Social participation of community living older persons: importance, determinants and opportunities

Carla Cachadinha, FA-UTL, ccachadinha@netcabo.pt
João Branco Pedro, LNEC & TUDelft, jpedro@lnec.pt
João Carmo Fialho, FA-UTL, jfialho@fa.utl.pt

Abstract
Socio-psychological models of successful ageing emphasize life satisfaction, social participation and functioning as the keys to ageing successfully. Some studies suggest that maintaining social participation in late life has a positive influence on quality of life, psychological wellbeing, health, cognitive functioning and life expectancy. However, there is an increasing trend for older people to live alone, some of them in unsafe and insecure environments.
The purpose of the paper is to identify factors that hinder or support the social participation of older persons living in the community. The importance of older people's engagement in physical, social and productive activities was studied. Opportunities for older people socialize in the housing environment were explored. These tasks were carried out through literature review.

1. Introduction

Socio-psychological models of successful ageing emphasize life satisfaction, social participation and functioning, as critical components of successful aging [1] [2] and the World Health Organization considers that optimizing opportunities for health, participation and security are the three pillars of active ageing, a process that aims to extend healthy life expectancy and quality of life for all people as they age [3]. However, in developed countries, social participation is considered a major unmet need of the elderly [4].

Social participation refers to the engagement in recreation, socialization, and cultural, educational and spiritual activities [5] and is a central feature of "social capital" [6]. It can be measured adapting the social portions of questionnaires like the 'Elderly Activity Inventory Questionnaire' [7] and the Assessment of Life Habits [8], or considering the number of different social activities engaged in and the frequency of face-to-face contacts with network members over a period of time [9]. Quantitative data can also be obtained indirectly through information on social isolation in old age, like the proportion of older people living alone and the prevalence of loneliness in old age. In Portugal, about 20% of older persons live alone, half of the persons living alone are aged 65 and older [13] and households comprising older persons living

alone are one of the most vulnerable to situations of poverty and social exclusion [4] [14].

A cross-national survey comprising data from 12 countries found that the prevalence of feelings of loneliness was more common in the Mediterranean countries than in Northern Europe [15]. Among a national representative sample of the British population, the prevalence of severe loneliness was 7% and almost one-third of adults 65 years and older reported being sometimes lonely [11]. In a Portuguese community sample of people aged 50 or more the prevalence of loneliness was 16.3% [16], ranging to 37% in another study with adults aged 65-79 [17].

Given the aging of the population, the increasing trend for very old people to live alone and the prevalence of loneliness among older adults, it is important to understand the benefits of social participation in old age, identify factors that hinder or support social participation of older persons and analyse opportunities for social participation of older adults living in the community.

2. Materials and methods

An analysis of the literature was conducted to address the following research questions:

- What is the importance of social participation in old age?
- Which factors hinder or support the social participation of older persons living in the community?

Studies were identified through a search of databases including Academic Search Complete (EBSCO), Current Contents (ISI), Web of Science (ISI), SpringerLink, Elsevier, Wiley Online Library, PubMed, RCCAP, Google, and Google Scholar. In addition, reference sections of articles meeting inclusion criteria were searched to identify additional information.

3. Importance of social participation in old age

Maintaining social participation in late life has a positive influence on quality of life, psychological wellbeing and health.

Continued social functioning is a commonly proposed domain of successful ageing [1]. Well-being and social participation have a mutual influence: participation and social integration foster older person's psychological and physical wellbeing and older person's wellbeing increases the likelihood of preserving social participation in old age [18].

Moreover, higher levels of social participation are associated with the availability of social resources (e.g., emotional support and social contacts) [19]. Maintaining positive interactions and relationships with others enhance the range of social resources that may be drawn upon in difficult times [20]. In a functional perspective, social relations enable older persons to obtain material and symbolic resources through: 1) emotional support provided by someone to talk to and listen to; 2) material and instrumental support that helps solving practical problems and performing the activities of daily living; and 3) information, that helps older persons to understand the world and adjust to changes in society [21]. Furthermore, inadequate social support is associated with an increase in mortality, morbidity, psychological distress and with a decrease in overall general health and wellbeing [3].

Social participation is particularly beneficial for the health of older adults along a range of health indicators including physical [3] [6] [9] [22] and cognitive functioning [3] [23], and survival [24]. Older people's involvement in physical and social activities helps them to preserve their physical and cognitive abilities and may delay the onset of the dependence associated with ageing [22]. A better health and functional status are also associated with higher levels of social participation [6] [9], since good physical and mental functioning allows older people to continue participating in society and many social relationships are maintained as part of leisure and physical activities.

Studies have also found associations of cognitive health in late life with different aspects of social activity, including a larger social network, more emotional support and higher level of social engagement and social integration. According to these studies, preventing social isolation and maintaining various types of social activities may provide protection against cognitive impairment and dementia in late life, although the possibility of reverse causality should also be taken into account [23]. Moreover, individuals with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships, an effect comparable with quitting smoking, and that exceeds the consequences of other risk factors such as obesity and physical inactivity [24].

Social participation appears to confer health through psychosocial pathways like protective healthy behaviours, self-esteem and purpose to life ("main effects model") and stress-buffering effects ("stress-buffering model") that moderate the influence of stressors on health [25]. Loneliness weakens willpower and perseverance over time, hampers self-regulation and can lead to self-destructive habits [26] and middle-aged people who are lonely report more exposure to stress [27]. Loneliness and depressive symptoms have strong reciprocal influences in middle-aged and older adults [28], since lonely people are more likely to withdraw from engaging with others and less likely to seek emotional support [27]. Lonely older adults have also greater age-related increases in blood pressure than non-lonely older adults and may experience difficulties sleeping, what diminishes nightly restorative processes and increases the severity of age-related chronic disorders [29]. Loneliness also affects the immune system and decreases physiological resilience [29].

Social participation of older people not only benefits individuals, but also communities and the society. Engagement in social and productive activities is associated with the following positive outcomes: intergenerational solidarity; reduction of the individualisation of lifestyles in old age; economic and social added value through the productive contribution of older people to society in formal and informal work; and reduced demand for health services due to the preserved independence of older persons [3] [18].

Social active older persons were also found to have a lower likelihood of entry to residential care (15% less) compared to those with lower social activity [30] and aging in place has shown to be the most cost-effective model for aging, because care is provided at the older persons home mostly by informal caregivers and there is no need to provide or bear the cost of special accommodation [30] [31].

Finally, older persons civic engagement allows to use their skills, knowledge and experience as a cost-effective strategy to revitalize communities, enhance community life, improve the quality of life for all, meet the needs of individuals across the life course and promote a successful aging [2].

4. Factors that hinder or support older persons social participation

Socio-economic aspects (e.g., level of education, home and car ownership, occupation-based social class and housing satisfaction), health and social resources influence the type and level of social participation [9] [19] [32], but personal restrictions associated with aging and determinants related to the social and physical environment can further hinder the social participation of older persons, that tends to decrease with age [6] [9] [19] [33].

4.1 Personal restrictions to social participation in old age

Older adult's relationships have specific characteristics that make them more prone to social isolation [10]. Due to reduction of living and action space in old age, older persons social life tends to be more restricted to close relatives and the number of friends of their personal network and the contact frequency in relationships tends to decrease with age [34] [35]. Old persons are more likely to have a "smaller social pool" [3] due to the loss or illness of their social network members who served as links to social structures. Very old people also have a decreased ability to compensate for "lost contacts" due to alienation within their own age group, a heterogeneous group where persons with similar ages may lack common interests and not identify with conversations focused on illnesses or with seniors that have higher levels of dependency. Moreover, an older caregiver who cares for a partner that suffers from a long-term illness, may become socially isolated, financially disadvantaged and sick himself [3]. Older people may also feel alienated from younger age groups, especially if the older person tries to impose a hierarchical relationship based on his or her higher life experience [18].

Furthermore, functional limitations associated with aging [36] may hamper the maintenance of existing relationships. Sensory loss hinders communication and lower levels of participation were observed among older persons who declared vision problems [6]. Mobility and cognitive impairments associated with aging (e.g., reduced ability to make decisions, set goals, plan, and execute simultaneous cognitive operations) can cause difficulties in performing activities of daily living, increasing the time and effort required to have an independent life and leaving little time available for activities that preserve social participation [18]. Also, slower reaction and movement time reduces the number of tasks that can be accomplished in a day and discourages from active involvement in community activities due to societal pressure to hurry [37]. In addition, decreased strength and endurance can make journeys to places of social gathering too tiring and stressful [18].

Finally, older persons may find that social participation is not a priority. With the proximity of death and the prospect of a limited future, very old persons may change their priorities and interests and engage in activities of inventorying and organizing belongings, completion of projects and maintenance of habits and routines that help to preserve their identity, at the expense of activities that promote social participation [18].

4.2 Social environment determinants of social participation

The norms and values that regulate the role of older persons in society can hinder social participation in old age [10]. Marginalization of older persons, such as

exclusion from health services, credit schemes, income-generating activities and decision-making; negative stereotypes that associate old age with retirement, illness, dependency and poverty; and the inadequacy of institutional options may reduce the opportunities for social participation [3] [4]. Furthermore, age discrimination may induce older adults to adopt age appropriate behaviour.

Older persons may also have a reduced access to mediating social structures [10] due to mandatory retirement practices and the high cost, inaccessibility and lack of awareness of activities and events [5].

In addition, older persons may feel alienated in a changing society, not identifying with cultural events that reflect changing values and morality [5] [18] and with the speed and the priorities of modern society (e.g., consumerism and materialism). They may also feel marginalized due to the rapid technical development of society (e.g., automation of daily life and internet) and prefer to concentrate on preserving their existing skills and knowledge [18].

In contrast, the society can support the social participation of older persons providing them with services and welfare facilities, like home maintenance and personal transport services that allow older persons to safe time and perform activities that promote social contact [18].

4.3 Physical environment determinants of social participation

The withdrawal from the public to the private sphere, the feeling of control and safety provided by the familiarity of the housing environment, the functional decline associated with aging, and, eventually, the inability to drive, result in activity reduction and shrinkage of living space and action range of older persons [38] [39]. In very old age, the home and its close surroundings become the primary living space where older persons perform their everyday activities and spend most of the time [12] [18] [40]. Therefore, an appropriate housing and neighbourhood setting is particularly important for older adults' social participation, but some attributes of the housing environment may hinder opportunities to participate in activities.

Lack of accessibility of the housing environment can cause difficulties in performing activities of daily living, increasing the time and effort required to have an independent life and leaving little time available for social participation [18]. The existence of physical barriers in older persons housing environment, like stairs and lack of lifts, when associated with limited vision or mobility, may also increase the dependence on other persons to be able to get out or even cause the older person to be homebound [3] [18]. The provision of communal or shared amenity spaces allows dwellings to establish dynamic interactions with each other and the common use of spaces encourages interpersonal communication [41] [42].

As the activity space of older persons shrinks, the existence of infrastructure facilities in the living environment gains importance. The accessibility and adequacy of public transport is an important element of an age friendly living environment [5]. In old age, when access to private transportation might become limited [38], high quality public transport options allow older persons to safe time, to reach places of social gathering and to maintain a high level of social participation [3] [18].

Moreover, the existence of services and commercial resources within walking distance of the residence, allows older persons to safe time and increases opportunities for social participation while performing activities of daily living [3] [42] [43]. Informal meeting places where older people can interact provide important opportunities for social participation because older persons may reject activities with

rigid schedules [5] and fixed or regular appointments to ensure availability of time for their key personal interests and needs, preferring casual, spontaneous and voluntary encounters, to regular and mandatory commitments [18]. Recent studies found that perceived accessibility to key resources for older adults and the proportion of services and amenities located within walking distance of the respondent's residence, were positively correlated to the level of social participation [6] [9] [33]. Also, the more places respondents report being able to walk to in their neighbourhood, the more likely they were to know their neighbours, participate politically, trust others, and be socially engaged [33].

But provision of public transport and availability of amenities within walking distance only facilitate opportunities for participation in activities when the use of the "opportunity structures" is perceived as safe [44]. Fear of crime and social isolation have a mutual influence. Older people who live in an unsafe environment are less likely to get out and therefore more prone to isolation [3] and social isolation contributes to increase fear of crime against person [45]. Perceptions of neighbourhood safety may influence residents' motivation to engage in neighbourhood-based activities. Signs of community decay like boarded-up buildings, vacant lots and graffiti, combined with signs of social decline such as gang activity and crime can contribute to fear and encourage residents to avoid neighbourhood life, limiting their contact with potential neighbourhood resources [46]. When considering participating in social activities at night, older persons may not only fear attacks, but also that there is nobody to help in case of a fall [18].

Furthermore, the growing automation of everyday life can limit the social participation in old age. The need to interact with machines in the external environment, like cash and ticket machines, the reduced level of familiarity of older persons with technology, and older persons active avoidance of such machines [47] may restrict their mobility and be an obstacle to their social participation and integration [18]. Older persons face various difficulties dealing with technology due to age-related functional limitations like deteriorating eyesight, motor functions and cognitive abilities. Long response times, anxiety due to social pressure to hurry, difficulties collecting information in a short time and in understanding operational tasks are some of the problems that older persons face when using automatic teller machines (ATM) [48]. However, technology can also be an opportunity for social participation in old age. Nowadays, older people can participate in social and recreational activities and interact with others in person (face-to-face interaction) or using information and communication technology (ICT). Although technology cannot substitute for direct human interaction since it does not include the benefits of physical contact and the complex exchange involving body chemistry that occurs during face-to-face interaction [27], ICT can supplement social capital, increase interpersonal connectivity, organizational involvement [49], provide services and support social inclusion and quality of life of older persons [50] decreasing their sense of isolation [51].

Despite older persons difficulties in dealing with complex technology and computers and email interaction being considered by communication experts a "single strand" interaction [27], a review of the empirical literature on the effectiveness of interventions that target social isolation among older people reports that computer-based functions such as email may be one of most beneficial interventions to avoid social isolation in old age [52]. In the information society, older people can participate in social and recreational activities and interact with others using ICT in their housing

environment [42] [50] [51]. This new form of interaction can be integrated in a spacious and dominant living room, where the electronic equipment is located, transforming the living room in a multipurpose semi-public area, where older persons can gather with family and friends or interact with others using ICT [42].

5. Final remarks and future developments

Social participation of older adults has multiple advantages for the society and engagement in social activities appears to be particularly beneficial to the health, wellbeing and empowerment of older adults. However, personal restrictions associated with aging and determinants related to the social and physical environment can hinder the social participation of older persons. As people age, the housing environment may become more relevant to their social participation. The existence of physical barriers in older persons environment causes difficulties in performing activities of daily living, increasing the time and effort required to have an independent life and leaving little time available for social participation. The lack of shared amenities that provide casual meeting spaces, further limits the opportunities of older persons to interact with others. Availability of transit options allows older persons to reach places of social gathering, accessibility to key resources increases opportunities for social participation while performing activities of daily living, and a safe neighbourhood encourages older people to have confidence in and use the neighbourhood facilities.
Although several guides identify the features of an age friendly community through information gathered in focus groups or surveys involving older persons, associations between physical environment design and the social participation of older persons have not been systematically reviewed. This highlights the need for additional research that examines the relation between housing environment design and social participation of older adults.

References
[1] **Bowling, A and Dieppe, P** (2005). What is successful ageing and who should define it? The British Medical Journal, 331,7531,1548-1551

[2] **Henkin, N and Zapf, J** (2007). How communities can promote civic engagement of people age 50-plus. Generations, 30, 4, 72-77

[3] **WHO, World Health Organization** (2002). Active ageing: a policy framework. Geneva, WHO

[4] **CEDRU, Centro de Estudos e Desenvolvimento Regional e Urbano and BCG, Boston Consulting Group** (2008). Estudo de avaliação das necessidades dos seniores em Portugal: relatório final. Lisboa: Fundação Aga Khan Portugal

[5] **WHO, World Health Organization** (2007). Global age-friendly cities: a guide. Switzerland: World Health Organization

[6] **Richard, L, Gauvin, L, Gosselin, C and Laforest, S** (2009). Staying connected: neighbourhood correlates of social participation among older adults living in an urban environment in Montreal, Quebec. Health Promotion International, 24, 1, 46-57

[7] **Lefrançois, R, Leclerc, G, Dubé, M, Hamel, S and Gaulin, P** (2001). Valued activities of everyday life among the very old: a one-year trend. Activities, Adaptation, and Aging, 25, 19-35

[8] **Fougeyrollas, P and Noreau L** (1998). Assessment of Life Habits, General Short Form (Life-H 3.0) Lac St-Charles, Quebec, Canada. International Network on the Disability Creation Process; Canadian Society for the International Classification of Impairments, Disabilities and Handicaps

[9] **Bowling, A and Stafford, M** (2007). How do objective and subjective assessments of neighbourhood influence social and physical functioning in older age? Findings from a British survey of ageing. Social Science and Medicine, 64, 2533-2549.

[10] **de Jong Gierveld, J** (1998). A review of loneliness: concept and definitions, determinants and consequences. Reviews in Clinical Gerontology, 8, 73-80

[11] **Victor, C, Scambler, S, Bowling, A and Bond, J** (2005). The prevalence of, and risk factors for, loneliness in later life: a survey of older people in Great Britain. Ageing & Society 25, 357–375

[12] **Baltes, P B and Mayer, K U (Eds)** (1999). The Berlin Aging Study: Aging from 70 to 100. Cambridge, UK. Cambridge University Press

[13] **Magalhães, M** (2003). Quem vive só em Portugal. Revista de Estudos Demográficos, 33, 55-68

[14] **Branco, R and Gonçalves, C** (2001). Demographic, social and economic aspects of older persons in Portugal. Paper presented to the European Population Conference, Helsinki

[15] **Sundström, G, Fransson, E, Malmberg, B and Davey, A** (2009). Loneliness among older Europeans. European Journal of Ageing, 6, 4, 267-275

[16] **Paul, C and Ribeiro, O** (2009). Predicting loneliness in old people living in the community. Reviews in Clinical Gerontology, 19, 53-60

[17] **Proteste** (2008). Vida mais rica depois dos 65. Revista Proteste, Março

[18] **Naumann, D** (2006). Gesellschaftliche Integration und Mitwirkung im Kontext des hohen Alters. Heidelberg, Fakultät für Verhaltens- und Emprische Kulturwisschenschaften der Ruprechts-Karls- Universität Heidelberg

[19] **Pollak, C E and Von Dem Knesebeck, O** (2004). Social capital and health among the aged: comparisons between the United States and Germany. Health and Place 10, 383-391

[20] **Ouwehand, C, de Ridder, D T and Bensing, J** (2007). A review of successful aging models: Proposing proactive coping as an important additional strategy. Clinical Psychology Review, 27, 8, 873-84

[21] **Barrón, A** (1996). Apoyo social: aspectos teóricos y aplicaciones. Madrid: Siglo Veinteuno de Espanha Editores, S.A.

[22] **Rubio, E, Lazaro, A and Sanchez-Sanchez, A** (2009). Social participation and independence in activities of daily living: a cross sectional study. BMC Geriatrics, 9, 26

[23] **Hughes, T and Ganguli, M** (2009). Modifiable Midlife Risk Factors for Late-Life Cognitive Impairment and Dementia. Current Psychiatry Reviews, 5, 2, 73-92

[24] **Holt-Lunstad, J, Smith, T B and Layton, J B** (2010). Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Med, 7, 7

[25] Cohen, S, Gottlieb, B and Underwood, L. Social relationships and health. In **Cohen, S, Underwood, L and Gottlieb, B (Eds)** (2000). Measuring and intervening in social support. New York: Oxford University Press

[26] **Baumeister, R F, Dewall, C N, Ciarocco, N J and Twenge, J M** (2005). Social exclusion impairs self-regulation. Journal of Personality and Social Psychology, 88, 589-604

[27] **Griffin, J** (2010). The Lonely Society? London: Mental Health Foundation

[28] **Cacioppo, J T, Hughes, M E, Waite, L J, Hawkley, L C and Thisted, R A** (2006). Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. Psychology and Aging, 21, 140-151

[29] **Cacioppo, J T, Hawkley, L C, Crawford, L E, Ernst, J M, Burleson, M H, Kowalewski, R B, et al.** (2002). Loneliness and health: Potential mechanisms. Psychosomatic Medicine, 64, 407-417

[30] **Bridge, C, Phibbs, P, Kendig, H, et al.** (2008). The costs and benefits of using private housing as the 'home base' for care for older people: secondary data analysis. Sydney: Australian Housing and Urban Research Institute

[31] **Dalrymple, E** (2005). Livable Communities & Aging In Place: Developing an elder-friendly community. Partners for Livable Communities and the National Association of Area Agencies on Aging.

[32] **Bukov, A, Maas, I and Lampert, T** (2002). Social participation in very old age: cross-sectional and longitudinal findings from BASE. Journals of Gerontology: Psychological Sciences, 57B, 510-517

[33] **Leyden, K M** (2003). Social capital and the built environment: the importance of walkable neighborhoods. American Journal of Public Health, 93, 1546-1551

[34] **van Tilburg T**. (1998). Losing and gaining in old age: changes in personal network size and social support in a four-year longitudinal study. J Gerontol B Psychol Sci Soc Sci, 53, 6, S313–323 (abstract)

[35] **Shaw BA, Krause N, Liang J, Bennett J.** (2007) Tracking changes in social relations throughout late life. J Gerontol B Psychol Sci Soc Sci, 62, 2, 90–99 (abstract)

[36] **Cachadinha, C, Pedro, J B and Fialho, J** (2010). Functional limitations associated with housing environmental problems among community-living older people. Paper presented to the 37th IAHS World Congress on Housing Science, Santander, 143

[37] **Spirduso, W W, Francis, K L and MacRae, P G** (2005). Physical Dimensions of Aging. Champaign, IL: Human Kinetics

[38] **Marottoli, R, de Leon, C, Glass, T, et al.** (2000) Consequences of driving cessation: decreased out-of-home activity levels. J Gerontol B Psychol Sci Soc Sci, 55, 6, 334–340 (abstract)

[39] **Fobker, S and Grotz, R** (2006). Everyday Mobility of Elderly People in Different Urban Settings: The Example of the City of Bonn, Germany. Urban Studies, 43, 1, 99-118

[40] Oswald, F and Whal, H-W. Dimensions of the meaning of home in later life. In **Graham D. Rowles & Habib Chaudhury (Eds)** (2005). Home and Identity in late life. International Perspectives. New York: Springler Publishing Company

[41] **Vicente Guallart (Ed)** (2006). Sociopolis: Project for a City of the Future. Barcelona: Actar/Architectektur Zentrum Wien

[42] **Özer-Kemppainen, Ö** (2006). Alternative Housing Environments for the Elderly in the Information Society. Oulu: Faculty of Technology

[43] **Fobker, S and Grotz, R** (2003). Leisure-related mobility of elderly people: ways to sustainability. Paper presented at the 43rd congress of the European Regional Science Association (ERSA), Finland

[44] **Baum, F and Palmer, C** (2002). 'Opportunity Structures': Urban landscape, social capital and health promotion in Australia. Health Promotion International, 17, 351-361.

[45] **Acierno, R, Rheingold, A A, Resnick, H S and Kilpatrick, D G** (2004). Predictors of fear of crime in older adults. Anxiety Disorders, 18, 385-396

[46] **Cagney, K A, Glass, T A, Skarupski, K A, et al.** (2009). Neighborhood-level cohesion and disorder: measurement and validation in two older adult urban populations. Journal of Gerontology: Social Sciences, 64B(3), 415–424

[47] **Schreder, G, Siebenhandl, K, Mayr, E and Smuc, M** (2009). The ticket machine challenge? Social inclusion by Barrier-free ticket vending machines. Paper presented to the international Conference Cost 298, Copenhagen

[48] **Akatsu H, and Miki, H** (2004). Usability research for the elderly people. Oki Technical Review (Special Issue on Human Friendly Technologies) 71, 3, 54-57

[49] **Wellman, B, Quan-Haase, A, Witte, J and Hampton, K N** (2001). Does the Internet increase, decrease, or supplement social capital? Social networks, participation, and community commitment. American Behavioral Scientist, 45:3, 436-455

[50] **Nahm, E S and Resnick, B** (2001). Homebound older adults' experiences with the Internet and e-mail. Computers in Nursing, 19, 257-263 (abstract)

[51] **Bradley, N and Poppen, W** (2003). Assistive technology, computers and internet may decrease sense of isolation for homebound elderly and disabled persons. Technology & Disability, 15, 19-25 (abstract)

[52] **Findlay, R A** (2003). Interventions to reduce social isolation amongst older people: where is the evidence? Ageing & Society, 23:5, 647-58