

*Ageing Well: An Inquiry into Older People's
Experiences of Community-based Organisations*

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ABSTRACT

This study investigates an under-researched area of older people's activities: the characteristics of the community-based organisations to which older people belong, the activities they pursue there, and the factors which encourage or deter their participation. It is now generally accepted that participation in mental, physical and social activities helps older people maintain their health and wellbeing. This study explores in depth ways in which participation in the leisure activities offered by self-help organisations benefit older people, by satisfying their desire to remain active, independent and involved. By giving older people a "voice" in describing their experiences, the research seeks to discover their motivations for participation, what benefits they saw as deriving from participation, and how participation affected their self-assessed quality of life.

A phenomenological and modified Grounded Theory approach was adopted to elicit the lived experience of the participants and explore their reflections on their experiences. Twenty-five participants aged 65 to 82 (14 women and 11 men) were purposively selected from seven different community-based organisations with a range of size, structure and membership, and offering different activities. Through semi-structured interviews conducted by a researcher of similar age and experience, participants were able to voice their opinions freely without the constraint of ageism. Interview transcriptions provided rich descriptions; respondents' voices have been captured and used extensively in the study, allowing in-depth exploration of their attitudes and feelings. Interview data were coded and analysed using thematic analysis (Strauss & Corbin 1990; Charmaz, 2006).

Using as a framework for analysis of respondents' experiences Toffler's (1981) concepts of "community, structure and meaning", the study suggests that participation in community-based organisations helps older people maintain their wellbeing, independence and self-esteem and a sense of purpose and identity. Participation gives older people opportunities to make new friends, to use their knowledge and experience, to act reciprocally, and to continue learning in an informal, supportive setting.

The study revealed that self-assessed wellbeing is affected less by people's age and state of health than by their social support networks, and that community-based organisations have an important role in providing the mental, physical and social activities that benefit older people. Groups run by older people for their peers were found to be particularly successful in providing older people with opportunities to share experiences and understandings, to cope with loss, and to observe and learn coping strategies for successful ageing.

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Publications:

MacKean, R. (2002). All You Need is a Door: Access to Third Age Learning in Tasmania. *Australian Journal of Adult Learning*, 42(3), 352-363.

MacKean, R. (2009). An Under-rated Community Resource? How Community Organisations run by Peers help Older People Maintain their Wellbeing and Independence. In *Abstracts & Proceedings of the 8th National Conference of Emerging Researchers in Ageing*, 129-132. Melbourne: Monash University.

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Aims of the Study

The main aim of this study is to explore factors which encourage or discourage older people's social engagement, by examining a popular leisure activity: participation in a community-based group or organisation. Community-based organisations are found in every neighbourhood; it is estimated that the half million people in the Australian state of Tasmania, where this study was conducted, are served by over 5000 community-based organisations (Department of Premier and Cabinet (DPAC), 2008); among these are a number of organisations run by older people for their peers. Community-based organisations cater for many different interests and capacities, and are run by and for their members rather than by government-sponsored agencies.

A related aim is to investigate whether different groups share common characteristics in their appeal to their participants. International research has shown that participation in mental and physical activities in a social setting helps older people maintain their health and wellbeing (Nimrod, 2007a; Menec, 2003) but, with the notable exception of studies of the men's shed movement (Golding, 2009), the characteristics of organisations that offer these activities appear to be under-researched. This study investigates the characteristics of those community-based organisations to which older people belong, through research into the lived experience of a sample of members as reported in interviews. The study also seeks to discover what benefits older people themselves believe they derive from membership of a community-based organisation, and how far they perceive these benefits contribute to their self-assessed general wellbeing. Participation in a community-based organisation is a voluntary, personal choice, not simply which organisation to join, but whether to join at all, so it is important for the promotion of older people's social inclusion to know which characteristics are likely to encourage their participation, and which are a deterrent.

This investigation into the organisations which offer older people their choice of mental, physical and social activities fills a gap in research into older people's perceptions of their own health and wellbeing at a time when preventive health policies and social

inclusion strategies are under discussion in Australia. It gives older people a “voice” in describing their experiences, in order to discover their motivations for choosing to participate in a community-based group, the benefits and barriers they perceive, and how participation affects their personal wellbeing.

The Key Research Questions:

1. What community-based organisations and group activities do older people take part in?
2. What do older people see as the characteristics of organisations which encourage or deter their participation?
3. How does participation in community-based organisations affect older people’s self-assessed quality of life?

The Role of the Researcher

The questions investigated by the research arose out of the writer’s long experience as a member and organiser of older people’s voluntary self-help groups and her observation of others, and as an advocate for learning opportunities for older people. This personal experience suggested that research was needed to explore in depth whether participation in a voluntary community group could satisfy older people’s wish to remain active, independent, and socially engaged, with consequent benefits to their wellbeing. The thesis’ research questions were designed to investigate these issues from the perspective of older people themselves. Older people’s experiences are the central focus of this study, and the research was designed to allow the voices of a small sample of older people who are members of community organisations in Tasmania to be heard. The researcher’s role enabled her to bring an “insider’s” perspective to the study while at the same time observing, gathering data and conducting analysis as an “outsider” in relation to research participants. The creative tension between these two perspectives is acknowledged, as contributing to the reflective and interpretive insights in the data analysis process.

Theoretical and Conceptual Framework

The background to the study is the social and economic effect of demographic change on the lives of older people and on society at large – a background which is reviewed in Chapter Two as the policy context in which the research study is undertaken. This chapter reviews the policies developed at state and national level to deal with the consequences of demographic change; these include the broad concept of Positive Ageing, which is incorporated into many of the strategies concerned with older people, and recent strategies promoting social inclusion, preventive health, and environmental factors which are now recognised as important to older people's quality of life.

Increasing longevity and associated societal demographic changes in the developed world form the backdrop to recent theories of lifespan development, discussed in the review of the international research literature in Chapter Three. These theories recognise that growth and development continue into old age, in contrast to previous views of old age as a time of frailty and dependence (Baltes & Baltes, 1990). Now that people are living for as long as thirty years after retirement from paid work, what has been described as the Third Age (Laslett, 1991) has emerged as a new age cohort (Gilleard & Higgs, 2005). These are the kind of "older people" whose views have been sought in this study. It is estimated that nearly nine out of ten Australians aged 65 and over are active independent Third Agers; fewer than one in ten have moved on into the frailer, more dependent Fourth Age (Productivity Commission, 2008).

In reviewing differing concepts of ageing, the study compares the medical view with older people's perceptions of what it means to be, or to feel, old, and what they themselves perceive as contributing to their wellbeing. The study suggests that the link between retiring from paid work and a chronological age, (at present in Australia, 65 years) reinforces a social construct of "old age" as starting at that age, regardless of the individual's desires, circumstances and personal capacity. In addition, the common view of "work" as "paid work" ignores the role of volunteers in the family and community as demonstrated by the survey participants. This reinforces a "deficit" construct of old age, and contains expectations of poverty, dependence and incapacity when the end of paid work is reached. The deficit construct reflects a totalising tendency (Tait, 1995) which

ignores the social and economic diversity of the older age population, and is similar to the homogenisation often applied to the category of “young people”. The research discussed in this thesis reveals older people’s diversity in their community group memberships and activities, and their independence in participating in and organising these groups, and so challenges negative social constructs held by the wider society.

Research reviewed in Chapter Three has established the link between activity and older people’s health and wellbeing. Activity can postpone the onset and ameliorate the course of chronic diseases (Department of Health and Human Services (DHHS), 2005). Participation in everyday activities (Menec, 2003) and leisure activities (Nimrod, 2007a) has important beneficial effects on older people’s quality of life, with the positive use of leisure time acting as a significant compensating capability for poor health (Fernandez-Ballesteros, Zamarron & Ruiz, 2001). However, it could be argued that official attitudes towards these older people’s community activities can be seen as another example of ageism, by using the term “leisure activities”, with the implication that they are not “serious”. This study shows that the “leisure activities” in which older people participate have an important and positive function in their lives and others’ lives which goes beyond the group participation itself. Findings suggest that these activities are in fact “learning activities”, promoting individual growth and development through participation. This is discussed through comparisons with the characteristics of Communities of Practice in business and industry (Wenger, E., McDermott & Snyder, 2002).

The use of a modified grounded theory approach in data analysis and interpretation led to the adoption of a conceptual framework put forward by the sociologist and writer Alvin Toffler, in his book *The Third Wave* (1981) to help explain the clustering of responses around dominant themes. Toffler discussed “the acceleration of change in our time” and its “personal and psychological, as well as sociological consequences” (p.11). This study uses as broad concepts Toffler’s “three basic requirements to create a fulfilling emotional life and a sane psycho-sphere” (p.377); these are: Community, Structure and Meaning. Their relevance to older people’s circumstances is discussed, together with the ways in which active participation in a group can provide older people with opportunities to experience them.

Choice of Methodology and Methods

The wish to allow participants to express their views as experts in their own lived experiences (Van Manen, 1997) dictated the choice of methodology and research method discussed in Chapter Four. A phenomenological approach was adopted to elicit the lived experience of the participants and explore their reflections on their experiences, with the aim of creating a series of snapshots of older people's views on their participation in the group.

From the many community-based organisations available, seven were purposively selected for their variety of sizes, structures and activities, but with membership wholly or primarily of older people. The groups were: a Seniors Group in a Neighbourhood House, a Craft Group in another Neighbourhood House, a church-sponsored Craft Group, a Croquet Club, a Community Shed run by volunteers, and an IT and computer group run by and for older people. Criteria for the selection of interviewees were: aged 65 or over, living in their own home, no longer in paid work, and members of or attendees at one of the selected organisations.

After the Interview Schedule had been trialed in a group discussion moderated by the researcher, interviews were conducted with twenty-five interviewees, fourteen women and eleven men. Interviews took place in the interviewee's home or the usual meeting place of the group,

The interviews were digitally recorded, then transcribed, and analysed by three stages of coding to identify particular phenomena and group categories around them, with provisional coding done after four interviews. Categories and sub-categories were modified as analysis proceeded on later interviews in an iterative cycle of enquiry and coding. Selective coding of the emerging themes was then used to identify a core category; the other categories were then related to it and further analysis validated the relationships.

Analysis was by mixed methods. Qualitative analysis sought to elicit the attitudes and feelings of the interviewees; direct quotations were extensively used to reveal the rich data through their voices. This was supplemented by quantification of demographic data

on the individual interviewees, seeking to discover factors, such as self-assessed health, that might affect their participation. Observation of group activities provided another mode of inquiry.

The characteristics of the organisations to which interviewees belonged were analysed both through interviewees' descriptions of their attitudes and feelings and through quantitative analysis. Tables were constructed to categorise the characteristics of organisations mentioned in the research, and the characteristics of individual membership by age and gender. Participants' responses to statements on a card were quantified, and their comments compared with the qualitative data gathered from the interviews. Reading and reflecting on the qualitative and quantitative data in concert led to a number of findings on the characteristics of the organisations and respondents feelings about their participation.

Significance of the Study

The study demonstrates that community-based organisations are able to provide a variety of opportunities for mental, physical and social activities suited to different interests and capacities, with positive benefits to participants' self assessed wellbeing. Organisations run by older people for their peers are shown by the research to be particularly suited to providing for the needs and wants of older people through shared experiences and understandings (MacKean, 2009). Research outcomes suggest that by recognising community-based organisations as a resource for preventive health, and by adopting strategies encouraging older people's participation, governmental authorities might be able to hold down the rising costs of older people's health care and help older citizens to remain active and useful members of their communities.

Limitations of the Study

This is a small-scale exploratory study conducted in the state of Tasmania, Australia; the findings discussed are therefore suggestive rather than conclusive. Further research would seek to confirm the significance of the findings. Ethnicity and language background were not taken into account in this study and would be usefully included in

another study. It is also recognised that the study is of those who remain a member of the voluntary groups selected. A study of non-members or those who lapsed in their membership might give valuable further insights into what attracts older people to join and to remain a member, and factors which prevent joining or staying. However, insights from the study suggest the significance which the groups and their activities have for those who are members, and the strategies by which authorities may encourage and support such voluntary groups to continue and grow.

Ethical Issues

The study received the approval of the Human Research Ethics Committee (Tasmania) Network (Appendix). Confidentiality of raw data was assured in accordance with the requirements of the Ethics Committee, and the privacy of respondents was respected at all times.

Structure of the Thesis

The thesis is made up of eight chapters. This chapter introduces the study with a brief outline and a statement of the aims and the significance of the findings.

Chapter Two, *The Tasmanian Context*, gives the background to the study and positions it in the social, economic and political setting of Tasmania, the Australian state where the research project was conducted. It outlines some of the effects of demographic change, together with changes in community attitudes towards older people, and how these have been reflected in Australian Federal, State and Local Government policies.

Chapter Three, *Ageing Well: A Review of the Literature*, explores the international research literature on ageing as a development concept and age as a social construct. It examines recent research into older people's activities and their contribution to participants' quality of life, and ends with a discussion of the role and characteristics of community-based organisations as found in recent research.

Chapter Four, *Methodology and Research Methods*, outlines the research methodology chosen as the most appropriate and the mixed methods used to collect and analyse data

for the three research questions. It discusses the role of the researcher in eliciting the voices and views of the participants in the study.

The next three chapters discuss the findings of the research, with each chapter discussing one of the Research Questions.

Chapter Five, *Interviewees' Participation in Groups and Activities*, answers Research Question 1. *What community-based organisations and group activities do older people take part in?* The characteristics of the groups and of individual memberships are analysed, and the ways by which interviewees heard about the group are described.

Chapter Six, *Group Characteristics: Attractions and Deterrents to Membership*, examines the expectations that motivated respondents to join the group, answering Research Question Two: *What do older people see as the characteristics which encourage or deter their participation?* It identifies what they were looking for in choosing a group, and the ways in which their expectations were fulfilled. It also examines organisational and personal deterrents to participation.

Chapter Seven, *The Search for Wellbeing*, concludes the findings by exploring more deeply the motivations behind participation in a community group, and uses a conceptual framework to explore older people's own assessment of their quality of life. It seeks to answer Research Question 3. *How does participation in community-based organisations affect older people's self-assessed quality of life?* The role of learning within the group is discussed as a factor in older people's feelings of wellbeing.

Chapter Eight, *Conclusions and Discussion*, sums up this exploratory study and its findings, and suggests areas for further research. It makes recommendations on ways in which authorities and organisations can put into practice the findings of this study: that participation in community-based organisations, particularly those run by older people for their peers, has a positive effect on older people's self-assessed quality of life, and can be regarded as an important resource in preventive health strategies. This is followed by a list of References cited in the thesis and Appendices comprising the Interview Schedule, Information sheet to participants, participants' Consent Form, the letter of approval from HREC (Tas), and copies of the author's 2003 article and 2009 peer-refereed conference paper.

Chapter Two

The Tasmanian Context

Introduction

This chapter gives the background to this study of older people's experiences of community-based organisations. The chapter outlines some of the effects of demographic change, and the international and national policy responses. The study is then positioned in the social, economic and political setting of Tasmania, the Australian state where the research project was conducted. Changes in community attitudes towards older people are described, and the government policies that reflect them. As the state with the smallest population, the largest proportion of people aged 65 and over, and the only island state, Tasmania has developed policies to address its special situation.

Causes and Effects of Demographic Change

There has been an unprecedented growth in the proportion of older people in the Australian population in recent years, and this is accelerating as the post-World War Two Baby Boomers reach retirement age. In 1900, only 4% of Australians were aged 65 and over, rising to 9% in the next 70 years; in 2010, one in seven Australians will be aged 65 and over and this proportion will rise to one in four by 2050 (Productivity Commission, 2008).

Although a fall in the birthrate has contributed, the main reason for this proportional change is an increase in life expectancy as a result of the improvements in public health (Australian Bureau of Statistics (ABS), 2007). The growth in the number and proportion of older people has had and will continue to have great impact on Australian society and the economy, affecting health, housing, transport, employment, recreation and other areas. Of the many consequences, two with particular relevance to this study are the changes in older people's health and the emergence of a new type of older person.

The Increase in Chronic Conditions

As a result of improved standards of health and hygiene and greater public awareness, the major infectious diseases such as measles and tuberculosis, once the main cause of death (DHHS, 2005), have been virtually eliminated in Australia and other developed

countries, and preventive programs have given greater control of epidemics such as influenza. The most prevalent types of disease are now non-communicable chronic conditions, accounting for 70% of illnesses and projected to rise to 80% by 2020 (DHHS, 2005). The chronic diseases now listed as National Health Priority Areas (NHPAs) are: cancer, ischaemic heart disease, stroke, type two diabetes, arthritis, obesity and depression (DHHS, 2005).

As the name implies, chronic conditions are not life-threatening in the short term; with continuing care, a sufferer may live for many years, though possibly with a reduced quality of life. Chronic conditions are not contracted from an infection, but can occur as the result of a person's way of life, as the alternative name "lifestyle diseases" implies. It is now accepted (DHHS, 2005) that there are certain risk factors that predispose a person to succumbing to a chronic disease, and that most of these risks are a matter of personal choice (such as smoking, unhealthy eating habits, and lack of exercise), of personal disposition (such as a sense of personal control), and of social circumstances (such as inadequate housing and inclusion or exclusion from the community). Lifestyle choices – alcohol, tobacco, exercise and diet - are also related to the greatest loss of years of life (National Health Priority Action Council (NHPAC), 2006). So premature death and the onset of a chronic disease can often be prevented or postponed, and the course of the disease ameliorated, by choosing to adopt a healthy lifestyle. The factors that contribute to older people's health and wellbeing are discussed in Chapter Three.

Chronic Disease in Old Age

While chronic diseases can occur at any age, the likelihood of developing a chronic disease increases with advancing age (NHPAC, 2006); the compression of morbidity (postponing the onset of a chronic infirmity) becomes more difficult as a person ages (Brooks, 1996). Older people are also likely to develop co-morbidities, that is, several related chronic conditions at the same time (DHHS, 2005); for example, lack of physical exercise can lead to obesity, heart disease, depression or all three.

There is an established relation between the risk of chronic disease and socio-economic status (Vichealth, 2006). People variously classed as "low" socio-economic status will

experience more ill-health, are less likely to prevent ill health or detect it at an asymptomatic stage, and have higher mortality rates for most major causes of death (Turrell, Oldenburg, McGuffog & Dent, 1999). For older people particularly, low economic status and a low level of education have been found to contribute negatively to health-related quality of life, social activity participation and positive adaptation to elderly life (Jang, S., Choi & Kim, 2004). Over time, risk factors such as inadequate nutrition, few social activities, poor clothing and lack of holidays can have a cumulative detrimental effect on the health and wellbeing of older people (Tasmanian Council of Social Services (TasCOSS), 2008). Health status has also been linked to levels of educational attainment: the higher the level, the more likely an older person is to remain healthy (DHHS, 2005).

Where a person lives can also have an impact on their health status, particularly on older poorer people who are the ones most likely to age in place. Wahl & Wiseman's "environmental docility" hypothesis (2003) states that increasing age leads to increased vulnerability to the impact of one's environment; those who live in the most deprived neighbourhoods have least access to resources such as decent housing, adequate transport and social connections (Gilleard & Higgs, 2005). Fear of being robbed or bashed in the street or in one's home has been shown (TasCOSS, 2008) to make many older people, particularly those living in disadvantaged neighbourhoods, reluctant to go out, so depriving them of the fresh air, exercise and social contacts they need for their health and wellbeing.

Concern at these negative impacts on the health and wellbeing of older people has led to a number of Federal and State government initiatives. The National Chronic Disease Strategy (NHPAC, 2006), and the Social Inclusion Strategy for Tasmania (Adams, 2009) are examples of initiatives designed to address the social and economic causes of chronic disease such as poor housing, social exclusion and access to services. Other interventions, by para-medical and community-based services such as Active Australia, and Eat Well Australia, aim to encourage people to take more responsibility for their own health care through preventive self-help actions. This study explores the effects on older people of one area of self-help and personal responsibility: participation in a community-based organisation.

The Emergence of the Third Age

Demographic change has also led to a change in the type of older person; for the first time in human history, people are living for as much as thirty years after retirement from paid work. This period of life has been subdivided into two: the “Young-old” and “Old-old” (Neugarten, 1974) or “Third Age” and “Fourth Age” (Laslett, 1991); both terms are attempts to distinguish stages in ageing based on attitudes, capacities and personal circumstances rather than chronological age. The Fourth Age and Old-old approximate to the traditional view of old age as a time of frailty, dependency and, frequently, poverty. In contrast, the new cohort, the Third Agers, are typically active, with a positive attitude to their lives, involved in activities outside the home and enjoying life after the responsibilities of paid employment and child-rearing are over (Rubinstein, 2002); the effects of active community participation on older people’s quality of life are discussed in this study.

There have been a number of attempts to describe the Third Age, generally in socio-cultural terms: as providing the opportunity to live longer whilst not becoming old, so adding value to a longer life (Barrett, 2003); as representing the freedom to choose and the freedom to spend time and money in pursuit of individual lifestyle goals (Walters, 2002); as “neither a stage of life nor a state of mind, but a cultural field formed by the changing contexts that make up the social world” (Gilleard & Higgs, 2005, p.150). So quality of life and freedom of choice are distinguishing features of the ideal Third Age. As a time not just of increased life expectancy but offering quality of life, the Third Age contrasts with retirement in earlier times; when only a few people survived for long after leaving paid work there was little provision for a pleasant lifestyle. Even after World War Two, retirement for many men was “little better than waiting to die; they found no substitute for the companionship, absorption and fulfillment of work” (Townsend, P., 1963, p.169).

Since people become more different from each other the older they grow (Bowling, See-Tai, Ebrahim, Gabriel & Solanki, 2005), the Third Age is a spectrum of interests and capabilities rather than a discrete/coherent group. Gilleard and Higgs (2005) describe the situation in which many older people now find themselves:

The majority of people do not consciously plan or envision participation in the Third Age. The Third Age has emerged nevertheless. It was not planned by the state or manufactured by the market. It is not simply the cultural product of a particular set of structures operating at a particular time in a particular place. Equally, it is not just the outcome of the active choices of a particular few. In some ways it is all of these, yet none of them. (p.165)

Transition from the Third to the Fourth Age varies greatly from one individual to another (Baltes & Smith, 2003), and the characteristics of each age are not absolute; different views of old age and when it begins are discussed in Chapter Three.

There is no generally agreed figure of the numbers of people in each Age in Australia; however, it is suggested here that living arrangements and the need for assistance can be used as indicators of Third or Fourth Age status. Living independently in one's own home is recognized as one indicator of Third Age status (Department of Premier and Cabinet (DPAC), 2007a). The Productivity Commission of the Australian Government (2008) cites statistics for 2003 (ABS, 2004) which show that of the two and a half million Australians aged 65 and over, 88.9% lived in a private dwelling, while only 5.3% lived in residential care.

Assistance with personal and everyday activities in their own homes is available to older Australians through government-funded community care programs. In 2003, fewer than half (47%) of Australians aged 65 and over received help through one of the Care Packages; more than half (53%) did not need any assistance (Productivity Commission, 2008). It is suggested that the independence of remaining in one's own home, even when receiving some assistance, indicates Third Age status. On these figures, it can be suggested that nearly nine out of ten older Australians are active, independent Third Agers regardless of their chronological age. This point is discussed in Chapter Three in relation to societal perspectives on ageing (p.28) and compared to older people's views on their own ageing (p.35), and in Chapter Four (p.73) in the criteria for selection of interviewees.

Third Agers strive to extend their tenure of the period through active measures, seeking the "compression of morbidity", that is, to postpone the onset of chronic infirmity so as

to shorten the interval between the onset of disease and death (Fries, 1980; Brooks, 1996). One of these active, self-help measures – participation in mental and physical activities in the social setting of a community-based organisation - is the subject of this study. The Third Age is now a visible presence in the community; the needs and wants of this large and growing sector – for suitable housing, recreation, learning and other opportunities to maintain their health and wellbeing – are having an increasing impact on the economy. Governments and other institutions are now more prepared to recognise older people's changed needs and expectations and to provide for them through a greater emphasis on preventive health (Commonwealth of Australia, 2009), and initiatives such as Positive Ageing policies (DPAC, 2007a), and by providing or facilitating opportunities for maintaining an active and involved lifestyle. The situation of older people in Tasmania, and initiatives designed to promote their wellbeing, are discussed in the next section to set the scene for a discussion of the older people's views revealed in the findings of this research study.

International Responses to Demographic Change

Governments around the world have responded in various ways to demographic change, with alarm, and then with a range of more positive policies. In the 1980s and 1990s, economists and governments world-wide were becoming concerned at the growing imbalance between those of working age and the retired. Authorities warned of "The Old Age Crisis" (World Bank, 1994). Older people's tendency to develop chronic diseases brought the fear of an overwhelming "health burden" on the economy (Kramer, 1980); mandatory retirement at a certain age raised the prospect of an ever growing number of unproductive older people (Mullan, 2002).

The United Nations took a much more positive, even optimistic attitude to demographic change; of the five Principles for Older Persons (1991), only one, Care, was a reminder of the "burden" attitude towards the old; the other four, Independence, Participation, Self-fulfilment and Dignity, stressed the positive side of growing old and older people's right to a good quality of life. This positive approach has been summarised in variations on a theme which has been adopted as the basis for many governments' policies for their

older citizens: “Ageing Well”, “Successful Ageing”, or the phrase often used by Australian policy makers: “Positive Ageing”.

The United Nations declared 1999 as the International Year of Older Persons (IYOP). Australia was one of many countries to take part; the Commonwealth and all the states organised events and celebrations promoting Positive Ageing. Since 1999, promotions and advertising campaigns, Seniors Weeks and other publicity have constantly pushed the Positive Ageing message.

The Tasmanian Context

Population Change in Tasmania

Like the other Australian states, Tasmania is experiencing a growth in the number and proportion of its older residents. However, the population situation in Tasmania is more extreme than in the other states and territories. Tasmania has the oldest and fastest ageing population of all the states and territories; there are already (2009) more Tasmanians aged over 65 than under 15, and this trend is projected to accelerate over the next 30 years (ABS, 2008a).

There are three main reasons for Tasmania’s demographic situation: fertility rates, life expectancy and migration. The total fertility rate and the total number of births in Tasmania have been decreasing since the 1960s (Demographic Change Advisory Council (DCAC), 2007a). While age-specific death rates have been steadily declining across all age groups, the most noticeable decline in the past decade has been for men aged 85 and over; life expectancy at birth has risen from 79.6 for women and 73.1 for men in 1991, to 82.1 for women and 77.2 for men by 2005 (ABS, 2008b). Interstate migration is the other important factor in the ageing of Tasmania’s population. Between 1996 and 2006, the state lost over one fifth (20.6%) of its 15-29 age group (ABS, 2008a). Young people leave the island for mainland Australia or overseas in search of wider opportunities; their departure deprives Tasmania of young recruits to the workforce and also of the possibility of additions to the number of children born in the state. Immigrants from interstate tend to be in the older age groups (ABS, 2008a), either those newly retired or the “Tree-changers” and “Sea-changers” seeking a different

lifestyle. The combined effect of these migrations has resulted in the population ageing at a faster rate than anywhere else in the country (ABS, 2008a).

These older immigrants have helped to swell the numbers of older people living on the beautiful East Coast, a traditional retirement area; in the two local council areas on the East Coast, 19% of the residents in Glamorgan-Spring Bay and 17.5% in Break o' Day are over 65 (ABS, 2008a). It has been suggested that Tasmania will attract more "climate refugees" as the effects of climate change hit the traditional retirement areas, Queensland and northern New South Wales, and that these migrants will be mostly from those planning to retire or already retired; however, this possibility is disputed in the Demographic Change Advisory Council's Issues Paper (2007b).

Unlike the mainland states, Tasmania's population has always been dispersed; 60% live outside the capital, Hobart. One effect of migration has been to swell the number of older people living in the regions (ABS, 2008a); one third of people over 65 live outside the major urban areas, with consequent pressures on rural and regional services such as health and transport. The growth in the number and proportion of older people is not only greater, but perhaps more noticeable in Tasmania than in the more populous mainland states. After just over 200 years of European settlement, the population only recently (December, 2008) reached half a million, 2.3% of the total Australian population. Tasmania has not experienced the same influx of overseas immigrants as the rest of Australia: 83.2 % of Tasmanians were born in Australia compared to 70.9% for the whole country. Anglo-Celtic origins predominate: 92.0% of Tasmanians speak only English at home compared to 78.5% throughout Australia (ABS, 2008a).

Social Stability and Social Engagement

Settlement patterns have changed only slowly, especially in rural areas, where a few surnames can still predominate in a district. Small numbers and stable settlement affect the social structure; Tasmania is a society where "everyone knows everyone else", through family, school, work or leisure activities.

This small, stable social structure has both advantages and disadvantages for the wellbeing of the island's residents. One noticeable difference between Tasmania and the rest of Australia is in community participation (ABS, 2007). Although the figure for active participation in a group is similar to the rest of Australia, more Tasmanians had taken part in a community event in the past six months: (Tas. 71.4%: Aus. 64.4%). Tasmanians feel far more able to have a say within the community on important issues all or most of the time: (Tas. 36.7%: Aus. 29.1%); little/none of the time (Tas. 37.1%: Aus. 46.3%); and Tasmanians are more likely (Tas. 76.2%: Aus. 71.5%) to know someone in an organization personally to ask for information (ABS, 2007). Tasmania scores better than other states on indicators of community connectedness or social capital. Over 5000 community organisations of all kinds are found in every part of the state (DPAC, 2008); their role in older Tasmanians' lives is the subject of this study.

In volunteering, too, Tasmania's participation rate is higher than the national average: 22% compared to 19.8%. The tradition of helping one's neighbour persists in the countryside, with Tasmania's regional areas showing higher participation: 37.4% to the capital city rate of 34.2% (ABS, 2007). In unpaid voluntary work, 22.4% of Tasmanians aged 65-84 took part, "indicating that Tasmanians rely heavily on older volunteers" (ABS, 2008a, p.15). The role of older volunteers in community-based organisations is explored in the findings of this research study.

The Socio-economic Status of Tasmania

Tasmanians suffer from a number of disadvantages that can act as barriers to a satisfactory quality of life. Tasmanians are generally poorer and more likely to be unemployed than other Australians. Government pensions and allowances are the principal source of income in 31.5% of all Tasmanian households, compared to the Australian average of 26.1% (ABS, 2007). Tasmania is rated as more disadvantaged than the rest of Australia on all points of the Socio-economic Indexes for Areas (ABS, 2007).

Tasmanians are also likely to be less well educated than the rest of Australia; the state has the lowest level of literacy and numeracy of all states and territories (ABS, 2006).

An economist (Eslake, 2005) has suggested that the incidence of poverty, in Sen's (1999) sense of capability deprivation, is greater in Tasmania than in other parts of Australia.

The 40% of older Tasmanians who live alone on the single pension can suffer from cumulative disadvantages of poverty, low literacy and poor health (Tasmanian Council of Social Service (TasCOSS), 2009). However, a significant finding in the same report was that, in spite of deprivation and hardship, many people seek out and value opportunities to contribute and give back, and do not want to be passive recipients of assistance (TasCOSS, p.58). This resilience in the face of deprivation appears to reflect the comparatively high rate of volunteering, social capital and community participation found in Tasmania's small, stable society. The role of social participation in older people's wellbeing is explored in the Literature Review (p.48ff); and the Findings Chapters.

Tasmania's socioeconomic status differs in a number of ways from that of the mainland states; these differences have affected the state's social policies. Policies concerned with its older citizens are now discussed.

Positive Ageing Policies in Tasmania

Tasmania, like the other Australian states, took part in the International Year of the Older Person (IYOP) in 1999. A committee of community representatives and individuals, non-government organizations and government departments planned a series of events, including a Grey Parliament (of which the writer was an organiser), attended by several hundred older Tasmanians from all round the state.

IYOP led to two important decisions for older people by the Premier of Tasmania at the time, Jim Bacon. One was the creation of a Positive Ageing Consultative Committee (PACC) consisting entirely of older Tasmanians from all parts of the state. PACC worked with the Seniors Bureau (a branch of the state's Health Department) to produce Tasmania's first Positive Ageing Plan (DHHS, 1999), addressing five major issues in line with those already identified in international and federal initiatives: Community Attitudes, Participating in Your Community, Living in Your Community, Health

Independence and Community Support, and Education and Information in Your Community. There was extensive community consultation leading up to the Plan, even though the final Plan consisted mostly of actions proposed by State government, with some suggestions of initiatives for local government, business and individuals. The Premier's other decision was to move Seniors Bureau and PACC out of the Health Department into the Department of Premier and Cabinet, in other words, from illness to community development.

The social concept of Positive Ageing, or Ageing Well, underpins the economic necessity of catering for an ageing population, and has been the basis for other social policies, according to the various government responsibilities. The Australian Federal Government, which is responsible for Aged Care Facilities (residential care), is concerned to keep older people in their own homes for as long as possible, hence its "Ageing in Place" and Preventive Health strategies. The six State governments, which run the hospitals, are equally concerned to keep hospital admissions as low as possible, hence the policy emphasis on preventing, postponing or mitigating the effects of chronic disease. The Home and Community Care (HACC) service, which helps people at home, and funded jointly by Federal and State Governments, is now adopting strategies to encourage greater self-help and independence in its elderly clients (HACC, 2008).

Two major policy initiatives have recognised Tasmania's special situation. The first is the Tripartite Partnership Agreement for Population Ageing in Tasmania between the Australian Government, State Government and the Local Government Association of Tasmania (2006), which aims at developing "a genuine partnership for the health and wellbeing of ageing Tasmanians" (p.1), and covers improved community capacity, greater access to information, and planning of aged care services. Tasmania, as the smallest, poorest state, is so far (2009) the only state to have such an agreement between all three levels of government.

The second policy is a Tasmanian Government initiative: the setting up of the Demographic Change Advisory Council, chaired by the State Treasurer, in 2006. The Council has produced a Discussion Paper (DCAC, 2007a) and an Issues Paper (DCAC, 2007b) and a Strategies Paper (DCAC, 2009) on every aspect of the likely effect of

demographic change on the social and economic life of the state. The Council received submissions from 38 organisations and individuals, including three from older people's groups, (two of which were written by the writer). The title of the Papers, *Challenges and Opportunities*, and the suggested strategies express a positive view of the Tasmanian situation. For instance, Strategy Four: *Maintaining independent living for older Tasmanians*, recognizes the key challenges as:

Enabling older Tasmanians to remain engaged and included in society;

Increasing the financial independence of older Tasmanians;

Promoting volunteering in areas that assist older Tasmanians maintain an independent lifestyle. (DCAC, 2009, p.15)

Tasmania continues to promote the Positive Ageing concept through state and local government policies which sometimes lead, sometimes follow attitudes in the community.

Changing Attitudes and Social Policy in Tasmania

Since IYOP there have been changes in government and community attitudes towards and among older people, in ways that reflect the Positive Ageing concept. State and local governments are now more likely to consult with older Tasmanians rather than imposing policies from above, and the older community has become more vocal in expressing its wishes and opinions. The late Premier, Jim Bacon, provided much of the inspiration and impetus for change.

One significant change is the difference in the role played by older members of the community in the First and the Second Five Year Plans for Positive Ageing. The second Plan lays far more emphasis on older people's responsibility to look after themselves as far as they can, and their right to seek government and community support to help maintain their health, wellbeing and independence for as long as possible (DPAC, 2007a, p.1.). The second Plan was preceded by eleven state-wide community consultations, in which over 800 older Tasmanians took part. Community groups were included in the subsequent working parties, together with government and non-government organisations; these working parties were chaired by members of the Positive Ageing Consultative Committee (of which the writer was one).

Community consultation and broadly-based working parties were the basis of another project, the first of its kind in Australia: the 2020 vision *Tasmania Together* (2001), another project started by Premier Bacon. Based on a project set up for the state of Oregon, *Tasmania Together* aimed to “make Tasmania an icon for the rest of the world by creating a proud and confident society where our people live in harmony and prosperity” (inside front cover). The introduction states: “The big difference – the one that sets it apart from other plans – is that it is a people’s plan. Not a plan foisted upon Tasmania by government, but a plan based on shared ideas and dreams of the people” (p.03).

Tasmania Together (2001) took more than two years to complete, and set out 24 social and economic goals with 212 benchmarks. Goals on social issues included standards of living, safety, health and wellbeing, and adopted a positive and preventive approach similar to the aims of the Positive Ageing Plans. For instance, Goal 5 aimed to “develop an approach to health and wellbeing that focuses on preventing poor health and encouraging healthy lifestyles” (p.42). One indicator with special relevance to this study was: “Proportion of Tasmanians who feel part of the community”, with the rationale “There is a high correlation between social connectedness and a sense of wellbeing” (p.43).

Unfortunately for older Tasmanians, their special needs and wants were not identified in the final document. In spite of community consultations, and the efforts of the two older volunteers (one of them the writer) on the benchmarking committee, “older people” were not mentioned as a group, in the goals or the benchmarking indicators. For instance, “Lifelong Learning” concentrated on school, college and vocational training; and only two of the many illustrations in the document were of older people. Subsequent lobbying of the *Tasmania Together* Progress Board has eventually seen “older people” included as a distinct group in later revisions, as “young people”, “lesbian and gay people” and “Aboriginal people” were in the original plan.

However, the Positive Ageing Plans and *Tasmania Together* set the pattern followed in a number of policy documents: community consultation, and some involvement of older

people, at least in policies that directly concern them. The “voice” of older people is now more likely to be heard, even if not acted on. The themes of wellbeing, independence and community engagement which form the basis of “Positive Ageing” are now an accepted part of any socially-oriented strategy document, for instance the report of the Stronger Communities taskforce on Tasmanian communities (DPAC, 2007b), the Social Inclusion Strategy Consultation Paper (DPAC, 2008) and the Social Inclusion Strategy for Tasmania (Adams, 2009). A Positive Ageing Plan is now a prerequisite for local councils seeking a Partnership Agreement with the State Government.

Local government attitudes to their older residents have often changed to be more positive and inclusive. For instance, in its 1989 Strategy Plan one local Council, Clarence, referred only to “the frail aged”. Yet, in 2007, the same Council produced a Positive Ageing Plan of its own (Clarence City Council, 2007), after extensive community consultation, and set up a Positive Ageing Advisory Committee (of which the writer is a member), the first for any Tasmanian local council. Other local councils are now creating their own Positive Ageing Plans and advisory committees of older residents.

Moves towards a better quality of life for older people have not only been from government. In the past ten years, some older Tasmanians have held their own consultation forums to identify their needs and wants, or started groups to lobby for a greater say in their communities and in government policies. As an example, members of two groups founded by the writer, TALENT Third Age Learning Network of Tasmania and SAGES Seniors Action Group Eastern Shore, have run forums, addressed community groups, lobbied politicians, written submissions, served on committees and addressed conferences (MacKean, 2002) in an effort to give older people a voice. It is an advantage of such a small society as Tasmania that an individual or a small group has some chance of being heard.

The Australian Senate Standing Committee on Community Affairs has summed up the current attitude towards older people in Australia. Here is an extract from the generous and pragmatic conclusion to the chapter on Quality of Life in its Inquiry, *A Decent*

Quality of Life: Inquiry into the Cost of Living Pressures on Older Australians (Commonwealth of Australia, 2008).

6.65 The committee firmly believes that social and community participation are integral to maintaining active, healthy lives.... Ensuring older people continue to enjoy dignity and quality of life as they age is an important and affordable aspect of a developed economy. Further, supporting the health and well-being of older Australians will have the corollary benefit of reducing the burden on governments for health care costs, aged services and community service provision.

In summary, this chapter has set the scene for an exploration of older people's experiences in community-based organisations by outlining some of the effects of demographic change and the particular circumstances of Tasmania where this research study was conducted. It has also presented an overview of changes in attitudes towards older people, by governments and by older people themselves. It has traced the growing recognition that older people have the right to be consulted, to participate in their communities, and to enjoy a good quality of life, as expressed in the slogan "Ageing Well".

The next chapter explores the international research literature which addresses changes in theories of old age, ageing as a development concept and as a social construct. The factors that contribute to older people's quality of life, including mental, physical and social activities, will be examined, as benefits associated with social engagement. The role of community organisations, and the "leisure activities" they offer their members are also examined.

Introduction

Chapter Two outlined some of the effects of demographic change, and the responses in Federal and State policies and policy frameworks. Sometimes the self-perceptions of older people are overlooked, and their voices are not heard; this can mean that the policies do not have the intended outcomes in terms of older people's health, wellbeing and social engagement, despite the clear underlying demographic imperatives.

This chapter will explore the international research literature which addresses changing concepts and theories of old age, ageing as a development concept and as a social construct. The chapter then examines recent research into older people's activities, social engagement and learning activities, and their contribution to the participants' quality of life. The chapter concludes with discussion of the characteristics of community-based organisations as found in the research literature, in order to set the scene for the analysis of data on the topic of this thesis, older people's experiences of these groups.

Theories and Concepts of Old Age

Old age as a phenomenon can be studied from many different viewpoints; perceptions of old age change over the centuries, reflecting the social and economic life of the time. This section explores some current responses to the new circumstances brought about by demographic change: psycho-social theories, societal attitudes and the views of older people themselves.

Ageing as a Subject for Research: Development Theories

Recent demographic changes and the consequent increase in numbers and proportion of older people outlined in the previous chapter have led to a greater interest in the process of ageing, which is reflected in recent changes of emphasis in research. An illustration of

this can be seen in one individual's life work. In 1963, the lifespan development theorist Erik Erikson published *Childhood and Society*. By 1968 he was writing about *Identity, Youth and Crisis*. In 1986, at the age of 84, Erikson wrote *Vital Involvement in Old Age*, in which he sets out his eight stages of epigenetic personality development, with old age as the culmination of all that had gone before (Erikson, Erikson & Kivnick, 1986).

As one of the few modern theorists with personal experience of every stage he was writing about, Erikson's view of old age as an open door rather than a downward staircase adds weight to similar views held by other prominent older theorists such as G. Stanley Hall. Writing at 80 years of age, Hall saw the last half of life not as a period of decline and decay, but as a stage of fruition and consolidation (1922). Recent research into older people's views supporting this positive view of ageing is discussed later in this chapter (p.35); older people's views are the basis of this study.

Changing Theories of Ageing

Changes in theoretical views of old age can be seen in the progression from one development theory to another. Disengagement Theory (Cumming & Henry, 1961) was put forward at a time when the emphasis was on youth and has since been overtaken by events. Very soon after, an opposing theory suggested that people are more likely to age successfully if they maintain an active lifestyle; Activity Theory suggests that high morale and robust mental health are best maintained during old age through active participation in as many social roles and interpersonal relationships as during early and middle adulthood (Havighurst, Neugarten & Tobin, 1963). This theory has been the basis of a very wide range of research into the effects of different kinds of activity, discussed later in this chapter (p.42).

Continuity Theory (Atchley, 1989) attempted to reconcile the differences between Disengagement Theory and Activity Theory. Atchley postulated that continuity and change are themes that usually exist simultaneously in people's lives; most people learn continuously from their life experiences and continue to grow and evolve by making adaptive choices, while maintaining strong relationships between past, present and anticipated patterns of thought, behaviour and social arrangements. He proposed an

adaptive strategy for dealing with the changes associated with normal ageing, while maintaining both internal continuity of self and identity and external continuity of the physical and social environment. The recognition that learning and adaptation continue in later life was important as acknowledging older people's capacity for change.

Lifespan Development Theory (Baltes & Baltes, 1990) built on these ideas of change and continuity by relating them to the whole period of post-paid-work, which can be as long as one third of the lifespan. Baltes' Selection, Optimisation and Compensation (SOC) advocates continual striving to maximise gains and minimize losses, by selecting and concentrating on personal priorities and goals and being ready to adapt them. The recognition that it is adaptive and healthy to respond to limiting factors allows an older person to maintain autonomy and identity in spite of losses. Indeed it has been shown that personal or environmental constraints to activity can have a positive effect, by forcing a person to start the adaptive SOC process and thus enabling them to maintain their independence (McGuire & Norman, 2005). The concept that people can adapt, develop, make choices and remain in control of their lives into old age, in spite of losses, underlies the argument of this thesis and is illustrated in the findings chapters.

Lifespan development theory has followed the earlier theories on childhood development in seeing the life course as a series of stages, each building on but different from the previous stage, but it has expanded the length and number of stages to include adulthood. An instance of this change of view can be seen in theories of cognitive development. In 1926 Piaget postulated three stages from birth to eleven years old, with adolescents and adults coalesced into a fourth "formal operational" stage; fifty years later, Schaie (1977) also identified four stages of cognitive development, but with just one for childhood and adolescence, and three for early, middle and late adulthood. Life-span studies have "come of age" in the past 30 years (Sugarman, 2001, p.2). Greater knowledge and understanding of the ageing process, for instance through longitudinal research such as the Harvard study (Vaillant, 2002), has led to the current view of old age as one phase of the entire course of human life rather than a separate period of life (Moody, 2006). Life-span development psychology is now concerned with the entire period from birth to death (Baltes, Reese & Lipsitt, 1980). Several models of life-span development from birth to death have been proposed: Super's (1980) life-

career rainbow; the triple helix of Rapoport & Rapoport (1980); Levinson's (1986) four seasonal cycles, with periods of stability alternating with periods of instability and transition; Erikson's (1986) eight epigenetic stages. So, rather than the old view of "development" as a phenomenon of childhood, Moshman (2003) suggests the need for a broader conception of "development" to cover the developmental aspects of change in adulthood, and concludes that there is substantial evidence "that qualitative, internally directed progress in reasoning and understanding continues long into adulthood in domains such as epistemic cognition, morality and identity" (p.59).

Theories on Change and Development in Old Age

Continued development in later life depends on the capacity and opportunity to make use of life experience. Certain cognitive capacities which theorists have labeled "wisdom", the final stage of Erikson's (1986) epigenetic scale, actually develop in later life. Baltes (1993) saw wisdom as an expert knowledge system derived from experience and capable of dealing with pragmatic problems, so as to exercise good judgment in response to the uncertain problems of living. Interviews in this study showed that participation in a community organisation provides older people with opportunities to use their knowledge and skills and to learn and practise strategies for coping with life.

Although fluid intelligence – concerned with information processing - declines with age, crystallized intelligence - content-rich pragmatic factual knowledge and problem solving, can grow with age and compensate for the loss of processing power. Baltes (1993) had a metaphor for the changes: with advancing age, hardware declines while software becomes enriched.

The idea that knowledge and experience form the basis of older people's "wisdom" is supported by Atchley in his Continuity Theory (1989). Atchley believed that the theory could be used to explain how it is that a large majority of older individuals manage to experience ageing as a gentle slope and as a positive experience, and why a greater proportion of elders have been found to exhibit the quality of wisdom compared to young or middle-aged adults. However, older people's opportunities for continued development can be constrained by societal expectations.

Societal Perspectives on Ageing: Ageism and Social Constructs

In spite of the recognition in life-span development theories that change and development continue into old age, and in spite of the increase in life expectancy and consequent increase in the number of older people, negative views of old age still predominate in society. Welfare and biomedical authorities can still regard old age as a period of decline, loss and dependence, and older people as a “problem” needing support and care (Townsend, Godfrey & Denby, 2006). Palmore (1999) has found nine major negative stereotypes for old age: illness, impotency, ugliness, mental decline, mental illness, uselessness, isolation, poverty and depression. Butler (1975), who coined the term “Ageism”, described five common beliefs about older people: unproductivity, disengagement, inflexibility, senility and serenity - four negative to one positive. He saw that “ageism allows the younger generations to see older people as different from themselves, thus they subtly cease to identify with their elders as human beings” (p.35).

When Does Old Age Begin?

Attitudes towards old age have fluctuated over the centuries. When life expectancy was low, the few who survived were likely to be treated with respect as elders, because they were so rare (Erikson, 1980), and because they could pass on the fruits of their long experience to the next generation. When ownership of land was the main source of wealth, it helped to preserve the power and authority of the elderly. But in the industrial era, people were considered “old” when they lost physical fitness and, it was assumed, the ability to learn new skills; old age identity was determined by inability to earn a living (Gilleard & Higgs, 2005).

This link between paid work and old age has continued; since the introduction of old age pensions there has been a general assumption that the common retirement age of 65 is the time old age sets in (Mullan, 2002). One unexpected consequence has been that the establishment of an official dividing line between younger people in the work force and older non-workers leads to ageism, “a process of systematic stereotyping of and discrimination against people because they are old” (Bytheway, 2005, p.338), similar to the discrimination in racism and sexism. The old age pension was designed to give

quality of life, but Mullan (2002) points out that the pension and a mandatory retiring age have both helped to reinforce a stereotype of old age as “a period of unavoidable retreat, in the face of both ill health and poverty, of gradual withdrawal into passivity and dependence” (Thompson, 1982, p.26), adding to the view that old people are unproductive, and a drain on national resources.

Old Age as a Social Construct

The old age pension and other age-specific public programs such as health and housing, age-related concessions like public transport and Seniors Cards, and age-related limitations like access to insurance, and mandatory driving tests, have led to the category “old age” being described as a social construct (Phillipson, 1982), a category of social policy (Gilleard & Higgs, 2005), and “a creation, pure and simple, of the welfare state” (Giddens, 1994, p.170). The label “pensioner”, another creation of the welfare state, suggests incapacity and dependence, so it is not surprising that for many people retirement leads to a loss of self-esteem (Giddens, 1998). The transition to retirement can have a disruptive impact on wellbeing (Holmes & Rahe, 1967), particularly if the event happens unexpectedly (Neugarten, 1974), as in the case of illness or retrenchment.

The view of “old age” as the time beyond paid work has parallels with “adolescence” as the time before paid work. Adolescence has been called a socio-historical creation relating to the circumstances of the early 20th Century (Santrock, 2003), when laws limiting the use of children in the work force created the need for clear identification of the boundary between childhood and adulthood (Bahr & Pendergast, 2007). The word “adolescence” (“becoming an adult”) was invented by Hall (1904) to describe this new phenomenon; its contemporary relevance has been questioned, and many writers now use “young people” instead (Bahr & Penderghast, 2007). Both these terms, however, categorise children and young adults of a certain age group and diminish the significance of differences between them, for example in gender, social class, ethnicity and ability.

There does not appear to be a positive term to describe those at the other end of the age spectrum; “old”, “aged”, “elderly” and even “senior” all have negative connotations. Even the specialists, the gerontologists, have been detected using “old” and “age” as

code words or euphemisms for deterioration or degeneration (Palmore, 2000). Forms of address (such as “Granny”, “dear”, or addressing a person by their first name without permission), are often used to diminish status and construct a social identity for an older person (Wood & Kroger, 1993). “Older person” is now probably the most acceptable description, as in The International Year of the Older Person – that is, if “adult” is reserved for adults who are still of working age. However, the terms “older person” or “elderly person” are often used in the same way as “youth” to signify a social category which overlooks differences of age and capacity and “totalises” category members and responses to them (Tait, 1995). This totalising tendency allows negative stereotypes to be applied to everyone in the older age group regardless of individual differences (Gubrium & Holstein, 2003b), or the distinction between the Third and Fourth Ages outlined in Chapter Two (p.13). It will be shown (p.32ff.) that older people’s own views of the ageing process are very different from the general view.

The Deficit View of Old Age

The link between leaving the paid work force and the onset of “old age” makes many older people uncertain about their role in the world once they retire. This narrow view of “work” as “paid work” ignores the roles of student, housewife, parent, and volunteer and their contribution to the social and economic life of the community. The dominant cultural values that prioritise paid work and give it a central role in identity formation mean that retirement is often experienced in terms of tension, loss, reluctance and failure (Phillipson, 1993), particularly for men, and for those who have no choice but to retire through ill health or redundancy (Barnes & Parry, 2004). Being in the paid work force provides a plurality of functions and rewards, including purposeful activity, sociability, status and material gain, as well as “a series of routines giving structure and meaning to people’s lives” (Barnes & Parry, p.218). In contrast, retirement is often seen as a “roleless role” (Burgess, 1960), and role loss or role discontinuity may never be replaced (Blau, 1973). This role loss is exacerbated by the growth of technology, where older people can no longer fulfill their traditional role of mentor and expert (Erikson et al., 1986). So leaving paid work can mean loss of status, as well as loss of economic function; it is not surprising that many retirees, particularly men, continue to identify

themselves with their former occupational status, describing themselves as a retired businessman, doctor or lawyer (Strauss, H., Aldrich & Lipman, 1976).

Like other major life transitions, retirement from paid work can lead to loss of an individual's identity and feelings of self-worth (Gullette, 2004). Life events can have a disruptive effect calling for readjustment; at least six of the top ten events on the Holmes and Rahe Social Readjustment Rating Scale (SRRS) (1967) are likely to apply particularly to older people, such as the death of a spouse or a close family member, a major illness - one's own or a family member - as well as retirement from work. For older adults, 80% of events represent loss of resources, roles and relationships, compared with only 15% for younger adults (Lynch & George, 2002). It will be shown in Chapters Six and Seven how participation in a community organisation can help older people to replace these losses.

There are other ways in which old age is regarded as a "deficit" time of loss or diminishment. The increased risk of chronic disease and comorbidities has already been mentioned (Chapter Two p. 10). Sykes (1995) points out that older people who suffer from poor health, poverty or isolation can find the status of a good old age closed to them "by a society that has taught young and old that to work is good and that to be healthy is to be 'good', while to be ill is to a burden to society, family and taxpayers" (p.48). Even the recent emphasis on policies such as Positive Ageing and Active Ageing has been called ageist and exclusive (McHugh, 2003), since Positive Ageing can be viewed as promoting simultaneous contradictory concepts laden with moral overtones: "a good old age of health, virtue, self-reliance, salvation and a bad old age of sickness, sin, dependency, premature death and damnation" (Cole, 1992, p.230). Poor health, the loss of a spouse or friends, and poverty, can all lead to greater dependence on others and loss of one's locus of control (Myers, 1995), a situation associated with higher levels of depression (Schieman, 2001), or learned helplessness (Kuypers & Bengtson, 1973). Betty Friedan (1993) recognized that depression, which is anger turned against the self, is a response to powerlessness: "Depression should not be surprising in *any* person suddenly stripped of power, or job, or earnings, of a sense of productivity and purpose" (p.25). Older people can also suffer from a decline in their local community, as places age socially and physically (Gilleard & Higgs, 2005). With many women going out to

work and fewer long-standing neighbours, a street can be very quiet for those left at home, and this can affect an older person's feelings of trust and safety (Pocock, 2003). The cumulative impact of personal and societal losses can have a serious negative effect on an older person's self-image and wellbeing.

The "deficit" view of old age resembles a common view of adolescents as "deficient by virtue of what they are not" (Bahr & Pendergast, 2007, p.7), and can act as an opportunity for remedial programs and interventions. P. Cohen (1999) points out that youth professionals have a vested interest in moral panics about "youth problems" because they help to generate public support for their projects, and "moral panics after all deal in self-fulfilling prophecies" (p.192). A similar vested interest can be observed in the current emphasis on treating older people's illnesses rather than promoting health preventive measures: 2.3 % of the total health budget is spent on preventive health, compared to 39.3% on hospitals (Australian Institute of Health and Welfare, 2009); and in the panic among governments and economists about an "Old Age Crisis" (p.14).

Older People's Views of Old age: Lived Experience Versus Ageism

Faced with society's predominantly negative views of old age, as well as their personal experiences of the process of ageing, it is not surprising that research shows older people hold ambivalent views about their own and others' ageing. One of the few studies of older people's attitudes in a group setting, disarmingly titled "'I'm not *that* old': Inter-personal experiences of thriving and threats at a senior centre" (Lund & Engelsrud, 2008), is based on participant observation of the users of a senior centre in Norway. The study found that while users appreciated the opportunities the centre gave them to "thrive" through community involvement and daily activities to promote their sense of belonging and being useful, some saw the centre and particularly the other users as "threats" because they were a reminder that they were growing old and vulnerable; the authors conclude that the senior users were endorsing the societal and cultural prejudices of ageism. Similar attitudes were encountered in this research study.

It is now recognized that to lump all "old" into one category bears little relationship to real life (Gubrium & Holstein, 2003b). "Old age", or the period after retirement from

paid work, can last 30 years or more; an individual's functional capacities will change over that time, and capacity will vary greatly among individuals of similar age depending on their health, socio-economic status and other lifestyle factors (Baltes & Smith, 2003). It has been suggested (Binstock, 1983, 1991) that age-specific public programs are a form of "compassionate ageism" because they tend to homogenise a heterogeneous group, so obscuring individual and sub-group differences.

Individual differences were identified by Townsend, J. et al., (2006) in a four-year study of eighty older people aged from under 75 to over 85 in two locations in England. The study found a wide span of abilities in the activities of the respondents' daily lives; over one half (57%) were "out and about", shopping, socialising, engaged in leisure pursuits and involved in groups, 25% were restricted to the neighbourhood because of ill-health or disability, the remaining 18% were restricted to their homes (p.888). This current study, with a smaller, purposive, sample and an age range from 65 to 82, also found a range of abilities, interests and activities among the interviewees.

Several recent studies, where older people were asked their views on age identity, their perceptions of their own and others' ageing when facing retirement or chronic conditions, show a very different experience of growing old from the general societal views discussed earlier.

Chronological Age and Subjective Age

Chronological age has been found to be an unsatisfactory way of discriminating between older people, as it "obscures the physiological, psychological and social diversity of older people" (Bowling et al., 2005, p.479); the informants in the interview study acknowledged their chronological age, changes in appearance and physical limitations, but most did not describe themselves as old. Over one half of the respondents felt younger than their actual age, one third felt ten years younger; most of the remainder felt their age, only five per cent felt older. A significant finding was that those feeling younger than their chronological age were more likely to have participated in social activities, and took a positive view of growing older, such as the greater independence, freedom, time and enjoyment they were experiencing (p. 488). The positive effect of

participation in activities is a central theme of this thesis and is explored later in this chapter (p.42ff) and in the analysis of the data.

Bowling et al. (2005) concluded that, though it is influenced partly by inter-related measures of physical health and functional status (p.495), older people's self-perceived age is independent of their chronological age (p.487). Tennant & Pogson (1995) argue that "chronological age has no necessary implications for the subjective positioning of any individual. Furthermore, age categories, structured in the current manner, limit and unnecessarily constrain what should be an open nexus of possibilities across the life span" (p.111). There is little evidence, except for the very old and the very young, for a direct connection between chronological age and the constraints imposed by our conception of age-appropriate behaviour (Tennant & Pogson, 1995)

Subjective views of "old age" have been found to depend on the age of the person asked; the older the respondent, the later the age at which they say old age begins (Age Concern, 1992). Other studies have found that many older people do not consider "oldness" as pivotal to their self-identity (Gilleard & Higgs, 2000); many saw a disjuncture between their internal experiences and external appearances (Rozario & Derienzis, 2009), and were frustrated that others could not see beyond the "mask of ageing" to recognize a different person within (p.546). Older people's views of their own age identity are very important, since they have been shown to be a better predictor of mortality than chronological age or health status (Carp & Carp, 1981). The experiences of older people in a group of their peers, away from societal expectations, are explored in the current study. As an illustration of the ambivalence of older people's views on age, Rozario & Derienzis (2009) found that the tendency to downplay the significance of one's chronological age could be contradicted, as when some people, or their family members, used it as a vindication of how well they were coping with the age-related changes and challenges they faced. This could also be seen as a form of ageism, though the researchers did not identify it as such.

Another difference between older people's and society's views is on the question of retirement. Personal experiences can differ from the widespread view of retirement as a loss of status and identity, depending on the attitude of the retiree. The loss of a role as a

paid worker can be seen as an opportunity to acquire new roles, for instance as a volunteer, and to continue in or develop new roles as a parent or friend (Reitzes, Mutran & Fernandez, 1998).

Older People's Subjective Views on Successful Ageing versus Societal Views

Older people's views on successful ageing also differ from societal views as expressed in the media, some policy documents on health and welfare and in some research. For instance, Rowe & Kahn (1997) defined Successful Ageing as multi-dimensional: avoidance of disease and disability, maintenance of high physical and cognitive and sustained engagement in social and productive activities. However, more recent research shows older people's criteria of their own ageing to be very different. In a study of self-rated successful ageing and wellbeing that challenges Rowe & Kahn (Strawbridge, Walhagen & Cohen, 2002), many older people with chronic conditions and functional difficulties still rated themselves as ageing successfully.

This is confirmed by another recent study, (Montross, Depp, Daly, Reichstadt, Golshan, Moore et al., 2006) which revealed that 92% of older people interviewed rated themselves as ageing successfully, despite chronic physical illness and some disability; their subjective ratings of successful ageing were significantly correlated with quality of life, resilience, activity and their number of close friends. A study of 85+ year olds in the Netherlands (Von Faber, Bootsma, van Exel, Gussekloo, Lagaay, van Dongen et al., 2001) found that although only 10% could be classified as successfully aged in Rowe & Kahn's terms, most older people viewed success as a process of adaptation, and valued wellbeing and social functioning more than physical and psycho-cognitive functioning. The researchers conclude that, using this perspective, many more people could be considered to be ageing successfully.

Many older people take an active role in their own ageing, developing strategies to cope with change, so as to maintain their pleasures and their purpose in life (Townsend, J. et al., 2006). A test of five models of successful ageing – biomedical, broader biomedical, social, psychological and lay based – found that the lay-based multidimensional model emerged as by far the strongest in predicting perceived quality of life (Bowling & Iliffe,

2006). Lived experience and the resilience that comes from facing and coping with a series of life's challenges appear to have a more positive effect on successful ageing than some researchers have assumed (Phelan, Anderson, La Croix & Larson, 2004); these effects are discussed in Chapters Six and Seven in relation to the findings in this study.

Identity Maintenance Among Older People

Generally held negative attitudes to old age as a dominant social construct inevitably influence older people's views of themselves. Individuals define their identity along two dimensions, the social and the personal: how they see and define themselves in relation to their membership in a social group or category, and the unique attributes that distinguish a person from others (Howard, 2000; Stets & Burke, 2000). Since ageist stereotypes form the "master narratives" that may aid or constrain the expression of self among older adults (De Medeiros, 2005), and most of these stereotypes are negative, studies of lived experience of ageing suggest that older people often define their personal identity by dissociating from the stigma of being old (Townsend et al., 2006).

A recent study of 45 people between the ages of 65 and 95 suffering from chronic conditions (Rozario & Derienzis, 2009) found that eleven identified themselves as old, older or elderly, seeing old age as a discontinuation of their middle age and a time of physical limitations; eleven did not consider themselves as old, giving the lack of aches as pains as the reason; the other eighteen were ambiguous about their age identity, seeing themselves as "as good as the next person", or "not quite that old" compared to their peers (p.545). The researchers conclude that their examination of age identity reveals age as a socially constructed artefact (p.551).

Falk (2001) has shown that most older people refuse to apply an "old" identity to themselves, because they believe there is something wrong with old age. This "age denial" in the face of ageism has been compared to the effect of racism, where people "pass" for membership of the dominant group (Speas & Oberhain, 1995); hence the demand for Botox, face lifts and other strategies to remain "young". Others distance themselves from those they define as old by making a distinction between *being* old and

feeling old (Minichiello, Browne & Kendig, 2000; Bowling et al., 2005). The assumption is that once one has crossed the line and feels old, one has begun to acquire the negative characteristics of being old (Townsend, J. et al., 2006, p.885). These characteristics are likely to include feelings of poor health; Ron (2007) found a significant correlation between subjects whose attitudes towards old age were negative and those who subjectively defined their health as bad. Findings in this study on older people's perceptions of self-identity are discussed on page 139.

Changing Social Constructs of Ageing

One likely effect of demographic change is to change social constructs of ageing, because of the emergence and identification of the large and growing Third Age as a new element in the population mix. The concept of old age as divided into Third and Fourth Ages (Laslett, 1991), which was outlined in Chapter Two (p.12), recognizes that the period after retirement from paid work may last as long as thirty years, and that the two stages are distinguished more by an individual's attitudes, capacities and personal circumstances than by chronological age.

It was pointed out earlier (p.13) that transition from the Third to the Fourth Age varies greatly (Baltes & Smith, 2003). It will be shown later in this chapter (p.44) that the transition from the active and independent Third Age to the frailer and more dependent Fourth Age can be mitigated or postponed through self-determined action (Brooks, 1996). Third Agers are generally keen to remain active and independent, to regard themselves as part of the community, and to speak up and put their point of view, as shown in community consultations (DPAC, 2005). Older people's views on the desirability of maintaining their health, wellbeing and independence, and their ideas on how this can be done, are the foundation of this study and its findings.

This thesis investigates older people's feelings about themselves, and the strategies they use to cope with the impacts on their lives of government policies, popular images in the media and attitudes encountered in the wider community. In focusing on older people's views, this thesis suggests that older people's subjective feelings, and their consequent actions, are better indicators of their chances of ageing well than either chronological

age or objective standards of health. The next section explores current literature on the concept of wellbeing, and the factors such as participation in activities that contribute to older people's quality of life.

Ageing Well: Health, Wellbeing and Quality of Life

The word “health” is derived from the cognates “hale” and “whole” (Greek kalos), and is linked to “holy” in its original sense of “perfect” or “excellent” (Skeat, 1993). Good health has always been regarded as a good or desirable state; a survey of people of all ages found they rated health more important than wealth to personal wellbeing (Higgs, Hyde, Arber, Blane, Breeze, Nazroo et al., 2005).

Demographic change and new knowledge of the ageing process are currently helping to change concepts of health from a medical to a holistic and now a “wellness” view, the emphasis shifting from illness to health, from treatment to prevention. The World Health Organisation adopted a holistic definition of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1946). This definition was broadened again in the Ottawa Charter for Health Promotion (1986), which defined health as:

The extent to which an individual or group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources, as well as physical capacities.

The concept of health and the aims for a healthy society have continued to widen to embrace broad social and economic elements. It is now recognized that the health of a population is largely affected by factors outside the health sector – the environment, education, housing, transport and work (Kickbusch, 2008). Wilkinson & Marmot (2003) suggest that health is affected by social determinants, so achieving good population health involves reducing levels of educational failure, reducing insecurity and unemployment and improving housing standards; they further suggest that societies that enable all citizens to play a full and useful role in the social, economic and cultural life

of their society will be healthier than those where people face insecurity, exclusions and deprivation.

A further development can be seen in the Tasmanian Policy Framework on the prevention and management of chronic conditions (DHHS, 2005), in which “health and wellbeing” is used throughout the document, echoing WHO with the definition “not purely the absence of disease, illness, injury or social problems, but the attainment of physical, mental, emotional, spiritual, cultural and social wellbeing” (p.3, 2.1).

“Well-being”, or now more often “Wellbeing”, is a relative newcomer to discussions on health, but is increasingly used to describe broad, non-medical concepts of health, either in a phrase or on its own. Wellbeing indices are joining economic indicators as measures of national progress; for instance, Canada has an Index of Wellbeing, the USA is working to develop a National Wellbeing Account which will supplement traditional measures of national progress. There is a recommendation that South Australia should work to develop a composite “wellbeing” index that captures the state’s “overall progress towards making real the vision of a society that is prosperous, environmentally rich, culturally stimulating, and that offers its citizens every opportunity to live well and succeed” (Kickbusch, 2008, p.13).

These moves towards an all-encompassing view of the psychosocial, cultural and subjective elements of good health are recognition of the role that a subjective judgment of “wellbeing” can play in the health of an individual or a community. Indeed, a distinction can be drawn between health and wellbeing; in recent years, health, measured by mortality and life expectancy, has improved, but the wellbeing percentage in the population has remained stable (Diener, Suh, Lucas & Smith, 1999). Satisfaction with life as a whole, or satisfaction averaged over a number of domains, is very stable; the mean subjective Quality of Life of Western population samples is consistently in the 70-80% range (Cummins, 1998; Australian Unity Wellbeing Index, 2007).

Wellbeing for the individual has been defined in a number of ways, and associated with quality of life and life satisfaction. It encompasses both hedonic (happiness, pleasure) and eudaimonic (personal growth, purpose, and realization of one’s potential) elements

(Eckersley, 2004). “In other words, wellness is happiness plus meaningfulness” (Eckersley, p.97).

Conceptualising Wellbeing and Ageing Well in Older Adults

A number of factors can contribute to an older person’s feelings of wellbeing. In essence, their wellbeing is likely to be a composite of the satisfactions they experienced earlier in life, with additions to compensate for losses due to increasing age. Toffler (1981) made a significant contribution to what is meant by “self-assessed wellbeing”; he proposed that the “three basic requirements to create a fulfilling emotional life and a sane psycho-sphere” are Community, Structure and Meaning (p.377). Toffler’s concepts provide an explanatory framework for findings discussed in Chapter Seven.

The concept of wellbeing as quality of life is of particular importance to older people. They are likely to suffer some loss or diminishment, in physical health, friends and family, and opportunities to maintain the rights and responsibilities of adulthood, as they move through the life course. If people have been able to accumulate human and financial capital throughout their life they are likely to enjoy a good quality of life in old age (Higgs et al., 2005). However, the accumulation of disadvantage at home and at work over the course of a person’s life has a negative effect on quality of life in old age (Blane, Higgs, Hyde & Wiggins, 2004).

Older people’s losses or diminishments that result from life transitions can deprive them of a sense of meaning and purpose. Meaning and purpose is the attitude most strongly associated with life satisfaction (Headley & Wearing, 1992), when people work for and make progress towards personal goals that derive from their most important values (Diener & Suh, 1997); for instance, volunteers have been shown to have higher wellbeing than non-volunteers (Australian Unity Wellbeing Index, 2002). The satisfactions derived from volunteering within a community organisation are explored in the discussion of the findings (eg. pp.111-112, p.135).

Older people are at risk of losing their sense of meaning and purpose, often through lack of opportunities or the well-meaning efforts of others (Thursz, Nusberg & Prather, 1995) or institutional attitudes that induce “learned helplessness” (Seligman, 1975). Feelings

of meaninglessness and helplessness can lead to the psychiatric state of “demoralisation syndrome” (Kissane & Clarke, 2001).

However, a number of adaptive strategies have been suggested as ways to help older people in their struggle to maintain control of personal choice and purpose. Selection, Optimisation and Compensation (SOC) (Baltes & Baltes, 1990) recommends selecting and concentrating on aspects of life and goals that are high priority; the importance of this element of free choice in limited circumstances is discussed in Chapter Six, p.103-4, and Seven, p.138. Another strategy, Self-efficacy (Bandura, 1995), which is a belief in one’s capabilities to face and overcome problems and challenges, is a strategy developed over the life-span, as each period of life presents new demands; in old age, when physical capacities decrease, gains in knowledge, skills and expertise can compensate for loss in physical capacity. Self-efficacy is a factor in attitudes to self-assessed health (p.128), and in relation to the opportunities for learning within the group (p. 135).

The positive concept of old age as part of the life course rather than a separate decline emphasises older people’s sense of agency and continuing contribution to civic life through the strategies outlined above. This is expressed in “empowerment”, defined as “the ability to make informed choices, exercise influence, continue to make contributions in a variety of settings, and take advantage of services ... choices often taken for granted by working-age adults” (Thursz et al.,1995, preface). The ability to maintain, as far and as long as possible, the rights and responsibilities of adulthood is a factor contributing to wellbeing in old age, or “Ageing Well”, and underlines the importance of continuing social engagement. This idea is discussed in Chapter Six, (p.110ff).

The Role of Activity in Older People’s Health and Wellbeing

It is now generally accepted that activity, as part of a healthy lifestyle, is a very important factor in maintaining older people’s health, helping to delay the onset and alleviating the effects of chronic diseases (DHHS, 2005). Opportunities for meaningful and enjoyable activities are also very important in older people’s wellbeing. Three of Vaillant’s (2002) recommendations for a happy retirement are: rediscovering how to

play, creativity, and lifelong learning (p.224); all three can be seen as providing a structure or pattern of activities offering a range of individual choices.

The Benefits of Activity in Old Age

The theoretical basis for the belief in the benefits of activity, Activity Theory (Havighurst et al., 1963; Lemon, Bengtson & Peterson, 1972), maintains that high morale and robust mental health are best maintained during old age through active participation in as many social roles and interpersonal relationships as during early and middle adulthood. This has led to a wide range of research, mostly supportive of the theory.

A problem that has plagued the literature on activity is the lack of consistency in activity measures, so it is difficult to compare results across studies (Menec, 2003). Nimrod (2007a) has categorised the research into three groups; the macro level, which counts the number of activities and the amount of time spent; the micro level, which looks at how participation in a specific activity contributes to wellbeing; and the midway level, examining the effects of certain groups of activities on wellbeing. Activities have also been categorised as *formal*, *informal* and *physical* (Janke, Davey & Kleiber, 2006).

One study at the macro level (Menec, 2003) showed, in a six-year longitudinal study, that a greater overall activity level is related to greater happiness, better functioning and reduced mortality; in particular, social and productive activities are positively related to wellbeing. A ten-year longitudinal study by Silverstein & Parker (2002) found that, even among the oldest-old, adults who increased their activity participation tended to perceive an improvement in their life conditions. However, a study at the micro level showed that the type of activity is important. Nimrod (2007a) found that only some activities had a positive impact on retirees' wellbeing: cultural activities, enrichment activities, meeting with children and grandchildren and activities associated with a sense of essentiality. Other activities have no impact at all, and some, such as watching TV, have a negative impact. The range and types of activities found in the current study, and the organisations in which they are undertaken, are investigated in this thesis.

The Importance of Leisure Activities

“Activity” changes its meaning dramatically at retirement. For those still in the paid work force, “the blunt truth is that most people work out of necessity, not out of profound love for the job and a set of deeply felt values that they realize there” (Stebbins, 2004, preface). Although some workers may gain great satisfaction from what Stebbins (2002) calls “devotee work”, it is still work, not leisure, since they are “coerced by necessity to find remunerative employment of some kind. Leisure is decidedly noncoercive” (p.4). Bertrand Russell (1935) points out that for those in the paid workforce, it is from their leisure hours that they derive what happiness they may enjoy. Russell shows that workers’ pleasures have become mainly passive, since their active energies are fully taken up with work; if they had more leisure, they would again enjoy pleasure in which they took an active part.

The fundamental difference between work activity and leisure activity is the greater freedom to choose, not simply what to do and how often, but whether to do it at all. A leisure activity must be sufficiently enticing to overcome inertia, ill health, poverty and other inhibiting factors, particularly as the participant grows older. To take up and continue a leisure activity demands “value commitment” (Kantor, 1968; Stebbins, 1970) rather than just the “continuance commitment” of many in the paid work force. The role of commitment as a component of older people’s wellbeing is discussed in Chapter Seven, (p.134).

Although people of all ages take part in leisure activities, the relative importance of work and leisure activities changes greatly when a person leaves the paid work force. Since leisure is such a large component of retirement life, it is likely to have an increased influence on psychological wellbeing (Nimrod, 2007b). Unexpected time on one’s hands can have a devastating impact on wellbeing, especially if one has not established a pattern of leisure activities. However, many older people, such as those interviewed by Erikson (1986), view the future as “a time for activity. It may provide an opportunity to do things for which there have never before been time. It may be a time to enjoy those activities that have long been sources of pleasure” (p.64). Interviewees’ views on their participation in activities in the group are described in Chapter Six.

So older people generally have leisure time, and it is their choice how they use it. In the search for successful ageing, the positive use of leisure time acts as a significant compensating capability for factors such as poor health (Fernandez-Ballesteros et al., 2001). As Galit Nimrod (2007a) says: “By practising an enriching and fulfilling leisure, retirees can reach a high level of life satisfaction, even if they are subject to conditions that may threaten their well-being” (p.78). The compensatory effects of activities are discussed in Chapter Six (p.104).

Characteristics of Activities and Participants

Activities can be analysed according to the perceived benefits to the participant. Kelly (1978) devised a scale to measure leisure benefits; participants were asked to choose two activities that were most meaningful to them, and to rate them by seven benefits provided by the researcher. The top two benefits, rated consistently across various age and gender groups, were “strengthening primary relations” and “expression and personal development”, that is, both social and individual activities.

In a study of recent retirees, Nimrod (2007a) found five benefit factors: the first was *essentiality* – participating because it was important, both to the participants and to their social environment; this included statements: “I like being of help to others”, “I feel I belong” and “I like developing a skill” (p.74). The other benefit factors were *growth* – which corresponds to Kelly’s (1978) *expression and personal development*; *challenge* – being active and exhibiting a good performance; *companionship* – enjoyment of the companions and strengthening of relationships; and *work-like* - which included both differences from and similarities to the participant’s previous work. Of these, only *essentiality* revealed a significant contribution to life satisfaction. Nimrod concludes that it is only important to maintain a high level of involvement in specific activities that contribute to life satisfaction, and not important to preserve involvement in activities that do not contribute to life satisfaction. This study explores activities in relation to life satisfaction in Chapter Seven (p.135ff).

The importance of Essentiality is confirmed in a number of studies. Many retirees seek to transfer or channel their work ethic into productive and useful activities, very often in

community service, skill development, profitable hobbies and education (Ekerdt, De Viney & Kosloski, 1996). Volunteering allows retirees to remain busy and to give back to their community (Cohen, G., 2000), and to feel appreciated and useful, so enhancing their feelings of self-worth and competence. Gergen & Gergen (2003) found that “the sense of being useful and productive is satisfying at any age, but especially when other employment opportunities have ended” (p.208). Findings from the current study (pp.111-112) confirm the contribution that volunteering makes to feelings of self-worth.

Menec, in her 6-year longitudinal study into the relationship between everyday activities and successful ageing (2003), also looked at perceived benefits. Different types of activities may have different benefits; social and productive activities may afford physical benefits such as better function and greater longevity, but more solitary activities such as reading may have more psychological benefits by providing a sense of engagement with life. Nimrod (2007b) has also categorised the participants in leisure activities. There are four categories, *expanders*, *reducers*, *concentrators* and *diffusers*, with considerable differences among the four types, in background, changes in participation patterns and type of activities. However, findings showed that all types continued to participate in many former leisure activities, and more than half participated in a larger number of leisure activities than before leaving paid work.

It would appear, then, that all activity has some kind of benefit that can be linked to older people’s wellbeing, though the effects may vary according to the individual and the particular activity. In a study of people aged 67 to 99, *activity* was seen as one factor in quality of life, together with *social relationships*, *health*, and *functional ability* (Wilhelmson, Andersson, Waern & Allebeck, 2005). The role of activity in older people’s wellbeing is explored in Chapters Six and Seven.

Changes in Older People’s Participation in Leisure Activities

Inevitably there are changes in leisure activities during retirement, which may last for 25 or 30 years, a third of a lifetime. Health rather than age may be the most important factor in determining leisure involvement; since declines in leisure increase exponentially during old age when health declines are greatest (Janke et al., 2006).

It has been shown that continuing or replacing an activity during illness episodes can help to maintain positive wellbeing (Duke, Leventhal, Brownlee & Leventhal, 2002). The challenge is to find forms of activity that enhance wellbeing but are not hindered by frailty (Brandstaetter & Renner, 1990); this issue is discussed in Chapter Six (p.104ff) in relation to the range of activities offered by some community organisations.

Findings differ on older people's levels of involvement over time. Some have found that stable leisure patterns continue until very old age (Singleton, Forbes & Agwani, 1993); others see a gradual decrease in activity participation in later life (Armstrong & Morgan, 1998), or a decrease in the diversity of leisure activities (Verbrugge, Gruber-Baldini & Fozard, 1996). There is generally a decline in physical activity in older age, or an increase in disability, but this can be compensated for by an increase in social and informal involvement (Jang, Y., Mortimer, Haley & Graves, 2004). Changes in levels of involvement over time were found among interviewees in the current study (pp.106,111).

Other changes in life circumstances can affect the type and frequency of activity; for instance, a spouse's ill health needing care, or the loss of a spouse, will affect the partner's leisure patterns. Activity Theory recommends that if a role is lost at retirement or bereavement, people should seek new roles as substitutes, or become more intensely involved in whatever roles remain. Widows may find they need to develop new social connections and roles to replace the loss of a number of social role identities (Hansson & Hayslip, 2000). Help is often found among others who can respond with empathic concern (Batson 1998), such as the sharing of grief reciprocally with other widows (van den Hoonaard, 2003). These points are discussed in Chapters Six and Seven, especially in relation to the role of the peer group as a provider of reciprocal support.

Individual interests, personality traits, socio-economic status, psychological resources and social support, physical capacity, social and environmental circumstances are all factors that can affect the choice, frequency, and maintenance of leisure activities through the long process of ageing.

The Benefits of Mental and Physical Activity for Older People

Mental and physical activities are often seen as interactive in their effects on health and wellbeing. There has been considerable research on their separate as well as their combined roles.

Cognitive function and leisure-time activities have a positive influence on each other. Although some cognitive change is part of normal ageing (Anstey & Low, 2004), the effects can be modified by activity, particularly by mentally demanding activities undertaken with the intention of maintaining cognitive function (Gilhooly, Zarit & Birren, 1986). Carrying out complex tasks, including complex leisure activities, has a positive effect on older people's intellectual processes by building their capacity to deal with intellectual challenges (Schooler & Mulatu, 2001). Hultsch, Hertzog, Small & Dixon (1999) found a relationship between changes in intellectually related activities and changes in cognitive functioning; their six year longitudinal study was appropriately entitled "Use it or Lose it".

Regular physical activity is a proven benefit in chronic conditions such as arthritis, diabetes and cardiovascular, and is important in reducing overall morbidity and mortality (Pate, Pratt & Blair 1995). Physical activity is also associated with higher subjective wellbeing (Morgan & Bath, 1998; Stathi, Fox & McKenna, 2002), and with lower depressive symptoms (Lampinen, Heikinen & Ruoppila, 2000). It may also play a role in reducing the risk of cognitive decline (Larson & Wang, 2004).

However, physical activity is not always popular; many older people find it time-consuming, both to perform the activity and to reach an exercise facility, especially if they are relying on public transport (Chao, Foy & Farmer, 2000). Older people's activity levels decrease progressively with age (Schutzer & Graves, 2004), and attrition rates in exercise programs can be very high. In one study (Dishman, 1994), about half the participants dropped out within six months, before they had achieved any health benefits. Education and social support are critical factors in persuading older people to adopt and adhere to an exercise program; informal social networks and older people's organisations can play an important role in encouraging physical activity and providing

opportunities to participate (Tudor-Locke, 2001). The role of older people's organisations in providing social support and opportunities to join others in enjoyable, informal activities, including different levels of physical activity, is explored in Chapters Six and Seven.

The Role of Social Engagement in Older People's Wellbeing

The Role of Family and Friends in Maintaining Wellbeing

For older people no longer in the paid workforce, connections with family and relatives are very important for their wellbeing (Bowling, 1995). When listing the basic activities that make retirement rewarding, Vaillant (2002) puts social contact first; he suggests the retirees should replace their work mates with another social network of new friends, and adds "grandchildren often work spectacularly well" (p.224).

Grandparents rate their contact with grandchildren highly; the ESRC Growing Older (GO) program in the UK (Clarke & Roberts, 2003) found that 55% of grandparents interviewed felt that grandchildren contributed enormously to their quality of life. Many older people contribute to family functioning as informal volunteers, so building strong inter-generational relations (Warburton & McLaughlin, 2005). As people grow older, relatives can increasingly replace non-kin as close friends (Pahl & Pevalin, 2005). A longitudinal study of older people in Wales found that while friends and neighbours "were significant as people to talk to when feeling depressed, to borrow small items and as a source of lifts", elders depended mainly on family members for personal care (Wenger, G., Burholt & Scott, 2001, p.45).

Both the quality and the density of social contact have a significant positive effect (Higgs et al., 2005). Informal social networks, measured by frequency of talking to neighbours and frequency of meeting people, have a strong effect on wellbeing (Gray, 2009). Since most older people are capable and competent, able to give as well as receive, and to help with daily tasks such as shopping, networks offer opportunities for mutual support (Wenger, G. et al., 2001). Even in very old age and poor health, women have been shown to be able to help others by sharing information and advice, talking, telephoning and keeping in touch (Boneham & Sixsmith, 2006). Social networks can

add value to older people's lives by offering positive social roles, where their support helps other older people to remain living in the community; this may be particularly important for those from minority cultural backgrounds or at risk of social exclusion (Warburton & McLaughlin, 2005).

Social exclusion becomes a greater risk in later life. Scharf & Smith (2004) have identified five domains of social exclusion that affect older people: exclusion from social relations, from civic activities, from material resources, access to basic services and neighbourhood exclusion. Any of these can be aggravated by the risk factors to which older people are exposed: poverty (TasCOSS, 2008); disability (Craig, 2004), poor health and lack of mobility (Kellaher, 2002), a deprived or dangerous neighbourhood (Victor & Scharf, 2005), and ageist attitudes (Unsworth, McKee & Mulligan, 2001). To avoid loneliness and isolation, it is important for older people to create and update their social ties to replace losses of family and friends, particularly after transition events such as the loss of a spouse.

Membership of a Community Organisation as a Factor in Wellbeing

Older people can find much of the practical and emotional support they need through being active in community organisations, particularly through religious activities and sports clubs, in addition to their informal social networks (Gray, 2009). Continuous participation in voluntary groups has been shown to act as a protective factor against depression (Greenfield & Marks, 2007). Membership of clubs, societies and religious organisations is an important source for building an individual social network (Putnam, 2001). Yalom (1985) identified eleven support factors that a group can offer, including the sharing of information and guidance, development of new social skills, interaction with others and learning from observation, a sense of belonging and acceptance, growth of hope and confidence, and the recognition that others share similar problems. Findings on the benefits of the support available in a community group, particularly in a group run by older people for their peers, are discussed in Chapters Six and Seven.

Yet although every region and neighbourhood has a variety of clubs and organisations catering wholly or partly for older people, there have been very few studies of particular

organisations to which older people belong. Lund & Engelsrud (2008) conducted a literature search in June 2007 in PsychINFO, MEDLINE and PubMed but identified no recent studies of users' experiences, communication and interactions, though there have been a few evaluations of Norway's senior centres. Apart from the extensive Australian research into Men's Sheds (Golding, Brown, Foley, Harvey & Gleeson, 2007), further searches by the writer have located only a few more recent studies.

Lund & Engelsrud's study (2008) is valuable for the light it sheds on this under-researched topic of older people's organisations. Their study in Norway found that senior centres are important in the users' lives. The centre they studied had in its mission statement a focus on "thriving, security, social contact and networks, stimulating experiences in daily life, good food, inclusive atmosphere, information and guidance regarding personal economy, nutrition, health, activity and assistance in practical activities" (p.679). Users found they experienced a number of benefits. Visiting the centre helped many informants create a structure in their daily life, giving them a predictable and enjoyable daily rhythm. Many enjoyed feeling useful and productive, through participating in the handicraft group which raised money for the centre, or acting as volunteers in different capacities. Similar experiences in the group, and the benefits derived from participation, were identified in the current study.

Another centre, the Mayfair Community Centre in England, is of interest to the current research because it is stated to be "run by the community for the community"; it has 230 volunteers working with 29 staff to encourage self help, physical and mental activity and "most important of all maintain social company and contact" (McPherson, 2006). It has been cited as an example of good practice in services for older people, perhaps because of its use of volunteers, though the age of the volunteers is not given.

Research has established the beneficial effects of volunteering on older people's wellbeing (Greenfield & Marks, 2004); more particularly, some studies have examined older people's motivations. Snyder & Clary (2003) found that older adults volunteer for multiple reasons: broadly the social, such as social obligation and altruism, and the personal, the desire to contribute one's skills, to be socially active, to pursue one's interests and convictions, and to manage increased free time. Narushima's (2008) study

of older volunteers working in non-profit organisations in Canada examined their motivations; most frequently mentioned were “altruism”, “the availability of time”, “the desire to make a contribution” and “the opportunity to socialise with others”. Several described volunteering as “pay-back time”. The motivations in both studies are echoed in the current study, and are discussed in detail in Chapter Six (p.111) and Chapter Seven (p.139).

Narushima (2008) found that ill health was not a deterrent to volunteering; of the 15 interviewees, ranging in age from 55 to 93 years and from a variety of backgrounds, two had had major surgery, one had chronic arthritis and one a kidney disease. Six of the fifteen, one unmarried man and five widows, lived alone. The volunteers in Narushima’s study experienced multiple benefits from their involvement with the centre. Once they had become involved in their community as volunteers, they had continued, because they found it “rewarding”; an important reward was “continued learning”, including inter-personal skills, leadership ability, practical knowledge about specific topics and technical skills. Even veteran volunteers experienced a sense of continual learning and self-growth, and the one in three who had health problems found that volunteering provided a source of confidence that they were still healthy and capable of solving problems, (though the researcher comments that their perception might not have matched reality). They were able to bring their whole background of knowledge and skills and approach to life, while learning new insights and new ways of dealing with themselves, their organisations and the community at large. Another benefit was the feeling of choice and freedom - they could quit at any time. Narushima’s study summarised the gains that the older volunteers received from their work at the centre and in other community organisations: a sense of autonomy and self-worth, continual learning and development, an active and positive life-style and support networks that improved both the lives of the older adults and society at large. It was shown above (p.17) that the Australian Bureau of Statistics recognises the heavy reliance Tasmanians place on their older volunteers. The current study supports Narushima’s findings on the benefits older people derive from participation in the group: the freedom of choice, the opportunities to volunteer, to use their knowledge and skills, and to learn from others in the group.

The Value of Social Engagement

Social engagement, intellectual stimulation and physical activity, play a key role in maintaining cognitive health and preventing cognitive decline (Butler, Forette & Greengross, 2004), together with other modifiable factors such as stress reduction and proper nutrition (Fillit, Butler, O'Connell, Albert, Birren, Cotman et al., 2002). Older people's quest for successful ageing appears to be multi-dimensional (Bowling & Iliffe, 2006), using a combination of mental, physical and social activity to achieve wellbeing. This is explored further in discussing the thesis findings (p.95, 125).

The need to belong is a fundamental human motivation, with multiple links with cognitive process, emotional patterns, behavioural responses and health and wellbeing (Baumeister & Leary, 1995). Toffler (1981) lists "Community" as one of the three basic requirements for any individual, because "Community offsets loneliness. It gives people a vitally necessary sense of belonging" (p.377). Toffler relates his concept of "Community" to people generally; its importance to older people in particular is discussed in Chapter Seven. "Belonging" has been variously described in terms of social engagement, social capital, social participation and social networks (Victor, Scambler, Bowling, & Bond, 2005). The social aspects of ageing have been variously described, and extensively studied in relation to health outcome measures such as health, mortality and wellbeing.

Many early studies on social engagement concentrated on the relationship with mortality. Berkman & Syme (1979) created a social network index to measure social contact (social participation such as membership of a church or group, and social networks such as marital status and contacts with friends and relatives), and found that the index predicted mortality independent of other factors such as physical health. Further studies, with somewhat different definitions and categories (House, Robins & Metzner, 1982; Seeman, Kaplan, Knudsen, Cohen & Guralnik, 1987), generally confirmed that low level social engagement predicts mortality. This link was also found by Bennett (2002). Moreover, Bennett, using an 8-year survey of activity, health and wellbeing (Morgan, 1998) found that social engagement, morale and physical health were significantly different between those who survived and those who did not.

A positive link between social participation and health has been made in a number of studies. For instance, a review of research into community engagement (Popay, Attree, Hornby, Milton, Whitehead, French et al., 2007) found three recent studies suggesting that community engagement may have health benefits for participants., improving their physical and mental health and quality of life. However, there is debate on the kind of link; in the absence of evidence to support a causal relationship, Mendes de Leon, Glass & Berkman (2003) suggests there might be complex reciprocal relationships between social engagement and health, in that active social engagement might help to modify the effects of age-related changes and disease by providing a greater sense of purpose and control, and overall self-efficacy. The role of social engagement as a factor in self-assessed wellbeing is discussed among the findings of the current study.

A later paper by Bennett (2005) looked at social engagement as a predictor not only of objective health, but of subjective health – how older people themselves rated their health. She found that although social engagement did not significantly predict objective health (contrary to Mendes de Leon et al., 2003), it significantly predicted future subjective health, and concluded that social engagement acts on subjective health through a psychosocial pathway which may be absent in its relation to objective health. A Canadian study found that self-rated health was better for those with a high level of social integration and a strong network of friends (Zunzunegui, Kone, Beland, Wolfson & Bergman, 2004). This reflects a significant finding of the Harvard Study of Adult Development: that “Objective good physical health was less important to successful ageing than subjective good health. By this I mean that it is all right to be ill as long as you do not feel sick” (Vaillant, 2002, p.13). The importance of self-assessed wellbeing or quality of life to ageing well is the subject of Chapter Seven.

Older people themselves rate personal relationships and participation as important for successful ageing. In a study of older people aged 65 and over living in their own homes entitled “Let’s Ask Them” (Bowling, Gabriel, Dykes, Dowding, Evans, Fleissig et al., 2003), 81% rated good social relationships, social roles and activities as important to their quality of life. The views of the older people interviewed for this research are shown (Chapters Six and Seven) to be similar.

Under-researched Topic Areas in Relation to Older People's Social Engagement

The studies of older people's organisations discussed above appear to give limited coverage to three topics of relevance to the current study: the role of the peer group, the characteristics of community-based organisations, and the role of learning in older people's activities. These under-researched areas are explored below.

The Role of the Peer Group

The role of the peer group, particularly in organisations run by older people for their peers, appears to be an under-researched aspect of studies of older people's activities. One of the very few accounts of participation in the peer group (Jerrome, 1992) reports research conducted in 1985 in the United Kingdom in a book-length "anthropological study of old people in groups". She sums up the benefits of formal or informal association with an organisation of one's peers as:

an opportunity for self-expression, a sense of security, a supportive network, a chance to confront some of the ambiguities and losses of ageing. ... the club provides both challenge and security, lifelong needs which in retirement are met through cultivation of a particular lifestyle. The goals of old people's clubs are overwhelmingly expressive. They exist to gratify the needs for friendship and support, stimulation and self-expression, for personal autonomy and meaningful integration. (p.53)

This summary, particularly the final sentence, encapsulates the lived experiences of the participants in the current study. It can be compared to the Alvin Toffler's (1981) concept of Community, Structure and Meaning, "the three basic requirements to create a fulfilling emotional life and a sane psycho-sphere" (p.377). This study uses Toffler's concepts in Chapter Seven to explore the role that community organisations, particularly those run by and for older people, can play in older people's self-assessed wellbeing.

Peer-group organisers are mentioned in recent research in Great Britain (Holland, Everitt, Johnson & Devi, 2008); their value has been officially recognised in that country through the "Older People's Champions" scheme, set up in 2001 as part of the National Service Framework for Older People. These champions are volunteers who stand up for

the interests of older people, galvanise their views and represent them at the highest levels of local decision-making; the research shows that peer-group champions can play an important part in the success of programs for older people such as health improvement, presumably because they understand other older people's points of view. The current study explores a different aspect of peer-group organisers' work, as volunteers working in self-help community-based organisations.

The Characteristics of Community Organisations

The role and structure of community-based groups, and their contribution to the wellbeing of their participants, is another area which does not appear to have been a topic for research; as mentioned earlier (p.50), searches of the literature have revealed very few studies (Lund & Engelsrud, 2008). Gray (2009) mentions the paucity of research into older people's organisations several times; for instance, she can only speculate on their reasons for joining a group. She ends her paper:

We need to find out more about how older people develop and sustain relationships with neighbours, co-religionists and fellow members of recreation groups to help us meet the challenges posed by an ageing society in which an increasing proportion will be childless (p.30).

This section explores the role of community-based organisations through a comparison with a well-researched type of organisation, Communities of Practice, which are the informal structures within a business or organisation that promote knowledge and foster participation and development (Wenger, E., 1998; Wenger, E. et al., 2002). It is suggested that the older people's organisations mentioned in research described above, and the community-based organisations which are the subject of this current study, have many features in common with Communities of Practice; these resemblances can shed light on community organisations, in such areas as structure, membership, participation and promotion of wellbeing.

One similarity to community-based organisations is in their structure. The basic structure shared by all Communities of Practice is described as consisting of a domain of knowledge which creates common ground and a sense of common identity and

commitment, and inspires its members to contribute and participate. A community is defined as “a group of people who interact, learn together, build relationships, and in the process develop a sense of belonging and mutual commitment” (Wenger, E. et al., 2002, p.34). The community also develops a body of shared knowledge and resources that enables it to proceed efficiently in dealing with its domain (p.29). The seniors centres have similar structures, with a particular emphasis on participation and belonging – a basic need for older people (Baumeister & Leary, 1995) – through a welcoming atmosphere and a centre “run by the community for the community” (McPherson, 2006).

Another similarity is in membership. Membership of a Community of Practice is voluntary, and the level of engagement is a personal choice (Wenger, E. et al., 2002 p.36). Leadership comes from within the group, but should not depend entirely on one person; there is scope for a diversity of formal and informal roles. So in the seniors centres there is scope for greater or less involvement, and a valued and fulfilling role for volunteers (Gray, 2009). These similarities are discussed in detail in Chapter Six.

Older People’s Learning: An Unrecognized or Misunderstood Phenomenon

Another under-researched area that this study investigates is the kind of learning activities that appeal to older people. Although the studies of older people’s organisations discussed above recognise the benefits to health and wellbeing that these groups offer their participants, there is very little detail of the actual learning activities, or how and why these activities attract older participants. The question whether these activities can be called “learning” is not raised. Different views on what “learning” means in this context are now discussed in a search for clearer understanding of the subject of this thesis: older people’s experiences of community-based organisations in relation to their feelings of “Ageing Well”.

Research discussed above demonstrates the benefits that older people experience from participation in mental, physical and social activities; however, there has been very little recognition of these benefits by education authorities, compared to the importance placed on the education of the young. The learning activities offered by community-based organisations have been labeled “leisure activities”, with the assumption, stated or

implied, that they are not “serious” learning of the kind found in schools, colleges and training centres; articles cited in this Literature Review are examples of this labeling.

Education departments and faculties concentrate on formal education in their budget priorities and provision of infrastructure. The very word “learning” is closely associated in respondents’ minds with formal class-based teaching, so that their awareness of informal learning modes is weakened (Eraut, 2000). Even “Lifelong Learning”, which might be supposed to include older people, is often truncated to cover only formal and vocational education, for example in the indicators listed in Tasmania *Together* (2001) referred to earlier (p.21). The concept of Lifelong Learning is more usually associated with policy frameworks and instruments designed to reform national education and training systems (Chappell, Rhodes, Tennant, Tennant & Yates, 2003). Jarvis (2004) calls the concept of Lifelong Learning “extremely confusing, since it combines individual learning and institutionalised learning, and while the emphasis is on institutionalised learning it undermines the learning processes themselves” (pp.14-15).

There is also some confusion in the terms used to describe learning activities. The Australian Bureau of Statistics calls a learning activity “formal” if it is structured, taught learning in institutions and organisations and leads to a recognised qualification; “non-formal learning” also refers to structured, taught learning but does not lead to a qualification. Informal learning “refers to unstructured, non-institutionalised learning activities that are related to work, family, community or leisure.” The definition continues: “Activities may occur on a self-directed basis, but are excluded from scope if there is no specific intention to learn” (ABS, 2006-7, p.3). It is suggested that none of these categories is an accurate description of community-based learning activities. Moreover, the ABS data on participation in learning by age groups goes only to age 64, so the participants in this research study, and in older people’s learning activities generally, are not included.

However, several recent works on the concept of “learning” in other areas can help to shed light on the characteristics of learning activity in community-based organisations and offer the possibility for it to be valued more highly than it is at present.

Vella (2002) has identified twelve distinguishing principles and practices of adult learning; these include participation of the learners in naming what is to be learned and in the learning process; respect for learners as decision makers in their learning, as they are in a large part of their lives, so that “the learning is the doing and the deciding” (p. 16); and establishing sound relationships using the power of “friendship but no dependency, fun without trivializing learning, dialogue between adult men and women who feel themselves peers” (p.85). Vella’s basic assumption is that all learners come with both experience and personal perceptions of the world based on that experience and therefore they all deserve respect as subjects of a learning dialogue. The learning processes in the community organisations involved in the current study conform to Vella’s principles; this is discussed in Chapter Six (p.114).

The well-researched Communities of Practice can also shed light on the concept of learning in community-based organisations. Given that the ultimate purpose of work-based learning and learning in a community group is different – one is commercial, the other personal and individual - it is suggested that there are closer parallels than with formal education of the kind found in schools, colleges and training centres. Although the seniors centres described earlier are multi-purpose, and a Community of Practice within a business is more focused, both are concerned with learning in its widest sense, not the structured and controlled learning of the classroom, but as a concept “more akin to *understanding* and *participation in ongoing activity*” (Chaiklin & Lave, 1993, p.9). These authors suggest that “learning is ubiquitous in ongoing activity, though often unrecognised as such. Situated action always involves changes in knowledge and action, these changes are central to what we mean by learning” (p.5). Engagement in the purposeful ongoing activities offered by a seniors centre or an older people’s organisation would seem to be akin to this concept of learning.

The many different activities in seniors centres: walking, handicrafts, lectures, French courses (Lund & Englesrud, 2008), art and craft groups, health advice and support, exercise classes (McPherson, 2006), offer participation, sharing, support and encouragement, and an informal or incidental learning component. Similarly in the workplace, people learn from others by participation in group processes, by observing, listening and working alongside others, by giving and receiving feedback, and by

tackling challenging tasks and roles by which they gain increased confidence and motivation if they are given support (Eraut, 2000, p.45).

In both types of organisation, confidence is a very important factor, because it is needed for learning through doing and for being proactive; confidence arises from successfully meeting challenges, and the confidence to take on a challenge depends on the extent of feeling supported by colleagues. It was noted earlier (p.31) that older people are at risk of loss of their locus of control which can lead to loss of confidence and feelings of dependence and depression. Eraut (2000) has traced a triangular relationship between challenge, support and confidence in the workplace which is paralleled by the findings on community organisations, for instance the eleven support factors for adult learning cited by Yalom (1985), and the increase in confidence shown by volunteers (Narushima, 2005). Making an adult's learning process an informal and social experience rather than one based on formal assessment assists many people to overcome their anxiety. These features are also found in the analysis of data in the current study and are discussed later (pp.103,109,114)

Another finding on everyday learning at work is that the boundaries between work and learning spaces are often blurred into "hybrid spaces" where learning can take place, even in supposedly "non-productive" spaces such as the tea room or the car pool (Solomon, Boud & Rooney, 2008). So physical spaces, Colley, Hodgkinson & Malcolm (2003) suggest, should be viewed as simultaneously work and social; this is also a characteristic of the informal and incidental learning older people experience through everyday "leisure activities" in a community group (Menec, 2003; this study, p.112)

Learning as Participation

Other recent work on concepts of learning supports the comparison between community organisations and Communities of Practice discussed above. Sfard (2008) analyses learning through the medium of two metaphors: as acquisition and as participation. He calls this "a minor linguistic modification [which] marks a remarkable foundational shift" from states to activities (p.33). Sfard quotes the Collins Dictionary definition of learning as "the act of gaining knowledge", saying that this makes us think of the human

mind as a container to be filled with certain materials and of the learner as becoming an owner of these materials. He contrasts this with the metaphor of participation, where ongoing learning is never considered separately from the context in which it takes place, and where:

learning a subject is now conceived of as a process of becoming a member of a certain community, so that learning is viewed as a process of becoming part of a greater whole. Where acquisition stresses an inward movement of knowledge, participation is learning interaction, where the whole and the parts affect and inform each other and the existence of the whole is fully dependent on the parts (p.33).

This alternative metaphor appears to be very appropriate to activities in community organisations, particularly older people's, though Sfard does not make this association. Learning as participation underlies the workshop-based learning practice in community-based men's sheds in Australia; these informal spaces tend to attract older men, offering them opportunities to socialise informally with others while using and passing on their insights, knowledge and skills (Golding, Brown & Foley, 2007a).

Participation as a Factor in Maintaining Identity

Another parallel can be drawn between learning in workplaces and learning in community organisations outside the workforce, and that is in the area of identity. E. Wenger (2008) describes a number of aspects of identity: as membership of a community, where we are in familiar territory; as negotiated experience, where we define ourselves through participation; and as a learning trajectory, where we define who we are through a succession of forms of participation. He sums up: "Our identities are rich and complex because they are produced within the rich and complex set of relations in practice" (p.114). Participation in a community organisation, particularly a peer-group, is a way for older people to maintain or re-create their identity when other ways have been lost to them; this is discussed in Chapter Seven (p.139).

In a healthy Community of Practice, there is a feeling of reciprocity, a pool of goodwill and an understanding of mutual value. Careful reading of the studies of seniors centres previously discussed reveal that the success of the older people's organisations is based

on similar principles of voluntary participation, commitment and personal growth. In all, these resemblances to Communities of Practice help to make clearer the under-researched characteristics of community-based organisations, and to shed light on the kind of learning they offer. This resemblance is discussed further in Chapter Six.

Another area of research into learning, or rather, “sociocultural activity”, gives further insight into the role of participation in community-based organisations. Rogoff (2008) distinguishes three planes of activity; apprenticeship, which is the development of mature participation in activity by the less experienced; guided participation, through directions offered by cultural and social values as well as hands-on involvement in an activity; and participatory appropriation. Rogoff describes this last as:

the process by which individuals transform their understanding of and responsibility for activities through their own participation ... through participation, people change and in the process become prepared to engage in subsequent similar activities. By engaging in an activity, participating in its meaning, people necessarily make ongoing contributions, whether in concrete actions or in stretching to understand the actions and ideas of others. Hence, participation is itself the process of appropriation. (p.65)

In other words, “The process *is* the product” (Wertsch & Stone, 1979, p.21). This emphasis on personal growth and development is even more important in non-commercial settings such as older people’s regular participation in activities for the benefit of their happiness, health and wellbeing, particularly for those at risk of social isolation such as older men (Golding et al., 2007a).

Activities in community-based organisations and their contribution to older people’s wellbeing are of central importance to this study, and are investigated in the analysis of the data on older people’s experiences in community-based organisations. The suggestion that the activities that take place in community-based organisations are learning activities, with benefits to older people’s health and wellbeing, is explored in detail in relation to the research findings in Chapters Six and Seven.

Introduction

The aim of this study has been to explore in depth the motivations behind older people's participation in community-based organisations, by listening to their voices and their views on the benefits and barriers they perceive, and how participation affects their self-assessed wellbeing. This aim has dictated and shaped the methodology and the research process of this study (Charmaz, 2006, p.15).

The research is designed to explore older people's participation in community-based organisations as a factor in their social engagement, since it is now accepted that participation in mental and physical activities in a social setting helps older people maintain their health and wellbeing. Hatch (2002) describes this as being "interested in taking action, in using [their] research to bring about social, political, and/or economic change" (p.1). After exploring the motivations prompting the study, this chapter outlines the research methodology chosen as the most appropriate, and the strategies used to collect and analyse data for the three research questions.

The Research Questions are:

1. What community-based organisations and group activities do older people take part in?
2. What do older people see as the characteristics of organisations which encourage or deter their participation?
3. How does participation in community-based organisations affect older people's self-assessed quality of life?

These questions are designed to explore the personal experiences of a number of older individuals in relation to a particular phenomenon: participation in an organisation. The Interview Schedule (Appendix) is designed to elicit the unique lived experiences of the participants, to question the way they experience the life-world pre-reflectively, and to

explore their reflections on their experiences (Van Manen, 1990, p.9). Since “the normal adult’s course of experience in the everyday life-world is determined through a succession of social situations” (Schutz & Luckman, 1974, p. 252), the study aims to explore a particular social situation: participation in a community-based organisation. It was pointed out in the Literature Review that social participation (Bennett, 2005) and participation in activities (Menec, 2003) are both important factors in maintaining older people’s health and wellbeing.

The Research Questions are also designed to discover whether the many different community-based groups have any common factors in their appeal to their participants. Questioning the participants’ descriptions of their personal experiences, allowing themes to emerge, and then seeking “commonalities and uniquenesses” (Tesch, 1995, p.68) in those individual themes, helped to crystallise the constituents of the phenomenon. This appeal “phenomenon” could then be a factor in devising policies and strategies to increase participation by adding to knowledge of older people’s organisations. It was pointed out earlier (p.55) that there is a dearth of information on this topic (Gray, 2009).

The Missing Voice of Older People

The research seeks the opinions of older people on issues which matter to them in relation to their membership of community groups. In seeking to find the “missing voice” of older people the research breaks new ground.

Older people have an ambivalent position in Australian society. This can be seen as part of the development of society as a whole, where genres are blurred rather than discrete (Geertz, 1983); there are now “borderlands”, “zones of difference”, and “busy intersections” of many identities and interests (Rosaldo, 1989, pp. 17, 28), not least in the cohort generally labelled “older people”.

Although the great majority of people over 65 are members of the active independent Third Age, (as discussed previously, pp.12-13), the link of age with retirement from the paid work force still reinforces ageist attitudes, not simply among younger people, but among older people too (Lund & Engelsrud, 2008). Ageism has had the effect of

disempowering and marginalising many older people, and devaluing or ignoring their “voice” (Suki, Campbell, Branley & James, 2004).

Older people’s missing voice can be compared to other marginalised groups such as migrants and refugees (Trinh, 1989), and, until recently, to women; the similarity between expectations in feminist and gerontology research was noted by Reinharz (1994). As pointed out in the Literature Review (p.29), a parallel can also be seen with people at the other end of the age scale. Eder & Fingerson (2002) point out that in research, “children are a socially disadvantaged and disempowered group, not only because of their age but because of their position in society as the ‘researched’ and never the ‘researchers’” (p.182). The same could be said of older people. Research which is conducted in this area, and methods used, must be sensitive to these issues.

An ageist mindset can be observed among some researchers. Jaffe & Miller (1994) describe researchers’ experience of ageing as arousing feelings of “fear, compassion, disgust or any other of a whole array of emotions” (p. 53). Even when the researcher has the best of intentions, there can be intergenerational misinterpretations or misrepresentations; Rozario & Derienzis (2009) recognised that the older people they were interviewing had to negotiate their representations with the “young man” in their presence, and that the researcher “may have served as an external reminder of their age” (p. 551); however, to this older person reading the paper, it is clear that the (younger) researcher misinterpreted some of the older people’s views and attitudes.

There are other problems for researchers. C. Wenger (2002) draws attention to semantic and procedural problems when researching old age; one problem is one of nomenclature: “elderly” is now a pejorative term, and “old” is almost as offensive (p.260). As discussed in the previous chapter (pp.29-30), “older” is probably acceptable, though this can cover an age period of 45 to 100 or more, and two or even three generations. Another potential problem for researchers is that heterogeneity increases as people grow older; potential differences are accentuated and increase as each represents the sum of all that have gone before, so that it cannot be assumed that a “one-size-fits-all” set of procedures will be appropriate (Wenger, C., pp.260-1).

Just as feminist scholars focus on the differences gender makes in women's life-chances, and critical scholars focus on issues related to race and gender, so this Third Age scholar is interested in the chances older people may have for health and wellbeing, self-fulfilment and independence. Respect for the voice and opinions of older people suggests the relevance of an ethnographic approach, which seeks to understand what members need to know and do in order to participate in the ongoing events of life within a social group (Freebody, 2003, p.75), and where "people are not subjects; they are experts on what the ethnographer wants to find out about" (Burns, 2000, p.393); in this case, older people's motivations for participation in a group.

Methodology

The research topic and my experience as an educator and an older person both suggested the choice of a phenomenological and modified grounded theory approach (Strauss & Corbin 1990; Charmaz, 2006). Participation in a community group is an important aspect of older people's lifeworlds, since, as shown earlier (p.43ff) leisure and learning activities provide opportunities to take on new roles and interests in retirement, and I wanted to capture a snapshot of that participation and its meaning for participants.

There is an older people's saying: "I've been where you are, but you haven't been where I am now"; old age is an experience, a lifeworld that only older people can know immediately and directly. So phenomenology was the most appropriate methodology, "the theory behind the method" (Van Manen, 1997, p.27), since it "posits an approach toward research that aims at being presuppositionless" (p.29); older people were free to voice their unique views on "what is this or that kind of experience like?" (p.9), and to describe the significant worlds of older people through their reflections on their lived experience (p.79). Hermeneutic phenomenological reflection was then applied to give insight into the essence of the phenomenon and to identify underlying themes as a means to describe the content of the notion (Van Manen, 1997, p.88). By not returning to gather further data and to refine the emerging theoretical framework, the researcher did not incorporate a fully developed grounded theory approach into data gathering and analysis, but first steps to theoretical development were made "by raising description to abstract categories and theoretical explanation" (Charmaz, 2006, p.23).

Choice of Method

Van Manen (1997, p.2) suggests that the research method one chooses ought to maintain a certain harmony with the deep interest that makes one an educator in the first place. Since the aim of this study is to give opportunities for older people to voice their opinions and explore their feelings in relation to the phenomenon of participation in a group, a qualitative research method was chosen, using individual interviews in a semi-structured format, as the one “most appropriate to the research questions, given time limitations and material constraints” (Bhatt, 2004, p.416).

A qualitative approach was chosen rather than quantitative, since the purpose of the study is to explore in depth and seek to understand and interpret people’s personal perspectives; qualitative methods recognise the importance of the subjective, experiential “life-world” of human beings (Burns, 2000, p.11). The small size of the sample also precluded a statistical approach. However, demographic and other data were categorised in “quasi-statistics” (Becker, 1970) to search for probabilities, similarities and differences.

A group interview was used to test the Interview Schedule in a pilot study and to refine interview questions. The main study was by individual interview, because this allowed respondents to speak freely and in confidence without the added complication of group dynamics. Face-to-face, one-to-one contact over an hour or more gave both parties opportunities not only for dialogue but for non-verbal communication (looks, body language, voice pitch and volume and personal space) that helped build mutual understanding (Gorden, 1980). As Schutz (1972) said:

When I am face to face with someone my knowledge of him is increasing from moment to moment; my ideas of him undergo continuous revision as the concrete experience unfolds. ... Social interaction consists in a continuous series of acts of meaning-establishment and meaning-interpretation (p.169).

The Interview Schedule (Appendix) used a semi-structured format, as this has characteristics that make it appropriate to the desired results: the sequence of questions can be varied, as can the wording, there is some scope to pursue themes which may

emerge during the interview, and there is more respondent participation which is not directly constrained by the interviewer's questions (Drew, Raymond & Weinberg, 2006). The schedule ended with an open-ended question: "Is there anything more you would like to add/talk about?" designed to explore what the interviewee saw as pertinent about the topic, and how he or she defined or constructed the self in relation to the subject matter at hand (Kaufman, 1994).

The Role of the Researcher

While not taking on the formal role of participant observer in an ethnographic sense, my background and experience of community groups gave me particular insights into what happens and the way they work. Therefore I must make explicit what I bring to the role of the researcher and how this may have influenced how I interpret findings. This study reflects my reasons for undertaking a research project: as a complement to and further development of my strong interest in older people's leisure and learning activities and the empowerment of older people. Since leaving paid work 19 years ago, I have been involved in older people's learning as co-founder, twice president, tutor and member of Clarence University of the Third Age, and as joint founder and coordinator of TALENT (Third Age Learning Network Tasmania). In these capacities I have run forums and discussion groups, served on a number of government and community committees, written newsletters, booklets and brochures, spoken at conferences (MacKean, 2002; 2009), and made submissions on behalf of older people's learning. In 2007 I was awarded the Order of Australia Medal (OAM) for services to adult and community education. I served for six years as a member of the Tasmanian Positive Ageing Consultative Committee; I started the lobby group SAGES (Seniors Action Group Eastern Shore) and am currently a community member of the Clarence (local government) Positive Ageing Advisory Committee, which was founded largely as a result of the work of SAGES. As an older person myself, I believe I am equipped to bring new insights into the topic area and to understand and to give voice to older people's concerns and achievements. As Charmaz reminds us, "we are *part* of our constructed theory and this theory reflects the vantage points inherent in our varied experiences, whether or not we are aware of them" (Charmaz, 2006, p.149).

The active involvement of the researcher is now accepted practice in both ethnographic study (Tedlock, 2003) and interviewing procedure (Gubrium & Holstein, 2003a), where neutrality is not figured to be necessary or achievable (Gubrium & Holstein, 2003c). Janesik (2000) sees the researcher as the research instrument, using the comparison of the relationship between a dancer and a choreographer. Rather than former views of the research process as active researcher and passive respondent, encounters such as interviews are now seen as opportunities for the joint production of knowledge (Gubrium & Holstein, 2003c). If one sees one's cultural self, not as a troublesome element to be eradicated or controlled, but rather as a set of resources (Scheper-Hughes, 1983), one can evoke these resources to guide the gathering, creation and interpretation of data as well as one's own behaviour (Casper, 1997), by concentrating on a reflexive approach to the project. It behoves the researcher to reflect constantly on her role as part of the data (Richards, 2005), recognising that "we are part of the social events and processes we observe *and* help to narrate" (Atkinson & Coffey, 2003, p.120).

The positionality of the researcher is crucial. How far to "get involved"? In view of my long involvement as an "insider", as a peer-group participant in older people's organisations, it was tempting to adopt a standpoint epistemology, not only self-consciously empathising with my informants as individuals but self-consciously sympathising with their community goals as a category (Denzin, 1997). However, this could have led to a muffling of the "voice" of the other participants in the interview process.

Participant observation can range from complete membership of the group studied to a more peripheral stance (Adler & Adler, 1987; Angrosino & Perez, 2000). In my case, the one-off interviews necessarily meant a peripheral involvement; I relied on my previous experience of group membership to go no further than peripheral and temporary "membership" of each group, rather than "going native". It is possible to find a balance between detachment and over-involvement by looking for a family of resemblances with a continuum of similarities which allows for significant differences (Tuana, 1993). As mentioned above, the study sought to identify common characteristics among the different groups involved, as an aid to suggesting policies and practices that

will be effective in encouraging older people's participation in mental, physical and social activities.

It is important that the relationship between the researcher and the "subject" is "symmetrical" (Mishler, 1986), through a redistribution of power; so that both become equal participants or co-participants or even collaborators (Gubrium & Holstein, 2003c) in a dialogue (Angrosino & Perez, 2000). My previous involvement in similar organisations, and my similar age and background, helped to put me on an equal footing with the people I talked to, to work "across" to my cultural contemporaries (Tedlock, 2003), and to establish a reciprocal relationship (Venturi, 1985). Sharing an age cohort was of assistance here; Erikson and his wife, both in their eighties, were observed to "draw out early memories by offering an occasional one of their own [which] triggered a feeling of warm empathy" (Erikson et al., 1986, p. 29) when interviewing people in their own age cohort. For the duration of the meeting, the situation I strove for was what Schutz (1972) calls "synchronism", where the respective streams of consciousness intersect; "What we mean, then, by the simultaneity of two durations of streams of consciousness is simply this: the phenomenon of *growing older together*" (Schutz, 1972, p.102. Author's emphasis).

The cooperative, even collaborative relationship among participants in the study resembles a reciprocity of perspectives (Schutz, 1972), where it is assumed, firstly, that if the people involved changed places, each would perceive the situation in the same way as the other, and secondly, that each takes for granted that the differences that result from their unique biographies and different experiences are irrelevant to the present transaction, and that both will define the present interaction in the same way (Filmer, Jenks, Thorburn & Walsh, 2004). The same authors go on to describe the ideal interaction: "People transcend individual subjectivity to construct an *intersubjective* world. In effect, they *produce commonsense* and they are able to do so quite ordinarily and routinely – and so are able to take it for granted" (p.40).

This commonsense view coincides with my previous experience of working with the results of research in business. As marketing guru Peter Drucker (1964) says, "The *customer* is the business. ... Only by asking the customer, by watching him, by trying to

understand his behaviour, can one find out who he is, what he does, ... what he expects, what he values ...” (p 88). In using older people’s voices in “thick description” (Geertz, 1973), this thesis aims to identify older people’s expectations and values in their participation in a community-based organisation.

Triangulation

Seidman (2006) suggests that there is room in the universe for multiple approaches to validity, but what are needed are not formulaic approaches to enhancing either validity or trustworthiness but understanding of and respect for the issues that underlie those terms (p.26). Several authorities (Denzin, 1978; Seidman, 2006) recommend triangulation as a method of checking validity. Seidman’s three-interview method was not a viable option in this study, so other validating methods were used. The methods used in triangulation in this study were:

- Interviews;

- Observation;

- Card with selection of phrases (Question 8) used as part of the interview for additional data gained by another qualitative method;

- Active reflexivity in interviews and participant observation, recognising the role of the researcher as part of the research process.

Richards (2005) makes practical suggestions of ways to build validity checks into the research process: keeping records and a “log trail”, with “constant vigilance against unquestioned assumptions, narrowing of viewpoints, avoiding of alternative possibilities” (p.135). This advice was followed through note-making on the research process and regular and frequent discussion with supervisors.

Ethical Issues. Confidentiality

The proposed study received the approval of the Human Research Ethics Committee (Tasmania) Network, Ethics Ref. No. H 9282. Group organisers and participants were given the Information Sheet (Appendix) and all participants signed the Consent Form (Appendix).

Confidentiality of raw data is assured in accordance with the requirements of the Ethics Committee. To preserve participants' anonymity, code names were used on the recordings, in transcriptions and the final report. The privacy and confidentiality of participants was protected at all times, and no individual has been identified in the presentation of findings.

The Research Sample: Selection of the Participant Community Groups

Since the aim of the study was to develop an in-depth exploration of a central phenomenon, purposeful sampling (Cresswell, 2008, p.213) was used. The criteria for selection of the pilot study and the participant groups were: community-based, voluntary, with a membership wholly or predominantly of older people, offering a range of learning opportunities and leisure activities, meeting regularly, and with a record of success in establishing and maintaining participant numbers and ongoing activities over several years.

As a related aim was to discover whether different community groups shared any common factors in their appeal to their participants, the strategy of maximal variation sampling (Cresswell, 2008) was used. Within the limitations of time and space, groups were selected that offered widely different activities, in different neighbourhoods, estimated different socio-economic status among the members, and with a variety of management structures.

From among the many community groups available, I chose seven that satisfied all the criteria: a Seniors group at a Neighbourhood House, a handcraft group meeting at another Neighbourhood House, a church-based organisation offering a wide choice of crafts, a School for Seniors (which offers weekly talks by a visiting speaker followed by discussion), a croquet club, OPEN (Older People's Electronic Network), teaching IT skills and run by volunteers, not a state-run Online Access Centre, and a community shed run by older volunteers offering activities to disadvantaged and disabled groups.

Six of the seven organisations are based in and around Hobart, the capital of Tasmania. The first Neighbourhood House is situated in an outer suburb, originally a Housing Commission settlement. The other House is in an inner suburb, another low socio-

economic neighbourhood. The particular School for Seniors chosen, from the eight groups in and around Hobart, draws its members from an outer suburb and the nearby rural area. The craft morning, sponsored by the church as one of its outreach programs, offers up to 20 different crafts and draws up to 100 men and women at a time, from surrounding suburbs. The croquet club is based in Hobart's most expensive neighbourhood. The community shed is run by older men volunteers, working as instructors and mentors with residents of nursing homes and care facilities from other suburbs and school-refusers from the local High School. The IT organisation, OPEN, is based in inner Launceston in the north of the state, drawing its members from all areas of that small city.

The organisations vary in size and structure. The most formal organisation, and the longest established, is the Croquet Club, an incorporated body with its own grounds and premises. The smallest and least formal group, the craft group that meets every Thursday at a Neighbourhood House, simply calls itself "a group of friends". All the groups are run by their members, but most have some backing (administrative help, provision of a meeting place to rent) from another organisation: a church, community house, local council or service organisation. All the groups meet regularly: four meet once a week for a morning, three are open every weekday with a program of different activities each day.

Table 4.1. Activities Offered by Participating Groups

Participating Group	Main Activities	N Respondents
Church Outreach "Time Out"	Handcrafts, wood/metalwork	7
Neighbourhood House 1	Seniors: talks, activities, excursions	1
Neighbourhood House 2	Crafts: needlework, paper	3
School for Seniors	Weekly talk/discussion	4
Croquet Club	Physical recreation	4
IT Group "OPEN"	Computer skills	3
Community shed	Volunteering: (wood/metalwork)	3
		Total 25

Comparing this list of activities with Australian Bureau of Statistics table on Community Participation by Age (ABS, 2006, p.64), it is not always possible to find an exact category-equivalent for groups consisting wholly or mostly of older people. A suggested modification of the ABS categories is found in Table 5.2 (Chapter Five, p.85) which lists the organisations to which interviewees belong, as given in answer to Interview Schedule Question 1, and in the course of the interviews.

The Research Sample – Selection of Individual Participants

Purposeful or purposive sampling was also used for the selection of individual participants, in the belief, based on my previous knowledge of the population and the specific purpose of the research, that the sample selected would be representative of the population (Fraenkel & Wallen, 1993, p.87). Interviewees were to be selected on these criteria: aged 65 or over, active and independent, still living in their own homes, no longer in paid work, and members or attendees at one of the selected organisations.

The justification for these criteria is that these are the characteristics of more than 9 out of 10 Tasmanians in the cohort that is the subject of this study; 93% of Tasmanians aged 65 and over are independent and living in their own homes, compared with 7% “frail aged” living in care (ABS, 2008a). People in this cohort, the Third Age (Laslett, 1991), generally have a positive outlook, with more than one-third reporting their self-assessed health as being excellent or very good (ABS, 2004-5).

Almost all the cohort aged 65 and over has left the paid work force; in 2004-5, only 11.3% of Tasmanians aged 60–69 were in paid employment and these numbers dropped to 3.4% in the 70+ cohort (ABS, 2004-5). However, they continue to lead active lives in the community, contributing an estimated 2.8 million hours annually in a variety of volunteer activities (ABS, 2000). It was noted in Chapter Two (p.17) that Tasmania has a higher proportion of older volunteers than the Australian average.

The characteristics of the Third Age were discussed in Chapter Two (pp. 12-14); it was shown in Chapter Three (p.42ff) that there is extensive research (eg. Menec, 2003; Nimrod, 2007a, 2007b) to show that this is a group that benefits from taking part in leisure activities. A further justification for choosing this cohort is that these are the

likely characteristics of an increasing number of Tasmanians; one in five is already in the 65+ cohort, and this proportion is estimated to rise to 23% by 2023 (ABS, 2001).

The final criterion was that participants should be members of a community-based group or organisation, since the aim of the research was to inquire into older people's experiences of community-based organisations. Interviewees' experiences could be extrapolated to provide an indication of the needs and wants of others in that age cohort.

This follows Freebody (2003):

Generally, interviewees are interviewed because of their membership in a certain category. One of the particular strengths afforded by interviewing as a research technique is that the researcher can plan to interview a variety of persons, sampled across a range of categories relevant [to the project]. ... So one set of rights and responsibilities ... for an interviewee is not just to talk, but to talk-as-a-speaker in and for the category that seems of interest to this interview (p.148).

Selection of interviewees via organisations they belong to is particularly appropriate for older people, since:

The experience of aging shapes and is shaped by daily participation in particular social worlds. Aging takes place in various group and institutional settings... Research on aging in these natural settings opens the door to an understanding of the career of later life and its daily work: adapting to loss and dependency, building and rebuilding relationships, retaining and enhancing competency, and, above all, maintaining self-identity as individuals interact with others (Lyman, 1994, p.155).

Several authorities (Lincoln & Guba, 1985; Locke, Silverman & Spiriduso, 2004, pp.222-223) suggest an additional area: to select some participants who are outside the range "and may in some sense be considered negative cases" (Seidman, 2006, p.52). This approach was considered, but rejected for two reasons. First, there would be great difficulty in identifying and approaching a sufficiently representative number and range of non-participants, since there are many different causes of social isolation (TasCOSS, 2008; Adams, 2009). Second, following Positive Psychology belief (Seligman, 2002) that people want to lead meaningful and fulfilling lives, to cultivate what is best in themselves, and to enhance their experiences of love, work and play, it was decided that

the experiences of active participants would give sufficient width and depth to the research, and provide pointers to possible reasons for non-participation.

The organisation selected for a pilot study was contacted in March 2007, and a group discussion was conducted on 12 April. Organisations selected for the research study were initially contacted in April – May 2007, and the first round of interviews took place during June – October 2007. The first round of interviews was with 14 women and 7 men, a gender imbalance. More detailed classification revealed a further imbalance when the gender groups were divided in two: 65-74 and 75 and over, in line with ABS classification practice. To redress this imbalance, two organisations were contacted again in May - June 2008, and a further four men were interviewed from those groups.

The table below shows the characteristics of the total sample in terms of age and gender.

Table 4.2. Age and Gender of Respondents

Gender of respondents	Age 65-74	Age 75 +	Total	%
Women	8	6	14	56
Men	7	4	11	44
Total	15	10	25	100

A breakdown of the respondents by organisation, age and gender will be found in Chapter Five, Table 5.1. p.82. Ethnic, racial and language backgrounds were not taken into account in selection of participants.

Phases of the Research Process

Design of the Interview Schedule

A draft Interview Schedule was drawn up in discussions with the supervisor, using a semi-structured format: the first part of the interview was structured with a set of questions asked sequentially, and other parts were unstructured and designed to explore the views of the interviewee in detail (Seale, 2004). That is, the discipline of an interview schedule designed to extract data specific to the topic, (experiences, benefits,

barriers), was combined with open- ended questions to allow the interviewees the chance to air their opinions on any subject that seemed important to them (Fielding & Thomas, 2001). A card, with a range of phrases describing attitudes towards membership of a group, was included as additional support and to elicit further comment. Provision was made in the Schedule to collect relevant demographic and background data, for instance on self-assessed health, that could round out the interviewees' views.

Pilot Study

The Interview Schedule was trialled in a pilot study as a desirable first step (Weiss, 1994). This took the form of a group discussion, moderated by the researcher, for the purpose of going through all the questions in the Interview Schedule for relevance and clarity.

I chose an organisation with which I was familiar: Clarence University of the Third Age, U3A. Because I had helped to found it and had run it for several years, I knew it fulfilled the criteria for selection of a group for this research: community-based, voluntary, with a membership of older people, and offering a range of leisure activities and learning opportunities successfully over a number of years.

To select participants for the pilot study, I contacted the current President by phone and subsequently by letter in March 2007. The letter was presented at the next committee meeting and permission was given to approach members of the organisation. Members were informed via a poster on the organisation's noticeboard, with copies on the tables in the tea room. I then spoke at two morning tea breaks between classes, outlining the project and stating the criteria for selection. Eight members volunteered to take part in a discussion; each received an Information Sheet, a Consent Form (Appendix) and the day, time and venue of the meeting, in April 2007.

Six of the volunteers came to the group discussion, which lasted just over two hours. Participants discussed and responded to the questions in the draft Interview Schedule and filled out the card (Question 8). Participants found that the questions were clear enough to understand and respond to. The only suggested change was the addition of a phrase "It's good for my health" to the card (Question 8).

The open-ended question encouraged the participants to talk freely about their experiences with this and other community-based groups. Several themes emerged from the discussion: the link between happiness and self-assessed health, the nature of “learning” in a community-based group, and the satisfactions they derived from participation. The proceedings were digitally recorded and subsequently transcribed, but data from the six participants in the group discussion were not included in the subsequent research study.

Contacting Groups and Participants

As in the pilot study, the organiser/gatekeeper of each group was contacted by telephone and then by letter setting out the purpose of the research and the procedures, and including an Information Sheet and Consent Form (Appendix). When formal permission had been given to approach the group, a flyer was sent to the group inviting members to inquire about the project. I then either visited the groups to answer questions (in three cases) or asked the organiser to publicise the project and collect names of volunteers who fulfilled the criteria (four cases).

Gatekeepers (the organiser, a committee member, or the informal spokesperson) for each group supplied or assisted in compiling lists of names of potential participants. There were no issues with vulnerability or decisional capacity (Kayser-Jones & Koenig, 1994). When contacted, all participants were interested in the project, as having some bearing on their own experiences. All the participants were happy to be involved; several rang to make a new appointment if they were unable to meet the first arrangement. All were keen to talk about their own experiences with the group, and about their background and interests.

The Interview Process

The Interview Schedule used was the one trialled in the Pilot Study, with the minor modification to the card mentioned above. Interviews lasted between 50 and 90 minutes. All the meetings took place in surroundings familiar to the interviewees, 15 in the participant’s home, and 10 in the usual meeting place of the group.

A digital recorder was used to record the interviews, with the interviewees' consent. The unfamiliar technology was not found to be a barrier (Wenger, C., 2002). Only one of the participants expressed some nervousness at being recorded; others were intrigued at the tiny size of the recorder. Conversation about the machine, the size and complexity of modern machines such as mobile phones, and the difficulty of pressing small buttons with arthritic fingers, all helped to put interviewees at their ease and create rapport between them and the similarly-aged interviewer.

Recording was chosen rather than note-taking, for several reasons. Recording allowed participants to maintain eye-contact and for the interview to take on something of the atmosphere of a friendly conversation in which people could feel able to speak freely about themselves. Recordings of talk and interactions, "although *never a comprehensive record of what's going on*, allow us access to many of the practices of social life" (Rapley, 2004 p.386. Author's emphasis). Recording also ensured that words, pauses, emphases, tone and laughter were captured, allowing for greater analytic depth (Minichiello, 1991).

Through the series of interviews conducted over several months, an emerging process (Cresswell, 2008) developed in the order and importance of different questions, as the participants set the direction of the discussion by expressing their own views on matters that were important to them. Having a set of questions that were flexible in order and wording (Wooffitt & Widdicombe, 2006) allowed some coalescence between questions 1 and 2, 3 and 4, 5 and 6. As Freebody (2003) has summed up:

Semi-structured interviews begin with a predetermined set of questions, but allow some latitude in the breadth of relevance. To some extent, what is taken to be relevant *to the interviewee* is pursued. ... Semi-structured interviews aim to have something of the best of both worlds by establishing a core of issues to be covered, but at the same time leaving the sequence and the relevances of the interview free to vary, around and out from that core (p.133).

The open-ended final question: *Is there anything more you would like to add?* evoked a very wide range of responses, and gave the participants "the chance to reconstruct their experiences according to their own sense of what was important, unguided by the

interviewer” (Seidman, 2006, p.85). However, some participants responded at length to other questions, with narratives of different experiences and even life stories. As Chase (2003), has said, it is not always clear in advance which question will serve as an invitation; “the task is to provide the interactional and discursive conditions” (p.282). This “flow” (Csikzentmihalyi, 1990) could be explained as a response by lonely people to a rare opportunity to talk about themselves to a new, sympathetic and interested other of similar age, in what often amounted to a 3-dimensional space narrative structure (Cresswell, 2008). The thick description (Geertz, 1973) contained in the life stories was a valuable addition to the data.

Data Transcription

The interviews were then transcribed onto the computer, checking each transcription at least once. In order to show the interaction and turn-taking in speaking during the interview, all the words, interviewer’s as well as respondents’, were transcribed (Wooffitt & Widdicombe, 2006). Words and phrases given special emphasis by the interviewee were marked. Pauses, laughter, ums and ers were included in the transcription.

Analysis of the Data

The first stage was to develop a set of codes that would reflect the initial aims of the research project and take into account any unexpected issues emerging during data collection (Seale, 2004, p.313). Provisional coding was done after four interviews had been completed; categories and sub-categories were to be modified as analysis proceeded on later interviews. Several topics emerged during this process which were obviously of importance to the interviewees but did not appear to relate directly to the research questions; for example, family and family relationships were mentioned to some extent by all participants. These were categorised in a “free” section for further examination for their relevance and possible inclusion, bearing in mind the admonition: “What is key is to remember is that *you base your analysis on the recording*” (Rapley, 2004, p.386. Author’s emphasis). While providing a starting point for looking at the data, these codes were later discarded as reflecting the researcher’s pre-conceptions.

In order not to impose her “taken for granted” assumptions, as reflected in the provisional categories, the researcher then used Grounded Theory techniques, to analyse the interview transcripts and to “wrestle with” participants’ own “interpretive frames” (Charmaz 2006, p.68). These were first analysed by Open Coding (Strauss & Corbin, 1990, p.62), also called Initial Coding (Charmaz, p. 47) to identify particular phenomena in the data and to begin the process of categorisation. In Stage 2, Focussed Coding was used in analysis of the interviewees’ motivations for joining (Question 4) and perceived satisfactions (Question 5) and enabled the researcher to “sift through large amounts of data” into lists of numbered categories (Charmaz, p.57). (Appendix). This process was followed for answers to the other interview questions. Examples of analysis of data in response to Questions 4 and 5 will be found in an Appendix.

In the third stage Axial Coding was used to put the data back together in new ways by making connections between categories (Strauss & Corbin, 1990, p.96) and to allow the development of major categories and category clusters (Charmaz, 2006, p.60). From these several themes emerged. The data were then reflected on in the light of these themes (Van Manen, 1997, p.87). For “Grounded theory coding is flexible: if we wish we can return to the data and make a fresh coding” (Charmaz, p.71).

Selective coding of the emerging themes was then used to discern the essence of the research story, as voiced by the participants in the study. Core categories (Strauss & Corbin, 1990, p.121) were identified: Community, Structure and Meaning (Toffler, 1981). Further analysis using data from the card responses validated the relationships so that the story concept could be told analytically and related to the Research Questions.

For Research Question 1. *What community-based organisations and group activities do older people take part in?*, data were analysed and tables constructed for participants (by age and gender), for the groups to which interviewees belonged and the activities in which they participated. Analysis of these data is the subject of Chapter Five.

The character of the group itself emerged as an important factor in an older person’s decision whether or not to join or continue to participate in a particular group. Questions 3: *How did you come to join the group?* and 4: *What did you hope to gain from joining?*

were analysed to answer Research Question 2: *What do older people see as the characteristics of organisations which encourage or deter their participation?* The analysis is the subject of Chapter Six.

Individual experience of participation was the basis for Research Question 3: *How does participation in community-based organisations affect older people's self-assessed quality of life?* Data were compiled from coded categories drawn from all parts of the interviews, and then analysed for underlying themes. The question is answered in Chapter Seven.

Demographic data and responses to questions on participants' health, exercise, family and marital situation, and reliance on help in house and garden, were examined for greater understanding of personal and contextual factors and their relation to the core category.

Limitations of the study

The study sample was small (25 interviewees), and selection was purposive (Cresswell, 2008), so the findings therefore reflect the views of current community group members. It is possible that the sample of individuals interviewed represents a particularly active group of older people who would therefore be more likely to volunteer to be interviewed.

Non-members or lapsed members who might be considered as negative cases (Seidman, 2006) were excluded from the study; the reasons for their exclusion are discussed on pages 74-75. A larger comparative study would need to sample in each of these categories.

The study was confined to one geographical and cultural area, the state of Tasmania, which has been shown (Chapter Two) to differ in a number of ways from the mainland states of Australia. Ethnic, racial and language backgrounds were not taken into account in selection of participants. Further research would be needed to discover whether the findings are more generally applicable.

Chapter Five Interviewees' Participation in Groups and Activities

Introduction

The experience of aging shapes and is shaped by daily participation in particular social worlds. Aging takes place in various group and institutional settings (Lyman, 1994, p.155).

This chapter introduces findings in answer to Research Question 1. *What community-based organisations and group activities do older people take part in?* It explores findings on the groups to which interviewees belonged, the kind of activities they took part in, the characteristics of their individual memberships, and how they found information about the group they joined.

Groups to which Interviewees Belonged

The Participating Groups

The criteria by which the seven participating groups were selected, using purposeful sampling and maximal variation sampling (Cresswell, 2008) are discussed in Chapter Four (p.71). The 25 participants, 11 men and 14 women, were recruited from these groups (p.75).

Table 5.1. Respondents by Organisation, Age and Gender

ORGANISATION	F 65-74	M 65-74	F 75+	M 75 +	TOTAL
Church Outreach "Time Out"	3	3		1	7
Neighbourhood House 1				1	1
Neighbourhood House 2			3		3
School for Seniors	3	1			4
Croquet Club	2		2		4
IT Group "OPEN"			1	2	3
Community shed		2		1	3
TOTAL	8	6	6	5	25

From the many community groups available, the groups chosen were: the Seniors Group at a Neighbourhood House, a handcraft group at another Neighbourhood House, a church-sponsored organisation offering a wide choice of crafts, a School for Seniors (which offers weekly talks by a visiting speaker followed by discussion), a croquet club, a voluntary organisation teaching IT skills, and a community shed where older volunteers mentored and instructed disadvantaged and handicapped individuals.

Other Groups to which Interviewees Belonged

Responses to Interview Schedule Question 1: *What groups/organisations do you currently belong to?* revealed that the 25 interviewees listed in Table 5.1 were members of a total of 106 groups. Some groups, such as the seven participating groups, were mentioned by more than one interviewee, so making up the 106 memberships. Analysis of the 106 memberships revealed that a total of 65 different groups were mentioned; these are listed by name in Table 5.2 (p.85). Characteristics of individual memberships are analysed in the next section (p.88).

Analysis of Groups

The 65 named groups were categorised in several ways in order to explore their characteristics.

Groups Categorised by Adapted ABS Categories

The 65 groups were categorised according to the categories derived from ABS (2006, p.29) and then refined and remodeled (Chapter Four, pp.72-.73), since the ABS groupings were designed for all ages, and were found inadequate to categorise some of the activities mentioned by the older participants in the study.

All the activities mentioned, including those classified as “Organised Learning”, were seen by the participants as activities undertaken by choice, for enjoyment, stimulus and personal satisfaction, not to acquire qualifications or awards. None of the participants was enrolled in the vocational training or professional development courses that are the mainstay of Second Age education, with their high expenditure, assessments and

awards, paid workforce, and dedicated venues. The interviewees took part in many different handcrafts, hobbies and interests; twenty-five groups in all. Fifteen physical activity groups were mentioned, catering for different abilities and interests.

“Organised Learning” groups such as Universities of the Third Age, Schools for Seniors, and the IT group OPEN, Older Persons’ Electronic Network, have learning as an explicit aim. ABS data on participation in informal learning are unavailable for the age groups interviewed, as figures given are only up to age 64 (ABS 2006-7, Table 10, p. 19). However, it is suggested that there is an implicit learning component within all the groups, and that informal learning activities are embedded in the participation in the group process (Eraut, 2008; Wenger, E. et al., 2002). This suggestion is discussed in more detail in Chapter Three (p.56ff) and in Chapters Six and Seven.

The range of volunteering activities mentioned is based on information from interviewees on volunteering organised by a group, for instance, the volunteers in the community shed. This small group of older men work five days a week at the shed as instructors and mentors in wood and metal work to different handicapped or disadvantaged groups. Other volunteer groups mentioned include the “TasTech” group of technicians building equipment for the disabled, and volunteers working in a care group run by their Church. It does not include the many examples of informal voluntary help within the group, or among family, friends and neighbours, that were mentioned in the course of interviews, such as giving a non-driver a lift to the activity, taking a cake for morning tea, and sending flowers or visiting members of the group who were in hospital. These are not seen as “volunteering” but as part of an informal social network of mutual support (Wenger, G. et al., 2001; Boneham & Sixsmith, 2006).

As evidenced by the number and range of groups to which participants belonged, they all appeared to share Erikson’s (1986) view, quoted earlier (p.43), of the future as a time for activity, providing an opportunity to do things for which there have never before been time, or to enjoy activities that are already a source of pleasure. It was made clear, in the interviews and in observation, that their positive use of leisure time helped them achieve life satisfaction (Nimrod, 2007a): *‘You feel you’ve achieved something’* (M 65-74); *‘We can’t catch up with all the things we want to do’* (F 75+). Participation in

activities acted as a significant compensating capability for factors such as poor health (Fernandez-Ballesteros et al., 2001): *'If you enjoy doing it, it's fun, it's not a chore'* (M 75+); *'If you're happy you're healthy'* (F 65-74). These satisfactions are discussed in more detail in Chapters Six and Seven.

**Table 5.2. Groups Mentioned, Categorised by Adapted ABS Categories
(Participating Groups in Bold)**

Sport/Physical Recreation	Handcrafts	Hobbies/ Interests	Organised Learning	Seniors	Volunteering
Croquet club	Time Out	Photography Assoc	OPEN	Senior Citizens	Tas Tech
Bowls club	Hands On	Camera Club	Online Centre	Wellbeing Club	Community Care group
Golf club	N House craft group	Literary society	U3A	Pensioners Club	Church Care group
Living Longer Living Stronger	Bellerive Craft Group	Historical Association	School for Seniors	Retired Persons Ass.	Meals on Wheels
YMCA gym	Trefoil Guild	Penguin Club	Probus	N House group	Knit for Charity
Square dancing	Spinning Group	Friends of Museum	Adult Ed	Veterans Centre	Elder Care group
Line dancing	Woodcraft Guild	Rhododendron Club	Computer class	RSL	Red Cross shop
Tai Chi		Bonsai Club		Legacy	Cty Library
Eastern Shore Ramblers		Mini Locomotive Club			Community shed
Heart walk		Bridge Club			Children's shed
Wellbeing walk		Guitar group			
Tennis		Country music			
Walk groups		Singing group			
Swimming		Lapidary Club			
Health Club		Recorder group			
		Book discussion			
		Mah Jong			
		Cards (friends)			
15	7	18	7	8	10
23%	10.7%	27.6%	10.7%	12.3%	15.4%

It may be argued on the basis of these figures that the sample of individuals interviewed represents a particularly active group of older people, and that those who were more active were more likely to have volunteered to be interviewed. Further research, using a wider sample, would be needed to find out whether this is true or not.

Groups Categorised by Structure

Following the categorisation of groups by activity type, the 65 groups were then classified according to the structure of the organisation: formal, that is, incorporated bodies or those with a formal structure of constitution, organizing committee, fixed subscriptions and meeting times; informal, which included small groups meeting casually, drop-in activities, often growing out of a group of friends sharing interests. However, this categorisation produced an incongruous list of groups with no observable pattern; moreover, the structure of the group was never mentioned in interviews as a reason to join or not join. A more relevant classification was needed.

Groups Categorised by Age Composition (estimated)

In an attempt to find out more about the role older people play in the groups to which they belong, the 65 groups were divided into two categories: mixed-age membership, and wholly or primarily for older (65 and over) people who are likely to have left paid work (ABS, 2004-5).

Table 5.3. Composition of Groups by Age (estimated)

Group Category	Mixed Age Adults	Wholly or mainly 65 and over
Sport/Physical Recreation	9	6
Handcrafts	5	2
Hobbies and Interests	13	5
Organised Learning	3	4
Seniors Groups		8
Volunteering	8	2
TOTAL	38	27

It must be emphasized that placement in these categories is estimated rather than confirmed; it is based on comments by interviewees, supplemented by the researcher's own knowledge. Factors such as the time of day or night at which the activity takes place and the type of activity offered were also taken into consideration in assigning a group to an age category. Two of the seven participating groups, the croquet club and

the church-sponsored craft group, catered for adults of different ages. Nevertheless it is a significant finding that, by these measures, 27 out of the 65 groups – 42% - to which interviewees belonged were wholly or primarily for older people. This raised the question: who runs the groups?

Groups Categorised by Who Runs Them

The next classification arose from one criterion for selecting the original participating groups: that they were community-based rather than run by an authority or a business. The 65 groups were therefore categorised according to who actually made the decisions, organised the activities, set the tone, and were responsible for the smooth running of the group.

The results were significant; of the 65 groups to which the interviewees belonged, 54, or 83%, were run by their members. Moreover, of the 27 groups that are estimated to cater wholly or primarily for older people, a very high proportion of these older people's groups (25 of the 27, 92%) are run by the members themselves; the exceptions are two physical activities run by qualified professionals. These findings have important implications for older people's groups, and are discussed in Chapters Six and Seven.

Table 5.4. Groups by Who Runs Them

Run wholly by members	12	40%
By members, sponsored or auspiced	28	43%
By Government department	3	4.6%
Business: paid tutor/organiser	8	12.3%

In further explanation of the categories “wholly by members” and “by members, sponsored/auspiced by another group”, it was stated earlier (Chapter Four, p.72) that older people's self-run groups often receive assistance in the form of infrastructure support from other bodies such as a church, local council, community house or service organisation. This support can involve provision of a meeting place at a non-commercial rent, administrative help, use of equipment such as a phone, computer, photocopier, tea

and coffee making facilities. As it was not always known how much assistance some groups received, classification may not be exact in the first two categories; however, the principle behind the two categories is the same: members of the group had their say in the running of their group, either directly, or through a selected few, or through an elected committee, depending on the size and structure of the group.

Table 5.5. Who Runs Groups, by Category

GROUP CATEGORY	Wholly by members	Members with support	Government Department	Business: Paid tutor	TOTAL
Sport/Phys. Rec.	6	5		4	15
Handcrafts	3	4			7
Hobbies/Interests	14	1		3	18
Organised Learning	2	2	2	1	7
Seniors Groups	0	8			8
Volunteering	1	8	1		10
TOTAL	26	28	3	8	65

“Government Department” covers Adult Education and an Online Access Centre, both part of the Tasmanian Department of Education, and Meals on Wheels, run by a branch of the Tasmanian Department of Health and Human Services. The “business” category was designed to cover commercial organisations such as a Health Club, and groups where the tutor/organizer is a paid professional rather than a group member: dance activities, singing and music groups, and a computer course.

Characteristics of Individual Membership

The twenty-five interviewees mentioned 106 organisations to which they belonged; this number was much larger than expected, even for “active” participants. There was some variation, by gender and age, in the number of groups to which interviewees belonged (Table 5.6 overleaf).

Gender: The women generally belonged to more groups than the men. The eleven men participated in 38 activities, a ratio of 3.5 per person; the fourteen women participated in 68 activities, a ratio of 4.9 per person. The disparity is more marked within the younger

age groups. There are several possible explanations: women are more sociable than men: *'my husband, he doesn't get involved with things'* (F 75+); there are fewer older men than older women; the participating groups had not been chosen from among the traditionally male-dominated organisations such as golf clubs or the Returned Servicemen's League (RSL).

Table: 5.6. Number of Participants' Activities by Age and Gender

Gender	65-74	%	75 +	%	Total	%
Female	47	67.1	21	58.3	68	64.2
Male	23	32.9	15	41.7	38	32.8
TOTAL	70	100.0	36	100.0	106	100.0

Age: There was a fall in group membership in later age for both men and women; this is consistent with research discussed in Chapter Three (pp.45-6): that there are inevitable changes in leisure activities over the years of retirement, and declines in leisure increase exponentially during old age when health declines are greatest (Janke et al., 2006). Several participants mentioned activities they were no longer able to do, though another activity could take its place: *'I had to give up weaving because I had rheumatism in my knees'* but she continued, *'so just to keep my fingers going I do these cushions'* (F 75+).

It was clear that several interviewees had changed some of their activities over the long years of retirement. One participant (M 75+) had given up playing croquet, but was the life and soul of his local Seniors Group; this is consistent with research showing there is generally a decline in physical activity in older age, or an increase in disability, but that this can be compensated for by an increase in social and informal involvement (Jang, Y. et al., 2004).

Some groups cater for their members' physical decline by offering alternative activities within the group; the croquet club was an example of this, offering its older or frailer members an afternoon of "Golf Croquet", a version of the game which avoids the need to stoop down to the ball, and Social Membership for those members who are unable to play at all.

Individual Capacity and Availability

There was also a variation in the number of groups to which an individual belonged within the age and gender cohort. The largest number was nine groups, the lowest was one.

Table 5.7. Number of Groups to which an Individual Belonged

	Maximum	Minimum
F 65-74	9	3
F 75 +	6	2
M 65-74	6	2
M 75 +	5	1

Reasons why respondents belonged to different groups were particular to their interests and circumstances. One was the interviewee's own or a partner's state of health; the lowest attendance was by a man whose wife had recently gone into a nursing home after he had cared for her for several years: [Since his wife went into care] *'I think my energy has changed. I think, all of a sudden, I've got tireder'* (M 75+). The number of activities could also be affected by personal commitments, for instance, a grandmother whose daughter was working fulltime: *'I have to be able to step in, for the grandchildren, now. That's absolutely essential'* (F 75+).

Another reason for the variation could be that participants were not asked about the amount of time they spent on a particular activity; one man, who listed membership of only two groups, stated that he spent at least 20 hours a week on his hobby (woodcarving) at home, in addition to the one morning a week he spent in the woodcarving class. The three volunteers who worked a five day week at the community shed mentioned only one other activity each.

How the Participants Heard About or Came to Join the Group

Older people often have difficulty accessing information on activities and services available, and service providers have difficulty contacting older people who need

services but have dropped out of the usual points of contact (DPAC, 2005; TasCOSS, 2008, 2009). The housebound, the non-drivers, people who do not read their local paper, do not have family nearby or do not belong to any community groups, are at great risk of social exclusion, partly because they are hard to reach.

Interviewees were asked: *“How did you hear about/come to join the group?”* (Interview Schedule Question 3). As shown in Tables 5.6 and 5.7, most of the 25 participants led active social lives and were involved in other groups, so it was not unexpected that more than half (14 out of 25) heard about the group by word of mouth. Some heard about a group from friends with similar interests who were already members: *‘A friend of mine from my other small craft group said, Come on down and see what they do there ... I went down there, thought – I like the look of that’* (F 65-74). Some joined because a spouse was a member: *‘My wife used to go there, and when she got sick and I was looking after her, I used to take her over there’* (M 75+). One man heard about the group from a neighbour: *‘Well, I lost my job – and I used to live next door to Jeff ... and he said to me, “Don’t sit at home on your backside playing computer games and watching TV - come out to the shed” ’* (M 65-74).

Table 5.8. How Participants Heard about the Group, by Age and Gender

	Word of mouth	Publicity	Other	Total
F 65-74	4	3	1	8
F 75+	4	1	1	6
M 65-74	5	1		6
M 75+	1	3	1	5
TOTAL	14	8	3	25

More than half of those living alone (7 of 13) heard about the group by word of mouth. Two participants who did not have social links – a recent widow who had been caring for her husband for some years, and a man who had recently retired after a major operation – were told about the group and encouraged to join by a professional: a Community Health Nurse and a community social worker. These responses emphasise the important role that social networks – friends, family, and neighbours - play in

keeping older people in touch with their community. It also shows that local health professionals have a role to play in encouraging social engagement as part of their care packages for their clients (Hughes, 2009)

A third of the participants heard about the group from reading an advertisement in the newspaper, or from a leaflet in the letterbox, as a widower explained:

'And so I'm twiddling my thumbs here, and a note come in the letter box about going to a luncheon up here, for people who were – elderly, I think the name was – (laughter) – and – uh – alone and just wanting company, and yes, that'll do me' (M 75+)

Two joined the croquet club because they walked past and saw others playing. One man saw a need in his neighbourhood and actually started the community shed.

It is significant that none of the participants had used the Internet. This age group is accustomed to getting information they want by talking to someone they know, or through local print media. It is also likely that few community-based organisations have a website, particularly the smaller groups.

Summary of Findings

As the sample is so small, findings can only be suggestive rather than conclusive. However, the findings give a clear insight into the rich experiences of group activities of this particular sample, and raise questions which could be explored further in a larger survey.

Older people no longer in the paid work force take part in informal learning through “leisure activities”, very rarely in formal education. Older people’s learning is discussed in Chapters Six and Seven.

Older people may belong to a mixed-age group, or to an older people’s group. This study found that nearly half (42%) of the groups to which participants belonged were older people’ groups, and that these groups were run by their members for their peers.

Older people have varied levels of participation in activities; factors influencing participation include gender, age, and individual capacity and availability. The number of groups to which an individual belongs is not necessarily an indication of incapacity or lack of interest; it could indicate the level of time and energy committed to an activity. Many older people volunteer their services in community groups.

Older people are more likely to receive their information about community activities by word of mouth or through local print media, rather than electronically.

Research has shown that participation in “leisure activities” has benefits for older people (Nimrod, 2007b; Greenfield & Marks, 2007). This chapter has identified the characteristics of community-based organisations offering these activities, how older people heard about them and came to join them. A significant finding is that in community groups exclusively for older people, 9 out of 10 were run by their members.

The next chapter seeks to identify older people’s motives for participation in community-based groups, what they looked for in choosing a group, and in what ways the membership of the group fulfilled their expectations.

Attractions and Deterrents to Membership**Introduction**

This chapter examines the themes emerging from the interviews in terms of the expectations that motivated respondents to join the group; it identifies what they were looking for in choosing a particular group, and the ways in which the group they joined fulfilled their expectations. It also examines the organisational and personal deterrents to belonging that interviewees had encountered or of which they were aware. The findings presented here answer Research Question 2: *What do older people see as the characteristics of organisations which encourage or deter their participation?*

It was shown in the Literature Review (Chapter Three, p.50) that, apart from Australian studies of older men's sheds (Golding et al., 2007a, 2007b), there has been very little research into older people's groups. This is confirmed by Gray (2009). This study uses the Communities of Practice concept to provide an analytical framework for analysing characteristics of community-based organisations. It was suggested in Chapter Three (p.55) that the two types of organisations have similar dimensions: a domain of knowledge creating common ground and a sense of common identity; a community of people who care about this domain, encouraging willingness to share ideas; and a practice, a body of shared knowledge and resources that enables the community to proceed efficiently in dealing with its domain (Wenger, E. et al., 2002). Findings from the interviews support this suggested resemblance; for instance, interviewees identified opportunities for contributing and sharing, and friendship and support within the group, as desirable characteristics of a community group. These findings are discussed below under the themes that were identified from analysis of the interviews.

Older People's Hopes and Expectations when Choosing a Group

'I'm not going to meetings if I'm not going to enjoy myself' (F 65-74)

For many older people, there is a choice of local groups which they could join. However, as an older person's participation is a matter of personal choice, not just

which group to join, but whether to join at all, membership of the group must be sufficiently attractive to overcome any reluctance to make the effort to go out and take part. Since participation is voluntary, the key to success is value, and to be successful, a group needs to create events, activities and relationships that help potential value to emerge (Wenger, E. et al., 2002, p. 59).

The question “*What did you hope to gain from joining this particular group?*” (Interview Schedule Question 4) was worded on the assumption that joining a particular group was a personal and deliberate decision, since none of the interviewees was under any obligation to join an activity - unlike the obligation to undergo training or professional development that might have been expected if they were still in the paid work force. This freedom of choice was emphasised in interviews; it is similar to the self-selection for belonging to a Community of Practice that differentiates it from other more formal structures (Wenger, E. et al., 2002, p.42).

The 25 participants discussed at length the hopes and expectations they had felt when deciding which group to join. From multi-dimensional responses, analysis and progressive re-coding identified three overarching categories, which showed that the decision to join a particular group was to satisfy personal needs: the need for social interaction, for enjoyable activities and for feelings of wellbeing (Table 6.1).

Table 6.1. Expectations for Joining a Group, by Age and Gender
(Number of Times Mentioned)

	Social Interaction	Activities	Wellbeing	Total
F 65-74 (8)	3	8	7	18
F 75+ (5)	4	5	4	13
F: TOTAL	7	13	11	31
M 65-74 (6)	2	3	1	6
M 75+ (5)	3	2	0	5
M: TOTAL	5	5	1	11

Table 6.1 shows that chronological age did not greatly affect the responses, but gender did; there were differences between the men's and women's responses, with women giving three times as many reasons as the men. The 11 male interviewees gave only one reason each; the 14 women's responses covered a wider range of reasons for joining which were coded under two or, in some cases, all three categories. Comparison of responses by gender shows that the women had much more definite ideas on their expectations than the men.

The perceived needs shown in Table 6.1 point to a deficit in many older people's lives, after they experience one or more of the 80% of events that represent loss of resources, roles and relationships for older people (Lynch & George, 2002), particularly the transitions into retirement, illness (one's own or a family member), or the loss of a spouse. Transitions and major life events play a key role in generating social exclusion in later life (Scharf & Smith, 2004), and both men and women expressed their hopes of social interaction.

Interviewees also recognized activity as a need. The women were more specific than the men, and they often linked participation with their concern for their wellbeing: avoiding depression, or seeking a physical or mental challenge. By contrast, the men did not appear to see a link between participation and their own health and wellbeing; only one man, retired because of ill health and believing '*if you stop using your head you stagnate*', gave a reason that could be categorized as a search for wellbeing. This is consistent with research into men's attitudes to their health and wellbeing (Golding et al., 2007b).

The categories under which findings are analysed in Table 6.1 are discussed below.

Hopes and Expectations of Social Interaction

The need to replace social contacts after losses from transition events was an important motivation for all interviewees, though women were more outspoken than the men. Retirement from paid work is a major transition affecting many aspects of life, including regular social contact: '*I enjoy the social interaction [in the group] because I missed that when I left work*' (F 75+).

Several retirees mentioned the importance of getting out of the house. One husband, whose wife was still in paid work when he had taken early retirement because of ill-health, admitted that he was looking for *'companionship, I suppose, somewhere to go, because I spend a lot of time at home on my own'* (M 65-74). Another retiree from ill health wanted something to do because *'I live on me own, saves me sitting around... go home, I'm on me own'* (M 65-74). Molly, who has been active as a community organiser for many years and still runs her local Seniors Club, had seen examples of the dangers of staying home alone: *'I think a lot of people get into trouble when they just sit at home and do nothing – that's where your problems start'* (F 75+). Her comment is consistent with research showing that older adults view loneliness as a precursor to depression (Barg, Huss-Ashmore, Wittink, Murray, Bogner & Gallo, 2006).

The desire to combat loneliness was an important motivation for the thirteen who had lost a spouse. Ten of the twelve mentions of the need for social interaction were from respondents who lived alone; this is consistent with research showing marital status as one vulnerability factor for loneliness in later life (Victor et al., 2005). One widower considered his answer carefully and in some distress: *'Well, I ... I suppose I joined ... I joined to fill a vacuum when my wife died... When somebody goes out of your life like that it's a big hole'* (M 75+). Three widows who had been caring for their sick husbands for some years had found they needed to re-create a social life for themselves when they were left on their own: *'You have to try to fill up every, every space in your life. I try to keep myself busy'* (F 65-74).

Even those who still had a spouse or partner gave social contacts - company, friendship, meeting people – as a reason for wanting to join a group. One very active woman, who went to at least one leisure activity six days a week, often with her husband, said *'I just enjoy being with people'*, but she went on to explain *'the children have left home and the place is quiet'* (F 65-74). It was shown, (p.15) that migration of the 15-29 age group from Tasmania to other states or overseas is a factor in the state's demographic patterns. Analysis of responses during the interviews revealed that interviewees had lost nearly as many children/family groups to migration as lived in Tasmania: 21 interviewees had family in Tasmania, but the adult children of 17 were living interstate or overseas. Maintaining contact with grandchildren was seen as especially important (pp.131, 140).

Hopes and Expectations of Activities

The search for an activity was the reason most often given for joining the group, but ideas on choosing an activity ranged from vague to the definite. Some, like one of the volunteers at the shed, simply said: *'I suppose I was looking for something to do'* (M 65-74). Others knew exactly what activities they wanted to take up, and looked for a group which provided for their needs: *'I enjoy spinning'* (F 65-74); *'...got up to a point, looking for other things to do in woodwork'* (M 65-74). Others were drawn in by activities they saw: the croquet players who saw the game as they walked past, and the woman who called in at the craft group and *'saw this chip carving, thought - I like the look of that'* (F 65-74).

Several mentioned characteristics they had looked for that suited their needs and capacities: *'relaxing things to do... things with a time limit'* (F 65-74); *'close to home'* (F 65-74); *'just a couple of hours, no homework'* (F 65-74); several spoke of *'enjoyment'*. Two of the croquet players had looked for physical exercise but *'not too tiring'* (F 75+). Some women, after a lifetime of doing things for others, looked for an activity that satisfied their own interests; after years of paid work, raising a family and voluntary work in the community, Maggie joined the craft group because *'I sort of felt that I had done enough'* (F 75+).

Several participants' choice of an activity was influenced by the state of their health; Vivian could still play tennis, *'but only just'*, so had taken up croquet. The slight decrease in activities among older interviewees, and the replacement of activities with other, less demanding ones, is consistent with the findings of Janke et al., (2006) and Duke et al., (2002), as discussed in Chapter Three (p.46).

At this stage of the interview, respondents were not asked specifically about "learning" as a possible attraction; research shows that the word is associated with formal education (Eraut, 2000; Chapter Three, p.57) rather than with the informal "leisure activities" which made up 95% of the groups to which they belonged (Chapter Five, Table 5.2). But it is evident that in choosing to join a group offering activities, interviewees saw a difference between their group membership and their purely social networks with friends

and relatives. Expectations expressed in the responses to Interview Question 4: *'a new, different activity'*; *'exchange of ideas'*; *'extend my experience'*; *'curiosity'*; and *'I didn't know how to do it'* would seem to indicate an underlying wish to learn, which was often linked with a wish to be with other people.

Hopes and Expectations of Wellbeing

The third category of expectation identified was participants' need to care for their mental, physical and emotional wellbeing as they grew older. At this stage of the interviews, (Question 4), women were far more definite than the men in giving their wellbeing as a reason. But it emerged during the course of the interviews and was confirmed by thematic analysis that the men, too, were concerned with their personal wellbeing and had felt that participation in an activity would help. It was a man who voiced older people's greatest dread – dementia: *'You need to do something to keep up here [head] going, because if your brain's gone, everything else is gone'* (M 65-74).

There was an expressed or underlying need to maintain emotional wellbeing; three women admitted to suffering from depression, and saw participation in a group as *'a good bit of therapy'* (F 65-74). Norma, a retired professional woman, felt she *'wanted to get away from [committees], just have relaxing things to do, not going to tax my brain too much'* (F 65-74). The croquet club appeared to offer opportunities for emotional as well as physical wellbeing, as Rachel found when she had decided to join while still in paid work: *'I wanted some kind of activity which would take my mind quite off everything else... A good idea to have some physical activity but also something that would engross you, so you weren't worrying about your kids, or school, or whatever else, just to be relaxation'* (F 65-74).

Interviewees' motivations for joining a group reflected their underlying need to replace or renew their life satisfactions in the changed circumstances in which they now found themselves. The interview process then sought to discover whether they had found fulfilment of their hopes and expectations.

Characteristics of Groups that Older People See as Encouraging their Participation

'You'd have to tie me down to stop me going!' (F 65-74)

Interviewees were then asked: *"Did the group give you what you were looking for?"* and *"What does it mean to you to be involved with this group?"* (Interview Schedule Questions 5 and 6), and to fill out the card (Interview Schedule Question 8, Appendix) giving them a further opportunity to reflect on their experiences. Responses to the three questions were analysed and triangulated.

All the participants expressed their satisfaction with the group to which they belonged; they would not have continued to belong if they were not satisfied. However, several described circumstances, characteristics of the group and personal factors, that might deter them, or had in the past deterred them from joining or continuing with a group; these factors are discussed on page 117ff.

Analysis of the responses confirmed the findings of Question 4: *"What did you hope to gain from joining this particular group?"* The satisfactions that respondents stated they found in belonging to the group were those that fulfilled their previous hopes and expectations.

It was shown earlier (Chapter Five, Table 5.2) that the respondents' chosen activities were all "leisure activities" demanding "value commitment" (Kantor, 1968); they were an alternative to paid work as a way to spend one's time but they were undertaken from personal choice rather than for vocational reasons, *'not like, you go to work because you have to'* (M 75+). So a leisure activity must satisfy participants sufficiently to make them choose to do it, rather than some other activity or none at all. Rachel summed up the difference in attitudes she had observed between participation in a leisure activity while working, and after retirement when leisure becomes a much larger component of life: *'The other thing that has changed, I suppose, is that you get involved. And I think that's probably important, I think you have to participate in things, and you have to make a commitment if you really want to get a lot out of it personally'* (F 65-74); that is, she saw the need in her own life for a "value commitment" rather than the "continuance commitment" of many in the paid work force (Kantor, 1968; Stebbins, 1970).

Table 6.2. Perceived Satisfactions Derived from Participation in the Group, by Age and Gender. (Comparative Figures on Expectations, Table 6.1, in brackets,)

	Social Interaction	Activities	Wellbeing	Total
F 65-74 (8)	6 (3)	8 (8)	7 (7)	21 (18)
F 75+ (5)	6 (4)	6 (5)	4 (4)	16 (13)
F: TOTAL	12 (7)	14 (13)	11 (11)	37 (31)
M 65-74 (6)	4 (2)	6 (3)	3 (1)	13 (6)
M 75+ (5)	5 (3)	5 (2)	5 (0)	15 (5)
M: TOTAL	9 (5)	11 (5)	8 (1)	28 (11)

Findings show that responses on what respondents gained from their group membership were higher than their previous expectations in all three categories. Table 6.1 showed that women expressed many more expectations than the men. Although the number of women's responses in Table 6.2 has increased, the increase is only slight, from 31 mentions to 37. The most obvious change is in the increase in the men's expression of satisfaction over their expectations, almost trebling, from 11 to 28. In particular, eight of the ten men found they were experiencing wellbeing satisfaction, an increase from only one mention in Table 6.1. This suggests that men's initial reluctance to join a group, or to admit their need for wellbeing, is overcome once they actually join and discover the positive benefits. This points to a need for specific policy initiatives to encourage older men's participation in activities, for instance in community-based men's sheds, which have been shown to produce high levels of engagement and significant individual, family and community benefits (Golding et al., 2007a).

These findings on perceived satisfaction are discussed below under the three categories drawn from analysis of responses to Interview Schedule questions 4, 5 and 6 and presented in Tables 6.1 and 6.2. This study finds that the groups that attract and retain members are those that provide the personal satisfaction that older people seek: social interaction, an enjoyable activity, and a way to maintain their self-assessed personal wellbeing.

Satisfying the Need for Social Interaction

'We just call ourselves a circle of friends' (F 75+)

Social contact is such an important need for older people, analysis showed that interviewees judged an organisation on its friendly atmosphere and social activities as much as or more than on its core business. The founder of the shed was proud of *'the atmosphere here ... people coming in... it's friendly'*. He added, *'We got the Pride of Australia Medal for mateship'* (M 75+). The personalities of the organisers are an important factor in creating a friendly welcoming atmosphere in a group. The church members who organise the Time Out craft morning are *'so genuine, so sincere'* (F 65-74). Pam enjoyed the School for Seniors because: *'they're nice genuine people and [coordinator] does a wonderful job, finding the speakers that she does'* (F 65-74).

Many community-based groups use strategies that help to create a friendly, welcoming atmosphere: providing name badges (first name in large, easy-to-read print), introducing new members to others in the group, greeting members by name at the door, and arranging extra social activities such as a lunch or an excursion. The large Time Out craft group had a Chat Table, in addition to the other activities on offer, where people could bring their own work to do, or, as Derek said: *'It wouldn't matter if you didn't do any work, you could go there to have a chat'* (M 65-74). All groups make time for a tea break as an opportunity for informal socialising.

All interviewees expressed their satisfaction in being with other people. "It's company" was ticked by every one who filled in the card; "I like the people who go" rated very highly (83%) as an incentive to participate in the group. Individual engagement with the group ranged from peripheral to a core commitment of time and energy; as in a Community of Practice, the level of engagement was a personal choice (Wenger, E. et al., 2002, p.36).

Joining a group was seen as a way to create or widen one's social circle: *'I went there to join a nice group'* (F 75+). Typical comments were *'It gives me more friends'*; *'I've made friends I wouldn't have made otherwise'*. "I've made new friends" scored 83% of

responses to the card. This is in line with Vella's (2002) principle of "friendship but no dependency" (p. 16) as a desirable characteristic of an adult learning group.

The hope of creating or renewing social contacts after the death of a spouse was shown earlier to be a reason for joining a group; responses to Interview Question 5 showed that this expectation was fulfilled through membership of the particular group: *'that's been a tremendous help to me, after [husband] died. They're so nice down there, they're lovely people...very good to me* (F 65-74). The special benefit that older people derive from social roles and activities (Bowling et al., 2003) was evident throughout the interview process; participants spoke positively and animatedly about their experiences in the group. If they had not been satisfied they would have exercised their freedom of choice and stopped going. The role of "Community" in older people's self-assessed wellbeing is explored further in Chapter Seven.

Satisfying the Need for Appealing Activities

'You always learn something, and have a bikkie and a cup of tea' (F 65-74)

It has already been shown that all the activities that interviewees had chosen were "leisure activities", undertaken for personal satisfaction rather than to gain a qualification. The freedom to choose an activity that satisfies one's personal needs, and to vote with one's feet if the choice is found to be unsatisfactory, is an important element of informal and community-based learning, particularly for older people, whose lifestyle choices are often limited. There was a positive response to the card "I like to have things to do" (72%). Responses to statements linked to activities in the group were even stronger; "I enjoy what I do there" was supported by "It offers activities I am interested in"; both rated 78%.

Although most of the respondents (66%) disagreed with the card "It gets me out of the house", with comments such as *'I do that anyway'*, some had elsewhere in the course of the interview indicated their need to go out and find *'something to do'*, because they were lonely or bored and missing the structure experienced in the work place. Several gave examples of friends who had not remained active and had suffered in consequence.

Interviewees expressed their appreciation of taking part in activities as one of the group; “I enjoy doing things with other people” rated very highly (83%). As in a Community of Practice, a shared domain of knowledge encourages members to contribute, participate and share ideas (Wenger, E. et al. 2002, p.27). Choosing a group for its activities could also provide new friends who shared similar interests: *‘It’s company, talking to people doing similar things’* (M 75+). Activities within the group had particular appeal to those living alone, since it supplied social companionships as well as a way to keep busy; Jane, the organiser of the computer group: *‘I lost my husband three years ago, so I was really glad that I had the big interest of computing for seniors... I suppose, like a lot of people say, it was my saviour’* (F 75+).

Interviewees talked at length about the different features of activities that they liked; analysis of their responses identified several attractions common to all the groups: the diversity of activities, the affordability, and the extra-curricular activities.

Choice and Diversity

‘Whatever we wanted to do, we did’ (F 75+)

As well as a choice of different organisations offering various activities, interviewees liked the choice of activities within the group, catering for different interests and capabilities. The card statement “I like learning new things” won a 78% response.

The large Time Out program, which takes place one morning a week, offers up to 20 different arts/crafts activities each term, each with a volunteer tutor: many varieties of stitchery and embroidery, jewellery making, lead lighting, wood turning, paper crafts, string crafts and so on. Some people have been going for many years, moving from one activity group to another. Others choose to stay with one group; Barry had been going to the chip carving group for nearly three years: *‘It’s a great interest...everything I do is different. Seeing the finished product, that’s the attraction, I suppose. You feel you’ve achieved something’* (M 65-74).

The much smaller Neighbourhood House craft group generally has no tutors; the members work on their own projects, learn a variety of skills from each other and share

craft magazines for new ideas and patterns. Diversity is also a feature of the computer group OPEN; classes and individual tuition cater for a range of skills, from absolute beginners to specialist activities such as PowerPoint, photography and using the Internet.

In the School for Seniors, the different speakers and topics each week was one of the appealing features of the group. May liked going because *'We get a variety of people to talk to us, you know, and it don't involve any home work or writing and that unless you want to get involved'* (F 65-74). The organiser of the group, responsible for finding the speakers, was delighted because:

'We've had some most fascinating speakers. ...from the Bee Society, he's been keeping bees for 53 years. But, as he spoke, his eyes just lit up, and they shone the whole time he was describing these little tiny friends of his, how they get along, and their lifestyle... Then the lady from the Antarctic, she's been down about ten times studying penguins, and she was the same' (F 65-74).

Diversity among the members of the group was also an attraction, as in the croquet club: *'People come from different backgrounds ... you've got a mix of people'* (F 65-74). Some shared interests and a blend of old and new acquaintance within the group seemed to be a comfortable position for most older people. Jane, the organiser of the OPEN computer group: *'We find that a lot of people do appreciate the socialisation between such a diverse group of their own age group and interests'* (F 75+). This is also a characteristic of a Community of Practice, where "with enough common ground for ongoing mutual engagement, a good dose of diversity makes for richer learning, more interesting relationships, and increased creativity" (Wenger, E. et al., 2002, p. 35).

Older people appreciate those groups that provide a diversity of activities which allow for increasing age and diminishing abilities, so that members can continue to be part of the group. The croquet club caters for members' varying abilities:

[There is] 'a second group of people who don't play the full game... they usually play a simpler form of the game. So that is a help for people who when they get a bit older feel they just can't play ... But they come on Saturdays when we have a social time when we have afternoon tea, so they can mix' (F 65-74).

These groups recognise the importance of their members' social needs, not simply their ability to take part in activities. At 74, and following several operations, Brenda still looked forward to remaining a member of the croquet club in a different category of membership:

'If I got too – infirm – in some way, and couldn't play, I would still join as a social member, and I would go down there – as they said to me the other day when I wasn't feeling well – "Come down and have a cup of tea if you can't play"... So you're always sort of welcome' (F 65-74).

The computer organisation also caters for different physical and mental abilities within the group; some members are disabled, one or two with Downs Syndrome, others simply with age-related disabilities. The group has used grants to purchase special mice and keyboards for their use.

By recognising and inviting different levels of participation, "building benches" for those on the sidelines, and designing activities that allow participants at all levels to feel like full members (Wenger, E. et al., 2002, p.55), like a Community of Practice, an older people's group is likely to be a successful and sustainable organisation.

Affordability

'You go along, you meet people, and it doesn't cost you much' (M 65-74).

The cost of belonging is an important consideration for community-based groups, particularly for those catering for older people, but as they are run wholly or mostly by volunteers they avoid much of the expense incurred by other organisations. The unavoidable costs are rent, insurance, and equipment. It was shown earlier (Chapter Four, p.72) that a group may be able to rent premises at a reduced rate from a service provider, local council, church or charity, and these premises may be covered by the owners' Public Liability Insurance; without this help many small organisations could not operate. Some groups are eligible to apply for grants for purchase of equipment. However, cost is a constant concern for community group organisers; in particular, older people's groups have to take into account that many of their members are pensioners, or on fixed incomes, with very limited discretionary dollars.

Several interviewees who were organisers of their group mentioned these problems, but community-based groups are accustomed to working on shoestring budgets and have a number of strategies to overcome or lessen problems for the members and the organisation. Many groups, for instance, the Neighbourhood House craft group, have a “pay-as-you-go” policy for each attendance rather than a subscription. Other groups, like the Croquet Club, have a sliding scale of full, partial or social membership fees. Tea or coffee and a biscuit is generally charged at 50 cents; this does not cover the cost but the tea break is seen as an important occasion for informal social interaction. Home-grown activities are popular, and self-catering where members “bring a plate”. (In this Australian custom, participants in an informal social event bring a plate of sandwiches, cake or other finger food to share. It is an opportunity for reciprocity: exchanging recipes, admiring others’ efforts and accepting praise for one’s own contribution, at minimal cost to the participants.)

Community based groups avoid much of the expense incurred by other organisations because they are run by volunteers who are also members. The opportunity to help in a variety of ways is a benefit to the individual as well as to the group. As in a Community of Practice, members in the peer group learn from each other; a tutor in one class will be a learner in another. Members who pass on skills to others in the group see tutoring as their part of the group activity; their reward is appreciation from the other members and perhaps a thank-you card at the end of the term. “I like sharing my ideas/skills” rated a 78% response on the card, implying that such sharing is customary among members of the group.

When outside tutors or speakers are brought in, a community group looks for those who give their services for free, either volunteers, or organisations such as health promotion and some government agencies which provide speakers as part of their work with the community. Schools for Seniors and similar organisations use these services, and they also pass on their lists of good volunteer speakers to other groups. The Neighbourhood House craft group put money aside to pay some outside tutors, others did it for free; as Molly said about one *‘local fellow ... anything that he brought, like leather and that, we contributed towards that, yes.’* She added: *‘We gave him a nice gift at the end.’* (F 75+).

Several interviewees commented on the difference in cost between Adult Education courses (where tutors are paid) and community-based courses. The item on the card “It’s something I can afford” received an 83% response and the comments:

‘Yes. Because Adult Education is out of it, it really is expensive now, the Adult Ed.’

‘Yes, I think most people feel that way, compared with what Adult Ed charges these days.’

‘Yes, something I can afford, doesn’t cost the earth’.

Extra-curricular activities organised by the group were another area where members could economise, for instance on bus trips and excursions. Pam spoke enthusiastically about a School for Seniors trip:

‘Last year, for 150 dollars each, we were able to do two things I’ve always wanted to do since I’ve been here – to go on the Abt Railway and go up the Gordon River... I mean, just driving one way is ninety dollars ... that was just a wonderful deal!’ (F 65-74).

Some local Councils and other service providers have a Community Bus which is made available to community groups such as Neighbourhood Houses, Seniors Clubs and Pensioners’ Groups at a subsidised cost for a day out; a cooked lunch is an important attraction of an outing, especially for older people living on their own. However, this expense was more than some interviewees felt they could afford very often.

Extra-curricular Activities

‘the occasional sausage sizzle, not just serious learning’ (F 75+)

In Communities of Practice, “routine activities provide the stability for relationship-building connections; exciting events provide a sense of common adventure” (Wenger, E. et al., 2002, p. 62). Successful older people’s groups, too, provide or make room for extra-curricular activities in addition to the day-to-day activities, so that members have different things to do while remaining within their accustomed circle. These activities range from the morning or afternoon tea break, with opportunities for socialising and helping, to spin-off or subsidiary activities such as card afternoons, barbecues, and the

croquet club's garden group which cares for the club grounds. Community-based groups also organise special events, such as Christmas and Ausmas parties and Melbourne Cup lunches, which help to build group solidarity through informal socialising and the fun of doing something different from usual. For its sixth birthday, the computer group combined business with an affordable but festive occasion, as the organiser explained:

'So we said, "Everyone bring a plate, we won't go out to lunch and spend money, everyone bring a plate." And it was just lovely. Bert and June sang – one of their funny old songs. And we also had the certificates presented to the last E-Learn people' (F 75+).

Those attending the craft group at the Neighbourhood House were eligible to go on the monthly bus trip, a welcome occasion for those no longer willing or able to drive. Molly remembered the special Ausmas ("Christmas in July") winter lunch with great pleasure:

'We went last year, and it was fun. That was a whole big bus-full. And they put on a lovely meal, lovely log fires. And the day we went up last year it was snowing, had been snowing, and it was beautiful, going through the snow' (F 75+).

Self-help groups have to be sensitive to the needs of their members; organisers, tutors, helpers and other participants all need to find satisfaction in what they do, or the group will fold. This is similar to the relationship between challenge, support and confidence found by Eraut (2000) in the workplace.

Satisfying the Need to Maintain Wellbeing

'Being happy is good for your health' (F 65-74).

Membership of an adult group has been shown (Yalom, 1985) to offer a number of factors that promote wellbeing, such as a sense of belonging and acceptance, the growth of hope and confidence, and the recognition that others share similar problems. In one of the few studies of older people's organisations, Gray (2009) found that, although older people access much of their practical and emotional support through informal social networks, they can also find the support they need through being active in organisations.

The study of Communities of Practice (Wenger, E. et al., 2002) indicates the wellbeing benefits that can be derived from membership of a group; these include using and expanding one's skills and expertise, greater confidence in tackling problems, and the fun of being with colleagues – all of which were found in this study.

The difference between objective standards of health and the subjective assessment of one's personal wellbeing has already been discussed (Chapter Three, p.38ff). This study has identified the need for feelings of personal wellbeing as one of the reasons older people gave for seeking a group, and it became clear that the successful groups were the ones that satisfied this need. Analysis of the data identified a number of factors that combined to contribute to self-assessed wellbeing derived from membership of a community-based group: opportunities to make use of one's knowledge and skills while continuing to grow and develop, to enjoy life, and to receive, and give, support and understanding in time of trouble. The finding of the particular benefit of belonging to a group run by older people for their peers is discussed in detail in the next chapter.

Using Knowledge, Skills and Experience

'Even with little bits of wool you can make teddy bears' (F 65-74)

Older adults have a lifetime of experience, in holding down a job, raising a family, running a household and fulfilling their role as citizens; however, after the transitions of retirement, loss or failing health, they can find there are only limited opportunities to use this accumulated experience. The most successful community groups are those which allow, indeed encourage, their older members to maintain their role as responsible adults; this is not simply because self-help groups rely on their volunteers, but because the chance to maintain a useful role is a source of personal self-worth (Narushima, 2005). "I can use my skills" and "I feel I am doing something useful" both scored 78% on the card, with affirmative and supportive comments.

A body of shared knowledge and resources that enables a group to proceed efficiently is an essential part of a community group, as it is of a Community of Practice (Wenger, E. et al., 2002). Moreover, membership of a group can provide an older person with a rare opportunity to continue using the skills and experience learned in earlier life. The

accounts clerk who joined the community shed had been *'a bit dubious about what I could contribute.'* But now: *'I do most of the admin stuff, because that's an area I can deal with. It just went from there, and now it gives me a reason for getting out of bed in the morning'* (M 65-74).

Older people can also maintain their role as responsible adults when they "take limited leadership roles" (Wenger, E. et al., 2002, p. 55) and make decisions for the benefit of the group. In the larger community organisations, management decisions are generally made by a committee or organising body drawn from among the members. However, one small group, with a varying attendance of up to 15 women, was an example in microcosm of a highly successful group where all the members shared the decision-making, particularly in the often tricky area of group finances. The Neighbourhood House craft group had had financial problems in the past, with costs becoming too high for the majority of the members who are pensioners. Now they have a cooperative self-help system that satisfies everyone and includes forward planning for learning and social activities, concern for less fortunate members, and a cost that is within an acceptable range, as Maggie explained:

'So what we do now, we pay 4 dollars a week, and we have another lady who is our secretary, and however many people are there she gives the [Neighbourhood House] Centre a dollar for each person that's there, and the other money she banks, so that then if there is any special project that comes up we've got money there that we can pay for it. And also if anybody gets sick we can buy them flowers and, things like that. So it works out better. Then there's another one there, she takes a dollar a week from us, and that goes to our Christmas when we go out for our Christmas lunch. So actually we're only outlaying five dollars a week altogether now' (F 75+).

The chance to go on being useful in some way, in spite of difficulties, contributed greatly to participants' feelings of self-esteem; a recent study (Narushima, 2005) found that one of the benefits to older volunteers in a Seniors Centre was a sense of self-worth. Barry explained his role at the Seniors Group he attended at the Neighbourhood Centre: *'I go, because I feel – I'm putting a bit back into, to – I do as much as I can. There's lots*

of things you can't do, lots of things in the garden I can't do ... So I enjoy it. Return for the good things I ... I'm happy. I go out. I laugh ...' (M75+).

So volunteering in the self-help group has reciprocal benefits; members do the needed tasks and gain satisfaction from helping others. Lisa, who had been very active in running the School for Seniors since it started three years earlier, said:

'Now, you know, there are people who wouldn't miss it, unless they absolutely had to. They say, you know, how stimulating it is, and that sort of thing. And that's a lovely feeling too, you know, that I'm helping to do something that they find useful' (F 65-74).

The volunteer tutors, too, are “paid” by the satisfaction of sharing their knowledge and skills, as Roy described his “reward” for the year he had spent teaching lead-lighting:

'I always say, when they do something nice, when I look at that good job, I say to meself, I helped to create that. ...I find it very very gratifying, you know, particularly at the end of the year we have a – an Open Day, and, you know, you go round there and you see all those things that they've done, what a wonderful thing for tutors, to have created that!'

And that's the reward, is it?

Oh, yes, yes, a reward – and of course a cuppa tea' (much laughter) (M 75+).

A community-based group offers its members opportunities to volunteer their help in a variety of ways. The “hybrid space” (Solomon et al., 2008) of the morning or afternoon break, with tea, coffee and a biscuit, would appear to be a simple operation, but it relies on regular commitment from a number of volunteers: buying the supplies or bringing food, filling the electric kettle or urn and remembering to turn it on (and off), setting out mugs and biscuits, serving or getting people to help themselves, taking the money and balancing the accounts, and washing up afterwards.

'I really love it, I love the uh, the socialising with the people too, we have a cuppa tea or a cuppa coffee, whatever, and sometimes I make a bit of cake, or Liz'll make a cake to take along as well, so that gives us a little bit of uh experience of doing those sorts of things too, you know, we swap recipes with one another (laughing). So – uh, yes, it's really good' (F 65-74).

The opportunity to participate in the group helps older people maintain a sense of personal identity and self-worth by using and valuing their expertise or their willingness to pitch in and help, even in a small way. The belief that making the community more valuable is a benefit to everyone is a characteristic of Communities of Practice too, where reciprocity is seen as creating a pool of goodwill – “neither selflessness or tit for tat, but a deeper understanding of mutual value that extends over time (Wenger, E. et al., 2002, p. 37).

Continuing to Grow and Develop

‘If you think you’ve learned everything, there’s not much point in going on’ (M 75+)

The question was raised, in Chapter Three (p.56ff) and earlier in this chapter (p.98), whether “leisure activities” can be described as “learning”. The word “learning” was not used in the Interview Schedule except in one statement on the card, “I like learning new things”, which received a 78% positive response. However, it emerged that many respondents perceived “learning” as one of the satisfactions they derived from their participation in activities and from belonging to the group. There was some mention of specific skills learned, for instance, in the craft group: *‘I find I’ve learned a lot from when I first started. We learned beading, and making tassels, and, you know, embroidery, things like that’ (F 75+)*. It also emerged that a successful community group provides other learning satisfactions: in the challenges - *‘I do love a challenge’*, in the new activities – *‘something different, not something you’ve done all your life’*, and in the variety of experiences - *‘you learn from every little thing’*. A particular satisfaction was the chance to learn from others and to share one’s own knowledge and skills that characterises “horizontal” learning in the peer group.

Several resemblances have already been traced between community-based groups and Communities of Practice; further analysis of the findings in this study show another resemblance. A Community of Practice is defined as “a community of colleagues organized around knowledge” (Wenger, E. et al., 2002, p.14), and “learning” as “participation in ongoing activity” (Chaiklin & Lave, 1993, p.9), where people “come together because they need each other as peers and learning partners” (Wenger, E. et al.,

2002, p.26). It is suggested that these are also appropriate descriptions of older people's groups, and that the activities in a community group are in fact "learning activities", a true "Lifelong Learning" that enables the participants to continue growing and developing into old age.

Another characteristic of learning in Communities of Practice is that participants learn by observing, listening and working alongside others and gaining confidence by receiving encouragement and support (Eraut, 2000), rather than by formal teaching. This is true also of the community group; Robert, the tutor in wood-turning at Time Out, had learned his skills by observing '*one particular chap, actually, I'd watch him, how he went about things, without him actually instructing me, and so I picked up ideas from there. And then I set myself a yardstick, and said – when I can do that as well as him I'll be a pretty good wood turner*' (M 75+). It also emerged that learning in the group was taking place in "talking spaces" such as the tea room, not just in the activity sessions; these are described as "hybrid spaces" (Solomon et al., 2008, p.77).

Learning in the group was another opportunity to exercise free choice and to follow and develop personal interests. Barry described how he learned computing skills:

'I thought, well, I got to learn to do things, and the way to learn them is to do 'em – ok, I made loads and loads of mistakes... you learn the hard way, but I had fun... You do what you want to do, that's it - things I'm doing, it's really enjoyable' (M 75+).

Vella (2002) shows that informal learning through participation, doing and deciding, is more suited to adult learning than formal, hierarchical education. This is especially true of learning in a community-based group where the organisers and tutors are also learners, attending classes and learning from others in the group, and where "control of learning rests primarily in the hands of the learner" (Marsick & Watkins, 1990, p.12). This sharing of learning experiences makes a difference in attitudes in the group; there is no Them and Us, no hierarchy of teachers and taught. As in a Community of Practice, where "knowing each other makes it easier to ask for help; you know who is likely to have an answer and you can feel confident that your request is welcome" (Wenger, E. et

al., 2002, p.34). Dick had observed differences between volunteer tutors of his own age and paid teachers in Adult Education classes:

What is it you like? *'Well, first of all, the friendliness. Secondly, the – nothing is too much trouble, for the volunteers, the tutors. I've found the tutors exceptionally patient, and tolerant, and there wasn't the ... it's the flexibility you don't get in some other courses. I think OPEN is the best older persons' club that I know.'*

Really? Why do you say that? *'I think it's the attitude. I've noticed it before, [from other organisations]. No, I think it's the attitude, and all the volunteers - nice, friendly, social'* (M 75+).

Tutoring, or informally helping others to learn, gives older people a chance to maintain their feelings of self-worth by sharing their knowledge and skills, even in a small way. The organiser of the computer group had mentioned before Dick's interview that she was hoping to persuade him to become a tutor. Dick was exhausted from caring for his wife at home until she went into residential care, and in the interview he admitted, in some distress, that he had not adjusted to living on his own. However, he was already giving help to others in the group, unofficially, one or two days a week, because: *'My knowledge is limited, but if I can help someone I will ...I've still got a brain'* (M 75+). Older people's learning and its role in self-assessed wellbeing are discussed further in Chapter Seven (p.135ff).

Fun and Enjoyment

'... painting classes – I'm not very good at it but I loved it' (F 75+).

Pleasure is a very important element in an older person's leisure activity; any competition is friendly, and participation is more important than success. Several participants used the word "fun" to describe activities in their group, and the interviews were enlivened with laughter and funny stories about happenings in the group which they were happy to share with an interviewer of similar age and experience. All the interviewees were enjoying belonging to the group – they would not have continued if they did not enjoy it. "It makes me feel alive" and "It keeps me on my toes" both rated

55% in responses to the card. “It’s a lot of fun” scored a 78% positive response. Kelvin described the atmosphere in the IT group:

‘If you enjoy doing it, it’s fun. It’s not a chore. You don’t get up – “oh, I’ve got to go to computer class!” ... We’re a pretty light-hearted group, it’s not – serious. So sometimes all of a sudden one of the machines will burst out into loud music or something, and whoever is sitting at the controls gets a bit of a raspberry’ (laughter) (M 75+).

Giving and Receiving Support

‘this group, they’re such a lovely lot, such caring people’ (F 75+)

Older people often find they have only limited opportunities to be givers rather than passive recipients of help from authorities or younger people. Membership of a group offers opportunities for reciprocal support. It has been shown above that there are many opportunities within a community group to give help in running the group. There are other means of giving; Norma was proud that *‘My apple tree is absolutely terrific, I took a whole bunch of apples to have on the trade table’* (F 65-74). “Bringing a plate” of nice things to eat, preferably home-made, is a popular way of contributing to the group’s special occasions, and a chance to use, show and share one’s skills.

Membership of the group is a means of support in times of trouble. Seven of the eight selections of the phrase “It’s good for my health” were from women living alone and experiencing grief and loneliness. Pam, whose husband was in hospital, felt:

‘all stressed ...and I thought – I’m going to School for Seniors. I went and had a bit of a chat, and people ask me how Frank’s going, I felt a whole lot better just for having gone, talked to a few people, cuppa tea, get your head right out of this space that’s all going round. It’s just a good – bit of therapy. Frank’s away for a month and you get a bit – stir crazy when you’re on your own ...’ (F 65-74).

It was clear that interviewees looked to the group to contribute to their feelings about their mental, physical and emotional wellbeing, because it offered opportunities to make use of adult knowledge and skills and to learn new skills, to grow and develop, to relax and have fun, and to give as well as to receive. Older people’s assessment of their wellbeing is discussed in more detail in the next chapter.

Characteristics of Groups that Older People See as Deterring Participation

'I don't go to other groups, not really, no...' (F 75+)

All those interviewed were positive about their membership of the group. This was to be expected; they had selected the group for themselves, and would not have stayed if they had not been satisfied. It was clear that the groups were held together by “passion, commitment and identification with the group”, as in successful Communities of Practice (Wenger, E. et al., 2002, p. 42).

Interviewees were asked to talk specifically about the organisation from which they had been recruited, so their comments on other groups were only incidental; however, some mentioned experiences that they, or friends of theirs, had had with other groups. Obviously the characteristics that appeal to older people will, if absent, be a deterrent to joining or remaining with a group. Categories of response identified through analysis were: the organisation itself, the activities offered, access to the venue, and the cost of participation.

The Organisation and the Activities

'the group was a bit uppity, or exclusive or something' (F 75+).

Five interviewees, all women, made comments on their experiences with other groups, and described reasons why they had found the group unsatisfactory.

Unless a group is prepared to make changes, in personnel and ways of doing things, it is likely to stagnate and lose members. Vivian explained why she had left one group:

'The club had been started about 25 years ago, and it had built up, and then it was now going through a period of decline, in numbers. And ... the older people were still there who wanted to run it ... It couldn't really accommodate change, and didn't have variety...' (F 75+).

A group relying on volunteers and with a membership of older people is particularly vulnerable if it does not recognise its members' needs. Older people will join a group that satisfies their personal needs, such as a chance to volunteer one's knowledge, skills

and commitment; however, there is a quid pro quo required. Outspoken Norma had plenty to say about her dissatisfaction with one group that ignored her needs in favour of its own:

'Well, I stopped my other [] club for the simple reason I used to do the newsletter and other things, and then I got sick and no one rang up to find out what was the matter.'

That was not all; when she joined a similar group the same thing occurred:

'I'd only been there two months and they put me down as Vice President, then the secretary went away so they asked me if I could do her job for a couple of months, and then the newsletter person, so I did that for a couple of months, and I just felt – oh, hang on a minute, I just came out to enjoy myself, not to get all these jobs' (F 65-74).

Another problem that can occur in groups run by volunteers is the lack of skills of some of the organisers:

'Sometimes it's difficult in voluntary organisations, when you're on committees, and trying to organise things, people come from such diverse backgrounds, not all of them have had a life where they've been working, specially for women. So it's difficult to run committees and have planning meetings ... And if they're not - if people aren't good chair people or whatever... I find that very frustrating' (F 65-74).

A shortage of people with the skills and the commitment to run an organisation efficiently is compounded in older people's groups, as Vivian, aged 80 and facing another operation, had found. She had always gone on the committee wherever she was, because *'I felt, if you've got something out of an organisation, you want to give something back.'* But after commenting critically on friends who never joined committees, she added, *'I'm getting a bit like that myself, I don't get involved in things...'*

The choice of activities on offer was identified earlier as an important consideration when deciding whether to join a group. Two women interviewees gave the activities as a reason for not joining or for not continuing with a group, though they were too polite to

say much. Molly had had doubts about the craft group at first: *'I wasn't interested in the first couple of weeks, what they were doing. They were doing, um, they were doing, um, making pottery things. And I wasn't into that'* (F 75+). Pam had joined a club, but:

'I went to the first one or two and I wasn't ... You must think I am a very critical person, I know they were doing a very good job but it wasn't – quite what I wanted, and um ...I'm not going to go to meetings if I'm not going to enjoy myself' (laughter) (F 65-74).

Vivian summed up older people's attitude to activities: *'If it's a subject I'm not interested in, I don't go just for the sake of it, I choose things I like'* (F 75+).

Access and affordability

'My word, I need my licence... they have tests when you're 75' (F 65-74).

The problem of getting to the group was another deterrent mentioned. Vivian recognised that: *'For people who can drive, certainly there is plenty to do, if you want to do it. People who can't drive, then it would be more difficult'* (F 75+). For those who do not drive there can be a problem when a group meets at a venue which is difficult to access without a car. Jean saw the difficulty: *'If I wasn't driving, I don't know how you would get out there, actually, I think you would have to rely on someone else taking you, yes'* (F 65-74). Fortunately for non-drivers, offering a lift is seen as part of friendship within the group.

Public transport was rarely mentioned, as participants were either still driving or were given lifts by other members of the group. One of the few comments was from Norma, who has back problems: *'I haven't been on a bus for a while, it jolts me too much'* (F 65-74). However, public transport – routes, frequency, access, comfort, cost – presents a problem for many older people wanting to take part in an activity (TasCOSS, 2008).

One deterrent to joining or continuing with a group that brought a lot of comment from both men and women was: cost. All the interviewees were living in their own homes, and all would have had some money coming in regularly. Interviewees were not asked about their income sources, but it was deduced that at least thirteen of the twenty-five were on the pension; some would also have superannuation. There were many comments

on the cost of living, and the need to prioritise spending. Housekeeping expenses, employing help in the house and the garden, running a car, health expenses, were all mentioned; these can all take their toll on the amount of discretionary money available to be spent on leisure activities.

There has already been mention (p.108) of the difference in cost between a learning activity with paid tutors such as Adult Education and learning from volunteers and one's peers. The high cost of belonging to an organisation run by professionals contrasts with the cost of a group run by volunteers. "It's something I can afford" was one of the few ticks on the card that grumpy Brian awarded to School for Seniors, and he contrasted it with his experience at the local mixed-age Bowls club, which was costing him \$150 a year to belong. And he had found there were incidental expenses too:

'It's not just a case of paying your membership and going along. Every time you go along, so much goes towards the afternoon tea, and they have a bit of a raffle and you're expected to buy a raffle ticket, and it mounts up, it costs you between 5 and 10 dollars every time you go along. And if we happen to be playing – you only play every second game at home, the second you play with someone else. ... Petrol money ... yeah, you've got to pay for the petrol' (M 65-74).

Even when organisers keep costs as low as possible, the cost of activities can be a deterrent, particularly for extracurricular activities such as bus trips. As Barry said, of another older people's organisation he belonged to:

'One of the big things was money. Uh, there was one married couple, I talk about them in particular, they left because – their relations who had joined in the meantime, they left too – it was working out it was costing, if you went out on a trip, it was costing each individual about \$12 to go out, plus the cost of the meal. And if you got two people, it was getting a lot of money' (M 75+).

Interviewees in this project were chosen because they belonged to a group, and the research revealed that all took part in at least one more activity (Table 5.7). It was beyond the scope of this research to probe more deeply into deterrents to participation, and the information obtained was mostly indirect, but it could be deduced that older people can face considerable problems in accessing leisure activities. Other research, for

instance the TasCOSS (2009) report *Just Scraping By?* supports this view, and details the inadequate access to services, including recreational and social opportunities, experienced by many Tasmanians, particularly those on pensions.

Personal Factors that can act as a Deterrent

‘... the frightening part of getting older – when you don’t feel well’ (F 75+).

The factors that made some organisations unpopular were often compounded by personal factors, and could add up to a threat to participation. Participants were asked to think of any reason why they might stop coming to the group (Interview Schedule, Question 7). It might have been expected that they would have given their age as a reason, but chronological age was barely mentioned in any context, and then mostly jokingly. The reason given most often and at length, was health, or rather, the possibility that ill-health would prevent attendance. Either the member’s own health, or the need to care for others.

Participants were asked (Interview Schedule, Question 10) to describe their health. Comments on personal health were common to the whole age range, from 65 to 82. Although interviewees’ assessments of their state of health were generally positive, all but one qualified their assessment by mentioning one or more ailments, including the whole range of chronic diseases. The only description of his health as ‘*very good*’ without further qualification was from a man aged 75. The most common condition mentioned was arthritis, followed by depression. Other chronic diseases mentioned were: rheumatism, osteoarthritis, high blood pressure, cancer, heart problems, and asthma. Since comorbidity is common among older people, it is quite likely that participants mentioned only one or two of a number of chronic diseases, or only those that are mentionable in public. Three participants were awaiting surgery (cancer, arthritis, rheumatism). It may be assumed that health is a much more likely deterrent to participation than chronological age; this is consistent with research into older people’s attitudes to their age, for instance, Bowling et al., (2005).

The card statement “[participation] it’s good for my health” received a tick from 60% of respondents. However, it was clear that they were thinking of subjective wellbeing

rather than of medical health, with comments such as *'It certainly is, because if you're happy you're healthy'*.

Several participants had already found that personal capacities could act as a deterrent from some activities: *'I love the embroidery, but firstly there isn't time, and secondly the eyes aren't quite so good as they were'* (F 65-74); *'I can still play tennis, but only just'* (F 75+). It is understandable, therefore, that the spectre of ill-health came first to mind as a reason for dropping out of the group sooner or later, but this was almost always qualified by a determination to keep going, *'unless my health intervenes somewhere along the line. No, I keep puffing along'*. Health? *'Oh... up and down, up and down, you know, got varying things, you know, wrong, but you know - I get by ... get by'* (laugh) (F 75+).

A partner's ill health, or the need to care for others in the family, will take priority over going to the group, for women at any rate. Ann, widowed and living alone, now had time to go to the craft group, but: *'I used to look after the grandchildren. But I had my husband, my husband was sick for about eight years, he had cancer, and he was a diabetic as well'* (F 75+). Rachel usually went to five different group activities, but: *'Unfortunately I've not been going much lately because, you know, I had all this illness in my family, which rather cut into the free time'* (F 65-74).

Linked with the problem of health is the problem of transport, personal capacity as well as cost. Vivian was still driving, but: *'I'm not as confident as I used to be, I do drive slower than I used to. ...If you don't run a car you can afford a taxi, sometimes. Cars are expensive to run'* (F 75+).

Participants were not asked about their incomes, but the cost of living, including the cost of participation in activities, was often mentioned incidentally. Jane gave an enthusiastic description of an overnight bus trip with a group, and added: *'So that was nice. I wish I could do those a bit more often, but a bit costly, for me, with my budgeting'* (F 75+).

On the other hand, the satisfaction of an activity can outweigh the cost. Barry decided to learn computing, and enrolled in a series of Adult Education courses, even though: *'I'm not rich, don't get me wrong, I get a small superannuation and a part pension. But I get*

enough to just live comfortable without throwing money about.' Barry had taken six Adult Education computer courses at the cost of about \$165 for each course. Was it worth it? *'Oh, YES – I got a terrific lot of fun out of it. These are things I want to show you...'*, and he displayed the cards he had made and the photos he had taken of the Seniors Group, developed and given back to the members as part of his active contribution to the group. Barry had (unknowingly) applied SOC Selection, Optimisation and Compensation strategies (Baltes & Baltes, 1990) to his way of life, successfully overcoming the negative factors of poor health, limited income, widowerhood and living in an isolated outer suburb, to lead a happy, busy and useful life. At the time of the interview he was aged 82.

Summary

Data analysis discussed in this chapter reveals interviewees' perceptions of the contributions made by the community-based organisations to which they belong, to their lifestyle needs and those of older people in general, many of whom have undergone one or more major transitions, mostly losses, of paid work, health, a spouse or other family members. Findings show how participation in a community-based group can help to satisfy interviewees' needs, for social participation, for their choice of leisure activities, for a chance to learn and share knowledge and skills, and to maintain their wellbeing. The focus on this part of the analysis was on respondents' views of the groups' characteristics that attract or deter their membership. In seeking for commonalities in the wide ranging interview discussions, the data analysis, which involved coding and re-coding, uncovered the expression of deeper needs for companionship, belonging, and reciprocity which transcended age-related and health related concerns.

State of health rather than chronological age was shown to be the most likely deterrent to participation, but all the interviewees showed determination to continue to participate, evidently because they perceived the benefits to their own quality of life; this accords with the findings of Fernandez-Ballosteros et al. (2001) showing that the positive use of leisure time acts as a compensation for poor health.

Reflection on the data led to the discovery of many similarities between older people's community-based organisations and the well-researched Communities of Practice in business and industry, particularly in areas such as commitment, participation, mutual support and learning opportunities. This finding suggests that the activities and practices found in older people's community-based groups are worthy of consideration as more than mere "leisure activities" but as a positive contribution to their participants' health, wellbeing and independence.

Further reflection on older individuals' motivation for joining a group, and a re-examination of the interview transcripts in light of initial coding, led to the development of theoretical coding and a conceptual framework suggesting possible relationships between themes and categories (Charmaz 2006, p.63). These help to explain what the older people in the study perceived as a state of wellbeing, of Ageing Well, which goes beyond the effects of chronological age and of medical health conditions. The role of group participation which interviewees saw as contributing to their self-assessed quality of life, and the interwoven strands of what participation means to them, are explored in depth in the next chapter.

Introduction

This study regards the older people involved as experts in their own lived experience; it seeks to give voice to their perceptions, at one stage in their lives, of one area of their own life experience: participation in their choice of a community-based group. This chapter seeks an answer to Research Question Three: *How does participation in community-based organisations affect older people's self-assessed quality of life?* This over-arching question demanded an integrative approach to the already discussed findings on specific aspects of community group participation.

Since people become more heterogeneous as they grow older (Baltes & Smith, 2003), and since the interviewees were chosen by purposive sampling to reflect, as far as possible within the small scale of the study, the differences of interests, age, area of residence and socio-economic status, the coincidence of views that emerged was remarkable. The findings in this study suggest strongly that among the multi-dimensional factors identified as part of older people's search for personal wellbeing are the special satisfactions older people find in the company of their peers, in groups run by themselves and their peers. This finding is explored and developed in the current chapter, building on findings discussed in the previous chapter.

The previous chapter described ways in which participation in community-based groups helped older people to find the satisfactions they were seeking, and the characteristics of the groups that encouraged or deterred participation. The finding of similarities to Communities of Practice shed light on the under-researched topic of older people's community-based groups. It was found that participation in a community group had a manifest function: pursuit of an activity of one's choice in congenial company. Further reflections by the researcher on the links between different perspectives of the twenty-five individuals, and revisiting of the data in an iterative cycle, explored more deeply the motivations behind participation. This process revealed in the interview responses a latent function: to maintain their quality of life by minimizing or replacing the losses

they had experienced as a result of some of the many transitions that older people experience.

In seeking a conceptual framework which encapsulates the deeper motivations expressed by interviewees the researcher chose to adopt the categories used by Alvin Toffler in his book *The Third Wave* (1981). Toffler presents Community, Structure and Meaning as “the three basic requirements to create a fulfilling emotional life and a sane psychosphere” (p.377). Toffler intended his three “requirements” to apply to everyone; they are used here as broad concepts against which to test research findings in relation to older people’s own assessment of their quality of life. Findings are drawn from analysis of the whole course of the interviews, interviewees’ responses, the researcher’s observations at the time and later reflection. The open-ended final question “*Is there anything more you would like to add?*” (Interview Schedule, Question 13), which gave the interviewees opportunities to reflect further on their life experiences and to voice the interests and concerns that were most important to them, also provided valuable data.

Quality of Life, Wellbeing and Health

Views of Ageing Well

It was shown in Chapter Three (p.35) that there is a fundamental difference between some researchers’ views on ageing well and the views of those who see themselves, or are seen by society, as “ageing”. Rowe & Kahn’s (1997) definition of successful ageing is at variance with other studies where older people were asked for their own subjective assessment; most older people rated themselves as ageing well and enjoying a good quality of life in spite of chronic conditions and disabilities (Strawbridge et al., 2002; Montross et al., 2006).

After asking why it is that older people, people with a disability, or people who are socially isolated, deprived or poor do not always present a negative view about their quality of life, Bond & Corner (2007) conclude that quality of life is “a subjective lived experience... constructed and reconstructed by individual older people within the context of their individual lives and life histories” (p.158). So there is no “one size fits all” in successful ageing; each individual will work it out in their own way. A recent

study (Townsend et al., 2006) found that older people who “kept going” were seen by their peers as heroines and “like us”, while those who were “giving up” were censured as villains and “others”. The attitudes of the participants in this study were similar; their efforts to maintain their quality of life were a process of continual adaptation to changing circumstances in their lives; or as Norma, in chronic pain and waiting for an operation, said: *‘You’ve got to get up and do it’* (F 65-74). It was observable that the satisfactions that interviewees found through participation in their choice of community-based groups, the support and encouragement they found in the peer group, and the opportunities for mental, physical and social activities, all contributed to their feelings of successful ageing, even for those with what others would describe as “disadvantages”, such as chronic conditions and functional problems.

Health and Wellbeing

Research into the concepts “quality of life” and “wellbeing” was reviewed in Chapter Three (p.38ff), where it was shown that “health and wellbeing”, or “wellbeing” on its own, is now used in positive terms as: “not purely the absence of disease, illness, injury or social problems, but the attainment of physical, mental, emotional, spiritual, cultural and social wellbeing” (DHHS, 2005, p.3, 2.1). It was shown that “wellbeing” is increasingly used to describe broad, non-medical concepts of health (Kickbush, 2008). A person’s subjective judgment of their “wellbeing”, or “quality of life” or “life satisfaction” – the terms are used interchangeably - can play an important role in their overall health (von Faber et al., 2001).

Research studies cited previously (Higgs et al, 2005; Blane et al., 2004) show that maintaining wellbeing or quality of life is of particular importance to older people, who are likely to suffer some loss or diminishment, in physical health, friends and family, and in opportunities to maintain the rights and responsibilities of adulthood, as they move through the life course. Findings in this study, described in the previous chapter, identified these losses and diminishments as the underlying motivation for participation in a community group.

Interviewees clearly distinguished between their objective state of medical health and their subjective wellbeing. As shown in the previous chapter (p.121), only one described

his health as “very good” without qualifications; all the others admitted to one or more chronic diseases. But in almost every case, their attitude to their health was positive. Like the students who saw themselves as “healthy individuals who happened to be disabled” (Abbott-Chapman & Easthope, 1998, p.108), the interviewees mostly saw themselves as happening to be getting older. In displays of Self-efficacy (Bandura, 1995), even the least well were determined to ‘*keep puffing along*’, or ‘*to keep going or I’ll seize up altogether*’, or ‘*I always put on a brave front and tell them how good I am*’. They would have agreed with the statement quoted earlier (p.40): “Wellness is happiness plus meaningfulness” (Eckersley, 2004, p.97).

Factors Affecting Self-assessed Quality of Life

Analysis showed that the interviewees’ assessments of their quality of life were affected by both personal and societal factors.

The most obvious personal factor was state of health. All but one suffered from at least one chronic condition; these conditions can affect almost every facet of daily life, making simple actions slower, more difficult, more painful. Nine of the thirteen who lived alone needed to employ some help in the garden; four of them also had help in the house.

Chronic physical conditions can affect a person’s ability to cope emotionally; several interviewees admitted to feelings of being ‘*not as confident as I used to be ... I drive slower than I used to*’ (F 75+). Poor health could be made worse by loneliness, as recently widowed Brenda confessed: ‘*That’s the frightening part of getting older – when you don’t feel well... When you think, oh, if something is the matter with me, what am I going to do?*’ (F 65-74).

A restricted income was another personal factor that could affect wellbeing; none was in paid work, and it is estimated that at least half relied on the pension. Once again, interviewees generally took a positive view and had strategies to cope, but cost was mentioned as a bar to some activities (p.120). Jim, a volunteer at the community shed, saw both factors as ‘*the only reasons that would stop me coming is – health, or I couldn’t afford the petrol*’ (M 65-74). Other personal circumstances such as the

cumulative disadvantage of poverty, unsuitable housing, and other factors that can lead to social exclusion (TasCOSS, 2009) were observed among some of the respondents.

Interviewees were also affected by their perceptions of the world around them. Several made comments on changes they observed, with the implication that the world they had known no longer existed, and they found it hard to identify with the world as it is today. There were changes in the jobs they used to have: *'not printing the way they print these days... all sold out and closed down'* (M 65-74); in attitudes: *'they don't do the work the way we used to'* (F 65-74); in Australian society: *'all different nationalities. I thought, good heavens! I felt quite out of it'* (F 65-74); even in changes of clothing styles: *'the fashions are geared to the young ... I want a nice cardigan, and of course there's nothing to buy in ordinary shops'* (F 75+). The huge changes in technology, particularly IT, were perceived by some interviewees as another divisive factor: *'All this technology is no good for us old folk'* (M 75+). OPEN, the computer group run by older people for their peers, was a popular way to learn computer skills, but only one had used the Internet to find information on other community groups. Vivian summed up this feeling of alienation: *'We were brought up differently, weren't we?'* (F 75+).

Some interviewees' feelings of alienation from modern society were compounded by their perception of society's attitudes towards them as older people. The institutionalisation of the life course, age-specific pensions and programs, the narrow view of "work" as "paid work", the link between retirement from paid work and the onset of "old age" - all these factors contribute to a societal perception of older people as "the Other, the Outsider, the Excluded" (Foucault, 2006, p.131), and formed a background to the interviewees' views of themselves. Interviewees were not asked specifically for their feelings about growing older, but several referred to ageist attitudes they had encountered outside the peer group; it was observable that they felt at ease with an interviewer of their own age.

This study found that participation in the peer group appeared to offer a way of avoiding or learning to manage these perceived changes in themselves and in the society around them, and to cope with the attitudes of society towards old age. For some, the peer group offered a refuge, but for others it was a secure base, a learning experience, or a

springboard, from which they could tackle the challenges of growing old with renewed self-confidence.

There follows discussion of the research findings on the various ways the interviewees perceived their participation in the group as contributing to their self-assessed wellbeing, using the conceptual framework drawn from Toffler.

Community

“Any decent society must generate a feeling of community. Community offsets loneliness. It gives people a vitally necessary sense of belonging”

(Toffler, 1981, p.377).

Social engagement was seen as a positive factor in wellbeing, and was shown in analysis to be one of the reasons for wanting to join a group (Table 6.1). This is consistent with research using a similar sample to the present study (aged 65 and over and living in their own homes), which found that 81% rated good social relationships, social roles and activities as important to their quality of life (Bowling et al., 2003).

All the interviewees showed the satisfaction they derived from their feelings of belonging, and of acceptance by the group, including the men: *‘Oh, yes, it’s the companionship, that’s the ... at our stage of life’* (M 75+). Interviewees’ engagement with the group ranged from peripheral to core, from “company” through “friendship” to “commitment”, depending on individual interests and needs.

The opportunity to change and expand one’s social circle and to make new friends by joining a group was seen as a positive gain, even for those who already led an active social life: *‘I have a lovely group of friends at the Church, but I do think it’s important to get out of that circle and meet with other people’* (F 65-74). The craft group was described approvingly as: *‘A very diverse group, really. Living in different areas. Different cultures. Different attitudes’* (F 75+). Several participants used the phrase *‘broaden one’s horizons’* as a reason to join a group.

Belonging to a group was particularly important for those who had experienced personal losses; the friendship, support and understanding found in the peer group, many of

whom had undergone similar experiences, went some way to restore quality of life for the thirteen who had lost a spouse. It could also help to make up for the loss of younger members of the family group who had moved interstate or overseas (a common event in Tasmania, where job opportunities are limited). Contact with family is very important for older people's wellbeing (Bowling, 1995; Clarke & Roberts, 2003). Only one of the interviewees still had young grandchildren whom she had to care for regularly, but several were using activities in the group to maintain or strengthen ties with their families. Barry was carving boxes as Christmas presents for his granddaughters. In the craft group:

'Beth at the moment is busy doing things for her grandchildren, she's got two new grandchildren, one just arrived and another on the way. ... I've recently finished a quilt for my eight year old, my grandson, with pirates – he's into pirates' (F 75+).

Feelings of personal wellbeing were evident even when objective health was poor; the ability to continue to participate in the group, even in a lesser capacity, helped to compensate for health problems. Bob had founded the community shed, and *'I was coordinator for five, six years, but then, rheumatics. So I asked George to take it over. But I'm, they call me liaison officer, I go round the areas...'* (M 75+). Molly appreciated the feeling that *'even if you're not feeling well, and you come, and just sit and talk...'* (F 75+). The feeling of belonging was reinforced by familiar surroundings and a welcoming atmosphere: *'... let's stay where we're happy, [Tasmania] and all our friends... that makes such a big difference. It's wonderful – I have a really nice network of friends and we support each other'* (F 65-74).

Finding Community in the Peer Group

The special role of the peer group in creating and maintaining social interaction emerged from the spoken and observable attitudes of the interviewees, and from observation of the groups when setting up the interviews and during the interview process.

Joining a group of one's peers is not difficult in the small-town social world of Tasmania, where there is always the likelihood of meeting and renewing acquaintance:

'It's fun, because you meet people with children who went to school with ours ... I knew various people who were already going' (F 65-74).

One of the benefits of belonging to a group of one's peers is that the group can provide a safe venue for maintaining or renewing contacts. The organiser of the computer group:

'We've got a couple of old blokes who come in who are well in their eighties, and I said one day, "Oh, what are you doing down here? Do you want some help here?" "Oh, no, we're just having a little chat." And they were reminiscing about old times because they'd obviously either gone to school together, or been – things – together, in their younger years. And they were coming in mostly for the socialising. (Laugh). The computer was a bit of an excuse, I think' (F 75+).

An atmosphere of friendly encouragement helps members to remain part of the peer group organisation when their personal circumstances change, even if they no longer take an active part. Norma, a tutor/member in the large craft group, talked about:

'My dear old neighbour who is 85, him and his wife used to go [to the group], he used to teach jewellery making, but since [wife] died he hasn't been going over, so they're trying to get him to go, and [organiser] has tried to ... she's said to me, if you see him, tell him to come over, just for a cuppa, you know. So I hope he will go over again' (F 65-74).

Having once becoming part of a peer group, older people may be reluctant to move out of their comfort zone by joining a different group where they have to make new friends:

'Oh, yes, yes, I would be lost without it, I'm sure. And if I wasn't able to come in for some reason...' You don't think you'd find something else to do? 'Well, yes, but then you've got to get to know a whole lot of new people too. Though I haven't got any close friends through it, I've still got good friends' (F 75+).

Participation in a group may not satisfy all a person's needs (Menec, 2003). Within the small research sample, there was the man who spent 20 hours a week in his workshop at his favourite activity; he went to the chip carving group *'just for the companionship. It's a day out, or half a day out'* (M 65-74). The tutor of the group had tried to recruit more

men, but saw that men *'don't socialise as much as women do... a chap is happy to plod on in his workshop'* (M 75+). However, observation of interactions in the only all-male group, the community shed, revealed strong bonds of companionship and mutual assistance among the three volunteers as they joked and teased each other; this relationship was reflected in their work with the visitors to the shed from Aged Care homes and disabled groups: *'It's all so good ... the reaction between them and us is very good'* (M 65-74). The important role that men's sheds can play in offering peer group companionship has been well researched (Golding et al., 2007a, 2007b). Speakers at the Third National Men's Sheds Conference, held in Hobart in 2009, and the researcher's observation of the conference proceedings, confirmed the importance of the Shed Movement in providing older men with a sense of community and engagement.

Membership of the peer group emerged as particularly important for those who were having difficulty coping with some of the problems of old age, because of the support and understanding from others in similar circumstances; *'We're a very caring group. Because, you know, a lot of us in turn have something wrong with us, and we allow for that, we know that so and so can't run, and that someone else has a bad arm...'* (F 75+).

Interviewees gave a number of examples of the support they found in the peer group. Vivian had found that the opportunity to continue going to the group gave her some needed respite from caring for her husband during his long final illness:

'So I was able to go out, and come back and talk to [husband] about the people, and about the game. And the satisfaction I got from being able to go out and do my thing, then I felt I was a better carer. And I think if I had to stay in the whole time I would not have been a good carer. I enjoy people's company' (F 75+).

Group membership can help to ease loneliness and grief after the loss of a spouse:

'I enjoyed it before, I always have done, but since I've been on my own it's a lot more important to me. It's terribly important, when you're on your own, to, you know, have contact with a lot of other people, don't you think? You get terribly depressed, otherwise' (F 75+).

This study found that the opportunity for social engagement offered by a peer group was seen as a benefit; this finding is consistent with one of the few studies that have been

made of seniors centres (Lund & Engelsrud, 2008), which saw a link between older people's participation in the peer group and their perceived quality of life.

Structure

“Individuals need life structure. A life lacking in comprehensible structure is an aimless wreck. The absence of structure breeds breakdown.”

(Toffler, 1981, p. 383)

Life transitions such as leaving paid work or the loss of family responsibilities have a profound and often destructive effect on wellbeing by changing or removing the pattern of daily commitments by which we organise our lives (Holmes & Rahe, 1967). Joining a group is one of the limited options open to older people as a means of substituting or creating new life-structures. Taking part in a group activity imposes a structure of time, place and commitment that can be lost on leaving the paid work force or when family responsibilities are reduced or removed. It has been shown already (Table 6.1, p.95) that the opportunity to take part in a chosen activity was one of the reasons why interviewees decided to join a particular group.

The degree of commitment to participation varied according to individual needs and tastes. So did the number of different groups to which interviewees belonged. Some were peripheral members, who do *‘the basic course but you don’t see them again ... it’s a company thing but they don’t persist in it’* as Kelvin said disapprovingly of some women in his Bonsai club. Others, particularly the founders, tutors or organisers of a group, made a large commitment of time and energy to their work; the three shed volunteers were there five days a week, and Gerry also ran another “shed” for Primary School students after school. Jane, running the computer group, admitted *‘I’d be lost without it, I’m sure’*. She was one of only two who could see some benefit in going into a nursing home *‘because at least the homes get people going, there’s always something happening’* (F 75+).

The finding that the structure imposed by participation in a group contributes to older people's wellbeing is consistent with research into a seniors centre that found “the

importance to the users of a predictable and enjoyable rhythm in their daily lives” (Lund & Engelsrud, 2008, p.684).

Community-based Learning as a Factor in Self-assessed Quality of Life

The benefits of mental and physical activity for maintaining older people’s quality of life have been well established by many research studies; for instance mental stimulus has been shown to assist in postponing the onset of Alzheimers (Valenzuela & Sachdev, 2009). Participation in a community-based group is one of the few opportunities for older people to take part in learning activities in a format they enjoy and at a cost they can afford.

In contrast to the hierarchical patterns of much formal education, activity in the peer group can satisfy its participants because it puts into practice Vella’s (2002) principles of adult learning; these include participation of the learners in naming what is to be learned and in the learning process, and respect for learners as decision makers in their learning, as they are in a large part of their lives, so that “the learning is the doing and the deciding” (Vella, p.16). When the School for Seniors group started, the members decided for themselves what kind of group they wanted: *‘We all put in things that we’d thought about, and we all said, “No, we don’t want any of that, that stuff. We just want – speakers”’* (F 65-74).

Learning in the peer group exemplifies another of Vella’s (2002) principles: using the power of “fun without trivializing learning, dialogue between adult men and women who feel themselves peers” (p.85). In the peer group, teachers are also learners; Derek used to tutor a woodwork group, but *‘I got sick of it because it used to be my job, and so one of my students took over – I go and sit in his class now’* (M 65-74). The small craft group took it for granted that each member had something to contribute: *‘ We each teach ... there’s one there today, she’s very good with cards, she’s showing us how to cover a box, cutting out and covering it with flowers’* (F 75+).

All the interviewees from the OPEN computer group commented on the difference between the formal teacher-and-students approach of Adult Education classes and their own group tutored by volunteers of similar age who are also learners: *‘Rob is one of the*

tutors, he's also got a laptop with (same) program, so any real problems I get I chase him up. He's using it himself so naturally he's finding out about it' (M 75+).

The learning process in the OPEN group was through sharing ideas and helping each other rather than listening to a tutor. Kelvin was *'doing things with photos now – talking with a couple of other people – how they do it, what to do, that sort of thing'*. He too compared the style of learning at OPEN with Adult Education; at OPEN, *'they can dodge along with you or take you higher up if necessary'* but at Adult Ed *'a paid tutor is trying to get everyone to the same level and move along at the same rate'* (M 75+). Jane described the teaching and learning in the computer group as very different from formal learning:

'The way we're structured, very casual, helping people at their own levels rather than a set class... And we don't have anybody really as a professional IT Tutor there. We've all – or most of us – come up the ranks' (F 75+).

As Norma said about the Time Out craft classes, *'It's guidance, and seeing what the other people do.'*

In the peer group, learning is learning-as-participation, rather than learning-as-acquisition (Sfard, 2000); in a participatory setting, “learning a subject is now conceived of as a process of becoming a member of a certain community” (Sfard, p.33), and participation is seen not just as taking part, but also becoming a part of a greater whole, in a community of practitioners.

Participation in an activity group reinforces older people's self-esteem by providing an opportunity, which may not be available elsewhere, to use the knowledge and skills they have acquired over a lifetime, and so to continue an accustomed pattern, albeit in a different setting. One of the special satisfactions of participation in the peer group is the recognition that all come “with both experience and personal perceptions of the world based on that experience and all deserve respect as subjects of a learning dialogue” (Vella, 2002, p.16).

Even when they have conditions that threaten their wellbeing, older people can reach a high level of life satisfaction when they take part in fulfilling activities (Nimrod, 2007a). Participation in community-based activities, especially in the peer group, offers older

people the structure of things to do and a predictable and enjoyable rhythm to the day that might otherwise be unavailable at their time of life. It provides opportunities to share a lifetime's experience with others, and to continue to learn from others in turn.

Meaning

“The feeling that our lives ‘count’ comes from healthy relationships with the surrounding society – from family, corporation, church or political movement. It also depends on being able to see ourselves as part of a larger, even cosmic, scheme of things... Most people ... suffer a sense of personal powerlessness and pointlessness.” (Toffler, 1981, p 384).

Age Constructs and the Search for Meaning

Research cited previously (p.40) shows that the single attitude most strongly associated with life satisfaction is a sense of meaning and purpose (Headley & Wearing, 1992). Older people are at great risk of losing this sense, through ageist stereotyping, or institutional attitudes to ageing that induce “learned helplessness” (Seligman, 1975) as well as diminishment of personal capacities.

Interviewees were not asked specifically about their attitudes to ageing. It was clear that, within the peer group at least, chronological age was not a matter for concern; attitudes were more important, as Roy had found: *‘There are those that give and there are those that take. We know that! Some of them will only take – that’s life, isn’t it? You and I won’t change it’* (M 75+).

However, several interviewees showed they had been influenced by societal attitudes towards older people, for instance in the terminology they used. Barry had responded to the notice in his letterbox which invited people who were *‘elderly, I think the name was’*, and he laughed, and went on: *‘And when I look at them I think – Oh, Barry, you shouldn’t be in this, these people are nearly all – dead and dying’* (laugh). But he found a purpose when he did go. *‘...I go, because I feel – I’m putting a bit back in to, to – do as much as I can’* (M 75+).

Another long-time widower, Roy, refused to apply an “old” identity to himself, speaking of: *‘... a group of people like us, and some of us getting older – not getting old, getting oldER – we don’t get old, we only get oldER... It’s very distressing when you go out to a nursing home and see some of those old folk there and – ohh, not me in thirty years time!’*. Roy was 77 at the time.

Roy had experienced age prejudice within his own family: *‘My grandchildren are teenagers ... and, uh, they don’t want to talk to an old fogey’*. He found his satisfaction in his involvement as a tutor, walk leader and group member: *‘That’s what I think is the biggest value – of clubs for older folk ... it’s the friends, the friends you make’*. Participation in the peer group defined his role and gave a refuge from societal ageism.

The ambivalence of older people’s attitudes to their own age was illustrated by Norma, who saw her age as a chance to speak her mind when she wanted to: *‘I’ve got to the age, I said, when I turn 70, well, I don’t care, I’m going to say what I think’* and she laughed. The researcher always gave her own age before asking interviewees their age; no one refused to answer, and the exchange of what amounts to a confidence was accompanied by laughter and friendly comments.

Finding Meaning in the Peer Group

In the face of ageist attitudes and personal loss or diminishment, participation in the peer group is uniquely suited to the need for older people to find meaning in their lives, in a variety of ways: to maintain freedom of choice, to learn - and share - coping strategies, and to enjoy life though new challenges and friendships. In a group run by older people for their peers, older adults can find opportunities that are not always available in mixed-age organisations, including being able to make mistakes without being judged to be old and silly.

Older people’s freedom to choose and pursue their preferred lifestyle becomes increasingly restricted with the onset of chronic conditions and lower income. Empowerment – the ability to make informed choices, exercise influence and make contributions – is diminished in ways that those still in the paid work force would find to understand (Thursz et al.,1995).

Since participation in a community group is voluntary, there is a choice not just what to do but whether to do it at all, *'not like going to work'* (M 65-74); *'You do what you want to do, that's it'* (M 75+). Jim contrasted his position as a committed full-time volunteer at his shed with his stepfather's freedom of choice at another shed: *'He goes when he feels like it... If he wants to take off, he just does.'* The interviewees had joined their groups with positive expectations of finding satisfaction, so they were prepared to vote with their feet if they were not satisfied, as Pam said of a group she had tried and left: *'I'm not going to go to meetings if I'm not going to enjoy myself.'*

Self-help groups understand and cater for individual needs of their members; in this they have an advantage over programs run by outsiders, however well-meaning, where a "totalising tendency" (Tait, 1995) may suit the administration but not necessarily the individuals. Volunteers have been shown to have high levels of satisfaction with their lives (Australian Unity Wellbeing Index, 2002); the peer groups offer opportunities that are often unavailable to older people otherwise, to play a useful role, and to maintain or to develop new feelings of purpose and the accompanying feelings of self-worth. Several interviewees saw their voluntary work for the group as *'a chance to give something back'*, and found their reward in the recognition and appreciation from their peers.

In groups run by older people for their peers, there are many different opportunities to maintain meaning and purpose: to use one's knowledge, skills and energy, by helping with tutoring, organizing, or serving morning tea, and the less organized but very important opportunities to offer and receive support and friendship. It was obvious to an observer that the fact that they had taken charge of their own activities and finances contributed to the positive atmosphere and togetherness of the small Neighbourhood House craft group.

Participation as a Factor in Maintaining Identity

Participants' sense of identity was linked to a new, more positive social construct of ageing which the peer group encourages. Several participants used the interview sessions as an opportunity to share their life story with an interviewer of their own age. This appeared to serve several purposes. Jane summed up her varied and busy life:

'... all those experiences, I think have helped to make me very positive'. Jim linked his interest in his volunteer work in the shed with disadvantaged and disabled people to his experiences as a child, when a friend of his had polio: 'It takes a special sort of person to deal with kids and with – uh – handicapped. It, sort of, taught me a philosophy that, with them like that and they've got no worries – I've got nothing to complain about' (M 65-74).

Some interviewees appeared to be exploring their identity, or using Erikson's Generativity (1986), or revisiting their life stories to create stronger links with their children and grandchildren, and to strengthen their sense of life's continuity. They did this through genealogy research, autobiography, or, like Norma, who tutored the making of scrap books of family photos as well as making her own: *'I don't want to leave all this stuff in a pile and my children not know who they were or whatever, so I decided I would do the scrap-booking...I've done one for my son for his 50th, and one for my grandson, for his 21st, and I'm doing them for all the family'* (F 65-74). Loving anecdotes about children and, especially grandchildren, were part of almost every interview, as participants talked through their identity as part of a family; in return the researcher was expected, and happy, to share her stories of her own grandchildren.

Coping Strategies

A range of coping strategies emerged from the interviews, as people sought ways to stay in control of their lives in the face of difficulties. Ann was coping with her loneliness by keeping busy and staying positive:

'Sometimes I get lonely for my – I lost my oldest son and my husband. You get lonely, you start thinking, you know, what happened and that ...but otherwise ...then I've got the house to look after and the garden, so ...and I do a lot of knitting and things like that... But no, I'm quite occupied (with satisfaction). And I – I get annoyed with these people who say they're bored, because there's no reason to be bored. Loneliness is different to boredom, and I get annoyed when they say they're bored, they can't do this, can't do that, you can do it if you try.... I'm quite happy, I'm managing pretty well. ... So, while I can manage I'll do it. ...Of course I don't want to give in and say I can't do it' (F 75+).

As in the study of “heroines” and “villains” quoted earlier (p.127), (Townsend et al., 2006), interviewees admired those who “keep going” and distanced themselves from “the others” who had given up trying. Several gave examples of people they knew who had not made the effort to cope. Vivian spoke of a friend who was lazy and would rather stay home than do anything, so: *‘she’s in a nursing home. She basically didn’t use it – and she’s lost it!’* (F 75+).

The community group presents many opportunities for incidental learning; by interaction and observation, participants can learn to make sense of situations they encounter in their daily lives (Marsick & Watkins, 1990). The peer group is an invaluable source of different and practical examples of how to cope with growing old, particularly for those without family role models, as Rachel found:

‘I suppose if you have a wider range of contacts you get more role models, too, which is important. Maybe people who have family knowledge, you know, that their parents lived a long time, say, or that their parents coped very well when they were ill or something. But if you don’t have that, then perhaps other role models that make you think – oh, well, you know, you’ll manage. (F 65-74).

Giving and receiving support and understanding is a particular function of the peer group, where others in the group have had similar experiences of illness, loss or loneliness. A recent widow whose children had left home described her feelings about the support she received from her group that helped her to stay positive about her life:

‘You need some kind of supporting group if you are a person on your own, as you get older. You’ve got to deal with things. Um, you lose your friends, relatives, and get sick, and it’s not particularly cheerful... but you still have to have something to – hope for. If you can find something to do and you’ve got people to love, you’re lucky. You’ve still got to feel that there’s something ... to look forward to. You begin to realise that you’re at the kind of end stage of the thing. That’s another reason why it’s important to have – people with whom you can talk. Or, have some kind of support. If you’ve got your partner, well, that’s great. But if you haven’t...’ (F 65-74).

The understanding and support from peer group members, many of whom had had similar experiences, was an important factor in helping older people to develop

resilience and take a positive view of their problems, and to look forward and not back. As the last quotation illustrates, it is part of Ageing Well for older people to have things to hope for and live for, rather than dwelling on the end of life.

Enjoyment in the Group Contributing to Quality of Life

Finally, within the security of the peer group, away from judgmental ageist attitudes, older people have the confidence to make an effort. They feel they can relax and make mistakes, which are laughed off in an atmosphere of tolerance and understanding. As Kelvin said: *'If you enjoy doing it, it's fun. We're a pretty light-hearted group'* (M 75+). The interviews were often interspersed with laughter, as participants shared their funny stories or jokes with a researcher of their own age and similar experience. Shared laughter is a good way to shrug off concerns with illness, and loneliness, and growing old. As 77 year old Roy said: *'You have to make the best of – after all, every day is a bonus for us. Every day's a bonus.'*

Summary

This chapter sought answers to Research Question Three: *How does participation in community-based organisations affect older people's self-assessed quality of life?* Analysis of participants' lived experiences, using Alvin Toffler's conceptual framework, shows that older people's needs for Community, Structure and Meaning can be satisfied by participation in a community group, in particular, in a group run by older people for their peers. This contributes positively to their self-assessed quality of life irrespective of their age and to a large extent of their "medical" status. From the many illustrations and examples of practice within the peer group given in the interviews, it became clear that groups run by older people for their peers are especially aware of their members' needs; this is because the organisers are members of the group, with similar life experience, who understand and share the needs of others of their age. This finding is in line with one of the few studies of older people's participation in the peer group (Holland et al., 2008) which showed how the British system of "Older people's champions" can contribute to the success of programs for older people.

Community: Membership of a group can help to satisfy older people's need for company and friendship, which they have often lost on leaving paid work, loss of a spouse or when the family leaves home. The group also provides opportunities for reciprocal action, even in a small way, that are often denied to older people, who are more likely to be treated as passive recipients rather than active contributors. Fellow feelings among people of similar age who have similar lived experiences are a source of support and understanding in times of trouble.

Structure: Community-based groups can help to restore or replace life patterns and commitments lost on leaving paid work or losing family, and can provide regular and enjoyable routines. The informal learning activities give participants a chance to volunteer, to maintain and share their knowledge and skills and to learn from others, in a friendly and supportive atmosphere.

Meaning: The sense of purpose and self-worth that is vital to wellbeing can be lost or diminished when circumstances change. Membership of a group of one's peers is a way to maintain personal identity, purpose, and a sense of continuity, and to learn, share and practice adaptive strategies to cope with growing older, in order to enjoy a satisfying life.

Growing old can be a time of losses and diminishments – health, family, occupation, lifestyle, independence. It can also be a time for new or renewed personal growth and fulfillment. An important finding that emerged from the analysis is that groups run by older people for their peers offer special benefits that are often unavailable in mixed-age groups or the wider community. These benefits include opportunities to use a lifetime of knowledge and skills, and to give as well as receive, to maintain one's identity, to feel empowered and in control of one's life, to continue to enjoy life and to find understanding and support without condescension – all of which contribute to self-assessed wellbeing.

In the light of government Positive Ageing policies, and the recent increase in official interest in preventive health measures, the finding of the important role that the peer group can play in older people's self-assessed wellbeing has implications for Health and

Education policies. These implications, and suggestions for implementing strategies to benefit older Australians, are discussed in the concluding chapter, together with suggestions for further research designed to answer questions raised by the current study.

“A human being would certainly not grow to be seventy or eighty years old if this longevity had no meaning for the species. The afternoon of human life must also have a significance of its own and cannot be merely a pitiful appendage to life’s morning.”

Carl Jung . In H. Moody (2006) p. 109.

The aim of this study is to explore in depth the factors which encourage or discourage older people’s social engagement through membership of community-based organisations. The questions investigated by the research arose out of the writer’s previous experience of older people’s voluntary self-help groups. This experience suggested that participation in a group could satisfy older people’s wish to remain active, independent, and socially engaged, with consequent benefits to their wellbeing. The research explores this proposition.

The study investigated an under-researched area of older people’s activities by exploring and seeking commonalities in the characteristics of the community-based organisations to which they belong, and the ways in which older people see these characteristics as encouraging or deterring their participation. By giving older people a “voice” in describing their experiences, the study sought to discover older people’s motivations for participation in a community-based group, what benefits they saw as deriving from participation, and how participation affected their self-assessed quality of life.

Research Questions

1. What community-based organisations and group activities do older people take part in?
- 2: What do older people see as the characteristics of organisations which encourage or deter their participation?
3. How does participation in community-based organisations affect older people’s self-assessed quality of life?

Research Context

The background to this study is the change in the number and proportion of older people in Australia and the consequent social and economic effects. For the first time, people are living for as long as thirty years after retirement from paid work; a new age cohort, identified as the Third Age (Laslett, 1991) has emerged, many of them active, independent and socially engaged. It is estimated that nearly nine out of ten Australians aged 65 and over are Third Agers; fewer than one in ten have moved on into the frailer, more dependent Fourth Age (p.13). One consequence of demographic change is the increased incidence of chronic diseases, which are more likely to occur as people grow older; the treatment of chronic disease already absorbs 70% of the national health budget and this cost will rise as the number of older people continues to grow (p.10).

The overview of policy developments in Chapter Two (p.18ff) shows governments and other authorities have introduced and promoted policies and strategies to address the social and economic effects of demographic change. The most recent trends in policy-making reflect new attitudes towards health and wellbeing; national and state policies have been prepared (Commonwealth of Australia, 2009; DHHS, 2009) with the aim of refocusing primary health care towards prevention, particularly for chronic conditions. Research has shown that chronic conditions, the “lifestyle diseases”, can be postponed or ameliorated by changes in lifestyle, such as participation in mental, physical and social activities.

There is also greater recognition of the contribution that social factors make to health and wellbeing; in Tasmania, the very recent Social Inclusion Strategy (Adams, 2009) and the appointment of a Social Inclusion Commissioner are designed to address the causes of social exclusion of all kinds. The theme of social inclusion of older people is addressed in this study, by exploring the role that community-based organisations play in providing older people with practical opportunities for personal preventive health strategies and for social engagement through participation in their choice of activities. Although this is a small-scale exploratory study conducted in the state of Tasmania, insights of the study suggest opportunities for further research and policy development which have nationwide relevance, and which are presented at the end of the chapter.

Research Methodology and Research Methods

The research was conducted using a qualitative mixed methods approach. The wish to allow participants to express their views as experts in their own lived experiences dictated the choice of methodology and research method; a phenomenological and modified grounded theory approach was adopted to elicit the lived experience of the participants and explore their reflections on their experiences. Qualitative research, using semi-structured interviews with a final open-ended question, was chosen as a way to allow older people's voices to be heard. Observation of group activities helped triangulation.

Criteria for the selection of participants were: aged 65 or over, living in their own home, no longer in paid work, and members of or attendees at one of the selected organisations. Twenty-five interviewees were purposively selected from seven different older people's organisations with a range of size, structure and membership, and offering different activities. After the Interview Schedule had been trialed in a group discussion moderated by the researcher, the twenty-five interviews were conducted, in the interviewee's home or the usual meeting place of the group, in order to create a series of snapshots of older people's views on their participation in a group.

The interviews were digitally recorded, then transcribed, and analysed by three stages of coding to identify particular phenomena and group categories around them, with provisional coding done after four interviews. Categories and sub-categories were modified as analysis proceeded on later interviews in an iterative cycle of enquiry and coding. Selective coding of the emerging themes was then used to identify a core category; the other categories were then related to it and further analysis validated the relationships. Further reflection upon the emergent themes led to the adoption of a conceptual framework drawn from Toffler (1981) to help explain the clustering of responses around the dominant themes.

Analysis was by mixed methods. Qualitative analysis sought to elicit the attitudes and feelings of the interviewees; direct quotations were extensively used to reveal the rich data through their voices. This was supplemented by quantification of basic demographic data such as gender and age of the individual interviewees, seeking to

discover factors, such as self-assessed health and access to transport, that might affect their participation.

The characteristics of the organisations to which interviewees belonged were analysed both through interviewees' descriptions of their attitudes and feelings and through quantitative analysis. Tables were constructed to categorise the characteristics of organisations mentioned in the research, and the characteristics of individual membership by age and gender. Participants' responses to statements on a card were quantified, and their comments included in the qualitative data. Reading and reflecting on the qualitative and quantitative data in concert led to the findings that are summarized below.

Research Findings

Findings in answer to the three Research Questions were drawn from the transcriptions of the interviews, supported by the researcher's observations and reflected on in the thematic analysis of the data.

Question 1: *What community-based organisations and group activities do older people take part in?*

This question was designed to remedy a perceived deficit in previous research into older people's organisations, by listing the organisations to which interviewees belonged, and categorizing their characteristics by different criteria. Four significant findings emerged. First, the twenty-five interviewees took part in a total of 106 activities; when this large number is examined with the participants' accounts of their self-assessed health (p.121), it suggests that state of health was not an important factor in affecting participation.

Analysis of the many different activities in which interviewees took part showed that they were all "leisure activities", that is, undertaken by choice, for enjoyment, stimulus and personal satisfaction; none of the interviewees was enrolled in vocational training or formal education. This suggested that older people's motivations for joining an activity were different from those still in the paid work force, and raised the question: what were they seeking?

The third finding was that more than four out of five of the groups were run by their members; in the twenty-seven groups classified as wholly for older people, twenty-five (92%) were run by the members for their same-age peers, the other two being physical activities run by qualified professionals. This raised the question: did older people have other motivations to join a group, apart from their wish to undertake an activity?

It was also found that an estimated half of the groups run by their members relied on some infrastructure support from other bodies, such as a church, a community house, or a service organisation (pp.72, 87); this support could take the form of provision of a place to meet, help with access, and supplies of equipment such as a photocopier or a hot-water urn for tea. This finding raised several questions. What part do these self-run groups and their supporting organisations play in encouraging social inclusion and preventive health? What other support do they need and who should supply it?

Individual membership was then examined, by age, gender and the number of groups to which each interviewee belonged. Women generally belonged to more groups than the men, and younger interviewees more than older. However, the number of groups to which an individual belonged varied from a maximum of nine to a minimum of one; the interviewee's own or a partner's state of health, other commitments, and the amount of time spent on an activity, were identified as factors explaining the variations.

Interviewees were then asked how they heard about or came to join the group. This question was included because lack of information on available organisations is one factor in older people's social exclusion (Hughes, 2009; DPAC, 2008). Word of mouth, from friends or family, emerged as the most usual source. However, two interviewees at risk of social exclusion, a recent widow and a man retired because of ill health, had been contacted by community health workers. Some had received information from leaflets or local newspapers; none of the participants had used the Internet. It was evident that informal social networks play an important role in older people's inclusion; professionals in the health and social sphere can also play a role to help those who are at risk of social exclusion by referring them to suitable local community organisations.

Question 2: What do older people see as the characteristics of organisations which encourage or deter their participation?

This question was designed to examine the expectations that motivated respondents to join the group, what they were looking for in choosing a particular group, and how the group they joined fulfilled their expectations. Interviewees were asked what they had hoped to gain from joining the group. Analysis of responses found that the decision to join a particular group was to satisfy personal needs, which were categorised as the need for social interaction, for enjoyable activities and for feelings of wellbeing. Further analysis showed that responses varied by gender, with women giving three times as many reasons as men, but were not affected by age.

In response to questions on their satisfaction with the group they had joined, it emerged that the satisfactions they found in belonging were those that fulfilled (or particularly in the case of men) exceeded their previous expectations. Though the interviewees had chosen different groups, and often different activities within the group, these were all pathways to achieve a common goal: life satisfaction. This related to the earlier finding (Table 5.2, p.85) that all the activities undertaken were “leisure activities” undertaken for enjoyment and stimulus, rather than formal education or other activities leading to work qualifications.

It was found that successful and sustainable community-based organisations are those that create a climate and use strategies that promote the satisfaction of their members’ needs; the corollary is that if they are to survive, community-based organisations neglect their members’ needs at their peril. Information on organisational factors - such as cost, access and the attitudes of the organisers - and personal factors -such as health, inertia, transport problems - that interviewees found acted as deterrents to participation, was extracted or inferred from their accounts of their own or friends’ experiences. This confirmed the previous finding that people join in order to fulfill their need for a satisfying quality of life; it was clear that they would choose not to join or remain with an organisation they found unsatisfactory. It became clear that both in choosing a group and in remaining a member, older people can exercise the freedom of choice that is an important factor in maintaining independence and that is often unavailable to them in other spheres of life.

In order to shed further light on the characteristics of community-based organisations, comparisons were drawn with Communities of Practice, building on discussion in the literature review (p.55ff). The resemblance was traced through several factors: structure, individual commitment, and a shared domain of knowledge. The special kind of learning that characterises both organisations – voluntary, informal, cooperative, fostering personal growth and development – differs markedly from the formal education found in schools, colleges and Registered Training Organisations. This finding points to a need among the members of community-based organisations for opportunities for self-determination, responsibility and reciprocity in the group, rather than a formal, hierarchical structure.

It is inferred that older people's hopes and expectations of their membership of a community-based group reflect their wish to remain and be seen as part of the wider community. This wish is reflected in research into older people's own attitudes towards growing old (p.32), and is consistent with the most recent lifespan development theories (p.26) which regard old age as one sector of the whole lifespan rather than a separate decline. Within the microcosm of a group, interviewees were able to maintain and make use of their long adult experience of taking responsibility for themselves and others. Some used the group as a refuge and an opportunity to mix with people of similar interests and capacities; others saw participation as an opportunity to learn for stimulus and personal satisfaction, or to use their knowledge and skills reciprocally, giving and sharing with others in the group.

Question 3: *How does participation in community-based organisations affect older people's self-assessed quality of life?*

This question adopted the terms used in *The Third Wave* (Toffler, 1981) as a conceptual framework to describe what the evidence from the interviews confirmed as the requirements for a fulfilling emotional life: Community, Structure and Meaning.

A distinction was drawn between objective standards of health and subjective feelings of wellbeing; all but one interviewee suffered from one or more chronic condition, but their attitudes were generally positive, displaying resilience, a determination not to "give in", and disapproval of those who had done so. It became clear that participation in the

group, particularly in the peer group, contributed to their feelings of wellbeing by helping to offset the adverse effects of poor health, loneliness, and restricted income. Membership of the peer group also offered older people a respite from the alienation they felt in their encounters with ageist attitudes and with changes in the world around them.

Social interaction was seen as an important element of wellbeing; participation in the group offered opportunities to expand a circle of friends, or to rebuild a circle after losses or life transitions. Being able to continue to participate in the group, perhaps in a lesser capacity, was especially important to those in poor health. Within the peer group, there were opportunities for reciprocity - for participants to be givers, not simply passive recipients; support in times of trouble or grief was given with understanding and without condescension by people who had experienced similar problems.

Structures of time and commitment from participation in a group imposed a welcome life-pattern to replace structures lost in transitions to a new life-style. The freedom to choose the degree of commitment according to individual needs and tastes was a contributing factor to feelings of wellbeing. The peer group offered a structure compatible with the needs of its members, through shared learning, fulfilling activities, and a predictable and enjoyable rhythm to the day.

It emerged from reflection on the responses that participation in the group, with opportunities to choose what to learn and how to learn it, and to share one's own knowledge and skills with others in an informal and supportive atmosphere, was a form of learning, even though this was not always recognized as such by the participants. It was clear that the stimulus, enjoyment and growth they experienced in an informal, supportive learning atmosphere contributed to their feelings of wellbeing. Participation in the group helped older people maintain the sense of meaning and purpose that is often lost as a result of life transitions or experience of ageist attitudes; it empowered older people to maintain their freedom of choice, and to be and feel useful by volunteering and sharing their knowledge and skills. In particular, organisations run by the peer group were found to encourage older people to maintain and develop a positive sense of personal identity, and to stay in control of their lives by observing and practising coping

strategies to deal with the problems and challenges of growing old. Opportunities to laugh and have fun without being seen as old and silly were also a characteristic of the peer group.

Over and over again, the researcher was struck by the positive attitude revealed in the responses, even from those who, because of ill-health, loneliness or grief might have been expected to have “given up”. It was clear that having a time and a place to meet friendly people and do enjoyable things was appreciated as a satisfying experience that contributed greatly to the participants’ feelings of wellbeing. The positive attitudes found among the interviewees in this study suggest that older people’s subjective feelings, and their consequent actions, are better indicators of their chances of ageing well than either chronological age or objective standards of health. It is fully recognised that in this exploratory study only the views of those who remained group members were sampled. A larger study which included those with lapsed membership, or had never joined a group, would be needed to put findings in wider perspective.

Conclusion and Discussion of Findings

Conclusion

Governments and other authorities are now promoting strategies on preventive health and social inclusion. The findings of this study suggest that older people’s self-help organisations can play a unique role in maintaining participants’ health and wellbeing. By providing opportunities for friendship and enjoyable activities in an informal, supportive atmosphere, and for volunteering and sharing a lifetime of knowledge and skills, participation in these organisations can promote wellbeing through social inclusion, and help to postpone or prevent the onset of chronic conditions or “lifestyle diseases”. The groups that are run by and for older people can provide role models for coping with the challenges of old age.

Older people’s community-based organisations, particularly those run by their members, cater mostly for the Third Age, the active independent people who make up more than ninety percent of Australians aged sixty-five and over. Encouraging and supporting these organisations would assist governmental authorities to hold down the rising costs

of health care by satisfying older people's desire to remain active and independent by offering them enjoyable, affordable and accessible opportunities to remain socially engaged and to Age Well.

The Role of Community-based Organisations in Ageing Well

Analysis of the reasons interviewees gave for wanting to join a group, and the satisfactions they found in belonging, distinguished three positive motivations: the need for social interaction, for enjoyable things to do, and for feelings of wellbeing (p.95, Table 6.1). These motivations and satisfactions were further examined under Toffler's (1981) concepts: Community, Structure and Meaning (p.126).

Findings from the data suggested an underlying motivation: these older people were seeking to restore or replace roles or structures that had been lost or diminished as a result of life-cycle transitions. Transitions in older age have been shown (Holmes & Rahe, 1967) to be more losses than gains. Interviews revealed personal losses such as the loss of a spouse (p.97), children leaving home (p.97) or the development of a chronic condition with the accompanying loss of capacity and mobility (p.128). Retirement from paid work, with consequent loss of status and occupation (p.103) and a reduction in income (p.106, p.128), had affected some interviewees' wellbeing. Societal and institutional attitudes towards older people, which created feelings of alienation (p.129), were also mentioned. All these perceived threats to their wellbeing were either directly mentioned by interviewees or drawn from analysis of their responses; in the context of this study these risk factors could be linked to interviewees' motives for participation in a community-based group.

This study has shown that older people perceive that they derive personal benefits from participation in community-based organizations, especially those run by their peers. The wider implication of the study is that these older people's organisations have a unique capacity to make up for the perceived losses, to lessen the risks, and so assist older people to Age Well, with consequent benefits to themselves, their communities and the economy. Aspects of the wider role of these organisations in maintaining older people's quality of life are explored below.

Helping Older People Maintain the Rights and Responsibilities of Adulthood

By the time they reach their mid-60s – at present the usual age of retirement from paid work in Australia – most people have spent a lifetime of responsibilities for themselves and their families; they have held down a job, run a household, managed their personal finances, and taken part in the social and civic life of the community. Older people have expressed their wish to retain the rights and responsibilities of adulthood (DPAC, 2007a, p.1); this wish is supported by current views of lifespan development (p.26) which recognise that old age is part of the whole life-course. However, one of the risks to older people's wellbeing is the loss or diminishment of the role of a responsible adult, or "empowerment", quoted earlier (p.41) and defined as "the ability to make informed choices, exercise influence, continue to make contributions in a variety of ways, and take advantage of services ... choices often taken for granted by working-age adults" (Thursz et al., 1995, Preface).

Participation in a community group, particularly one run by older people for their peers, can provide opportunities for empowerment. Firstly, participation is a matter of free choice, not simply what organisation to join but whether to join at all; this freedom of choice is important to older people, whose choices become ever more limited in old age. Membership of a group organised and run by peers offers a range of roles in which to use, contribute and share one's knowledge, skills and energies - as organiser, tutor, helper, driver, mentor and friend as well as a participant.

This latter point is of particular importance. Older people's opportunities for reciprocal action – giving as well as receiving – are often limited by societal and institutional attitudes, yet reciprocity is a vital component of self-esteem; "The gift not yet repaid debases the man who accepted it" (Mauss, 1954, p.63). It has been shown (p.112) how self-run groups rely on volunteers, who derive their "reward" from the satisfaction of contributing to the group. Membership of a community-based group, particularly of the peer group, offers older people many different opportunities for reciprocal actions in a community of equals (p.112). It avoids what some older people feel as a patronizing attitude, when they are merely the recipients of "charitable" help, however well-meant.

Helping Older People Maintain Social Inclusion

In spite of the emergence of the Third Age of active life after retirement from paid work, older people are one of the groups in the community at risk of social exclusion (Adams, 2009), or loss of “Community”. Poor health, low income, lack of transport, and living in a disadvantaged neighbourhood, have been identified as risk factors affecting older people (TasCOSS, 2009; Vinson, 2007; this study, p.11). Exclusion from the normal life of the community can have serious effects on older people’s wellbeing, through the loss of personal identity and the feelings of purpose or “Meaning” in life.

It has been shown (p.139) that community-based groups, particularly those with a membership wholly or mostly of older people, have a unique capacity to cater for all these risks to wellbeing. These groups provide a range of activities for different capabilities and interests (p.104), or simply provide a friendly and supportive social venue (p.106). As these older people’s groups are run by volunteers who are also members, and are often given infrastructure support (pp.72, 106), they are an activity that pensioners and those on restricted incomes can afford, unlike some mixed-age organisations or those run by paid workers (p.120). Finally, activity groups of all kinds are found in every local community (DPAC, 2007b), so there are generally opportunities nearby. For example, in Tasmania there are thirty four Neighbourhood Houses or Community Houses in low socio-economic or isolated areas of the state, which act as venues for many different activities designed to promote social inclusion and self-development.

Helping Older People Maintain Personal Growth and Development

Mental, physical and social activity has been shown to contribute both to objective health and subjective wellbeing (Bennett, 2005). Studies into older people’s activities in the context of a group (Golding, 2009, Gray, 2009; Greenfield & Marks, 2007; Lund & Engelsrud, 2008) suggest that they are undertaken, consciously or not, for the purpose of maintaining health and wellbeing.

Although leisure activities, undertaken for stimulus and enjoyment rather than for career advancement, play a part in the lives of people of all ages, they are likely to have an

increased influence on psychological wellbeing on retirement from paid work, since leisure is such a large component of retirement life (Nimrod, 2007b; p.43). Analysis of responses showed that all the 106 activities in which interviewees participated could be classified as “leisure” activities (Table 5.2, p.85). However, it was suggested (p.135) that, using a comparison with Communities of Practice (p.55 ff; Chapter Six), the characteristics of the activities, as described by interviewees, are in fact “learning activities”, though very different from formal hierarchical education and training. The activities which interviewees had taken part in, and which they perceived as beneficial, were informal, non-competitive, voluntary, learning-as-participation, social, and even incidental, and adaptable to the varying needs and capacities of the participants.

Participation in a group run by older people for their peers was an effective medium for observing and learning strategies for coping with the problems and challenges of growing old (p.141). Opportunities to laugh and have fun without being seen as old and silly were also a unique characteristic of the peer group (p.142). The overall effect of participation was to maintain a personal identity and feelings of self-worth. Social engagement, and opportunities for continued growth and development through learning, are positive factors in older people’s quality of life. The sense of looking forward with anticipation of new contacts and new experiences also encouraged a feeling of hope and continuity.

The Value of Older People’s Organisations

Community-based organisations are a resource that is apparently at present undervalued as a means of improving older people’s health and wellbeing (MacKean, 2009). These organisations are uniquely suited to provide a variety of opportunities for mental, physical and social activities suited to different interests and capacities, at minimal cost to the participants and the authorities because the organizers are volunteers. Organisations run by older people for their peers are especially valuable in providing for the needs and wants of older people through shared experiences and understandings.

The benefits of older people’s contribution towards social and community activities, “both because of their life experience and the time they can dedicate to these activities”

were recently recognized by the Senate Standing Committee on Community Affairs. The Committee noted that more older Australians are taking on caring responsibilities and voluntary work, but that this is “insufficiently recognised and supported in government policies and yet they unquestionably benefit the broader Australian community” (Commonwealth of Australia, 2008, p. xii).

The wider implications of the findings in this study, as discussed above, are that authorities and the public need to recognise, more than they do at present, that older people do not merely represent a social and economic cost but have a wealth of knowledge, skills and experience to share with others, for their own benefit and for the benefit of the community and the economy. An active, involved Third Age cohort can contribute through mentoring, volunteering and caring and through continuing a life of social and civic engagement. Greater support and encouragement of their organisations will satisfy older people’s desire to remain active, independent and involved for as long as possible, help supply a community need for volunteers, and assist governmental authorities to hold down the rising costs of health care.

Suggestions for Further Research

The small scale of this study means that it has been more exploratory rather than definitive. However, the study has raised some important issues, suggesting that there are further areas of research into older people’s participation in community-based organisations. One area is the relationship to the urgent social issues of Preventive Health and Social Inclusion.

It has been pointed out (p.55) that although older people’s activities have been extensively researched, there have been very few studies of the organisations providing these activities, how they function, their structure, their aims, funding and other factors in their success or failure. If it is accepted that there are benefits to older people’s health and wellbeing from active participation in a community-based organisation, there is a need to broaden the research to explore the whole topic more deeply. Several suggestions of areas for further research are made below.

1. This study was restricted to current members of organisations (p.74). Although reasons for lapsing membership or dissatisfaction with a group were briefly visited (p.117), further research among lapsed members and among those who do not or have never belonged to a group would help to identify more precisely the benefits of and deterrents to membership. This information could then be used to assist with recruitment and promotion. Such research would supplement current studies of factors leading to Social Exclusion, (Adams, 2009; Hughes, 2009).

2. This study was based in Tasmania, where the population differs from the mainland states in age-profile, size and distribution, ethnic and racial background, income, literacy, and employment. (pp.15-18). Ethnic, racial and language backgrounds were not taken into account in selection of participants (p.75). Comparative studies in other states would add to and round out information on the impact of national or ethnic background on participation. This is an important topic, as older Culturally and Linguistically Diverse (CALD) immigrants have particular problems, such as loss of English language skills, which can lead to social isolation.

3. There are already successful programs interstate and overseas promoting older people's wellbeing: examples of these are Vichealth in Victoria and the Age Concern programs in the United Kingdom. Further research into the role played by community-based organisations in these programs, particularly those run by older people for their peers, would be a valuable adjunct to this study.

4. This study has raised the topic of older people's learning: what "learning" in a community organisation means, and how it differs from formal institutional learning. If it is accepted that learning-as-participation (Sfard, 2008) and learning for personal growth and empowerment are an important element of self-assessed wellbeing and are factors in preventive health and social inclusion, the elements of this kind of learning need to be further researched, to identify best practice.

There is not even a recognized name for this kind of learning; it has been shown (p.57) that the Australian Bureau of Statistics definitions do not adequately describe it or include older people in statistics on learning (ABS, 2006-7); the cut-off age is 64. The

writer favours the term “Third Age Learning”, since it has the aim of maintaining the qualities that Third Agers aspire to: wellbeing, independence and involvement in their community. In suggesting the term “Third Age Learning” it must be emphasised that it will apply to *all* learning activities undertaken by older people, not simply those already labeled “Third Age” such as Universities of the Third Age and similar “organised learning” organisations, which attract only a small proportion of older people compared to the huge number and range of craft, hobby and special interest groups (Table 5.2, p. 85). There are many paths to wellbeing through activity, with varying degrees of mental, physical, emotional and social involvement, depending on the interests and capacities of the individual. Attempts to impose a learning system, however well-intentioned, will fail unless it satisfies the needs and wants of each older person sufficiently to overcome inertia, poor health, poverty and difficulty of access, and preserves their need for free choice and independence.

5. There is scope for research into ways to increase the numbers of older participants in activities, to reach those presently socially isolated for whatever reason (including the frailer, more dependent Fourth Agers); for instance, how to reach them, inform them, and maintain their participation. Issues of infrastructure - premises, funding, insurance, equipment and other assistance, transport, access, and responsibility - need to be researched to establish best practice. Research is also needed on the best ways of supplying information to older people and to those concerned with older people’s welfare in the health and welfare services.

Recommendations for Action

The finding of this study that community based organisations, particularly those run by older people for their peers, play an important role in helping older people maintain their wellbeing and independence, has implications for Federal, State and local government policy and for University and other research programs.

1. The finding that “learning” is a characteristic of community-based organisations, with benefits to their participants, has implications for government policy in relation to responsibility for older people’s health and wellbeing, and for further research and

action by Health and Education Departments. At present, older people's wellbeing through learning is not recognized as the responsibility of either department in Tasmania.

Since older people's participation in community-based organisations can be seen as an effective and inexpensive preventive health measure, national and state government departments of Health and Education should consider joint support, infrastructure funding and staff training. For instance, health professionals and social workers should be given information and training on referring clients to suitable community organisations as part of the Wellness model of Home and Community Care (HACC) services; at present, addressing clients' social needs is not generally prioritised in case-management practice (Hughes, 2009). The examples of Vichealth in Victoria, and Age Concern and other policies in the United Kingdom, deserve examination as ways to provide government and Third Sector support for the promotion of older people's wellbeing.

2. The important role older volunteers play in the community, and the substantial amount of social interaction for older people that comes through volunteer work in non-government organisations, is recognised in the Senate Report (Commonwealth of Australia, 2008) quoted above (p.156). The Report also recognises that older people's capacity to provide volunteer support is diminished by increases in living costs; funding for volunteers has not kept pace with demand. There is an urgent need to investigate the costs to volunteers (such as petrol and other transport costs), and arrange appropriate subsidies.

3. The provisions of the Tripartite Agreement (2006) between the Commonwealth Government, the state of Tasmania, and local government, on older people's wellbeing should be implemented.

4. Older people's participation in community-based organisations can be seen as "Lifelong Learning" that is truly lifelong, yet the age cut-off in official statistics on participation is 64 (ABS, 2006-7). It is suggested that the Australian Bureau of Statistics be asked to issue the figures on participation in learning activities for the age cohorts 65 and over, to aid in the provision of appropriate services.

5. It was suggested above that the Tasmanian Department of Education should take some responsibility for providing infrastructure and support. Since school enrolments are declining and schools are closing or amalgamating, one strategy would be to open State schools to the community, as included as an indicator in *Tasmania Together* (2001, p.41), as recommended in the report of the taskforce set up in 2006 to explore how to “Engage Our School Communities”, and recently (October 2009) referred to by the Tasmanian Premier. None of the groups involved in this study either used or had access to school premises, though two of the groups categorised as “Organised Learning” rented meeting rooms from Adult Education.

There is already a working example of community use of schools. Following the release of the policy document “Every Child Matters” (Department for Children, Schools and Families, 2003) the United Kingdom has developed a funded program to support schools to extend their services to the wider community. A similar program developed to suit conditions in Tasmania could benefit the participants of all ages, and could act as a pilot program for other states.

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MEMORANDUM

HUMAN RESEARCH ETHICS COMMITTEE (TASMANIA) NETWORK

MINIMAL RISK COMMITTEE APPLICATION APPROVAL

1 March 2007

Dr Vanessa Green
Education
Private Bag 66
Hobart

Ethics reference: H9282

Ageing well: An inquiry into older people's experiences of community-based learning.

Student: Rowena MacKean (Masters)

Dear Dr Green

Acting on a mandate from the Tasmania Social Sciences HREC, the Chair of the committee considered and approved the above project on 1 March 2007.

All committees operating under the Human Research Ethics Committee (Tasmania) Network are registered and required to comply with the *National Statement on the Ethical Conduct in Research Involving Humans 1999* (NHMRC guidelines).

Therefore, the Chief Investigator's responsibility is to ensure that:

- 1) All researchers listed on the application comply with HREC approved application.
- 2) Modifications to the application do not proceed until approval is obtained in writing from the HREC.
- 3) The confidentiality and anonymity of all research subjects is maintained at all times, except as required by law.
- 4) Clause 2.37 of the National Statement states:
An HREC shall, as a condition of approval of each protocol, require that researchers immediately report anything which might warrant review of ethical approval of the protocol, including:
 - a) *Serious or unexpected adverse effects on participants;*
 - b) *Proposed changes in the application; and*
 - c) *Unforeseen events that might affect continued ethical acceptability of the project.*

The report must be lodged within 24 hours of the event to the Ethics Executive Officer who will report to the Chairs.

- 5) All participants must be provided with the current Information Sheet and Consent form as approved by the Ethics Committee.

- 6) The Committee is notified if any investigators are added to, or cease involvement with, the project.
- 7) This study has approval for four years contingent upon annual review. An *Annual Report* is to be provided on the anniversary date of your approval. Your first report is due [12 months from 'Ethics Committee Approval' date]. You will be sent a courtesy reminder by email closer to this due date.
- Clause 2.35 of the National Statement states:
As a minimum an HREC must require at regular periods, at least annually, reports from principal researchers on matters including:
- a) *Progress to date or outcome in case of completed research;*
 - b) *Maintenance and security of records;*
 - c) *Compliance with the approved protocol, and*
 - d) *Compliance with any conditions of approval.*
- 8) A *Final Report* and a copy of the published material, either in full or abstract, must be provided at the end of project.

Yours sincerely



for Ethics Executive Officer

Ageing well: An inquiry into older people's experiences of community-based learning

Information sheet

We would like to invite you to take part in research on older people's experiences of learning activities. Yours is one of several community groups in Tasmania that have been asked to take part in this study..

The purpose and benefits of this study

- The aim is to investigate older people's opinions about the community groups they belong to, whether they feel they get any benefit from taking part, and any problems they face that might prevent them from participating.
- Results of this study will be used as a guide to find better ways to encourage people your age to take part in activities.

Why you are being asked to take part in the study

- The people we would like to talk to will be aged 65 and over, living in their own home, and regularly involved in activities (such as belonging to an organisation, or meeting others to share knowledge and skills). Your travel expenses to and from the interview will be reimbursed if you wish.

What your participation will involve

- If you choose to take part in the study you will be interviewed about your experiences of taking part in a community group. The interview will take about an hour, at a time and place that is convenient to you. The interview will be taped so that it can be recorded accurately.
- You will be asked to give your formal consent before taking part in the project, and you will be given a copy of the consent form and the information sheet. If you decide to take part in the interview, you may decline to answer any question, you are free to withdraw at any time you choose and, if you wish, to withdraw any data you have supplied at any time before the final report is published. A summary of the results will be available to you, and a copy of the final report will be given to the committee of your organisation.

Your anonymity and confidentiality will be respected

- Every effort will be made to ensure anonymity. Your identity will be coded, and you are entitled to read through a transcript of the interview to ensure that any identifying details are removed. The final report will not include your name or any other way of identifying you or the organisation you belong to.

- Everything you say is in confidence. The information you give will be stored for at least five years in locked cabinets in the Education faculty at the University of Tasmania, and then destroyed by shredding and disposed of by security disposal. There are no foreseeable risks to participants in the project.
- This project is being undertaken to fulfil the requirements of a MEd degree by Rowena MacKean within the Faculty of Education at the University of Tasmania. The project has received ethical approval from the Human Research Ethics Committee (Tasmania) Network, H 9282.

If you have any queries or comments, please contact the chief investigator, Dr Vanessa Green, Faculty of Education, University of Tasmania, on 6226 2742, Vanessa.Green@utas.edu.au

Or contact the student undertaking the research, Rowena MacKean, on 6244 5172, rmackean@netspace.net.au

If you have any concerns of an ethical nature or complaints about the way the project is conducted, please contact the Executive Officer, HREC Network, on 6226 2763.

Mrs Rowena MacKean (investigator)

Dr Vanessa Green (chief investigator)

Project title: Ageing Well: An inquiry into older people's experiences of community-based organisations.

Consent form

1. I have read and understood the Information Sheet for this study.
2. The nature and possible effects of the study have been explained to me.
3. I understand that the study involves the following procedures: answering questions in an interview on the activities I take part in; the interview will be taped to avoid reporting errors; the procedure will take about one hour, at a time and place convenient to me.
4. There are no foreseeable risks to participants.
5. I understand that all research data will be securely stored on the University of Tasmania premises for at least five years, and destroyed by shredding.
6. Any questions that I have asked have been answered to my satisfaction.
7. I agree that research data gathered from me for the study may be published provided that I cannot be identified as a participant.
8. I understand that my identity will be kept confidential and that any information I supply to the researcher will be used only for the purposes of the research.
9. I agree to participate in this investigation and understand that I may withdraw at any time without any effect, and if I so wish, may request that any data I have supplied to date be withdrawn from the research.

Name of Participant: _____

Signature: _____ **Date:** _____

Statement by the Investigator:

I have explained this project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation.

Name of Investigator: Rowena MacKean

Signature of Investigator: _____ **Date:** _____

Project title: Ageing Well: An inquiry into older people's experiences of community-based organisations.

INTERVIEW SCHEDULE

1. What groups/organisations do you currently belong to? (List)
2. (For each group they mention) How long have you been going to the group?
3. How did you come to join (this particular) group?
4. What did you hope to gain from joining this particular group?
5. Did it give you what you were looking for?
6. What does it mean to you to be involved with this group?
7. Can you think of any reasons why you might stop coming? How do you think you would spend your time?
8. I have a list of words and phrases here that some people have used to describe how they feel about the group they belong to. Please tick any that you think apply to you. (Give the participant Card)
9. Now tell me about yourself. How do you spend your time – apart from coming to the group?
10. How about your health - how would you describe your health generally?
11. Do you take any regular exercise? (Prompt: walking, fitness classes)
12. Do you have anyone coming in to help in any way? (e.g., HACC, family, gardener, shopping, meals)
13. Is there anything more you would like to add?

Demographics:

Gender: *interviewer's notes*

Age cohort: 65 – 70 [] 70 – 75 [] 75 – 80 [] over 80 []

Area of residence: *interviewer's notes*

Length of residence: Have you lived in this neighbourhood for long?

Home circumstances: *observation, or ask:* Do you live on your own?

Transport: How do you get around?

- Drive (if NO) Did you used to drive?
- Public transport (if YES) Are the buses convenient?
- Taxi
- Friends (details)
- Walk.
- How do you get to (the group)

Thank you so much for talking to me. Is there anything else you'd like to talk about?

CHECK information sheet, consent form

Please tick, or tell me, any phrase that describes your reasons for belonging to the group.

It's company	I enjoy what I do there
I feel I am doing something useful	I like the people who go
It gets me out of the house	I can use my skills
It makes me feel alive	I like learning new things
I enjoy doing things with other people	It keeps me on my toes
It's something I can afford	I don't know what I'd do without it
It keeps me active	It's a lot of fun
I've made new friends	I like sharing my ideas and skills
It's just something to do	I like to have things to do
It's good for my health	It offers activities I am interested in

PLEASE FEEL FREE TO ADD YOUR OWN REASONS

Please tick, or tell me, any phrase that describes your reasons for belonging to the group.

It's company	I enjoy what I do there
I feel I am doing something useful	I like the people who go
It gets me out of the house	I can use my skills
It makes me feel alive	I like learning new things
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It's something I can afford	I don't know what I'd do without it
It keeps me active	It's a lot of fun
I've made new friends	I like sharing my ideas and skills
It's just something to do	I like to have things to do
It's good for my health	It offers activities I am interested in

PLEASE FEEL FREE TO ADD YOUR OWN REASONS

APPENDIX:
STAGE 1 INITIAL/OPEN CODING:
EXAMPLE DATA CODING (Qs 4&5
and COMPARISON by age and gender

Qu 4 – attraction - what hoped to gain

M 65-74

DEREK Companionship
Somewhere to go
Time home on my own
Meet people

BRUCE Always wanted to do woodwork

ROBERT Thinking of marquetry, didn't
have the knowledge
Got up to a point, looking to do other
things in woodwork

BRIAN If you stop using your head you
stagnate

JIM I suppose I was looking for something
to do, a bit dubious about what I
could contribute

GERRY I live on me own, saves me sitting
around, go home I'm on me own

(Pseudonyms used)

Qu 5. give you what you were looking for

They asked me if I could teach
Looking forward to [next class] – something
different, not something done all your life.
Mixing with a lot of other people
All nice people Somebody to talk to
No matter if not working Go there for a chat
It's terrific, costs you \$3 and you get your
morning tea for that too. Can't complain!

A great interest
Everything I do is different
Feel you've achieved something
I think there's more talk than work, much of
the attraction in going to the class.
After 2 ½ years of doing it, not getting any
benefit, from the tutor I think I'm every bit
as good as he is...
I just go for the companionship. It's a day
out, or half a day out.

Good to pass on the knowledge
A bit of a social outlet for me as well
Started a woodwork class, own suggestion

It's an activity, you go along, you meet
people
Doesn't cost you much

I do most of the admin stuff ... because
that's an area I can deal with.
It just went from there, and now it gives me a
reason for getting out of bed in the morning

Probably a purpose in life,
teach me a few things I didn't know, sort of
thing

Qu 4 – attraction - what hoped to gain

M 75+

ROY joined to fill in a vacuum when wife
died
A big hole
Friends try to help

DICK Adult Ed not useful. Not a very good
instructor,

Qu 5. give you what you were looking for

It gives me more friends, I've got 50, 60
friends at the Wellbeing Club, and quite a
few friends at Time Out. ... And going to
Time Out – they do it because they want to.
Exactly! Not like, you go to work because
you have to. *No indeed!* It's not like going
to work, and then coming home.
Oh yes, it's the companionship, that's the ...
at our stage of life.
Well, I think they ... they like to think I help.
[tutoring] a voluntary thing, therefore, you
haven't got any ... a commitment to succeed.
I mean, if you're paid to teach somebody
something, you're expected to teach it. You
haven't got that pressure so it doesn't matter
if ... when they do something nice.. I say
to meself, I helped to create that.
I find it very very gratifying,
Open Day, you see all those things that
they've done, what a wonderful thing for
tutors, to have created that!
yes, [it's the] reward – and of course a
cuppa tea

I started at OPEN, and I learned more about
computers in the first hour of joining this
club than ...
it's about 3 years. I *cannot* praise it too
highly.
the friendliness.
nothing is too much trouble, for the tutors.
tutors exceptionally patient, and tolerant,
flexibility you don't get in some other
courses.
I do a little bit of volunteering.
My knowledge is limited, but if I can help
somebody I will.
I've still got a brain

Qu 4 – attraction - what hoped to gain

M 75 cont

KELVIN quite helpful.
course – too late to get into graphics course
this year do it next year, they have basic and
advanced class

BARRY [after wife's death] that
[Probus] was all I was doing, see, I'd left
everything alone.
So this (leaflet about group) come along, so I
joined that.

BOB these were his exact words – I'm too
bloody stupid. I thought, this is terrible, you
know, for a fellow ..
so I said, Look, I said I've got a shed, come
down to our place,... and I'll give you some
idea of how to go about making something.
I got talking to [Men's Health worker],
telling her about this guy ,
I said, It would be good if we could get a
shed, and she said, Excellent.

Qu 5. give you what you were looking for

Yes, they're so helpful. easier to be there
with someone who has been there, done that,
and can sort of guide you, and, save you a lot
of time

One of the tutors, he's also got a laptop with
Vista program. So, any real problems I get I
chase him up. Because he knows a lot about
it, really. He's using it himself so he's,
naturally he's finding out about it.

It is company, ...talking to people who are
doing similar things.

If you enjoy doing it, it's fun. It's not a
chore. You don't get up – "oh, I've got to go
to computer class!" So I think if you enjoy it,
it's fun.

We're a pretty light-hearted group, it's not –
serious ...

and I go, because I feel – I'm putting a bit
back in to, to – I do as much as I can.
there's lots of things you cant do, lots of
things in the garden I cant do. ...

So I enjoy it.

return a lot for the good things I ...

I'm happy. I go out, I laugh,
I take a lot of pictures for them, and I
produce them, I copy them, and do all sorts
of things with the photos, and give them
back to them.

The atmosphere here, people coming in, it's
friendly.

We got the Pride of Australia Medal for
mateship. We get on well with people.

And I go round and talk to people about
getting sheds up,

I was coordinator for five, six years, but
then, rheumatics, so I asked George to take it
over. But I'm, they call me liaison officer, I
go round the areas...

A chance to pay something back... grateful.

Qu 4 – attraction - what hoped to gain

F 65-74

GERALDINE it's fun because you meet mothers with children who went to school with ours.
I just enjoy being with people, children have left home, and the place is quiet.
You need to broaden your horizons or you could become very depressed.
I was already involved with other things. And I knew various people who were going. And, also, I enjoy spinning,

JEAN I went down there, saw this chip carving, thought - I like the look of that
looking to see if there was anything *different* that I hadn't tried before, to challenge myself with, appealed because *totally* different, would not have dreamt of doing, without going to a place like that, didn't know it even existed.

NORMA wanted to get away from [committees]
just have *relaxing* things to do, not going to tax my brain too much things you had to do with a time limit, being so close to home, I just walk over....

LISA I love coming here [Online Access Centre where S4S first met].
it's social contact, which I really enjoy. I'm likely to meet people I know, down here, and have a chat with them.

Qu 5. give you what you were looking for

it gives you different ideas.
we all bring some different patterns, the lady this time going to teach us different stitches,
if you spin you should try to knit. made friends wouldn't have made otherwise

teacher encourages you, he's so good, it makes all the difference.
And we're all doing different things, patterns weren't easy, but it's a challenge, I do love a challenge.
I love the people [organisers] because they're so genuine, so sincere, (new friends) I think that's terribly important, I have a lovely group of friends at the Church, important to get out of that circle, and meet with other people.

I tutor scrap-booking, the last three years, because (organiser) asked me to do that, and now I'm getting a lot of fun out of that. I get satisfaction seeing people – what they're doing with their own albums, and how much enjoyment *they're* getting out of it, one of them has *never* done anything like that but she's always wanted to, and it gives me satisfaction to see those people ..

We've had our teething problems, and mostly they've been easy enough to overcome,
Now there are people who wouldn't miss it, unless they absolutely had to. They say, how stimulating it is, and that sort of thing. And that's a lovely feeling too, you know, that, that I'm helping to do something that they find useful.

Qu 4 – attraction - what hoped to gain

F 65-74 cont

MAY they told me straight away that it didn't involve homework or anything, I could cope with that, it's only a couple of hours...
you're never too old to learn,
You have to try to fill up every, every space in your life
I try to keep myself busy.

PAM I'm not going to go to meetings if I'm not going to enjoy myself.
[at first meeting] we all put in things that we'd thought about, and um, we all said, "No, we don't want any of that stuff. We just want speakers."

Qu 5. give you what you were looking for

and I've learned a lot of things there.
Yes. It's helped, anyway. It certainly helped, yes, yes. You have to try to fill up every, every space in your life, I guess, you know, when you lose your partner and you really were devoted to them, they've got a nice group now, and [organiser] is very good about getting speakers, she must put in a fair bit of time ... we're lucky to have her.
I really love it, I love the uh, the socialising with the people too, we have a cuppa tea or a cuppa coffee, whatever, and sometimes I make a bit of cake, or Liz'll make a cake to take along as well, so that gives us a little bit of uh experience of doing those sorts of things too, you know, we swap recipes with one another (laughing). So – uh, yes, it's really good.

I go to nearly every one
I go along and sometimes I think, oh, what do I want to know about birds ... I hope it's not boring. Then I go, and it's *so* good that I could have stayed another half an hour.
you *always* learn something,
and have a biccyy and a cup of tea,
and catch up with people who are your own age, with the same sort of
always good to see them, they're nice genuine people and
[coordinator] does a wonderful job, finding the people that she does.
with some speakers you get a tear in your eye, wonderful stories ...
all stressed ...and I thought – I'm *going* to School for Seniors. I went and had a bit of a chat,
and people ask me how Frank's going,
I felt a whole lot better just for having *gone*, talked to a few people, cuppa tea,
get your head right out of this space that's all going round.
it's just a good – bit of therapy.
Frank's away for a month [hospital] and you get a bit - stir crazy when you're on your own ..

Qu 4 – attraction - what hoped to gain

F 65-74 cont

RACHEL wanted some kind of activity which would take my mind quite off everything else. I was hoping to get some kind of activity. A good idea to have some physical activity but also something that would engross you, so you weren't worrying about your kids, or school, or whatever else, just to be relaxation. a physical activity to start with, that gets more important as you get older, more difficult to get physical exercise. ...

BRENDA Yes, I love the croquet...

Qu 5. give you what you were looking for

The other thing that's changed, you get involved. important, have to participate in things, have to make a commitment if you really want to get a lot out of it for yourself personally. ... And the social side has become more important, before, I had the family, and now I'm on my own. one of the big strengths of this club, very supportive. you need some kind of supporting group if you are a person on your own, as you get older. ... You've got to *deal* with things. Um, you lose your friends, relatives, and get sick, and it's not particularly *cheerful*.. but you still have to have something to – hope for. if you can find something to do and you've got people to love, you're lucky. you've still got to feel that there's something ... to look forward to. you begin to realise that you're at the kind of *end stage* of the thing. that's another reason why important to have – people with whom you can talk. Or, have some kind of support. If you've got your partner, well, that's great. But if you haven't... Wider range of contacts you get more role models

that's been a tremendous help to me, after David died. they're so nice down there, they're lovely people, I think it's just the company, really. I enjoyed it before, I always have done, but since I've been on my own it's a lot more important to me. it's terribly important, when you're on your own, to, you know, have contact with a lot of other people, don't you? You get terribly depressed, otherwise. If I got too infirm in some way, and couldn't play. I would still join as a social member, they said, come and have a cup of tea if you can't play. So you've still got somewhere you can go I go and watch them [competitions] often. So you're always sort of welcome. And they're all a similar age – some older, some younger.

Qu 4 – attraction - what hoped to gain

F 75+

MAGGIE used to go and do some voluntary work .. But I sort of felt that I had *done enough*.
looking for anything particular when you joined? No, just general craft.

MOLLY I just wondered what they were doing...
I think a lot of people get into trouble when they just sit at home and do nothing – that’s where your problems start.

ANN Well, I go to a craft group on a Monday, over in Lindisfarne. ...
You get lonely, you start thinking, you know, what happened and that...

VIVIAN My knees are better than they were, but now I have back trouble, but um I’m determined not to ...
but I still play tennis, but only just, croquet I *can* manage, but I get very tired. there’s a lot more to it than bowls...
the company, I think, for the exchange of ideas with different people.
at our age – when you’re left on your own, wiser to stay where your friends are. friends at our age are extremely important.

Qu 5. give you what you were looking for

we just call ourselves a circle of friends.
I’m quite happy with what I do. I find I’ve learnt a lot from when I first started.
I enjoy the social interaction because I missed that when I left work.
we decided we’d puddle on on our own.
we pay \$4 a week [rent of room, banks some] any special project that comes up we’ve got money there that we can pay for it.
if anybody gets sick we can buy them flowers So it works out better.

whatever we wanted to do, we did.
And they did a lot of cards, and boxes, and then I got Alice involved and she’d learned how to make these sewing boxes, ...
So you teach each other? Yes, yes.
Sometimes we get somebody in – ...
worked out for you? Oh yes, yerss. Even if you’re just – even if you’re not feeling well, and you come, and just sit and talk,

I just enjoy the company, and we each teach ... if I go to Lindisfarne they do different things over there to what...
we chat here, and we’re still doing things.
Helping by bring ideas along? Yes, I’ve showed them what to do with the boxes that I do,

it’s just – a very pleasant atmosphere, and people who play sport – I’ve played tennis all my life – I don’t know, there’s something about sport ...
So I was able to go out, and come back and talk to [husband] about the people, and about the game. And the satisfaction I got from being able to go out and do my thing, then I felt I was a better carer. and I think if I had to stay in the *whole* time I would not have been a good carer.
I enjoy people’s company

Qu 4 – attraction - what hoped to gain

F 75+ cont

SUE I went there to join a nice group of – mostly women.
To be out in the fresh air. ..
And – and I really needed some exercise.
I don't *particularly* like simply walking,

JANE Well, I was actually going to School for Seniors, because my son was right into computers, and he said, Mum, you have to have one, so we can keep in touch.
And I'd had one, and didn't really know – nobody showed me how to use it.
The classes there were not very good.

Qu 5. give you what you were looking for

This was *exactly* what I was looking for.
You are out in the fresh air, doing some exercise. *And* - I have to think.
What more could you want? It is constant learning I think mentally has something to do with it...
So it's a lot, a lot of planning, and that really means here (touches head) – thinking.
I met some whom I knew, and they sponsored me when I wanted to join. And then slowly but surely I met people, ... mothers whose children I taught ... But lots and lots of new people,
they obviously all enjoy it, because they are all friendly, and very helpful, and we laugh together, and joke together, and have the occasional sausage sizzle,
so it's a social gathering too. Not only serious learning.

I would think I've been helping in the running for about three years. But it's grown so – we're so much more professional with our equipment.
We find that a lot of people do appreciate that - the socialisation between such a – such a – diverse group of their own age group and interests.
I lost my husband three years ago, so I was *really* glad that I had the big interest of computing for seniors. I suppose like a lot of people say, it was my saviour.

STAGE 2: FOCUSED CODING:

NUMBERED FOR CATEGORISING

Qu 4: Attraction ... Motives for joining

1 Want companionship	24 Want close to home	45 Go to another similar group
2 Want get out of house	25 Enjoy social contact	46 Lonely – start remembering
3 Alone at home	26 Meet people I know	47 Tennis now too hard
4 Want to meet people	27 start new group	48 Company –
5 Wanted do woodwork	28 No homework	49 Exchange of ideas
6 Didn't know how to do it	29 Only a couple of hours	50 Friends important at our age
7 extend experience in field	30 Never too old to learn	51 Join nice group of women
8 afraid to stagnate mentally	31 Try to fill space in life	52 Be out in fresh air
9 looking something to do	32 Need to keep busy	53 Need exercise, not walking
10 saves me sitting home alone	33 want to enjoy self	54 Son said need learn computing
11 fill vacuum after wife died	34 Chose what org wd do	55 Didn't know how to use it
12 come for social side	35 Activity take mind off things	56 Previous class no good
13 Courses I wanted	36 Relaxation	
14 Wife dead, not doing much	37 Engrossing so no other worry	
15 Help others get shed	38 Older - Need physical activity	
16 Being with people	39 Love the sport	
17 Children gone, house quiet	40 need for fitness	
18 Avoid depression	41 Done enough volunteering	
19 Enjoy spinning	42 Interested in craft generally	
20 Like look of activity	43 Curiosity what they're doing	
21 Try new different activity	44 Trouble if sit home do nothing	
22 Want relaxing things to do		
23 Want things with time limit		

STAGE 2 FOCUSSED CODING: NUMBERED FOR CATEGORISING

QU 5. give what looking for

1. Asked if I could teach
2. Nice people to talk to
3. Feel achieved something
4. Companionship
5. Good to pass on knowledge
6. Got to set self a challenge
7. Bit of a social outlet as well
8. Go along, meet people
9. Activity doesn't cost much
10. Admin area I can deal with
11. Reason to get out of bed
12. A purpose in life
13. Taught me things I didn't know
14. Gives me more friends
15. Companionship at our stage of life
16. They like to think I help
- 17 [help create] very gratifying
- 18 Open Day wonderful for tutors – the reward
19. Learned more in first hour
20. The friendliness
21. Nothing too much trouble
22. Flexibility of teaching
23. chance to volunteer, help
24. helpful guide, save time
25. Company
26. talk to people doing similar things
27. Enjoy it, fun, not a chore
28. Light-hearted group
29. Return for the good things
30. Happy, go out, laugh
31. Do things with photos
32. atmosphere friendly
33. job, talk to other groups
34. chance to pay back, grateful
35. gives you different ideas
36. we all bring patterns
37. friends wdnt have made
38. teacher encourages you
39. not easy, a challenge
40. love the organisers
41. meet other people
42. Was asked to tutor
43. satisfaction, a lot of fun
44. started group, so much fun
45. Lovely feeling, helping do something useful.
46. Learned a lot of things
47. helped fill space in life
48. love the socialising
49. make a cake to take along
50. Always learn something
51. catch up with people your own age
52. feel better for having gone
53. a bit of therapy
54. get stir crazy on your own
55. change – you get involved
56. have to make commitment
57. social side more important
58. club very supportive
59. people you can talk to
60. wider contacts, role models
61. help after husband died
62. company more important as get older
63. need contact, get depressed
64. can join as social member
65. all a similar age
66. a circle of friends
67. happy with what I do
68. find I've learnt a lot
69. enjoy social interaction, missed when left work
70. group handles own money
71. Cards and flowers for sick
72. Whatever we wanted to do, we did.
73. I got [friend] involved
74. teach each other
75. if not well, sit and talk
76. enjoy the company
77. chat, but still doing things
78. Showed group what to do
79. pleasant atmosphere.
80. a very caring group
81. helped to be better carer
82. enjoy people's company
83. exactly what looking for
84. constant learning
85. lot of thinking, planning
86. met people I knew, and lots of new people
87. they all enjoy it, friendly
88. social gathering too
89. socialising in diverse group
90. lost husband, glad to have big interest – saviour.

STAGE 3: AXIAL CODING: QUESTIONS 4 and 5 CODED IN CATEGORIES AND CATEGORY CLUSTERS

Question 4: Motives for joining – what looking for, what hoped to gain

Social reasons: Looking for social contact	1 4 12 16 17 25 26 48 49 50	
+		17
Lonely/alone	3 10 11 14 31 44 46	
Wellbeing reasons – mental, physical/psych:	2 8 18 30 32 33 35 36 37 38 40	
	41 52 53	14
+ avoiding ill health		
Activity reasons: Interest in activity - in general	9 22 23 24 28 29 48	25
- in particular	5 7 13 15 19 20 21 27 34 39 42 43 45 47 54	
- looking for instruction	6 55	
- dissatisfied with previous class	56	

Question 5: Did joining the group give you what you were looking for?

Social reasons:	2 4 7 8 14 15 20 25 26 28 30 32 37 40 41 48 51 57	
	59 62 65 66 69 73 75 76 79 82 86 87 88 89	32
Wellbeing reasons:	6 11 12 17 18 23 27 29 34 43 45 47 49 52 53 54	
	55 56 58 60 61 63 67 80 81 85 90	27
Activity reasons:	1 3 5 9 10 13 16 19 21 22 24 28 31 33 35 36 38 39	
	42 44 46 50 68 70 71 72 74 77 78 83 84	31

STAGE 4: SELECTIVE CODING OF THE EMERGING THEMES AND CORE CATEGORIES (Ref. TOFFLER, 1981)

COMMUNITY A sense of belonging, being part of something

1. Membership of a group fulfils a need for company
 - 1.1 social interaction
 - 1.2 counteracting loneliness
 - 1.3. social contact as important as the activity
2. The peer group has special value as a social outlet
 - 2.1 values, interests, experiences in common
 - 2.2 shared experiences – in the same boat, tolerance, understanding and support
 - 2.3 giving and receiving
3. Characteristics of successful community-based groups – informal, welcoming, friendly

STRUCTURE – fixed points of reference. Demands imposed by membership impose a simple structure on life

1. Structure of time and place, things to do.
2. Opportunities for shared learning (horizontal) and reciprocal assistance
3. The structure of successful groups is fitted to the circumstances of the participants

MEANING - the feeling that our lives ‘count’.

1. The satisfaction of lifelong learning
2. Able to offer one’s lifetime of skills, knowledge and experience – and be appreciated for it
3. Mental, physical and psychological wellbeing

ANALYSIS OF RESPONSES TO THE CARD CONFIRMING CATEGORIES ADOPTED FROM TOFFLER (1981)

COMMUNITY

It's company	100%	That one's a good one That's definitely so Well, it's company, definitely It is company, I mean, you'd be talking to people who are doing similar things.
I've made new friends	83%	I think that's terribly important. I have a lovely group of friends at the Church, but I do think it's important to get out of that circle, and meet with other people
I like the people who go	83%	
I enjoy doing things with other people	83%	Yes, I do enjoy

STRUCTURE

I like to have things to do	72%	
It keeps me active	61%	it keeps the brain active, that's what I like
It gets me out of the house	44%	I don't need to feel that I do that anyway, my rheumatologist is always telling me to get out and that, if I didn't make a move I would probably stay at home all the time. I mean, I <i>am</i> learning to say no, because you can get yourself involved with too many things. It <i>does</i> get me out of the house, yes I don't have to worry about getting out of the house because I've got plenty to do which doesn't involve staying in the house. (comment re bonsai group)
It's just something to do	33%	No, that's a bit – um It's more than just something to do I don't know about that. What does that mean?
I enjoy what I do there	78%	
It offers activities I am interested in	78%	Not exactly activities, are they?
It's something I can afford	83%	Yes. Because Adult Education is out of it, it really is expensive now, the Adult Ed. Yes, I think most people feel that way, compared with what Adult Ed charges these days Yes, something I can afford, doesn't cost the earth The other thing I <i>do</i> like about it, it's an activity, you go along, you meet people and <i>it doesn't cost you much</i>

I can use my skills	78%	Really I'm learning all the time I can I don't know about skills, I don't feel very skilled
I like sharing my ideas and skills	78%	I <i>can</i> share my ideas Yes, amongst each other we do share I like sharing, yes.

MEANING

I like learning new things	78%	I do like learning new things
I feel I am doing something useful	66%	that's a funny one, it's for ME really And I DO feel I am doing something useful I don't think it's useful to the community ... I do useful things down there. Like, you know, help ... I do teas and such. That's useful isn't it. I suppose I am doing something useful – useful to me anyway.
It's good for my health	61%	It certainly is, because if you're happy you're healthy I don't know about good for my health – I mean, I suppose, being happy is good for your health, so to that extent, yes Yes, my mental health It's not really good for my health because I eat more morning tea (laugh) I suppose it's good for your health, using your brain
It makes me feel alive	55%	
It keeps me on my toes	50%	Well it does, because you have to put quite a lot of thought into it
It's a lot of fun	78%	Yes, I enjoy that Usually it's fun Mmm! If you enjoy doing it, it's fun. It's not a chore. You don't get up – “oh I've got to go to computer class!” So I think if you enjoy it, it's fun. We're a pretty light-hearted group. That's a good question, it's a lot of fun. Yes. If you don't enjoy something, don't do it.
I don't know what I'd do without it	28%	I guess I'd occupy myself if I had to do without it. I guess I would find something to do without it, but it would be very hard ... it is a lot of fun. I'd just join something else I really don't know what I'd do without my croquet now, that's quite right.

ANALYSIS OF RESPONSES TO THE CARD USING TOFFLER'S CATEGORIES
By Age and Gender

	<u>M65</u>	<u>M75</u>	<u>F65</u>	<u>F75</u>	<u>TOTAL 18</u>	
COMMUNITY						
It's company	6	4	7	1	18	100%
I've made new friends	5	4	5	1	15	83%
I like the people who go	4	4	6	1	15	83%
I enjoy doing things w other people	5	3	6	1	15	83%
STRUCTURE						
I like to have things to do	3	3	6	1	13	72%
It keeps me active	2	3	5	1	11	61%
It gets me out of the house	2	2	3 NO	1	8 + no	44%
It's just something to do	1	1	3	1	6	33%
I enjoy what I do there	4	4	5	1	14	78%
Offers activities I am interested in	3	4	6	1	14	78%
It's something I can afford	5	4	5	1	15	83%
I can use my skills	4	4	5	1	14	78%
I like sharing my skills/ideas	5	3	5	1	14	78%
MEANING						
I like learning new things	3	4	6	1	14	78%
I feel I am doing something useful	4	2	5	1	12	66%
It's good for my health	2	3	5	1	11	61%
It makes me feel alive	2	3	4	1	10	55%
It keeps me on my toes	1	2	5	1	9	50%
It's a lot of fun	3	3	7	1	14	78%
I don't know what I'd do without it	1	1	2 no no	1	5 no 2	28%

APPENDIX

8th National Conference of Emerging Researchers in Ageing

**A new era for ageing research: What's in
your toolkit?**

Friday 23 October 2009

(Half day pre-conference workshop - 22 October 2009)

ABSTRACTS & PROCEEDINGS

5D

An under-rated community resource? How community organisations run by peers help older people maintain their wellbeing and independence

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Presenter Profile

My academic qualifications are: MA (Oxon), Dip. Ed. (Tasmania). I am now at the final stage of an M.Ed (Research) at the University of Tasmania, studying older people's experiences of community-based learning. I am actively involved in older people's learning activities as a group member, organiser and tutor, and as coordinator of an advocacy and promotional group for Third Age Learning. I also serve as a community member on several state and local committees promoting Positive Ageing. In 2007, I was awarded the Order of Australia Medal for services to Adult and Community Education.

Abstract

It is now generally accepted that participation in mental, physical and social activities helps older people maintain their health and wellbeing. However, there is continuing debate on the best ways of encouraging participation, especially in the context of older people's leisure pursuits. This presentation examines ways in which belonging to a community group which is run by older people for their peers promotes such leisure activities and active social engagement.

Using a phenomenological approach, this study explores 25 older people's lived experience of their involvement in community-based peer-group organisations. Methods used were interviews, observation and interviewer self-reflection. Through semi-structured interviews conducted by a researcher of similar age and experience, participants were able to voice their opinions freely without the constraint of ageism. Data were coded and analysed using thematic analysis.

The study suggests that peer-group organisations have particular characteristics that help older people maintain their wellbeing, independence, identity and self-esteem, by providing community, structure and meaning. They give older people opportunities to use their knowledge and experience, to act reciprocally, and to continue learning in an informal, supportive setting. Implications for policy and practice are discussed, with suggestions of ways in which authorities could encourage peer-group organisations as valuable community resource.

AN UNDERRATED COMMUNITY RESOURCE? HOW COMMUNITY ORGANISATIONS RUN BY PEERS HELP OLDER PEOPLE MAINTAIN THEIR WELLBEING AND INDEPENDENCE

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Abstract

It is now generally accepted that participation in mental, physical and social activities helps older people maintain their health and wellbeing, but there has been little research on the best ways to encourage such activities. This study suggests that organisations run by older people for their peers have particular characteristics that help older people maintain their wellbeing, independence, identity and self-esteem, by providing community, structure and meaning. They provide older people with opportunities to use their knowledge and experience, to act reciprocally, and to continue learning in an informal, supportive setting.

Using a phenomenological approach, this study explores 25 older people's lived experience of their involvement in community-based peer-group organisations. Methods used were interviews, observation and interviewer self-reflection. Through semi-structured interviews conducted by a researcher of similar age and experience, participants were able to voice their opinions without the constraint of ageism. Data were coded and analysed using thematic analysis.

Implications for policy and practice are discussed, with suggestions of ways in which authorities could encourage peer-group organisations as a valuable community resource.

Research question

My study sought the answers to two questions: what characteristics of community-based organisations do older people see as encouraging or deterring their participation? and how does participation affect their self-assessed quality of life?

The increase in the number and proportion of older Australians has aroused fears that the economy will suffer a 'health burden', because older people are prone to the chronic diseases which already account for 70% of the national cost of health. Since it is now generally accepted that participation in mental, physical and social activities can prevent or postpone the onset, and ameliorate the course, of chronic disease, this research aims to discover the best ways to encourage older people to participate in activities, by asking them to talk about their own experiences as members of community-based groups.

Methods

A phenomenological approach was used to explore older people's lived experience of their involvement in community-based peer-group organisations. Methods used were semi-structured in-depth qualitative interviews with individuals, observation and self-reflection. Interviews were digitally recorded, and transcribed with at least two checks for accuracy. Data were coded and analysed using thematic analysis (Strauss & Corbin, 1990). 25 volunteers aged 65 and over (14 men and 11 women) were recruited from seven community-based organisations offering a variety of activities. Interviews were conducted in the participant's home or the group's usual meeting place. Participants were keen to share their views with an interviewer of similar age and experience. A final open-ended question invited participants to give voice to their lived experience, and brought a wide range of responses on matters they saw as important.

The phenomenological approach helped uncover the finding that groups run by older people for their peers have characteristics that make them particularly appealing.

Results

Participation in activities

The 25 interviewees took part in a total of 106 activities. Ninety two per cent of the groups were run by their members, though some received infrastructure support (eg. low-rent premises).

State of health was a more important determinant of participation than chronological age. All but one interviewee suffered from one or more chronic diseases, but all regarded themselves as ageing successfully, supporting Bennett's (2005) finding that social engagement is a predictor of self-assessed health.

Motivations for joining a group were: opportunities for social interaction, personal wellbeing, and the activities offered – all 'leisure activities' such as hobbies, crafts, physical activities, organized learning and volunteering. Leisure is an important resource in coping with stress and with negative life-events such as physical disability, chronic disease or bereavement – all likely events for older people (Janke, Davey & Kleiber, 2008).

An important finding that emerged from deeper analysis was that peer group organisations – those run by and for their members – are uniquely capable of providing the satisfactions older people are seeking. Alvin Toffler's (1981) 'three basic requirements of any individual: the needs for community, structure and meaning ... to create a fulfilling emotional life' (p.377) provided a conceptual framework within which to explore further the interviewees' perception of the groups.

The role of peer group organisations

Community: All the interviewees expressed the satisfaction they derived from their feelings of belonging, and of acceptance by the group: *'Oh, yes, it's the companionship, ... at our stage of life'* (M 75+). The group was a place to make new friends: *'friends I wouldn't have made otherwise'* (F65-74), and to renew old acquaintances. Many interviewees chose a group as much for the social contact as for the activity: *'I'm as good as the tutor; I just go for the companionship'* (M 65-74).

Although some interviewees belonged to mixed-age organisations, they saw a special value in groups of their peers, with whom they shared interests and life experience. There was a fellow-feeling: *'we're a very caring group. Because, you know, a lot of us in turn have something wrong with us, and we, um, allow for that'* (F 65-74). They could feel part of the group even when they were unable – permanently or temporarily – to take part in the activities: *'Even if you're not feeling well, you come, and just sit and talk'* (F 75+).

Belonging to a peer group was specially important for those who had experienced personal losses; the friendship, support and understanding they found was a help to the thirteen who had lost a spouse, and to those living alone: *'The social side has become more important, because I had family before'* (F65-74). Groups arranged to send cards or visit members in hospital; one craft group made provision in its tiny budget so that *'if anyone gets sick we can buy them flowers'* (F 75+).

A major benefit of belonging to a peer-group organisation is the opportunity for reciprocity. This is an important ingredient of independence and consequently of self-esteem (Wahrendorf et al., 2006), but it is often unavailable to older people, who are more likely to receive services than give them. Eleven of the 25 interviewees were actively involved in running their group, as organisers or tutors. Others helped by giving lifts to members who were no longer driving, or by baking a cake for morning tea, or by bringing vegetables from their garden to give away or to sell to raise group funds. An 80 year old widower, who was the life and soul of his group, explained:

'I go because I feel – I'm putting a bit back in... I do as much as I can. There's lots of things you can't do, lots of things in the garden I can't do... So I enjoy it. Return for the good things I ... I'm happy. I go out. I laugh...'

Another advantage of belonging to the peer group is the chance for relaxation and enjoyment without the fear of being thought old and silly: *'We all enjoy it, all friendly and helpful. We laugh together, joke together'* (M 75+). Among peers and in familiar surroundings, older people maintain their personal identity.

Structure: Participation in activities provides the structure of time, place and energy that is often lost on retirement; *'It gives me a reason for getting out of bed in the morning'* (M 65-74). Older people's groups offer their participants opportunities to do things for which they had not had time before, or to spend more time on activities they already enjoy. Interviewees appreciated having a choice of a variety of activities suited to different levels of ability.

Participation in mental and physical activities offers a challenge and an opportunity to learn, but the learning in the peer group is informal and cooperative rather than competitive, building confidence and making allowances for others' difficulties. Community-based groups have more in common with Communities of Practice in the workplace (Wenger, 1998) than with formal learning institutions. There is no Them and Us, no hierarchy of teachers and taught; teachers are also learners, and learning is through participation in activities (Sfard, 2008). The tutors and organisers are volunteers, fellow learners and members of the peer group; they are rewarded with the appreciation and thanks they receive: *'That's a lovely feeling, you know, that I'm helping to do something that they find useful'* (F 65-74).

Volunteering helps to keep the cost of participation within the reach of pensioners and those on fixed incomes, so no one need feel uncomfortable or excluded. A morning at a craft group 'costs you three dollars and you get morning tea as well. Can't complain!' (M 65-74).

Meaning: Participation is a way to maintain a sense of meaning and purpose, the single attitude most strongly associated with life satisfaction (Headley & Wearing, 1992), and one that can be lost under the impact of declining health, restricted income, and ageist attitudes in the wider community. Membership of a peer group organisation empowers older people to retain their life-role as responsible adults, to use their knowledge and skills and exercise their freedom of choice.

Membership of the peer group is also an opportunity to observe and practice strategies to cope with the difficulties that can accompany old age - loneliness, poor health, social exclusion, a loss of purpose and self-worth - and to offer and receive support and friendship from people of similar age and life-experience. This appears to confirm Nimrod's (2007) finding on the benefits of participation in activities: essentiality, growth, challenge and companionship as contributing significantly to life satisfaction.

Implications for policy and practice

As the number of older people increases, there will be greater demand for the preventive health activities that community-based groups can and do provide. Community-based self-help peer groups can provide an effective preventive health measure at very little cost to participants or to the community, but these groups have infrastructure needs which they are generally unable to fill, such as accessible, affordable and suitably equipped venues (MacKean, 2003).

Older people's experience of group participation is an under-researched topic; a recent search of databases (Lund & Englesrud, 2008) identified no recent studies. Government authorities have yet to recognize and support the solution suggested here. Cooperation between Health and Education authorities, consultation with the Third Sector, and most importantly, with older people themselves, could provide a low-cost solution to the 'problem' of an ageing population that satisfies older people's need for community, structure and meaning.

Summary

The special characteristics of community-based groups, especially those run by and for older people, make them an important community resource that can help older people maintain their wellbeing and independence.

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All you need is a door: Access to Third Age learning in Tasmania

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The Third Age - active, independent, post-work, 55+ - is the fastest growing age group; by 2011, there will be more Tasmanians over 55 than under 15. The purpose of Third Age Learning is to help older people maintain health and wellbeing through mental, physical and social activities that provide needful community, structure and meaning. It offers the widest possible choice of learning activities. Third Age Learning providers include many informal groups and voluntary organisations.

Governments are just starting to recognise the needs and wants of Third Age Learning. An ACE State (Tasmania) Strategy Policy is now (November 2002) in draft form.

Community developments include the formation of a lobby group TALENT, the Third Age Learning Network of Tasmania. As Third Age Learning is largely provided by volunteers, it does not need huge money investments; it does need recognition of its value to individuals and the community, and practical help with suitable premises and transport.

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Introduction

When one wishes to present a paper to a conference such as this, one submits a resume of the topic and a *curriculum vitae*. I have some academic qualifications, acquired long ago and far away, but the most valuable qualification I have to talk about Third Age Learning is my age. I have just celebrated - and that is the right word - my 70th birthday. So I have firsthand experience of what it is like to be not 'old', not 'aged', not 'senior', not really all that much 'older', but 'Third Age'.

Our perceptions of age have changed. When I was young, seventy was very old indeed. It was the age of a grandmother or a great grandmother, who sat and knitted, who wore black from head to toe, and who was slow and stiff in her movements and her ideas. Many men did not reach seventy then; they retired at 65, spent a year or two playing bowls and mowing the lawn, then they died. When my older sister turned seventy a couple of years ago, she bought herself a purple leotard to wear to her aerobics class.

The topic

The topic of my paper is "Access to Third Age Learning in Tasmania", with the heading, "All you need is a door." Third Age Learning actually needs more than that, but as I shall explain, we now have a toe in the door. I shall deal with the topic in three sections: An explanation of the concept of the Third Age: why it is a new factor in our world, and the effect of the Third Age on individuals and on our society. An outline of Third Age Learning: how it differs from other kinds of learning in its purpose and practice, and its value to individuals and our society, Third Age Learning in Tasmania: problems and opportunities.

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The Third Age

Forget the melancholy Jacques' Seven Ages of Man; today we have four ages of man, and woman. The Four Ages are the classification proposed by Cambridge social historian Dr Peter Laslett, founder of the Cambridge Group for the History of Population and Social Structure, and co-founder of the Open University and of the Universities of the Third Age.

Dr Laslett's classification of ages is:

First Age: immaturity, dependence, socialisation and education

Second Age: maturity, independence, responsibility, earning and saving

Third Age: era of personal fulfilment (marked by very little public spending)

Fourth Age: final dependence, decrepitude and death (marked by very high public spending)

There has been a demographic revolution in the Western world, including Australia, which influences the way we look at adult education, amongst other things. Australia is getting older. In the next decade, the greatest growth will be in the age groups 40 to 59 and 60 to 79, that is, 2001-2011:

0-19: a loss

20-39: less than 200,000 increase

40-59: nearly 800,000 increase

60-79: over 800,000

80 and over: 200,000

This change is greater in Tasmania than in any other state in Australia. By 2011, there will be more Tasmanians over 55 than under 15. By 2050, 30% of the Tasmanian population will be over 65 and less than 15% will be under 15 years of age. Not only are people living far longer, they are working far less.

Retirement at 55, whether forced or voluntary, is becoming the norm. A person leaving the paid workforce today at 55 years of age can expect to have at least twenty years of active independent life.

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What are they going to do with their lives? Will they be a burden to themselves and to the community, or is there still a role for them? The social and economic effects of this greatly expanded Third Age are very great and have barely been recognised.

Defining a role

'What do you do?' is often the next question after 'How do you do?' We define ourselves and others in terms of our job, work, profession. Our place of work gives us a recognised role, colleagues, satisfactions and obligations. But what role or status do retired people have? How do they see themselves? How do others see them? Alvin Toffler defined the three basic requirements for the health and wellbeing of an individual or a society: community, structure and meaning. Community means a sense of belonging. It is a group we can talk to and share ideas with, a group with similar aims and interests to our own. Our personal community is the supportive network of friends and acquaintances who are ready with support and help when needed. Structure is the pattern of commitments and involvements. When we leave work or the children have left home, there is not the same need for a rigid timetable. But we still need a reason for getting out of bed in the morning. Meaning: retirement, loss of a spouse, children leaving home - all of these can bring the feeling that the purpose in life has gone. Many older people have already found a new purpose for themselves, through their involvement in voluntary work, in their church or club, or their grandchildren. But many others need to find this new sense of purpose, to rebuild their sense of self worth. We all need to be needed, and to feel we have a recognised role and a value.

These three needs are something we probably do not even think about until we actually experience their lack. I suggest that those of you who are still in the paid workforce do start to consider these questions: how will I spend those twenty-plus years of active life? and how will I satisfy my own need for community, meaning and structure in my life?

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The benefits of activity

There are many ways in which retired people can maintain community, structure and meaning; they all involve activity of some kind. Voluntary activities, whether for the family or the community, have all the benefits of paid work except the money, but with the bonus of free choice of what one does. One can, for instance, choose an activity that one really wants to do for oneself, rather than for others. The Third Age can be a time of personal achievement - a time to do something one has always wanted to do but has not had time for till now. The key word is 'activity'.

Mental, physical and social activities help older people maintain their wellbeing and independence and avoid the 'lifestyle' diseases of arthritis, diabetes, cardiovascular ailments and strokes, and depression. In a recent article in *The Australian* (12 June, 2002), the head of the Institute for Biomedical Research, Dr Max Bennet, was quoted as saying: "By the year 2020, the greatest disability facing the world will be depression." Mental, physical and social activities help older people to remain useful members of society, an asset rather than a burden.

Third Age learning

An interest that combines all three kinds of activities is to learn something new along with other eager learners - Third Age Learning. 'Third Age Learning' is a preferable term to 'Lifelong Learning', which is used, overused and stretched beyond meaning, and has often been commandeered by the VET sector.

Third Age Learning could be described as 'Informal Learning', that is, learning that takes place outside schools, colleges and similar establishments. Canadian research has shown that involvement in informal learning is four times as prevalent as formal learning.

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A letter in *Adult Learning Australia* (Winter 2001) describes the research by Allen Tough of the Ontario Institute for Studies in Education: Tough's researchers had discovered that the vast majority of the adults they surveyed undertook many serious learning projects in the course of each year and that the overwhelming majority of these were undertaken without the involvement of any recognised education institution. Another description could be 'Community-Based Learning', for the same reasons. Or 'For-the-Love-of-It Learning'.

The characteristics of Third Age Learning

Third Age Learning differs from First and Second Age Learning in both purpose and practice. First Age Learning is compulsory, teacher-directed, follows a prescribed curriculum, takes place in a special building, and is designed to prepare participants for the next stage of adulthood and citizenship. Second Age Learning is structured, vocational, and designed to train or retrain job seekers. The purpose of Third Age Learning is to help people, and particularly older people, to remain active, independent and useful, by providing them with all sorts of choices for mental, physical and social activities. The key word here is 'choice'. So in Third Age Learning, it does not matter what one learns or even how successfully one learns it; the process of learning is far more important than the product. There are no 'correct' or 'compulsory' topics. One learns what one finds most interesting.

So Third Age Learning can include just about anything: art or astronomy, book discussion or bush lore, computers or crafts, Dutch or dancing. To continue the alphabet, there is a phrase the schools use for choice courses: extension and enrichment. How you learn is also a matter of choice. You can learn from a tutor, a mentor, a buddy or from others in the group. And you can pass on your own skills and experience in a friendly, informal way.

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Just as there is a huge choice of what and how to learn, there is a huge range of Third Age Learning providers. There are the Third Age Learning organisations like U3As and Schools for Seniors. Most seniors' organisations and clubs have a learning component, and all provide opportunities to socialise. Libraries and on-line access centres are learning centres much used by older people. Many adult

education courses involve love-of-it-learning rather than vocational learning. Then there are the community organisations that include older people among their participants: churches, neighbourhood houses, community centres, and the myriads of specialist clubs and societies.

The benefits brought by these activities are great and heart-felt. I recently spent a morning in a church hall with nearly one hundred women and men working in 20 different craft groups. AS I went round chatting to people, the same comments came again and again: "It's a lifeline." "I look forward to this all week." "I've made so many friends here." These people had found the community, structure and meaning they needed to stay active and happy: Those of you still in the workforce, take note. Happy active people not only stay healthy, they put back some of .that energy into the community. Leaving aside the many volunteers who work in sports (and many older people are sports coaches and officials), the majority of volunteers are in the Third Age. This country would soon collapse without its thousands of volunteers working in many different roles in the community.

To sum up: the purpose of Third Age Learning is to help older people maintain health and wellbeing through mental, physical and social activities which provide needful community, structure and meaning. The practice of Third Age Learning is the provision of a very wide choice of activities, to be learned in many different ways. The providers of Third Age Learning consist of many different groups and organisations. These characteristics of Third Age Learning give rise to some problems and many opportunities.

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Third Age learning in Tasmania: problems and opportunities

The cause of Third Age Learning faces several problems. One is inherent in the very wide range of providers; there is very little communication between providers even when they are working in the same area, for instance Schools for Seniors. Many providers do not even see themselves as part of the adult learning community. There has been no one body that speaks for the whole sector.

Another problem has been that governments are only now coming to recognise the very existence of the Third Age, let alone its needs and wants. The same is true of Third Age Learning; its existence, its diversity and the benefits it offers older people are only partly recognised and spasmodically acted on. (This is perhaps not so surprising, for not only is the sector very diverse, but each group is fiercely protective of its independence and would almost rather go under than ask for government help.) The Education Department is only now beginning to examine its role in adult and community learning, and most of the interests of older people have come under the Health Department, which does not distinguish sufficiently between the active Third Age and the frail, dependent Fourth Age.

But rather than dwell too long and gloomily on the problems Third Age Learning faces, I would prefer to describe the changes for the better, however small and however recent, or even still to come.

There have been encouraging changes in attitudes and practices in government and in the Third Age sector.

Third Age Learning and government policy

Consider government policy and practice in Tasmania. There are five main areas of policy with accompanying documents. First, the 'Tasmanian Plan for Positive Ageing 2000-2005' was initiated during

the International Year of the Older Person in 1999. The learning objective is slanted towards technology, but it was a move in the right direction. The policy document of the Tasmanian Education

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Department is *Learning together*, a vision for the future. At first sight this is not very encouraging. The theme is lifelong learning, but the emphasis is on the First and Second Ages - schools and VET. In a 38-page document, the Third Age kind of learning rates one sentence, on page 19. There are some hints of community-based learning in other parts of the document. One of these is a scheme suggested by the Positive Ageing policy and taken further by the Education Department: 'Partnerships between

Schools and Older People'. A group from the Education and Health Departments and some older volunteers have been working on this for the last three years. A survey we carried out found that there are all kinds of active partnerships going on in Tasmania, many of which are included in the book, *Partners in time*. Our group is now finalising a resource kit designed for use not just by schools and older people, but by all members of a local community. The partnership concept could start a whole new area of community-based learning, launched by communities as often as by schools.

An even more recent application of the ideas set out in *Learning together* develops community involvement further. You will all be aware of the National Policy on Adult Community Education (ACE). It is now acknowledged that ACE in Tasmania has suffered from a lack of overall strategic direction, plan and policy. The Equity Standards Branch of the Tasmanian Department of Education is now developing a state ACE policy strategy that will align with the national goals, and has had some preliminary consultation with community learning groups. *Learning together* also mentions other possibilities for community involvement, including a system of CLANs or Community Learning Advancement Networks: CLANs will bring together the collective experiences of schools and colleges, TAFE Tasmania, libraries and Online Access Centres, as well as community organisations, other government agencies, enterprises and individuals who share an interest in lifelong learning.

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CLANs are as yet only a gleam in the eye of the Education Department! And only one school district has a Community Education Development Officer. However, CLANS in all but name are already occurring in many regional communities, very much helped by the 64 online access centres based in libraries, schools or community centres.

The other main government policy document is *Tasmania together*, which is a large plan or vision for the next twenty years, based on state-wide consultation and input from a number of volunteer benchmarking committees. *Tasmania together* is notorious for not mentioning older people once, but its Goal 4 is to "create a culture . that encourages people to learn and develop new skills, including life skills, throughout their lives". *Tasmania together* also recognises that public buildings, implying schools, are for the use of the whole community.

Another positive step promised at the recent state election is to move Seniors Bureau, the proponent of Positive Ageing, from the Department of Health and Human Services to the Department of Premier and Cabinet. There is talk of a Minister or Commissioner for Ageing - an unsatisfactory title, but along the lines of other states' Ministers for Seniors' Interests and similar titles. This move can be seen as recognition of the distinct character of the Third Age.

Opportunities in the community

Community-based learning for all ages, including Third Age Learning, is flourishing in Tasmania. For instance, there are six U3As in southern Tasmania with around 1,300 members in all. Kingborough U3A started two years ago and now has over 250 members. U3A members get a lot of learning for their \$30 a year; Clarence U3A, for instance, offers over 900 hours of classes each year.

Thirteen Schools for Seniors groups meet every week in and around Hobart, with enrolments of around 1,200. Thousands of older people each week use the facilities of online access centres - 64 of them around the State - neighbourhood houses, community centres, senior citizens' centres, libraries,

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and many groups meet in church and community halls. There is a strong feeling in many local communities that they are responsible for and capable of providing services such as learning opportunities to their citizens; the growth in the number of community development officers in local government is a practical example of this groundswell of feeling.

The most recent community development in answer to the perceived problems of the Third Age Learning sector is the formation of TALENT, the Third Age Learning Network of Tasmania. This group was launched at a Positive Ageing Forum in March 2002, and has since produced a brochure, a draft strategy plan and its first newsletter (copies of all these are available). TALENT held a well-

attended discussion forum in Hobart last month, and will hold another in Launceston in September. The aims of TALENT are to:

- establish a network of Third Age Learning providers
- promote the benefits of Third Age Learning through mental, physical and social activities
- seek recognition and support of Third Age Learning from all levels of government.

TALENT has now recruited a number of individual and organisational members. A small working group has been formed to put short and longer term plans into practice. We have held a forum in Hobart and will hold one in Launceston next month, and we have put out our first newsletter. The two most urgent matters to address are accommodation and transport - both of these issues were raised at the TALENT forum.

Suitable venues for Third Age learning groups to meet - or any age, for that matter - are almost impossible to find. 'Suitable' means adequate rooms and furniture, adequate parking and toilets, easy access to the building, close to public transport, covered for public liability insurance, and available

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during the day. To give some more figures, there are four high schools within a few kilometres of each other on Hobart's Eastern Shore. There are 800 fewer school-age children living in the area than five years ago. In nine years' time, in 2011, there will be more Tasmanians over the age of 55 than under 14 years. It is surely time to recognise that schools - those multi-million dollar investments of our money - are assets that belong to the whole community, and that lifelong learning means that Tasmanians of all ages should have equal access to school facilities and resources.

Another need is adequate transport, so that people who do not own a car, or do not drive, can access activities rather than remaining trapped in their own homes.

Third Age Learning does not require huge sums of money, but rather, a change in attitude, a recognition of the demographic facts and some creative thinking. One Third Age member of the TALENT group was principal of a Hobart primary school. She tells the story of a rebuilding program at the school. When she saw the plans for the new school hall, she insisted the architect include a door giving access from outside, so local people could use the hall too. The place is booked every night of the week.

Sometimes, all you need is a door.

Note:

This paper was presented at the National Conference of Adult Learning Australia, "Catch a tiger by the tail ..", Hobart, Tasmania, 9-11 August 2002.

About the author

Rowena MacKean, MA. Oxon, Dip.Ed., was born in the UK and has lived in Tasmania for 30 years. After an Oxford degree, she worked as an advertising copywriter in London, Melbourne and Hobart, then as a secondary school teacher. She is now very involved with U3A and Third Age Learning, and is a founder member of TALENT.

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