of the community'. It captures their capacity to maintain, diversify or expand their participation and social connectivity in line with their circumstances. While the common assumption is that participation in social and political organisations or associations will decline with age, cross national research provides a more nuance picture which does not uphold a presumption of an inevitable decline.

The *Ageing, wellbeing and development project* studied a sample of older people and their households in poor areas in Brazil and South Africa with the aim of assessing the impact of individual ageing on wellbeing.² The research studied older people within their households, taking care to include intra-household relations and decision-making. To this end, the study implemented survey instruments on the most knowledgeable person in the household and on every person in the household aged 60 and over, in 2002 and 2008. Social and political participation and connectivity were included as significant dimensions of wellbeing, and the cross-country comparative approach was helpful in isolating the influence of institutions and culture.

The older person survey asked whether respondents participated in a range of social and community organisations. Some were common to the two countries, like social clubs, community organisations, church groups, school and sports organisations, trade unions, and political organisations. In South Africa, two additional organisations were included due to their importance in the life of poor households: stockvels³ and burial societies. Older South

² For more information on the project and its findings see <http://www.sed.manchester.ac.uk/research/ageingandwellbeing/index.htm>.

³ Stockvels are saving clubs for the purpose of covering burial costs.

Africans in poor households, particularly black households, feel a strong need to make provision for their burial.

The study found that there is a significant difference in participation in social and political organisations by older people in the two countries. Taking all forms of participation and connectivity as a whole, levels of participation were much higher in South Africa, by an order of magnitude. In Brazil (n=1193), by far the largest form of participation was membership of a church group. Around one in three people aged 60 and over reported membership of a church group; but participation in other organisations was marginal. Around 2 percent of older people reported participating in a social club (women's or men's clubs), and this was the next highest participation level reported. In South Africa (n=514), just over one third reported participating in a church group, but 27 percent reported participating in a community organisation, and 10 percent in a social club. Strikingly, two thirds of older people in the South Africa sample reported participation in a burial society or stokvel, and one in four reported participation in a political organisation. It is, in fact, the latter form of participation that accounts for the difference in participation and connectivity between poorer South African and Brazilian older persons. The study found that higher levels of participation and connectivity are an important factor explaining higher levels of satisfaction with their family and community relationships among older persons in South Africa when compared to Brazilian older persons (Lloyd-Sherlock, et al., 2012).

The share of older persons reporting no participation in political and social organisations is of particular concern; around three in five in Brazil and around one in five in South Africa. While there are many factors explaining the absence of participation and connectivity, health and economic barriers are significant. The concern is that to the extent that older people are disconnected from their communities and their polities, their voice is unlikely to be heard and social and political exclusion might have adverse implications on their wellbeing. The longitudinal nature of the study posed the question as to whether participation and connectivity declines with individual ageing. Despite a six year gap between visits to panel respondents (2002 and 2008) only marginal changes in participation over time were found. In Brazil, the proportion of the sample reporting no form of participation declined by around 5 percentage points in 2008, while in South Africa there was no change over time. This would suggest that, for the group of older persons taken as a

whole, social participation and connectivity might not necessarily decline with age and it is necessary to look elsewhere for explanations of low participation and connectivity.

As with the discussions of spatial, digital and institutional access, it is clear that some are better positioned than others to belong to social and political organisations and those that are can sustain participation into old age. However, the Brazil/ South Africa comparison, both of which are classified as upper middle income countries by the World Bank, demonstrates that it is not necessarily comparative wealth at a national level nor absolute poverty at an individual level that determines social and political access, though it may determine differentials *within* countries. The fact that, despite greater levels of persistent poverty (Barrientos and Mase, 2012), the South African panel's participation was greater than the Brazil panel, and remained greater over a six period is reflected in the fact that their levels of satisfaction with family and community relationships were comparatively greater. This suggests that South Africa is organised to be more socially and politically inclusive of older people than is Brazil. Having seen that older people are not intrinsically less able or less willing to participate in a range of activities given access, this chapter turns to uncovering the arenas in which older people actively participate and in doing so challenges negative stereotypes.

Challenging negative stereotypes of older people

The stereotype of declining participation in old age derives from the assumption that the arena of work and work-associated participation in unions and associations are the main or most important forms of participation and social connectivity. This reflects a productionist, male-breadwinner bias that promotes a discourse of old age and retirement as a physiologically rooted, individual experience rather than a socially structured condition and a socially constructed experience. The idea of retirement is a construction of the late 19th century and early 20th century arising from the needs and impacts of industrialisation. It arose in the context of industrial competition, worker mobilisation, a declining need for labour due to automation and, in the United States, in-migration and the combination of the ascendancy of 'scientific management' of the labour process and the 'wear and tear' theory of biological ageing that posits that people have a fixed capacity to work (Atchley 1982:269-270). People in mid and later life were being forced out of their workplace to face

a labour market marked by age discrimination and rigid working conditions (hours, tasks, processes and so on). Yet throughout history across the globe most people have undertaken paid and unpaid work as well as unmonetarised socially necessary activities into deep old age. This remains the case today.

i) rural community capital

While rural older people are known to experience a variety of barriers to social inclusion such as isolation, poor public transport and problems with access to needed services, far less is understood about the positive aspects of rural ageing and the role of older people in rural community life. In particular, although older people's contributions to rural civic society are recognised as a significant source of community cohesion in many rural areas (LeMesurier, 2003), the nature, context and extent of their civic engagement has been under-researched.

Guided by a perspective on older people as rural community capital, the *Grey and Pleasant Land* project investigated older people's connections in rural communities and the ways in which these links affect their participation in civic life. A community survey of 900 people aged 60 and over in six differentiated rural locations in southwest England and Wales examined the circumstances and experiences of older people's connectivity to community life. Participants were asked about their involvement in activities such as volunteering, and membership in community or other groups, as well as the factors underlying the type and levels of their participation. Qualitative research was also used to explore experiences of community connectivity among diverse groups of older residents in rural places.

Community participation was highest for informal activities to assist others and for formal voluntary work. Those who were more likely to be involved in civic activities included married people, the 'young old' and those with better self-rated health, higher former occupational status or educational qualifications. Individuals' financial status, their length of residence in their rural community and levels of friendship, however, did not affect their civic engagement. What was defined as older people's leisure functioned as a significant means of creating social capital (networks of social ties, reciprocity and trust), or social glue, within communities through activities such as volunteering for charities or other groups, serving on parish councils or other organisational boards, and helping with fundraising. For

some, while involvement in civic groups was on a smaller scale, they experienced satisfaction in being able to make some contribution such as collecting items for jumble sales to benefit local senior citizens' clubs.

The principal barriers to community participation reported by rural elders included limitations in health, lack of time, lack of access to transport and, significantly, lack of interest. In relation to mobility within their communities, few respondents reported feeling excluded due to this reason, and more reported difficulties in accessing specific necessary and discretionary activities, including specialist hospitals and cinemas (Shergold and Parkhurst, 2012). Car availability was not a strong predictor of overall inclusion, although non-availability could limit access to particular types of location. The relatively short travel distances required to access community activities was a key factor in the high levels of community inclusion, however because of dependence on car travel there is a rising risk of mobility-related exclusion among older people in rural areas, particularly amongst the oldest old.

Specific subgroups of older rural residents reported a varied experience of connection to community. In qualitative interviews with respondents in low income households a strong sense of community inclusion with reference to neighbourliness and informal social support systems was expressed in parallel with reports of conditions of financial hardship (Milbourne & Doheny, 2012). Members of minority groups, however, including gay and lesbian older people and Gypsy Travellers could and did experience forms of disconnectivity and exclusion from mainstream community activities.

This work challenges dominant problem-based views of rural ageing populations through highlighting the contributions and experience of older people in rural areas as a source of community capital. It emphasizes the need to step away from perceptions of what older people are capable of and instead to identify, support and extend what they wish to do. At the same time, it emphasises the need to raise awareness of the continuing barriers to older people's connections to community for maximizing participation and well-being in later life.

ii) economic contributors

Older people's economic contribution draws negligible attention, although what evidence there is suggests that older people's engagement in work may be increasing in countries with large informal sectors and negligible pension provision (Alam and Barrientos, 2010). In India the dominant discourse on old age posits a norm of old age withdrawal from social connectivity and participation and dependence on the family (Lamb, 2000). However, the *Ageing, Poverty and Neoliberalism in Urban South India* project found that in the context of insecure incomes, significant material and social deprivation and limited state support, families living on low-incomes cannot afford for their elderly to withdraw from economic and family life (Vera-Sanso, 2012). A survey of 800 households living in five low-income settlements of Chennai, India's fourth largest city, in-depth qualitative research with 179 households and 30 months of observation of one street market between 2007-10 demonstrate that older people remain active in economic and family life. The mismatch of the norm of family support and low-income families' capacity to provide such generates deeply ambiguous feelings. Feeling at times rejected, isolated or let down, older people also understand the difficulties their adult children face and, not wanting to become a burden themselves, strive to mitigate these difficulties in the interests of the family as a whole. They do so by earning an income, 'helping out' in a family business or by taking on the caring and domestic work of younger female relatives in order that they can enter the workforce. To continue working as long as they can, older people tailor their paid work to their capacities and needs by moderating working hours and intensity.

While policy makers and others consider older people's participation in paid work as a marker of filial indifference and neglect and unpaid family domestic work as not such, the older urban poor do not necessarily see it this way. In a context where people live in congested conditions, without piped water and drains for sewage or storm-water (and are hence regularly flooded with contaminated water and have difficulty accessing basic domestic inputs) domestic work is both onerous and arduous. As one elderly woman who walks from office to office in temperatures of up to 40 degrees centigrade to clean office phones and computers succinctly put it, 'whether I'm at home or not I have to work, and I prefer this to working at home'. In a context of low quality housing, negligible comforts and high levels of school participation, homes are lonely and uncomfortable sites of strenuous work alternating with periods of boredom and hunger that older people escape by sleeping

until children return from school and adults from work. In this context social connectivity is extended by economic participation. Vending in street markets, working alongside a daughter or daughter-in-law in a family business, or waiting with known cycle rickshaw pullers or construction workers for piece-rate work is as much about social connectivity and meaningful activity as about economic participation.

While economic participation is experienced as providing more opportunity for social connectivity than unpaid domestic work or no work, the pay-off in terms of social recognition is constrained by ageism. Older people's labour is considered by others, and sometimes by themselves, as having little or no economic value. Working in a family business is described by family members as merely 'helping out' or 'passing time' even if the older person, usually a woman, is the only one working in the business. Men also experience age discrimination which locks them out of work or prevents them earning equal incomes (Harriss-White et al, forthcoming). Skilled construction workers, who are the most skilled in low-income settlements, rile against perceptions of age, skill and strength that misrepresents their capacities and reduces their incomes, forcing them into small, piece-rate repair work rather than being hired for their skill and experience to do design work, train and oversee younger workers.

This study has revealed that dominant ideas of what is best for older people, a withdrawal from economic life and dependence on family support, is neither feasible nor desirable in a context of significant poverty and poorly resourced homes without basic services. Instead, social connectivity, participation in meaningful activity and a sense of self-worth often is facilitated by working outside the home. Yet the lack of recognition for older people's economic contribution and the lack of a pension sufficient to enable them to say no to the most onerous and demeaning work available to them constrains the benefits they draw from working.

Both these studies on older people as rural community capital and economic contributors demonstrate the erroneousness of the view that older people cannot and do not make important contributions to society and the economy through their paid, unpaid and voluntary activities. In addition, to highlighting the value of older people's participation to their own wellbeing and that of others, they also demonstrate that the benefits that older

people can potentially draw from participation are undercut by ageism and by a series of barriers, which though they may be experienced as individual barriers are instead socially structured.

Structural factors

The chapter has demonstrated that older people *do* participate and are tenacious in their participation but that a range of accesses are closed to many older people, creating inequalities in the scope, extent and benefits of participation. Taking an experiential focus on structural inequalities uncovers nuances in older people's positioning that research and policy needs to take on board in order to increase older people's participation and social connectivity.

i) cross-generational ramifications of economic participation

Project MINA (described in detail in Chapter 5), examined the impact of migration, nutrition and ageing amongst two generations of Bangladeshi women (older women, 40-70 yrs) and their adult daughters (17-36 yrs) in Cardiff, UK, and Sylhet, Bangladesh. Approximately 63% of older women living in the UK were married with the remainder widowed, with 150% living in a "nuclear" structured household including themselves, their husband and children. Amongst the UK daughters, 35.% were single, 60% were married, and two women (5%) were divorced, with 61% of married daughters living in "nuclear" structured household, illustrating that not all participants live in large, multi-generational households.

There were distinct differences in level of social participation and connectivity between the generations and transnationally. Despite just one older participant reporting living alone, many of the older Cardiff participants reported feelings of isolation and loneliness which is consistent with previously published research examining the lives of older Bangladeshis living in Tower Hamlets (Gardner 2002). Lack of fluency in English, limited social activities and community spaces that are viewed as culturally acceptable, and concerns regarding physical safety, vulnerability and racism severely limit older women's social connectivity and engagement with wider society. Older women expressed not only discomfort related to cold weather, but that actually fearing the cold as a barrier to leaving their homes to socially

engage. These issues were highlighted as major concerns by the women themselves, and were shared and reinforced by family members.

The cultural norm to honour one's elders by encouraging very little physical movement was described by older women and adult daughters. The older women in Cardiff compared the differences between living in the UK and Bangladesh. In Bangladesh there is a great deal of social interaction in homes between family, neighbours and friends; older adults described daily visits with people coming in and out of their home throughout the day. This degree of social interaction does not occur in the UK. Interestingly, a significantly higher proportion (33%) of UK mothers reported their perceived health as poor or very poor, compared to 23% of older mothers living in Bangladesh. Older women in Cardiff expressed the view that their lives would be of higher quality in relation to social participation and feeling connected if they were living in Bangladesh as an older person, but most stated they would stay in the UK throughout the remainder of their lives because of existing family connections.

Daughters, by contrast, provide a strikingly different picture. For the daughters living in the UK, particularly those who are bi-lingual, most have benefited from gaining their education in the UK and engage fully in paid or voluntary work, further education, doing much of the shopping, and taking their children to school and other activities. During qualitative interviews, the adult daughters living in the UK expressed a higher satisfaction with their quality of life than their counterparts living in Bangladesh, and both groups described the benefits of education toward enhancing social mobility, connectivity, and life opportunities. Smith, Kelly, and Nazroo (2009) confirm a significant increase in educational attainment between first- and second-generation Bangladeshis in the UK, and this is associated with increased socioeconomic status and improved self-reported general health. Although these findings are positive for the adult daughters living in the UK, their enhanced social connectivity and participation may result in increased isolation for older women, as men are also fully engaged in work, social, and religious activities outside of the home.

This project amply demonstrates the need to study older people's lives in the context of wider social changes. In this example the social change is initiated by migration but what is most enlightening is that the greater participation of some, here younger women, can lead

to the greater isolation of others. This study busted the myth that older Bangladeshi women self-exclude from participation outside the home; instead they enthusiastically engaged in the project's data collection events including the associated social and physical activities provided, suggesting that rather than an unwillingness to participate, these women lacked sufficiently meaningful opportunities to encourage them to do so.ⁱ

ii. class and cultural capital

The benefits of engagement with culture have been shown by a number of studies. For example, Bygren *et al.* (2009) demonstrated, through a large-scale quantitative study in Sweden, that people attending cultural events live longer than those who rarely attend and Greaves and Farbus (2006) and Cohen (2006) were able to show the positive effects of creativity and social engagement on health and wellbeing on older people. However, while this can be demonstrated, barriers to engagement are significant for those without the cultural capital and subsequent habitus (Bourdieu, 1984) that makes decoding contemporary visual art problematic. For others, their cultural tastes shaped their personal networks (Lizardo, 2006). How social participation and connectivity influence engagement with art, both in terms of overcoming barriers and decoding the art on display is discussed below using the results from the *Contemporary visual art and identity construction - wellbeing amongst older people* project.

The project recruited five groups of older people from a variety of backgrounds, including people who had a history of visiting art galleries and people who did not. They were taken to galleries, based in north-east England, UK, three times over 28-months (May 2009 – October 2011). Differences in responses could be identified between broad groupings of working class participants aged 68-91 years and middle class participants aged 61-65 years. The variable of class is defined by Silva (2008, p. 268) as 'the positions in a hierarchical social order occupied by individuals in social space, according to which aesthetic engagements will vary'. Many of the working class participants would not have attended the venues without the opportunity presented by the research project and those that had did not have meaningful experiences. For example, a 68-year-old whose occupation was classified as semi-routine (National Statistics Socio-economic Classificationⁱⁱ) stated during her visit to the BALTIC Centre for Contemporary Art as part of the research project:

I've been before. I came down when it was first opened but I'll be very honest with you, I didn't really get much further than the first floor. I was a little bit lost then but I found it a lot easier now.

By contrast, the middle class participants had generally greater educational attainment and responded very differently compared to those who were working class. For them, discussing the work was important, enabling them to challenge each other's perceptions, and to use their collective resources to decode the artwork. For example, a 63-year-old male participant's response to the group's discussion was:

If we'd been to see Rembrandts today or Constables or Turners we wouldn't be banging on about what material they were made out of. We would be talking about how good the paintings were, which is the main difference between what I would call classical good art and modern artists. (Modern art's) ideas either work for you or they don't - it's not (about) a skill in great painting.

Within the visiting groups, of whatever class and age, habitus became co-ordinated through social dynamics which resulted in differences in opinion becoming fewer as the visits progressed. For the younger/middle class participants cultural tastes both influenced and generated social networks as they recognised and attempted to improve their position within the field of contemporary visual art. This was not observed in the responses of the older/working class participants, though there was evidence that when accompanied by friends older/working class people attending the BALTIC centre as part of the research were more enabled to engage with modern art in a way that would otherwise have been very difficult.

While engagement with expressive arts is recognised as important to health and social engagement and is reflected in preferential pricing for senior citizens, it is clear that a large proportion of older people are excluded from this arena of social and creative engagement – in part for want of the out-reach strategies, that are applied to children, that recognise the centrality of social interaction in developing and sustaining engagement with art.

iii) ethnicity and social connectivity

Within the broad demographic trend of population ageing, the communities who moved to Britain in the decades from 1950s-1980s from the Caribbean and South Asia (notably India, Pakistan and Bangladesh) are also beginning to age. In 2007 it was estimated that, 17.5% of the 'white' population were aged 65+ years compared with 4% for the Chinese, Pakistani and Bangladeshi populations; 7% for the Indian population and 13% for the Caribbean group (Livesley, 2011). Future decades will see substantial absolute and relative increase in the size of these groups.

The ageing of our minority communities is an important but relatively neglected issue in terms of research, policy and practice. Specifically, research focussing upon the ageing experience of older black and ethnic minority adults is a relatively new field of research within the United Kingdom (Koehn *et al*, 2013). This research has focussed upon specific issues amongst individual minority populations, often within particular locations and often with a 'problem focussed orientation'; for example, social support systems of older South Asians in the West Midlands (Burholt, 2004), social exclusion of older Bangladeshis in East London (Phillipson *et al.*, 2003) and family care amongst elderly Chinese in London (Chiu & Yu, 2001). The project on '*Families and caring in South Asian communities*' sought to take a broader perspective on the daily lives and experiences of people growing older from Pakistani and Bangladeshi communities. Using a mixed methods approach the project was able to compare participants' perceptions of relations and places with its substantive findings relating to daily life (see Victor *et al*, 2012). This gave the project a strong methodological component focussing upon some of the specific challenges working with minority populations (see Zubair *et al*, 2012a; 2012b).

In an attempt to understand networks from the participant's view point, the project invited participants to draw social network maps to support the details gathered on their social relationships. The initial intention was to invite participants to complete the formalised concentric circle map employed by Pahl and Spencer (2004) with the individual at the centre and relationships decreasing in strength from them. This was abandoned at the pilot stage as participants found this difficult to conceptualise and an 'open ended' approach was used. Participants were invited to map out, on a blank sheet of paper, those relationships, both

to people and places, that were most important to them. This exercise generated 109 'maps' from the study participants of which 42 were in the 'classic' spider gram form and 67 were textual (with and without hierarchies of attachment). Examples of these differing formats are illustrated by figures 1 and 2. Undertaking this exercise generated a number of challenges. First, for many participants, the interviewer had to act as the scribe for individuals who were not literate. Second, where individuals were literate, many maps had to be translated into English for analysis by the team. Third when participants did rank relationships in order it is not always clear that there was an intended hierarchy of relationships. Given the challenges what did we learn from this exercise? First, this very clearly demonstrated the primacy of the family in our participant's social networks, with virtually no references to friends in these relationship networks. Second the importance of deceased family members to individuals was evident but had never been articulated within the project interviews. Finally, participants' 'maps' emphasised the fundamental importance of religion to daily lives.

By allowing older people from Pakistani and Bangladeshi communities to express their perspectives on their most important relationship to people and places this project was able to identify categories of relationships that held the greatest meaning for these old people – that of family and religion. In diasporic communities, the categories of family and religion carry local and national and inter-national dimensions and those spatial connections also link past, present and future across generations including, the deceased who continue to have an active presence in older people's perception of their relations to people and place.

These three projects along with the study of older people's participation in rural Britain and the study of older people working in urban India challenge negative stereotypes of older people by demonstrating how socio-economic and spatial positioning shape older people's participation and social connectivity. There are two common threads to these projects. First, that it is not age that determines participation and social connectivity but it is social and economic structures that position people differently in relation to the economy, culture and society at local and wider levels. These structures impact on individuals, both older and younger, within the family, community and economy. Those without jobs, cars, the local language, particular cultural habitus(es) or experiences will find themselves excluded from, or less able to participate in, certain social, economic and cultural arenas and less able to

derive the various benefits such participation can provide. What is specific to older people, however, is the way age becomes the reason for undervaluing older people's participation or for justifying reduced participation and social connectivity. The second thread is that older people are not interested in participation and connectivity *per se*, they are interested in *meaningful* participation and the point to be noted here is that it is participation that *they* find meaningful. This brings us to the final section of this chapter, older people's response to attempts at increasing their participation.

Generating meaningful participation and meaningful social connectivity

Research, programmes and projects assessing or designed to expand older people's participation and social connectivity often take a top-down approach that is based on an 'othering' of older people – an othering derived from the distillation and application of expertises that position older people as the objects of study and action. A bottom-up approach, by contrast, transfers direction into the hands of older people, repositioning older people as the authors, not objects, of knowledge. While top-down approaches now regularly include a consultation strategy, a participation approach requires that older people play an active part, having a significant degree of power and influence (Burns et al, 2004). Very few studies have asked older people what makes participation in organised activities meaningful for them. A study undertaken in the United States found that a lack of 'meaty' or meaningful personal roles in group activities provided little more than escape from boredom and isolation (Ward 1979). Eakman et al (2010) produced a tool for assessing the meaningfulness of daily activities by asking participants to identify the activities to be studied and to self-rate their frequency and its meaningfulness. This study found that participation in activities deemed meaningful have more influence on psychosocial wellbeing and health-related quality of life than participation in a greater number of lesser valued activities. Two NDA projects took the bottom-up approach, one taking a locale-specific -facilitator approach, and the other an activity-specific-trigger approach.

i) promoting social engagement among older residents of disadvantaged urban neighbourhoods

In response to the frequently reported decreased levels of older people's social engagement and higher levels of loneliness, particularly amongst older residents of disadvantaged neighbourhoods where there are fewer resources and facilities, the *Call-Me* study undertook the participatory development and evaluation of a series of community projects in disadvantaged areas of the large urban centre, Manchester, UK. A range of different community activities – including arts, gardening and physical activities – were developed together with groups of older residents in four different neighbourhoods. The groups raised funds from local authorities and in some cases developed intergenerational projects. Public events (e.g. exhibition, demonstration) were organised as part of the projects to draw in other community residents and to promote broader awareness of the activities (Murray & Crummett, 2010; Middling et al, 2011).

As part of the project of developing community activities a survey of the older participants was undertaken that revealed participants' low levels of social engagement outside of the project (Beech and Murray, 2013). Individual and group interviews confirmed that the older people identified very closely with their immediate neighbourhoods. Many had lived in the same house for thirty or more years. They often stressed the positive features of their neighbourhood and resented it being labelled as deprived. They emphasised the importance of neighbourliness: 'They're all very good on our close ... if anybody's ill or they need anything they're there and I'm one of those people – I'll be there first.' However, those who lived in apartment blocks felt cut off from social interaction. As one older man said: 'it's a different way of life. It can be isolating. It can be so that you don't have contact with other people.'

Work outside the district had been an important source of social interaction, particularly for men. However, once they retired their social circle became very reduced. In a discussion group one man said: 'Well, I used to work and obviously most of my activities were connected with that, and my leisure.' There were limited social facilities in these neighbourhoods and much of what there had been is now closed. The men often complained about the loss of the local pub: 'the older you are the less opportunities you have to make friends, and in this neighbourhood, particularly, there are no pubs. [Pubs] were the hub of communities.'

Even though the neighbourhoods had limited local facilities participants were reluctant to take part in activities outside their immediate communities without the support of others. A common view was that such facilities and activities were not designed for them but for members of another community. As one woman said: 'I know they have things going on in other centres further down but we don't belong to them – really, those things are for them that live there'.

While older residents had extensive experience of participating in social activities with family and neighbours they had till then little experience in taking responsibility for organising group activities. So despite expressing an enthusiasm about the opportunity provided by organised group activities, they were anxious about taking on any leadership responsibilities. One woman said: 'I don't know if people would like to do it themselves, it depends. Some of the people wouldn't do it themselves. They like somebody there to show us.' Further, taking on community responsibility could sometimes lead to conflict with neighbours as one woman explained: 'I've had a lot of grief about it all really, you know, tongues wagging. There was some that thought that I was getting paid. They couldn't get it into their heads, see, that people would do work voluntarily.' So while they were delighted that someone could take the lead in organising group activities they were also emphatic that the group membership should be local. As one man said: 'We want to stay our own group, we don't want it so that we get taken over', demonstrating a wish to remain in control.

Older residents of disadvantaged neighbourhoods are enthusiastic about the opportunity of participating in local group activities. However, although they are keen to be involved in the planning they can be anxious about taking responsibility without support. While group projects can be established there is a need to plan carefully how they can be sustained and resourced and, critically, older residents need to be centrally involved in the development and on-going planning of community activities.

While the Call-me survey suggested a hesitance and apprehensiveness about taking on leadership roles this is likely to be temporary if there is a widespread policy acceptance of older people's capacity to direct projects designed by them to meet their self-identified needs. Top-down projects position older people as passive beneficiaries. Bottom-up projects

can provide spaces for meaningful participation. They can create ‘a sense of individual and community achievement and bring back a bit of the old community spirit’, as participants in the Call-me projects described the experience and outcome of the projects.

ii) triggering cultural engagement and authorship

The *Fiction and Cultural Mediation of Ageing Project* (FCMAP) undertook qualitative research exploring what response older subjects have when they engage with formal representations and narratives of ageing as well as those encountered in their everyday lives. Analysis assessed whether and how participants regarded such representations in terms of their capacity to shape either their own self-image or other social attitudes towards ageing. One element of the project comprised ninety volunteers organized in eight Volunteer Reading Groups in and around London in collaboration with the University of the Third Age (U3A). Participants were recruited to read and react to the selected British novels published after 1943 that focused variously on ageing.

Volunteer Reading Group participants submitted periodically for analysis Mass Observation-style diary entries (recorded anonymously in either electronic or written form) in response to fictional *and* social narratives. FCMAP created an open space for participants to offer often extended views related to: fictional content; their opinions of Volunteer Reading Group discussions; views of existing social and policy issues. While not directed towards any particular view or any particular format, participants added commentary as they wished on relevant events, aspects of culture, and the ways older people are treated, plus any images or concepts concerning ageing they found relevant. The structure of combining reading, diary entry and Volunteer Reading Group participation solicited such responses. The participants were not only given voice, their diaries allowed the FCMAP team to chart both patterns and noteworthy personal narratives, which when taken together offered clusters of experiential knowledge. A plethora of insights included the following: most feared residential care; older women felt marginalized in terms of visibility, especially sexual; none actively feared crime; Alzheimer’s troubled nearly all of them. Their responses were often radically different from stereotypical views held by others about ageing subjects and their

conceptual parameters of life. The diaries were replete with insights into normal and everyday life, relevant to not only social policy issues, but ways of challenging attitudinal norms. This included a potential inter-generational impasse, recorded as: 'it is difficult for the old to really understand what is going on in the culture of the young –and vice versa.' Furthermore the diaries also offered powerful insights into social attitudes, which many felt equally as important in framing their condition of their lives as governmental manoeuvres, amply represented by one journal entry:

Does age render one anonymous or invisible? I don't find that to be the case. I find the problem to be more often a patronising attitude that might be called the 'poor old dears' syndrome. This leads to an unwillingness to listen seriously to what I say, and an attempt to carry out tasks for me, whether I wish it or no.

Younger people and policy makers might consider age as the dominant social factor in later life. This misrepresents older people's experience; they consider ageing to be both varied and contextual. Although underlying the Volunteer Reading Group, as with all examples of participative social groupings, were certain ideological realities, as respondent NOL009 signified. :

I do not yet feel free to speak openly in the group. I begin to realise that we separate into 2-3 groupings for beliefs and values; class position; issues of politics [guessed at]; social issues, etc. Interesting that it's hard to think about age and the process of aging without being forced to encounter in some form or another our philosophy of life.

Her commentary questions the efficaciousness of other modes of research, such as focus groups, in offering valid interconnectivity while sustaining the individual perspective. As in life generally, ideology permeates, impacting upon shared conceptual understanding. In contrast, the FCMAP diaries allowed a far less inhibited, less structured or researcher-influenced space than is found in most other gerontological approaches. Participants were freer to synthesize opinions, reflections and experiential knowledge of the life-world that might otherwise be considered less credible or acceptable than the option of either reflecting existing norms or responding to innate or self-evident clues from researchers. In

so doing, genuine and valid social connectivity is potentiated, whereas other modes of inquiry often pre-determine the kinds of inter-subjective exchange researchers prefer. FCMAP facilitated radical critical reflection on otherness and selfhood. As NOL 009 pondered, 'I use to think that, fundamentally, in essence I had not changed; I was still "me". The more I engage in this project the more I am unsure whether I am, in anyway, who I was.'

FCMAP respondent diaries demonstrated that ageing is contextual, differentiated, and shaped and understood in terms of intersecting personal and social narratives, and that older subjects should be involved in these narratives, not as failing individuals concerned only with health and mental health issues, but subjects with agency, many of whom develop and change throughout their third and fourth ages.

Like the Call-me project, the FCMAP initially met with some resistance as older people are accustomed to being directed through top-down programmes and projects that reflect other's perception of older people, their needs and capacities. The success of this project for meaningful and creative participation and social connectivity and personal development, which stands in marked contrast to the assumption of old age decline, is demonstrated by one of the Volunteer Reading Groups choosing to carry on with readings, discussions and journal entries for one year after the life of the project.

Conclusion

While supporting the importance of participation and social connectivity for health, wellbeing and rights, the projects on which this chapter is based have challenged many of the underlying assumptions and stylised facts that inform knowledge about and policies aimed at older people. By placing older people's experience at the centre of research it is clear that older people *are* participating in a great many arenas of life but that their participation is hampered, unacknowledged or undervalued. The studies on spatial and digital access clearly indicate that older people are keen to deepen their engagement with new and changing places and new technologies but for many their access is hampered. When linked to the project on connectivity of older people to institutions entrusted with protecting them from financial abuse as well as the increasing trend of moving institutions

out of neighbourhoods and onto the digital high street issues of spatial and digital access take on further significance. A failure to deal with these access issues will deepen inequalities between older people themselves and between generations as well as increase old age vulnerability.

Projects on participation in social and political organisations in Brazil and South Africa, voluntary work in rural Britain and paid and unpaid work in urban India demonstrate that it is not age that determines participation. Rather the opportunity provided for older people's participation not only determines how much and how they participate but also the recognition they receive for their participation – to the point that they may be contributing in ways that are essential to family, community, society and economy but these are unrecognised or undervalued. Structural constraints on access, lack of recognition and undervaluation inevitably impinge on older people's rights and wellbeing.

Digging deeper into structural issues, examining how older people are situated differently within families, communities and within the population of older people themselves, it is clear that older people need to be understood within the wider networks and contexts of which they are a part. Increasing participation of younger female Bangladeshi migrants in London's economy can leave older women isolated which can easily be misread as an age or cultural issue rather than what it is, the uneven and unequal integration of different age groups in society and the economy. Differing cultural backgrounds, generated by class, education, religion and ethnic differences as well as personal histories position people differently, creating diverging impediments to participation. However, the projects emphasising structurally-generated differences between older people as well as the two projects designed to generate meaningful participation and social connectivity amply demonstrate that older people do enthusiastically take up opportunities to participate in activities *they* consider meaningful and are keen to participate in projects that do not assume that older people are failing physically and socially and for whom low value, generic services are sufficient to meet assumed needs. Taken together all the projects demonstrate that older people do participate and want to participate more, that older people want to take part in new activities, new ways of doing and new ways of thinking but they want to do so in ways that *they* determine.

Old age is not the problem, the problem is the widespread negative stereotypes and prejudicial discourses found in the media, research, policy and taken up by stakeholders. While the objective may be to improve older people's wellbeing and rights, portraying older people as needy and declining because of their age, rather than systematically disadvantaged by the way society is organised, will not enable the development of policies and practices that fully acknowledge the diversity of what older people do, need and want. Until older people are positioned as authors of knowledge about themselves, rather than the objects of knowledge by experts, the objective of addressing older people's rights and wellbeing, of extending inclusion and reducing exclusion will remain elusive.

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ⁱ Eighteen months after project completion project researchers are still being asked to run another MINA event and subsequent doctoral research in Cardiff on older women's health, including a physical activity assessment study, has had an enthusiastic response from the Bangladeshi community. Unexpectedly, Pakistani women approached the doctoral student to also include them in the study, demonstrating that the concept of "hard-to-reach" communities is not applicable if the mode of engagement and activities on offer are deemed interesting, appropriate and inclusive.

ⁱⁱ <http://www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/soc2010/soc2010-volume-3-ns-sec--rebased-on-soc2010--user-manual/index.html>