Engaging in a rural community: Perceptions of the oldest old

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Abstract

The purpose of this study was to explore the perceptions of people aged 85 years and over about their engagement in a rural community. Although engagement in the community is known to be beneficial to the health and wellbeing of older people, there is a lack of knowledge of how the oldest old engaged in rural communities. Many older people prefer to remain living in familiar communities where they have established connections and social networks. Evidence suggests these connections may be particularly relevant in rural communities as people age. As rural populations are ageing rapidly, there is urgency for communities to respond to the opportunities and challenges presented by this ageing phenomenon by enhancing the quality of the physical and social environments.

A qualitative descriptive methodology utilising semi-structured, digitally recorded interviews was undertaken to gather the perceptions of participants. A purposive and snowball sampling technique was employed to recruit 15 participants aged between 85 and 93 years. To satisfy the inclusion criteria, the participants had to live independently at home within the Warkworth sub-division, a rural area in New Zealand. Interview data were analysed thematically.

Two themes were identified during data analysis. Firstly, "getting there and back", identified mobility as essential for engagement, in particular being able to drive. Secondly, "places to go, people to see", embodied the important contribution social networks and belonging to groups made to engagement.

The findings from this study identified being engaged in a rural community makes an important contribution to the participants' ability to age in place. Characteristics of the physical and social environment could present both barriers to and enablers for engagement. To support engagement, communities require appropriate infrastructure and resources. This study contributes to knowledge and provides options for local agencies to use to support people aged 85 years and over to be engaged in their rural community. Communities that support the engagement of their oldest residents will not only enhance the liveability for people of all ages but will ultimately support older peoples' choice to age in place.

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Sara Napier

[Signature]   [Date]

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1. Chapter one: Introduction

1.1. Introduction

The global ageing phenomenon presents the opportunity for communities to reconsider how they respond to the needs of older people. Over the last decade, many western countries have implemented ageing in place policies to encourage older people to remain living at home in the community. While this has been predominantly driven by fiscal constraint in aged care costs, the majority of older people prefer to remain living in their own homes in familiar communities (Wiles, Leibing, Guberman, Reeve, & Allen, 2011). Ageing in place for older people is linked to independence and having a social identity within communities (Gardner, 2014; Raymond, Grenier, & Hanley, 2014). Neighbourhoods and communities require accessible infrastructure and resources in the physical and social environments to support older people to maintain engagement and to age in place (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007; Wiles et al., 2011). Many of the oldest old age group, 85 years and over, live independently in their own homes (Jagger et al., 2011). However, declining social networks and changes in health and function increase the risk for social isolation in the oldest old (Tang & Lee, 2011). Social networks are known to reduce social isolation by offering social support (Buys et al., 2015; Cornwell, Laumann, & Schumm, 2008). Further, social networks provide older people with opportunities for engagement in the community, contributing to wellbeing, improved health outcomes (Bath & Gardiner, 2005; Betts Adams, Leibbrandt, & Moon, 2011; Morrow-Howell & Gehlert, 2012; Rozanova, Keating, & Eales, 2012; Walker et al., 2013; Warburton & McLaughlin, 2005) and lower risk of mortality (Maier & Klumb, 2005). Evidence suggests supporting older people to maintain engagement in the community is associated with physical and cognitive health benefits that endure into the oldest old years (Rozanova et al., 2012; Walker et al., 2013). However, factors in the physical and social environment pose barriers and enablers to engagement (Levasseur et al., 2015).

The population of rural communities in developed countries is ageing faster than in urban areas. This trend is being driven by rapid changes in demography, firstly due to out-migration of young people seeking education and employment opportunities further afield and secondly, from in-migration of older people. Evidence suggests these changes in demographics contribute to complex social and physical factors that may disadvantage older people in rural communities (Walker et al., 2013; Walsh, O'Shea,

Scharf, & Murray, 2012; Winterton & Warburton, 2011). To increase understanding of how the oldest old engage in rural communities, this thesis explores the perceptions of people aged 85 years and over about their engagement in Warkworth, a rural community in New Zealand.

Chapter one presents a review of the demographic trends that underscore the ageing population phenomenon followed by a description of the study setting. Subsequently, my research interest and commitment to the topic is presented. This chapter also presents the main concepts that form the background and context for this study. These concepts include active ageing, ageing in place, the oldest old, engagement and lastly, the physical and social environment. Finally the research question and aims are presented. This chapter concludes with an overview of the thesis chapters.

1.2. Demographic Trends

Population ageing occurs when the population of older people increases in proportion to the total population. Prominent drivers of this phenomenon include reduction in the fertility rate and decreasing mortality rate (United Nations, 2013). Additionally, the post second world war "baby boomers" have entered older adult years. People in this group of the population, born between 1946 and 1965, boosted the population during a period of increased fertility. This group is expected to contribute to population ageing due to increased longevity and the ongoing lower fertility rate (Bascand & Dunstan, 2014).

The world's population is ageing more rapidly than ever before in history. Developed countries have the highest percentage of people aged 60 years and over. The number of people in the world aged 60 years and over is estimated to double from 841 million in 2013 to approximately 2 billion by 2050 (United Nations, 2013). Furthermore, the oldest old, defined as 80 years and over by the United Nations (UN), made up 14% of the world population of those 60 years and over in 2013. This percentage is expected to increase to 19% by 2050. Thus, the global population of people aged 80 years and over is predicted to reach 392 million by 2050 (United Nations, 2013).

1.2.1. New Zealand.

The UN uses the age of 60 as the entry to older adulthood for statistical purposes whereas in New Zealand 65 years is typically used as this reflects the age when people are eligible to access government superannuation. The New Zealand population aged 65 years and over is expected to reach between 21% and 24% of the total population by

2036 (Bascand & Dunstan, 2014). While the population increase in New Zealand has been accentuated by the baby boomers moving through older adulthood, this is expected to continue as a result of the trend in lower birth and death rates. Further, 3% to 4% of the population of New Zealand is predicted to be aged 85 years and over by 2036. This figure is likely to increase to between 5% and 8% by 2061. Consequently, it is projected that by 2061 one in every four New Zealanders in the 65 years and over population will be 85 years and over (Bascand & Dunstan, 2014).

1.3. The Study Setting

This study was undertaken in the Warkworth subdivision, situated in the upper area of the North Island of New Zealand (see Figure 1). The Warkworth subdivision extends north to the Dome Valley, south to Wainui, east up as far as Leigh and west across to the Kaipara Harbour. The rural town of Warkworth is the main service centre of the Warkworth subdivision. Warkworth is approximately 60 km from Auckland. While the main highway passes through the town, the commercial hub of Warkworth is set slightly to the east of the state highway and consists primarily of a main street. The Mahurangi River flows through the town and connects with the Mahurangi Harbour and Hauraki Gulf (Keys, 1954).

Warkworth has a range of services and amenities that serve the surrounding dispersed rural communities and villages. Retail outlets include two large supermarkets, several banks and a variety of shops selling a wide range of goods. Multiple cafes and restaurants are situated throughout the town. An extensive range of trade services are available in the area. The public library sits alongside an information centre and Auckland Council Service Centre. There are two retirement complexes in the town; a large retirement village with a care facility on site situated to the west of the main highway and a group of cottages with a small communal facility on the east side of the township. Additionally, there are three long term aged care facilities in the Warkworth area. Some of the surrounding smaller communities have a limited selection of local retail services and petrol stations.

The population of Warkworth town was 3,909 at the 2013 census (Statistics New Zealand, 2013). This figure has increased by approximately 20% since the last census in 2006. At the 2013 census, over a quarter (26.3%) of the population of Warkworth was aged 65 years and over compared with 14.3% nationally and 11.5% for Auckland. While the 65 years and over population in New Zealand, is projected to reach 26% of

the total population by 2030, Warkworth had already reached that level in 2013 (Statistics New Zealand, 2013). As those 65 years and over move through older adulthood over the next two to three decades, the 85 years and over population of Warkworth is expected to dramatically increase.

European ethnicity is the dominant ethnic group in Warkworth with 87.4% of residents from European descent compared to 9.3% of Maori descent (Statistics New Zealand, 2013). At the 2013 census there were only three Maori residents aged 85 years and over living in Warkworth. Pacific Island people made up 5.9% of the population in Warkworth followed by an Asian population of 4% at the 2013 census (Statistics New Zealand, 2013).

Increased in-migration of retirees over the last 30 years has boosted the permanent older adult population in the Warkworth area. Warkworth is situated close to beaches and rural countryside making it a popular vacation area; therefore, during the summer months the population increased dramatically. The Warkworth subdivision was considered a suitable location to undertake this study because of the large and rapidly expanding older adult population living in Warkworth township and in the many small and dispersed surrounding rural communities.
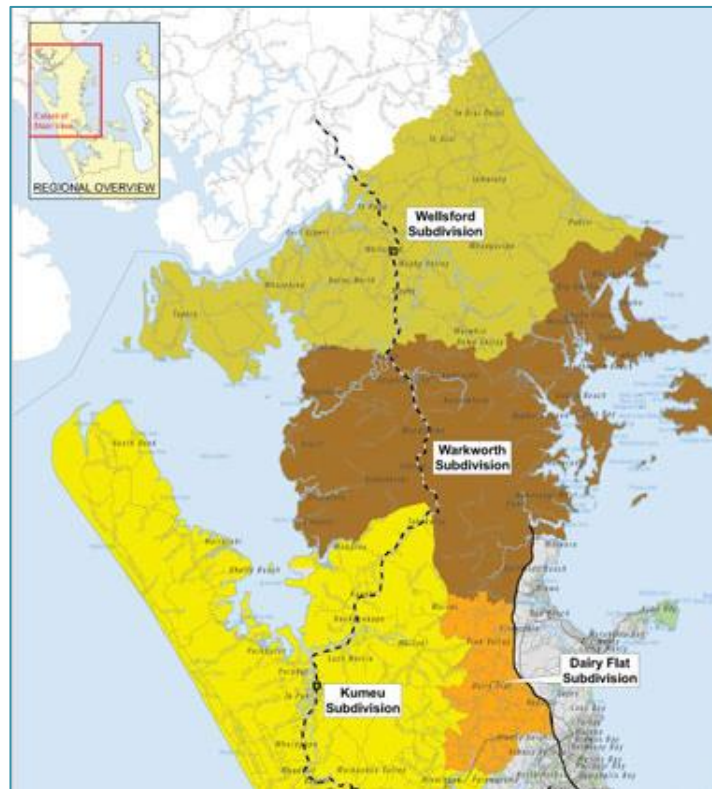
Figure 1: Map of Warkworth Subdivision

1.4. My Research Interest

I had the privilege of working alongside older people in my role as a nurse manager in a residential aged care facility for many years. During those years I gained insight into the difficulties associated with the move to residential care for older people. Great care and attention was provided from a range of disciplines to support the older person and their close support network during the transition into long term care. However, I often wondered if more could have been done to prevent the decline in health and to enable these people to remain in their own homes. Further to this, as a nurse manager I had a close working relationship with the mental health services for older people (MHSOP) team and was involved with the short term care of older people with mental health problems, in particular depression and anxiety disorders. Typically these older people had experienced major life changing events such as loss of a partner that precipitated deterioration in health. Weight loss and self-care neglect were commonly associated with the mental health problems. In response to the care provided and the effect of medication introduced by the MHSOP team obvious improvement in the older person's health followed. Concurrently the positive effects of having companionship and socialisation was evident. My career has allowed various professional interactions with MHSOP, gerontology nurse specialists and needs assessment and service coordination personal. Consequently, I have become aware of the effects of social isolation for older people once back in their home environment. Although this was a concern to all involved, supporting engagement of these older people in the community seemed to be beyond the brief of the health care team. It was disturbing to witness the gradual deterioration, requiring frequent readmissions often culminating in the older person requiring long term care. This highlighted the narrow scope of nursing in the community context and lack of preventative care, particularly in the social context. This led me to consider how a more holistic and multidisciplinary approach to supporting older people to age in place might look.

From a more personal perspective, I have lived in a rural community for a significant part of my adult life and would like to think I could continue living in my current community as I age. In completing a Masters in Philosophy I have been given the opportunity to study how older people engage in a rural community. This has allowed me to explore the perspective of older people aged 85 years and over who are the experts about their rural community.

1.5. Background and Context of the Study

The next section of this chapter presents the main concepts and perspectives central to this thesis; active ageing, ageing in place, the oldest old, engagement and supportive physical and social environments.

1.5.1. Active ageing.

Contemporary views on ageing have been shaped by a multitude of influences over the last 50 years. Up until the 1940's the study of ageing was dominated by positivist epistemology and the development of biological theories. The portrayal of ageing as a socio-political problem in the late 1940's prompted a change in focus to a more interdisciplinary scientific approach to ageing with the emergence of social gerontology as a discipline (Madden & Cloyes, 2012; Topaz, Troutman-Jordan, & MacKenzie, 2014). Although some of the earlier psycho-social theories of ageing, such as disengagement theory, activity theory and continuity theory, have continued to be heavily critiqued by social gerontologists, they have stimulated debate on the influence society has on ageing.

More contemporary and optimistic perspectives of ageing such as productive ageing, healthy ageing and successful ageing began to emerge in the late 1980's and have advanced the interrelationship between the individual and society. Despite the extensive analysis these perspectives have undergone in the literature, there has been a lack of clarity in their meaning and application (Boudiny, 2013). Further, these perspectives are accused of having value-laden, discriminatory and stigmatising connotations largely because of the emphasis on older people remaining physically active as they age (Martinson & Minkler, 2006). Academics have argued that these ageing perspectives implied older people with disabilities may not be able to age successfully or productively (Boudiny, 2013; Walker et al., 2013). For example, productive ageing responded to the idea that older people should be able to remain in the workforce as long as they were still fit and able to do the work or to exchange paid employment for volunteer work. However, for some older people the continuation of paid employment and volunteer work may not be possible particularly if they have long-term health conditions or disabilities. Similarly, for those who work in industries where heavy manual work is expected, continuing to work may be physically exhausting and retirement may be keenly anticipated. During the 1990's the more holistic model of

active ageing began to take form and was solidified during the United Nations International Year of Older Persons in 1999 (Buffel, Phillipson, & Scharf, 2012).

Active ageing has risen in prominence in ageing policy since the World Health Organization (WHO) embraced this concept and inaugurated *Active Ageing – A Policy Framework* as a contribution to the *2002 Second World Assembly on Ageing* (World Health Organization, 2002). The WHO defined active ageing as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (World Health Organization, 2002, p. 12). The concept of active ageing takes account of the resources and capabilities of people as they age with acknowledgement that older people are not a homogeneous group and multiple factors such as socio-economic, lifestyle choices and genetics shape how older people will function. Additionally, the WHO active ageing framework incorporates the life course perspective supporting the notion that lifestyle patterns adopted throughout all phases of life affect ageing and can provide insight into how people age (World Health Organization, 2002). For example, a person who has smoked from an early age, has led a sedentary lifestyle and is obese is likely to have a different life course than a person who has not smoked and is physically active.

The WHO active ageing framework recognises the integral part the physical and social environment play in supporting older people to live well in their communities. As the prevalence of chronic health conditions increase, society does face increased levels of disability (Christensen, Doblhammer, Rau, & Vaupel, 2009; Jagger et al., 2011). However, communities can modify the built and social environment thereby reducing the experience of disability for people as they age. The Active Ageing – A Policy Framework was effectively a call to action for countries and policy makers to initiate discussions on how to promote active ageing in response to an ageing population.

New Zealand responded to the active ageing theme of the 1999 International year of Older Persons and the WHO call to action by forming *The New Zealand Positive Ageing Strategy* (NZPAS) in 2001 following a widespread consultation process with older people. This document set out 10 goals that aimed to promote good health and independence in a society that has respect for older people and supports them to age in place (Dalziel, 2001). The NZPAS 10 goals addressed the following broad range of physical and social determinants; income, health, housing, transport, ageing in place, cultural diversity, rural communities, societal attitudes, employment and opportunities

for older people (Dalziel, 2001). The 2014 Report on the Positive Ageing Strategy provided an update on progress towards meeting these goals. While the report detailed significant progress in many areas, it identified that more work was required to address the lack of public transport options in rural communities (Office for Senior Citizens, 2014).

The *Health of Older People Strategy* (HOPS) sits under the NZPAS and was developed to guide District Health Boards in an integrated approach to health and disability care of older people in New Zealand (Ministry of Health, 2002). Central tenets of HOPS included promoting quality of life for older people, improving health, promoting participation in society and empowering older people to be involved in decisions associated with health and disability care. A major focus of HOPS was strategies for supporting ageing in place (Ministry of Health, 2002). In an evaluation of District Health Boards implementation of the HOPS commissioned by *The Hope Foundation for Research on Ageing,* it was found that there were considerable gaps between the desired outcomes and actual outcomes with the capacity to provide high level complex care to older people in the community. It was generally agreed by those who contributed to the report that although progress was slow, this important work was progressing (Hood, 2010). Despite progress resulting from these policy initiatives, little research has focused on the perspectives and experiences of people aged 85 years and over ageing in New Zealand rural communities.

1.5.2. Ageing in place.

There is a widely held view that older people prefer to remain living in their own homes as they age (Bacsu, Jeffery, Abonyi, et al., 2014; Cutchin, 2003; Sixsmith & Sixsmith, 2008). Older people, particularly those who have resided in rural areas long-term, have strong attachments to home associated with engagement in their community (Wiles & Jayasinha, 2013). Accordingly, there is an expectation of remaining in their rural area to grow old (Dye, Willoughby, & Battisto, 2010). Typically, rurally living older people are considered stoic and fiercely independent, sometimes to the point of refusing help when it is required (Boudiny, 2013; Heenan, 2011). Stoicism and excessive self-reliance could present a risk for the oldest old ageing in place in rural communities as they could be overlooked in their quest to maintain the façade of independence and privacy (Winterton & Warburton, 2011). A home can become a burden or a place of entrapment for older people struggling to maintain the home or who are challenged by reduced

mobility (Dye et al.; Sixsmith & Sixsmith, 2008). The concept of ageing in place has become a popular catch phrase for policy makers and health professionals following its adoption by Organisation for Economic Co-operation and Development (OECD) countries in 1994 (Davey, 2006). Ageing in place is validated and supported by policymakers as the cost of long-term care has been a concern for governments in light of the ageing population. However, ageing in place relies on having a safe and appropriate home to live in, as well as supportive networks and communities that promote the engagement of older people.

1.5.3. The oldest old.

The definition of older adulthood is unclear. However, most developed countries use 60 to 65 years as the threshold for older adulthood. Historically, a person's life was divided into stages of childhood, adulthood and old age defined by education, employment and retirement, respectively (Settersten & Trauten, 2009). Because of the demographic changes and projected life expectancy, retirement is now not necessarily a goal and exit from the paid workforce is more fluid. Instead, many young old (65 years and over) continue to remain in paid employment out of necessity or as a lifestyle choice. Further, healthy adults can expect to live for 20 years or more beyond the age of 65 years (Jagger et al., 2011). This suggests, retirement is no longer a clear marker of the transition to older adulthood.

More recently old age has been sectioned into the third age or the young old (65 years and over) and the fourth age or the oldest old (85 years and over) (Christensen et al., 2009). While 85 years is typically used to represent entry to the fourth age, Gilleard and Higgs (2010) propose the fourth age is characterised by increased frailty, disability and dependency rather than being a chronological stage. Social context and collective advantage or disadvantage over the life-course plays a large part in how people experience ageing (Settersten & Trauten, 2009). For instance, economic advantages capitalised on during adulthood tend to enable more lifestyle choices throughout older adulthood. Similarly, benefits from a healthy lifestyle, adopted throughout life, will likely continue into older adulthood. Additionally, research has shown that older people in the third age are postponing the limitations caused by disabilities for longer and are living more independently than previously (Christensen et al., 2009). This trend is partly due to improvements in health management, for example cardiovascular disease management. However, environmental factors, including increased use of assistive

devices, improvements to housing standards and better standards of living, to compensate for disabilities, have also contributed to this trend. Because of the paucity of empirical data, further research is required to establish whether this trend of postponing limitations and living independently continues into and throughout the fourth age (Christensen et al., 2009).

Those 85 years and over are the fastest growing group within older adulthood; thus, awareness of this group has intensified in recent years. Despite this interest, Tomassini (2005) opines it is relatively uncommon to see data for the 85 years and over group reported or analysed separately except in large scale surveys and national census data (Tomassini, 2005). Tomassini (2005) asserts this is because historically the oldest old were a small group in the population and considered less important than other age groups. Jagger et al. (2011) agree that the 85 years and over group is underrepresented in research and propose that narrow age-band cohorts are more reflective of the heterogeneity of older adulthood.

The oldest old are considered to be more at risk of chronic health conditions associated with a higher likelihood of requiring care (Jagger et al., 2011). Further, social networks may change in these years due to loss of partners and close friends reducing access to informal social supports. Further, increased age and changes in health are associated with reduced participation in activities and engagement in the community (Alley et al., 2007). The oldest old are more likely to withdraw from more strenuous activities or discontinue previous activities (Bukov, Mass, & Lampert, 2002). Despite these negative depictions of the oldest old, other researchers have found older people continue active participation in the community well into advanced years (Cherry et al., 2013). Similarly, a New Zealand study found many woman aged 85 and over were living independent and fulfilling lives despite age related health problems (Foster & Neville, 2010)

The 2013 New Zealand Census identified that 32 percent of the oldest old population in Auckland had moved residence out of Auckland within the last five years. This suggested many of this age group moved to be closer to family or to age-specific housing in response to change in needs (Auckland Council, 2015). Although many oldest old people may have made this move willingly, the options for the oldest old become more limited when disability intersects with diminishing local support networks. While there is considerable diversity of capability in this group, physical and social features of the environment can become barriers to engagement for the oldest old

as they age in their community. This present study endeavours to explore these barriers and enablers to contribute to knowledge that will inform innovative responses from communities to support the oldest old to remain living as independently as possible and to be engaged in their communities as they age.

1.5.4. Engagement.

Engagement occurs when individuals interact in a meaningful way. Although not all engagement results in positive experiences, ideally it should be voluntary and mutually beneficial to the parties involved (Walker et al., 2013). There is a lack of consensus on definitions of engagement. Social engagement, civic engagement, productive engagement, social participation and social capital are some of the concepts that intersect with or are used interchangeably with engagement in the literature (Bath & Deeg, 2005; Mendes de Leon, 2005; Morrow-Howell & Gehlert, 2012). In addition to lack of agreement of definitions in the literature, how to measure the quantity or describe the quality of engagement appears problematic.

Levasseur, Richard, Gauvin, and Raymond (2010) contributed to the debate by defining social participation as "a person's involvement in activities that provide interaction with others in society or the community" (p. 2148). From there, Levasseur et al. (2010) developed a taxonomy to position social participation and social engagement within a hierarchy. Their taxonomy places social engagement at a higher level than social participation with the distinction that social engagement includes older people helping others and contributing to society. Then again, Morrow-Howell and Gehlert (2012) comprehensively reviewed definitions of engagement and found a lack of distinction between the definitions of social engagement and social participation; thus they argue these definitions can be used interchangeably. Further, Morrow-Howell and Gehlert (2012) found definitions of engagement in the literature were largely shaped by the type of activities and the degree of involvement. Moreover, Morrow-Howell and Gehlert (2012) averred that due to lack of standardised measures, further research and development was necessary to advance the scientific study of engagement.

Engagement is closely associated with social networks and social support (Berkman, Glass, Brissette, & Seeman, 2000). As such these constructs require closer examination in order to place them in the context of engagement. Social networks are the relationships that a person has with family, friends, neighbours and the wider community. Social networks are influential in providing social support. Furthermore,

social networks can facilitate opportunities for engagement. An example of this could be family or friends providing transport to a community event. Moreover, being engaged in the community has the potential to increase and enhance social networks (Morrow-Howell & Gehlert, 2012).

Civic engagement is frequently defined in the literature as engagement in formal voluntarism and participation in political activities (Morrow-Howell & Gehlert, 2012). Martinson and Minkler (2006) asserted that this emphasis on the formal and productive value of voluntarism negated the more informal involvement people had in the community such as voting, community activism and associations with groups. Warburton and McLaughlin (2005) advanced this idea by suggesting the contributions older people made to civic society from informal voluntary work were essential to society.

Although the definitions of engagement were fluid, research has established that both social and civic engagement are positively associated with older people's physical and mental health (Betts Adams et al., 2011; Maier & Klumb, 2005; Morrow-Howell, Lee, McCrary, & McBride, 2014; Rozanova et al., 2012; Walker et al., 2013; Warburton & McLaughlin, 2005). Engagement in the community is frequently categorised into formal and informal participation in social groups. Informal engagement could include interaction with family, friends and neighbours whereas formal engagement covers participation in a wide range of community groups including church groups, professional groups and charitable organisations (Morrow-Howell & Gehlert, 2012). Therefore, the meaning of engagement for older people could encompass a wide range of activities often dependent on factors including, age, gender, the environment and the abilities of older people. These activities could comprise socialising with friends and family, attending social group activities and pursuing leisure interests. For some older people the weekly shopping trip constitutes engagement; whereas, for others informal volunteering such as, driving others to appointments, caregiving and assisting other people with activities of daily living provides engagement opportunities.

Evidence suggests that it is only when older people have control and choice over their engagement in the community that benefits to their wellbeing are realised (Chapman, 2005). However, Rozanova et al. (2012) found in a rural study, choice of activities for some older people, were restricted due to social isolation. Social isolation has been defined as lack of meaningful relationships associated with small social network size

and reduced opportunities for engagement. Moreover, social isolation could lead to loneliness, an unpleasant subjective experience (Newall & Menec, 2013). Many factors within older peoples' lives have potential to reduce or disrupt social networks. Sudden changes in health or loss of social networks could impact on the ability to maintain engagement, such as family shifting away, death of a partner or loss of ability to drive. Further, the oldest old are more likely to exchange larger social networks for closer more trusted networks such as family with a propensity to pursue more solitary interests (Boudiny, 2013). For others it could be a gradual decrease in mobility or a hearing impairment that interfered with engagement. Additionally, affordability and transportation were found to impact on the choice and range of activities (Walker et al., 2013).

The positive benefits to health and wellbeing gained from engaging in the community are health messages worthy of promotion; however, there is a risk of stigmatising those for whom the choice of engagement is limited (Rozanova et al., 2012). Martinson and Minkler (2006) further emphasised the diversity of older people and contended communities should be demonstrating appreciation of older people irrespective of how they chose to contribute or engage. Nevertheless, Rozanova et al. (2012) proposed engagement in the community was a basic human right; therefore, communities had an obligation to be responsive to the diverse needs of an ageing population.

1.5.5. Supportive physical and social environments.

In light of the rapidly ageing population phenomenon and ageing in place policies, governments have placed more emphasis on developing supportive physical and social environments that will be accessible regardless of individuals' physical and cognitive abilities (Alley et al., 2007). To progress the active ageing framework the WHO developed the *Global Age-Friendly Cities: A Guide,* to provide the starting point for communities to assess their age-friendliness. The findings from a major coordinated research project undertaken in 33 cities within 22 developed and developing countries in 2007, formed the basis for the guide and the *Checklist of Essential Features of Age-Friendly Cities.* The use of a participatory approach and the recognition of older people as the experts in the focus group discussions was central to the development of this checklist. The perceptions of older people were collected regarding the physical and social environment of their communities that supported or conversely hindered ability to

lead active and engaged lifestyles (Novek & Menec, 2014; World Health Organization, 2007).

A key tenet of the WHO Age-Friendly Cities project was the undergirding principle that older people were not a homogenous group in the population but had vastly different needs and experiences. Additionally, there was the recognition that communities were not static, they changed over time, requiring modifications to existing infrastructure and planning for future needs (Keating, Eales, & Phillips, 2013; Spina & Menec, 2013). The checklist was structured around eight themes that were considered to be important for age-friendly communities. These themes were displayed in the flower image (see Figure 2). The eight themes used in the WHO's age-friendly checklist are considered to be holistic and interrelated (World Health Organization, 2007).
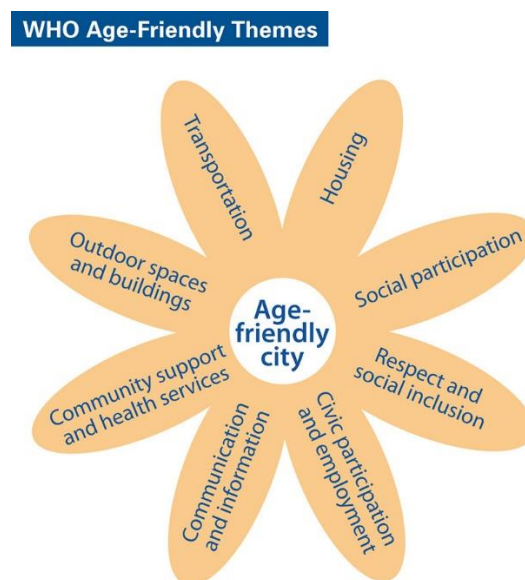
Figure 2: Age-friendly Themes (World Health Organization, 2007)

The WHO Global Age-Friendly Cities: A Guide (2007) was primarily focused on cities due to concerns regarding the effects of global ageing on urbanisation. However, about the same time, Canada adapted the age-friendly framework and checklist to be used in rural and remote areas. Using a similar research methodology, data were collected to form the *Age-Friendly Rural and Remote Communities: A Guide* (Federal Provincial Territorial Ministers Responsible for Seniors, 2007; Plouffe & Kalache, 2010; World Health Organization, 2007). Empirical research on the age-friendliness of rural communities is beginning to appear in the literature with the majority of studies coming out of Canada (Keating et al., 2013; Menec, Novek, Veselyuk, & McArthur, 2014; Novek & Menec, 2014; Spina & Menec, 2013; Wiersma & Koster, 2013) Additionally,

Northern Ireland and Ireland, with their rapidly growing ageing populations in rural areas, have become a focus for age-friendly research (Walsh, O'Shea, Scharf, & Shucksmith, 2014).

As depicted by the symbol of the flower, the age-friendly communities' model emphasises the equal weighting of social environmental features with physical domains that surrounded the community, represented by the centre of the flower. The model supports communities encouraging older people to actively participate at all levels of community life by promoting attitudes and perceptions that support and honour older people (Lui, Everingham, Warburton, Cuthill, & Bartlett, 2009). It has been established in the literature that rural communities have unique environmental features that influence older peoples' engagement in the community such as migration patterns, rural decline and centralisation of services (Walker et al., 2013). Little is known about the population aged 85 and over with regard to maintaining engagement in their rural communities (Davis & Bartlett, 2008).

1.6. Research Question and Aims

The majority of older people live independently in their own homes and have asserted their desire to remain in their communities as they age. In response to the ageing phenomenon and preference for ageing in place, governments are beginning to focus on the capacity of communities to provide supportive environments where older people are able to be actively engaged. Engagement, in this thesis, encompasses meaningful interactions between individuals or groups in a variety of social and civic settings.

In contributing to the knowledge on ageing in rural communities, the following research question is posed:

What are the perceptions of people aged 85 years and over about their engagement in a rural community?

The associated aims of the study:

- Identify the barriers to engagement of older people in a rural community
- Identify the enablers for engagement of older people in a rural community
- Provide a range of options for local government, health and social service providers to use that promote engagement of people aged 85 years and over

1.7. Overview of the Thesis Chapters

This thesis is presented in five chapters.

Chapter one introduces the study topic and presents the background and context of the study. To begin, the international and local demographic situation is presented, followed by a description of the study setting. This is followed by my research interest. The main concepts underpinning the study are then discussed. Finally, the research questions and aims are stated.

Chapter two is a critical review and discussion of the literature. The findings from the literature review are organised into features of the physical and the social environment that can be barriers and/or enablers to engagement of older people in rural communities.

Chapter three presents the qualitative description methodology and design used in this study and positions this methodology within qualitative research. The ethical considerations associated with the study are presented. This is followed by a detailed technical review of the research process including an account of the thematic analysis process utilised. Finally, how rigour was achieved in the study is presented.

Chapter four presents the findings from the study presented in two themes, "getting there and back" and "places to go, people to see" along with the accompanying subthemes. Barriers and enablers to engagement that emerged from the themes are presented. Illustrative excerpts from the data are included where they portray the meaning imbedded in the themes.

Chapter five provides a critical discussion of the findings with reference to the literature. This chapter includes options that can be provided to local government, health and social service providers to promote engagement of the oldest old. Relevance of the study to future research is explored followed by discussion of the strengths and limitations of the study.

1.8. Conclusion

This chapter has presented the background to the study along with the concepts central to the topic. The ageing population has captured the attention of governments internationally. This study aims to contribute to the existing knowledge on the ageing experiences and engagement of the oldest old in rural communities by answering the research question and aims presented in this chapter. The next chapter provides a critical

review of the existing literature on barriers and enablers to engagement for older people in the physical and social environment.

2. Chapter Two: Literature Review

2.1. Introduction

The purpose of this chapter is to present the findings from a critical review of the literature on the study topic. The chapter begins by presenting the search strategy followed by the search outcome. The findings presented in this literature review are organised firstly into the features of the physical environment and secondly, the characteristics of the social environment that can present either barriers or enablers to older peoples' engagement in the community.

A review of the literature is necessary in most research methodologies to gain in-depth knowledge of the subject being explored. Further, a literature review establishes the rationale for undertaking research in a particular area, informs the methodology for a research project and identifies gaps and disparities in the literature to guide development of the research question. Additionally, the literature reviewed should be critically analysed for quality and relevance to the topic. Finally, following synthesis of the relevant literature the findings should be organised into key themes or concepts (DePoy & Gitlin, 2011; Richardson-Tench, Taylor, Kermode, & Roberts, 2014).

2.2. Search Strategy

Review of the literature for this thesis began in 2014 as the research question was being refined. From early readings it became apparent that multiple characteristics of the physical and social environment impacted on older peoples' engagement in their communities. A focused literature search was performed in November 2014 and then repeated in April 2015.

The inclusion criteria for the review was as follows:

- Qualitative and quantitative studies and review articles that focused on the effects of the physical and/or social environment on older peoples' engagement in rural communities
- Articles from peer reviewed journals
- In English language
- Articles published from January 2007 to the current date

The inclusion dates reflected the introduction of the Global Age-Friendly Cities: A Guide and the Age-Friendly Rural and Remote Communities: A Guide (Federal Provincial Territorial Ministers Responsible for Seniors, 2007; World Health Organization, 2007). It was considered publication of these documents would stimulate published studies and reviews on the engagement of older people in the community. Where there was relevance to the research question, studies from urban settings were included. Studies using a diverse range of methodologies were included.

Electronic databases from both health and social sciences were searched, these included, EBSCO, Web of Science, Scopus, CINAHL, PsycINFO, Medline and Google Scholar. Key words and phrases included in the search were: *rural, age, ageing, old age, older people, older adults, oldest old, seniors, engagement, social engagement, social participation, civic participation, social inclusion, physical environment, social environment, transportation, driving, housing, volunteering, age-friendly, age-friendly cities, age-friendly communities, elder friendly* and *life-long communities.* Combinations of key words and phrases were searched using Boolean operators to focus the search. To capture all possible word endings truncation and wildcard symbols were applied. Subject alerts were set up in Web of Science and Scopus. Additionally, key journals were hand searched including, *Canadian Journal on Aging, Journal of Applied Gerontology, The Gerontologist, Ageing and Society, Journal of Rural Studies* and *Australian Journal of Rural Health.* Published research from academics in the field of rural ageing and age-friendly communities were retrieved. Further to this, lists of references from review articles, books and other research articles were hand searched.

2.3. Search Outcome

The systematic electronic search of various combinations of key words and phrases returned a wide range of results. Studies that focused on a broad range of community features were scarce in the literature. Moreover, studies on the effect of physical and social environments on older people have predominantly centred on cities with few studies undertaken in rural communities. Initial searches that focused on studies involving older people undertaken in rural communities retrieved a limited number of studies. Empirical studies undertaken in rural communities were predominantly from Canada, with some from Ireland, Northern Ireland and Australia. Some studies were undertaken in both rural and urban settings. Consequently, the findings from some

relevant urban based studies have been included in this literature review in the absence of rural studies.

Studies meeting the inclusion criteria that explored older peoples' perceptions of their communities generally portray older people as a homogenous group 65 years and over. Therefore, the perspectives of the oldest old were not well differentiated in the literature. As identified in chapter one, rural populations are changing rapidly and ageing at a faster rate than in urban areas with those in the 85 years and over group ageing at the fastest rate.

The first section of this review presents the findings from the literature on physical features of the environment that were barriers or enablers to the engagement of older people. These physical features were categorised into firstly, outdoor spaces and buildings, secondly, transportation and finally, housing.

2.4. The Physical Environment

Since the WHO launched the Global Age-Friendly Cities: A Guide, there has been an increased interest from academics in community design and planning disciplines in how the built environment and street design affects the engagement of the older population (Burton, Mitchell, & Stride, 2011; Newton, Ormerod, Burton, Mitchell, & Ward-Thompson, 2010; World Health Organization, 2007). Additionally, effective transportation options have been designated high priority status in supporting active ageing and enabling older people to engage with their communities (Annear et al., 2014; Bacsu, Jeffery, Novik, et al., 2014; Novek & Menec, 2014). Several studies indicated that mobility in all forms was considered important for maintaining wellbeing and quality of life for older people (Davey, 2007; Dickerson et al., 2007; Gabriel & Bowling, 2004; Gilroy, 2008; Hjorthol, 2013; Shergold & Parkhurst, 2012). The demand for transport allowing older people access to social and leisure activities has increased in rural communities experiencing population growth in Australia (Winterton, Warburton, Clune, & Martin, 2013). Despite the importance of transportation to wellbeing and enabling engagement in the older population, transportation options in rural communities were limited in most countries (Ahern & Hine, 2012; Ryser & Halseth, 2012).

During focus group discussions that informed the *Age-Friendly Rural and Remote Communities Initiative* (AFRRCI) in Canada, transportation options were found to be

highly relevant to domains such as housing, access to health services, access to information and participation in a broad range of community activities. These findings suggest transportation options affect ageing in place decisions for older people living in rural communities. For instance, as housing was often dispersed and some distance from services and town centres, the ability to travel to and participate in community activities and services may be threatened as people age. Additionally, lack of access to information regarding transportation options was considered a barrier to use (Dye et al., 2010; Federal Provincial Territorial Ministers Responsible for Seniors, 2007).

2.4.1. Outdoor spaces and buildings.

Older people require safe and accessible built environments to maintain independence and to facilitate mobility (Newton et al., 2010). Moreover, emphasis is increasingly being placed on the interplay between the ageing body and the physical environment (Gilroy, 2008). Town planners have recognised the importance of environments that support older people and the effect on quality of life and wellbeing. The built environment and street design could present both barriers and enablers to engagement for older people. Features of the built environment that enabled older people to participate in the community included, pleasant outdoor spaces with well-maintained pedestrian-friendly footpaths, adequate street lighting, accessible buildings and places to rest (Federal Provincial Territorial Ministers Responsible for Seniors, 2007).

Walkable communities are associated with independence, greater social interaction and social engagement (Newton et al., 2010). Bacsu, Jeffery, Novik, et al. (2014), carried out a qualitative study over three years in two rural communities in Canada. Findings from the first two rounds of open-ended interviews ($N = 40$, $N = 36$ respectively) provided perspectives of older people, aged from 64 – 92 years, regarding features of the environment. In respect of the built environment, the participants valued their independence and perceived safe sidewalks that allowed use of mobility aids to be essential. This was especially important for those with reduced mobility and reliance on mobility scooters and wheelchairs for transportation. Further, participants with reduced mobility had difficulty accessing buildings with heavy doors and steps to negotiate. On the other hand, buildings with automatic doors or door buttons that open doors on demand and ramp access allowed older people with disabilities to access buildings independently. Exercise and walking programmes inside buildings in winter months were viewed as interventions that provided opportunities for engagement and

contributed to the participants' wellbeing. Novek and Menec (2014) found similar barriers and enablers to engagement in the build environment from their qualitative study undertaken across three rural communities in Canada. Further, participants in their study identified hazardous icy entranceways prevented older people from entering and exiting buildings in the winter.

Older people living in rural communities recognised that pleasant and safe surroundings facilitated physical activity and contributed to their wellbeing and engagement in the community. Typically, people migrated to rural locations because they were attracted to the outdoors and leisure activities. In a photo-voice study carried out in rural Manitoba, Canada, participants ($N = 30$) used cameras to capture scenery, favourite walking routes and recreational areas. The researchers found that older people living in rural communities recognised the influence the natural beauty of the outdoor settings had on their health and wellbeing. Moreover, the participants emphasised how the aesthetic environment was often a backdrop to their engagement and leisure activities. (Novek & Menec, 2014). Dale, Söderhamn, and Söderhamn (2012), in a phenomenological hermeneutic study in rural Southern Norway ($N = 11$), had similar findings to Novek and Menec (2014) as some of the participants described the pleasure derived from being surrounded by nature living in a rural area. Further, the participants expressed feeling safe as they engaged in the rural environment (Dale et al., 2012).

Manitoba, a rural province that promoted age-friendly communities, has been reducing barriers by promoting and supporting projects to enhance engagement of older people (Menec et al., 2014). Developing safer and more accessible outdoors spaces and buildings were favoured as early projects. Enhancements to outdoor spaces included, improvements to sidewalks, increased disabled parking spaces, development of intergenerational play areas proximal to seniors' centres, placement of new street seating and improvements to street lighting. Building improvements included, building new public toilets, installation of automatic doors to banks and grocery shops, improved wheelchair access and addition of more convenient walkways. Evaluation of these initiatives were in the initial stages (Menec et al., 2014).

Kennedy (2010) proposed that a more unified collaborative approach to designing communities that supported older people was needed as typically professionals and other stakeholders in the field rarely connected. Rather than merely consulting health professionals in town planning, experts proposed forming collaborative partnerships

across disciplines with age-friendly principles embedded in town planning policy (Garon, Paris, Beaulieu, Veil, & Laliberté, 2014; Glicksman, Clark, Kleban, Ring, & Hoffman, 2014). Ultimately, more research was called for to illuminate the effect the physical environment had on the engagement of older people (Buffel et al., 2012; Kendig, Elias, Matwijiw, & Anstey, 2014).

2.4.2. Transportation.

In developed countries it is considered normal to have a car and the majority of older people are dependent on private cars for transportation, as the driver or as a passenger (Ahern & Hine, 2012; Shergold, Parkhurst, & Musselwhite, 2012). The ability to drive a car is a skill that many adults value. Evidence suggests older people expect to continue driving as they age. In the United States of America (USA) older people 85 years and over travelled by car for 80% of outings and were the drivers for 50% of trips (Rosenbloom, 2009). In Europe people stopped driving earlier than in the USA. For example, in Sweden driving dropped off from age 75 years (Hjorthol, 2013). The capacity to drive often lasted beyond the ability to walk or to use public transport; consequently, driving was considered important for maintaining independence and engagement in the community (Bacsu et al., 2012; Rosenbloom, 2009). Dependency on car travel in rural areas is high. Studies have suggested this is associated with the travel distances and limited public transport options (Federal Provincial Territorial Ministers Responsible for Seniors, 2007; Hanson & Hildebrand, 2011; Shergold & Parkhurst, 2010). Additionally, people living in rural areas have not been accustomed to routinely using public transport; therefore, they were less likely to take up this mode of transport in later years (Shergold & Parkhurst, 2012).

Lack of access to a car either as a driver or as a passenger has been found to have a negative impact on the engagement of older people in the community. Studies on rural transport options identified that driving enabled independence and autonomy (Ahern & Hine, 2012; Davey, 2007; Federal Provincial Territorial Ministers Responsible for Seniors, 2007; Hanson & Hildebrand, 2011). Although both men and women in rural areas relied on having their own car, several studies suggested men were more dependent on car travel and more likely to be the driver while women were more likely to be driven by their spouse or other family members (Ahern & Hine, 2012; Davey, 2007; Rosenbloom & Herbel, 2009). Davey (2007) found older men in urban and rural areas of New Zealand were more unsettled by giving up driving than older women.

Furthermore, this author suggested those 85 years and over were particularly at risk of social isolation if they lived alone and had no access to a private car. Women who had minimal driving experience when younger were less likely to want to drive when older or drove less often. However, the next generation of women have been more accustomed to driving a car and were more likely to continue driving (Rosenbloom & Herbel, 2009).

Gender differences were again highlighted in a study on transportation issues for rural dwelling older people. Difficulties older people had when making trips in rural Ireland and Northern Ireland were explored (Ahern & Hine, 2012). Female participants in the study were prepared to use community transport to enable access to social groups and leisure activities. Conversely, the male participants felt their transport needs were not adequately met, perceiving that community transport was for women's trips. The lack of availability of community transport in the evenings and weekends posed a further barrier to engagement opportunities of interest to the men such as socialising at public houses. The authors suggested that adapting to life without a car may be more difficult for men as women appeared to adapt more easily. These findings suggest that gender should be considered when exploring transportation options that enabled engagement in rural communities.

Multiple factors in the physical environment of rural communities could be problematic to older people when driving. The studies that informed the Age-Friendly Rural and Remote Communities Initiative found poor quality roads, lack of parking options and harsh weather conditions interfered with driving for rurally living older people (Federal Provincial Territorial Ministers Responsible for Seniors, 2007). Further, Musselwhite and Haddad (2010) explored older peoples' perceptions of driving and found that distracting road signage, road works and speed limit changes as well as fatigue on long trips were factors that made their driving more difficult. Rural communities are diverse in respect to degree of remoteness, weather patterns and accessibility; thus, the impact on driving from characteristics of the physical environment was likely to be highly variable.

The physical health and function of older people has been found to be influential in decision making related to driving capability (Averill, 2012; Dickerson et al., 2007; Hjorthol, 2013; Kaiser, 2009; Musselwhite & Haddad, 2010). In a grounded theory study by Musselwhite and Haddad (2010) of older drivers ($N = 29$), those over 85 years

expressed the most uncertainty about their ability to continue driving. The findings from this study suggested as people entered the oldest old years, they were increasingly aware of physical and cognitive changes that affected their driving ability. These changes included stiffness, fatigue, memory problems and judgement of speed. Concerns relating to vision such as glare from the sun and distraction from multiple signs were highlighted. Participants compensated for their reduced sensory and cognitive function by driving at less busy times, avoiding night driving, driving at slower speeds and creating bigger spaces between cars. While physical dysfunction could present barriers to driving, the compensatory strategies these older people utilised enabled them to continue driving. Additionally, discussions in the media and societal attitudes related to safe driving practices in the older population, influenced their decisions regarding driving. Although participants in this study ranged in age from 68 to 90 years, the number of participants 85 years and over was not specified.

Davey (2007) found older people were highly anxious when the time came to renew their drivers' licence. In New Zealand, drivers must produce a medical certificate from the age of 75 years and in some cases are expected to take an on-road safety test in order to renew the drivers' licence for another five years (Davey, 2007). The decision to cease driving was usually associated with declining ability to drive safely. Older people and their families had concerns regarding the process of planning for driving cessation and alternatives to being able to drive (Dye et al., 2010). In rural communities this concern was exacerbated by lack of alternatives to driving and could threaten the ability of older people to remain engaged in their community.

Johnson (2008) explored how informal networks supported older women living in rural communities to give up driving voluntarily. The findings from semi-structured interviews, from 75 women over the age of 75 years, indicated a decline in physical function or a driving incident was the impetus to stop driving for most participants. Additionally, it was found that support from family and friends was crucial to sustaining driving cessation. Those without support were more inclined to use their cars for perceived essential trips when they had been advised not to drive. Similarly, Musselwhite and Shergold (2013), in a longitudinal, qualitative study of older participants ($N = 21$), identified strategic planning to give up driving along with support from family and friends improved the ability to cope following driving cessation. Conversely, those participants who were forced to stop driving suddenly, often in response to a health crisis, did not cope so well. Hence, the ability to exercise autonomy

over the decision to give up driving appeared to improve quality of life following driving cessation. Furthermore, these findings from these studies suggested that planning and support for driving cessation may increase transport support, having implications for enabling continuity of engagement for older people ageing in place in rural communities.

Driving cessation impacted on older peoples' ability to continue to work and remain engaged in community activities they had been accustomed to (Curl, Stowe, Cooney, & Proulx, 2013; Davey, 2007; Walker et al., 2013). In a longitudinal, quantitative study of 4788 participants aged over 65 years, Curl et al. (2013) examined the impact driving cessation had on older peoples' engagement in the community. They found a major, immediate impact from driving cessation was on older peoples' employment opportunities, followed by a negative impact on informal and formal volunteering. Initially, engagement in the community was not notably affected; however, over time a more obvious decline in engagement was seen. The authors proposed that this could been because the initial support gained when older people could no longer drive may drop off over time, with older people being reluctant to accept rides from others for fear of being a burden. Although the study was undertaken in an urban setting, this quantitative study offered insights into the impact of driving cessation for older people ageing in rural communities.

Studies focused on the effects of transportation options on engagement in rural communities were limited. Davey (2007) undertook a study in New Zealand that explored the impact of coping without a car on the lifestyle and quality of life of older people ($N = 99$) in urban and rural communities. In meeting the inclusion criteria, participants were non-drivers with no access to a private car for six months or longer. This study found public transport was only considered an option if participants were mobile and physically fit. Barriers to using public transport were poor availability, distance from bus stops and hilly roads to negotiate. Participants used a variety of transport modes including walking, taxis and occasionally a bus; however, lifts in a car from others was the most common transport mode. Many participants became housebound unless they had family or friends to take them out. Davey (2007) found when older people could no longer drive, friends and family would take them food shopping and for essential appointments. However, it was the spontaneous outings and non-food shopping trips they missed out on.

Older people perceived reliance on others for transport needs represented dependency and being a burden on others (Bell & Menec, 2013; Davey, 2007; O'Shaughnessy, Casey, & Enright, 2011). The desire to maintain a façade of independence was sometimes a barrier to engagement for older people living in rural communities. As part of a rural age-friendly research project, Bell and Menec (2013) utilised photo-voice and focus groups methods with 30 people between 54 – 81 years, to explore older peoples' perceptions of independence. Their findings revealed older people avoided situations that reinforced their dependence, such as difficulty getting on and off transport or being driven by others. Instead they preferred to turn down opportunities for social outings. The prospect of reciprocity was an enabling factor for older people to continue engagement. For instance, some participants found being able to make a small financial contribution towards travel costs reduced the feeling of being a burden. The authors concluded that societal beliefs about dependency and old age underpinned older peoples' fear of being a burden.

Difficulty accessing public transport services posed a barrier to use for older people in rural communities (Broome, McKenna, Fleming, & Worrall, 2009; Federal Provincial Territorial Ministers Responsible for Seniors, 2007; Shergold & Parkhurst, 2010; Walsh et al., 2012). A qualitative study on ageing in rural communities in Ireland and Northern Ireland found the availability and quality of public transport services differed greatly across communities. For instance, a service may have provided a useful bus route; however, the bus schedules were not convenient. The distance to bus stops was a barrier for many participants who struggled to get to the bus stop carrying bags and using walking aids (Walsh et al., 2012).

In response to difficulties in public transport access, studies evaluating more flexible transport services have been undertaken (Broome, Worrall, Fleming, & Boldy, 2012; O'Shaughnessy et al., 2011). A mixed method study explored the benefits of a door to door bus service in a small rural town in Ireland. The study found the bus service provided positive benefits to the participants' quality of life and wellbeing. The participants reported increased independence, reduced feelings of social isolation and increased levels of engagement. Furthermore, the bus journey itself provided opportunities for companionship and engagement. The authors opined that services that improved older people's engagement had far reaching health benefits and should be a priority to local policy makers (O'Shaughnessy et al., 2011).

Walking as a transportation option in rural areas was problematic. Dye et al. (2010), in a rural qualitative study of older people ($N = 39$) in USA, found walking was made difficult by non-existent footpaths, narrow roads and long distances. The participants linked keeping active to preventing chronic health conditions; however, many expressed concerns about safety when walking and fear of falling on rough surfaces (Dye et al., 2010). Similarly, Novek and Menec (2014), found older people were put off walking in winter when snow and ice made sidewalks unsafe. However, at other times of the year aesthetically pleasing walking trails enabled opportunities for exercise, leisure and socialising.

This section of the review has established that transportation is often problematic in rural communities. Driving is highly valued by older people as a means of transportation in rural communities; however, confidence in driving ability may decrease as people age, increasing the likelihood of dependence on others for transportation needs. Furthermore, acceptable public transport options are typically deficient in rural communities. As the number of older people ageing in rural communities is expected to rise, the planning of appropriate transportation services is likely to have increased importance in facilitating the engagement of older people.

2.4.3. Housing.

Rural communities are often portrayed as close-knit and supportive. However, dispersed housing and remoteness have been identified as barriers for engagement for older people (Heenan, 2011; Winterton & Warburton, 2011). Although older people hope to remain living independently in their own homes as they age (Scharlach & Lehning, 2013; Sixsmith & Sixsmith, 2008), the location and suitability of the home in rural communities gained more significance for those 85 years and over in remaining engaged in their communities.

Houses needed to be accessible for older people and for those visiting. Features of the home environment could become a barrier for entry and exit, potentially making the home a place of confinement, restricting engagement in the community. In a qualitative study ($N = 36$), Bacsu, Jeffery, Novik, et al. (2014), found older people in rural Canada were concerned about the lack of housing options that met the needs of older people with disabilities and those who were frail. Findings indicated senior housing lacked wheelchair access at the front and back entrances. Moreover, steps up to living areas were considered a barrier to access for many. Although this study included participants

in a range of ages from 65 – 92 years, the authors did not specify the number of participants 85 years and over or their level of disability.

Access to long term care within the community where older people lived was considered necessary to maintain community connections. Bacsu, Jeffery, Novik, et al. (2014) found older people living in a rural community desired a choice of local housing options as they were concerned about going into long term care facilities or having to face relocation beyond their community if their needs changed. Along the same lines, Bernoth, Dietsch, and Davies (2012) interviewed the family members of older people, in rural Australia, who had to leave the area they were living in to access long term care facilities. The families described situations where their loved ones were displaced and disconnected from their communities often very abruptly. This displacement resulted in feelings of being exiled and was highly disturbing to the families.

The desire older people have to age in place and grow old in the community they have been living in is influenced by the sense of community from established relationships with neighbours and local people (Bacsu, Jeffery, Abonyi, et al., 2014; Scharlach & Lehning, 2013; Wiles et al., 2011). Wiles et al. (2011) undertook a large qualitative study ($N = 121$) in two New Zealand communities, a rural town and a suburb in Auckland. The aim of their study was to explore the meaning of ageing in place for older people. They carried out focus group discussions and interviews with participants aged 56 – 92 years. The findings suggested home had multiple meanings to older people beyond bricks and mortar. Social connections were established between locals as many had lived in the same place for many years. These relationships that formed over time with neighbours and locals were associated with strong attachment to their homes and the community. Moreover, these connections were considered important for maintaining engagement in their communities. Thus, ageing in place was not just about their homes but extended into the community. Further, the findings supported the notion that older people wanted to have a choice of living arrangements as they aged.

The suitability of housing increases in importance for the oldest old as people in this age group are typically more sensitive to changes in their interactions with the environment. Alterations in health and function are more likely to occur in this age group making it more difficult to cope with the physical and social environment (Oswald et al., 2007; Wahl, Iwarsson, & Oswald, 2012). Steps up to a front door, once easily negotiated, may become a barrier for an older person; thereby affecting ability to participate in activities

in the community. Changes in this person-environment fit may result in withdrawal from social participation; thus, presenting a barrier to engagement in the community. Similarly, when an older person is no longer able to drive, accessing services and activities because of distance from home becomes more difficult. Changes in mobility could become the catalyst in reconsidering suitable housing options (Scharlach & Lehning, 2013). Further research would increase understanding of how housing options impact on the engagement of older people. (Bigonnesse, Beaulieu, & Garon, 2014). Few studies have explored older peoples' perceptions of housing options in rural communities.

2.5. The Social Environment

The quality of the social environment and the capacity to provide opportunities for engagement are important considerations in enabling older people to be included in their communities (Walker et al., 2013; Winterton et al., 2013). The quality of the social environment is influenced by societal attitudes where older people are valued and respected (Scharlach & Lehning, 2013). Changes in social and cultural values and norms associated with demographic churn from out-migration and in-migration could change the composition and dynamics of neighbourhoods (Walker et al., 2013; Walsh et al., 2012). Further, physical and cognitive health changes, loss of significant relationships and reduction in social networks are highly likely to interfere with social connectivity and engagement of older people in the community. The next section of this review presents and critiques the findings from available literature on the social characteristics of the environment that could present barriers and enablers to engagement of older people. These findings have been organised into three main categories; social networks, engagement opportunities and communication of information.

2.5.1. Social networks.

Social networks typically consist of family, friends, neighbours and other community members. These networks provide social resources and support in multiple ways including companionship and emotional support. In addition, social networks offer tangible support such as providing transport and opportunities for social engagement (Cornwell et al., 2008). The importance of social networks increase in importance as people age due to the greater risk of disability and cognitive decline associated with advanced age (Jagger et al., 2011; Wenger & Keating, 2008). It cannot be presumed that

all social support is beneficial. In some situations social support was associated with negative effects (Keating, Swindle, & Fletcher, 2011). For example, when older people lacked emotional reserve to deal with stressful or abusive interrelationships (Winterton & Warburton, 2011). Established social networks have the potential to provide support throughout older adulthood. However, when older people required more support, existing social networks could become inadequate to meet the changing needs (Dunkle, Roberts, & Haug, 2001; Merz & Huxhold, 2010). Social networks can diminish, increasing the risk for social isolation. Indeed, a common reason for relocation in older adulthood stemmed from declining social networks that constrained opportunities for engagement (Tang & Lee, 2011).

Regular social interaction with families was recognised as an enabler for engagement (Bacsu, Jeffery, Abonyi, et al., 2014; Novek & Menec, 2014; Wenger & Keating, 2008). Older people in rural communities often had established social networks of family, friends, neighbours and community members. However, it was often the families of the oldest old who were more likely to provide instrumental help and facilitate engagement opportunities, particularly following development of disabilities (Wenger & Keating, 2008). However, many older people who had retired to rural communities, did not have families living close by. Regular phone calls and emails were a way of connecting remotely (Bacsu, Jeffery, Abonyi, et al., 2014; Novek & Menec, 2014; Wenger & Keating, 2008). From an analysis of the literature, Winterton and Warburton (2011) found relocation to the city from a rural community to be closer to family was a decision some older people made if support was required. A difficulty associated with relocation concerned being able to integrate into a new community. However, the decision to relocate in the oldest old years was typically made when established local social networks had declined and care needs increased.

Social networks provide opportunities for engagement. Friendships with neighbours were highly valued for participants in two rural Canadian qualitative studies. Neighbours provided reciprocal assistance and opportunities for engagement. For example, in intergenerational neighbourhoods older people provided informal after school child care in exchange for assistance with outdoor chores or baking (Bacsu, Jeffery, Abonyi, et al., 2014). Novek and Menec (2014) found cold weather conditions and icy footpaths prevented engagement in winter months; however, to enable opportunities for engagement participants went to indoor venues for exercise and to meet friends. Having trusted friends and neighbours was highlighted as an enabler for

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engagement (Bacsu, Jeffery, Abonyi, et al., 2014; Bacsu et al., 2012). In a qualitative study, rural participants perceived their friends to be understanding as they were going through a similar stage of life. These shared experiences fostered the formation of close bonds and provided connections to the community (Bacsu, Jeffery, Abonyi, et al., 2014). Conversely, lack of a confidant to discuss personal matters could present a barrier to seeking assistance when required (Bacsu, Jeffery, Novik, et al., 2014).

In a large rural qualitative study in Australia ($N = 69$), Walker et al. (2013) found nearly all participants had experienced declining social networks, consequently they were less engaged in the community. In response to their declining networks many participants had a stoic self-reliant attitude that the researchers proposed was due to an adaptive compensation. Further, they cautioned against assuming that it was necessarily problematic for older people to have scaled back their social networks. For many of the participants some shrinking of networks seemed volitional and welcome and was associated with lack of energy for some activities. For instance, one participant had stopped attending a voluntary group because of the expectation to perform manual work. Further, it was accepted by participants that their social networks had reduced and this was considered to be part of life. Simultaneously, some participants enjoyed regular organised trips provided by groups in the community, while others undertook less strenuous activities as forms of engagement.

2.5.2. Engagement opportunities.

A varied range of activities available in communities enabled engagement (Bacsu, Jeffery, Abonyi, et al., 2014; Federal Provincial Territorial Ministers Responsible for Seniors, 2007; Novek & Menec, 2014; Walker et al., 2013). Novek and Menec (2014) recruited older people to photograph examples of engagement opportunities. The participants highlighted coffee shops, restaurants, shopping malls and seniors' centres as popular places where older people met and engaged. They also photographed museums, art galleries, concert halls and educational classes as opportunities for social and civic engagement in their rural communities. Shared meals at seniors' centres were pointed out as opportunities for social engagement particularly for those who lived alone. The studies that informed the Age-Friendly Rural and Remote Communities Initiative found funerals provided opportunities for older people to gather and engage. Additionally, schools sought older people to volunteer their time and skills, contributing to intergenerational engagement (Federal Provincial Territorial Ministers Responsible

for Seniors, 2007). Conversely, closure of established shops and services where older people gathered such as the post office, were barriers to engagement. Declining rural communities were particularly susceptible to these service cuts (Walker et al., 2013; Wenger & Keating, 2008).

Engagement was not just a matter of choice for older people as societal barriers impacted on the ability to engage in society for some older people (Rozanova et al., 2012). A qualitative study, carried out across three rural Canadian communities using semi-structured interviews of older people ($N = 89$), identified barriers to engagement for the participants. Older people caring for partners or family members had limited time or energy to pursue social activities and some were bound to the home in the caregiving role. Other studies found the caregiving role was a significant barrier to engagement for men (Bacsu et al., 2012; Winterton & Warburton, 2011). Bacsu et al. (2012) found men in caregiving roles frequently had to forfeit more time consuming leisure activities previously enjoyed such as fishing and golf. Further, men often found it difficult to re-engage in the community once care recipients had moved into care facilities (Winterton & Warburton, 2011). The perception of obligation to provide necessary voluntary services in rural communities undergoing economic decline, meant some older people had little time for their own leisure and social activities (Rozanova et al., 2012). Due to lack of studies in rural communities focused on the oldest old, little is known about the impact of caregiving and other necessary roles on the engagement patterns of this age group.

Some older people perceived engagement opportunities were exclusive and not available to them, presenting a barrier to engagement. Rozanova et al. (2012) found some participants in their study lacked confidence to engage in some activities or feared rejection, believing that certain activities were for other people. Lack of confidence was associated with a perceived lack of resources or skills to take part. Some participants waited for a personal invitation to join groups perceiving that lack of invitation was exclusionary. Similarly, Bacsu, Jeffery, Novik, et al. (2014) found some older people, particularly newcomers to the area, did not feel welcome to join groups. Additionally, these researchers identified a perception that seniors' centres were for old people. To reduce the barrier this stigma presented, the seniors' centre had been renamed Friendship Centre.

A lack of leadership and an ageing membership affected the sustainability of community groups in rural communities potentially reducing opportunities for engagement for some older people (Walker et al., 2013; Winterton et al., 2013). Although the desire to belong to and participate in groups often remained, some oldest old people may be reluctant to continue or assume leadership and organising roles (Federal Provincial Territorial Ministers Responsible for Seniors, 2007; Heenan, 2011; Walker et al., 2013). Succession planning of members with leadership and administrative skills was seen as a way to mitigate the risk to groups' viability. Because of the ageing population in rural communities there were challenges associated with recruitment of younger volunteers as members (Heenan, 2011; Winterton et al., 2013). As a way of encouraging membership older volunteers were sometimes recruited for short term projects (Federal Provincial Territorial Ministers Responsible for Seniors, 2007). The cost of membership was a further barrier to engagement. This was not only a barrier for members to join but threatened the sustainability of groups if funds to operate were not secured (Bacsu, Jeffery, Novik, et al., 2014; Federal Provincial Territorial Ministers Responsible for Seniors, 2007).

Physical and cognitive decline presented barriers to engagement for some older people (Bacsu, Jeffery, Abonyi, et al., 2014; Federal Provincial Territorial Ministers Responsible for Seniors, 2007; Walker et al., 2013; Wenger & Keating, 2008). Bacsu, Jeffery, Abonyi, et al. (2014) found reduced cognitive performance was perceived to be a barrier to engagement for participants in their study. In maintaining good cognitive function some participants had identified keeping up with current affairs stimulated their minds and enabled them to have interesting topics to discuss when engaging with other people. Changes in physical health associated with low energy levels and weakness altered how some older people accessed and interacted in the social environment (Goll, Charlesworth, Scior, & Stott, 2015; Walker et al., 2013). Similarly, Sixsmith and Sixsmith (2008) found some older people with physical disabilities avoided situations they found embarrassing such as getting in and out of a taxi. Additionally, they found social activities that involved standing or walking challenging. Further, some older people avoided engagement opportunities because sensory perception deficits such as hearing and vision impairments interfered with communication and participation in activities (Dunkle et al., 2001; Nicholson, 2012).

Coping mechanisms were both enablers and barriers to engagement. The ability to adjust to changes in the physical and social environment and to have a positive outlook

on life enhanced engagement (Bacsu, Jeffery, Abonyi, et al., 2014; Walker et al., 2013). Whereas, excessive stoicism and fierce independence could become barriers to engagement because these traits were associated with fear of being a burden and failure to ask for help. These traits presented a risk for disengagement and social isolation (Novek & Menec, 2014; Walker et al., 2013; Winterton & Warburton, 2011). Disengagement occurred when social networks were not used and suitable activities were unavailable. Conversely, some older people were satisfied with their level of engagement, having chosen to be more reclusive, with a lifelong pattern of stoicism and independence (Wenger & Keating, 2008). Typically older people perceived the need to make an effort to join in and be involved in the community (Bacsu, Jeffery, Abonyi, et al., 2014; Walker et al., 2013; Walsh et al., 2012). Walsh et al. (2012) suggested this attitude indicated that while older people took some ownership for any lack of engagement there was a perception of mutual responsibility with the community in preventing social isolation. Whereas Walker et al. (2013) found in their study, participants perceived their social lives were their own responsibility.

Demographic churn from in-migration of young families and the young old and out-migration of young people, could alter the social dynamics of rural communities. These changes in social structure could affect how older people engaged in the community (Walsh et al., 2012). A sense of belonging once felt from knowing each other may be eroded and there was a risk of alienation (Walsh et al., 2012). Walker et al. (2013) found long-term participants in their study linked engagement and the associated connections in the community to a strong sense of belonging and identity. Further, these participants perceived themselves to be valued and respected members of their community. A sense of belonging and feeling valued and respected in a community could balance social disadvantages older people faced in rural communities as they aged (Winterton & Warburton, 2011). Conversely, when neighbourhoods and communities changed, long-term residents may experience diminished social networks and have less connection with their neighbours.

A sense of belonging and attachment to the community had a positive effect on the community engagement patterns older people (Novek & Menec, 2014; Wiles & Jayasinha, 2013). Findings from a large qualitative study ($N = 121$) undertaken in two diverse communities in New Zealand, an urban suburb and a rural town, suggested older people contributed to their communities in multiple roles. Many of the participants indicated their motivation to be involved in the various roles stemmed from strong

community connections and care for their community. A long history of engagement in community activities and groups was typically associated with these sentiments. Further, this study identified a reciprocal effect on the community associated with the engagement patterns of the participants. In other words, as well as having positives benefits for the participants, the contributions made by these older people increased the resilience of their communities (Wiles & Jayasinha, 2013). Similarly, Novek and Menec (2014) identified that attachment to places and buildings was associated with a shared social identity and contributed to engagement by increasing social connectedness and social cohesion.

2.5.3. Communication of information.

The dissemination of information is essential to informing older people in rural communities about the services and activities available (Everingham, Petriwskyj, Warburton, Cuthill, & Bartlett, 2009; Federal Provincial Territorial Ministers Responsible for Seniors, 2007; Novek & Menec, 2014; Ryser & Halseth, 2011). Lack of information or poor timing of information could exclude older people (Federal Provincial Territorial Ministers Responsible for Seniors, 2007; World Health Organization, 2007). Posters and flyers displayed prominently on community noticeboards were highly rated by older people in rural communities as effective sources of information. Likewise, local newspapers and word of mouth were heavily relied on to find out about events and activities in rural areas (Federal Provincial Territorial Ministers Responsible for Seniors, 2007). While word of mouth communication was highly effective for some older people, heavy reliance on this mode of communication could prevent less socially connected older people from acquiring accurate, relevant and timely information (Everingham et al., 2009).

For older people in rural communities' to have equal access to information, the communication of information needed to be in formats that met a wide range of needs. Further, a variety of methods was required to disseminate information. A qualitative study in rural Canada explored the communication strategies of older people in small towns and rural communities (Ryser & Halseth, 2011). Older people and service providers ($N = 74$) were invited to take part in interviews. Multiple methods of communication were identified, highlighting the diversity of needs in small communities. Information communication methods were grouped into four categories. The first category was informal communication such as word of mouth, church notices

and other public notice boards. The second category was printed material, for example brochures, newspaper advertisements and posters. The third method involved more formal processes such as public presentations, workshops and public events. The fourth and final strategy was use of technology including television, radio and the internet. However, the researchers detected that some information was dated due to rapid changes in services. This had led to confusion and misinformation to older people. Recommendations from this study included having a central information centre and an information co-ordinator. Further, it was suggested that better use could be made of older peoples' natural gathering places such as senior centres, medical centres and public libraries. Everingham et al. (2009) had similar findings in a study set across two cities in Australia where participants suggested a centrally co-ordinated information centre as a way to facilitate information provision. These authors concluded that a multi-dimensional approach to information provision would enable older people to participate fully and be engaged in the community.

Few studies have focused on the perceptions of rurally living older people on use of the internet as a form of communication. Existing literature suggests there are multiple barriers to internet use, including lack of high speed internet service (Federal Provincial Territorial Ministers Responsible for Seniors, 2007). Warburton, Cowan, Winterton, and Hodgkins (2014) identified, from a study in Australia, that older people in rural communities were disadvantaged by poor or non-existent internet access and a low level of digital literacy. Warburton et al. (2014) further suggested there was huge potential for information and communication technology to enable opportunities for engagement for older people in rural areas, especially to bridge the distance gap with family and friends. Fear of being left behind because of low computer skills was a concern shared by many older people in rural communities (Federal, Provincial, Territorial Ministers Responsible for Seniors, 2007). However, as few studies have focused on information technology use in the oldest old, it remains unknown how this impacts on their engagement in rural communities.

2.6. Conclusion

This chapter has reviewed the international and national literature on features and characteristics of the physical and social environment that could enhance engagement of older people living in rural communities. There have been very few studies conducted in rural communities that explored the perceptions of older people despite the emphasis

researchers have placed on the importance of older peoples' perspectives. The literature provided evidence that both the physical and social environment had a significant influence on how older people engaged in the community. As rural communities have their own unique features and challenges, research findings from one rural community cannot be generalised to another.

The majority of studies used qualitative methodologies, reflecting the exploratory nature of this emerging topic. While the literature acknowledged older people were a heterogeneous group with a wide diversity of needs, those aged 85 years and over were mostly integrated into samples of people aged 65 years and over. Therefore, the perceptions of the oldest old, with regard to their engagement in rural communities, remains somewhat unknown. Further, there was lack of Australasian research on environmental influences on active ageing with very few studies from New Zealand (Annear et al., 2014). This present study aims to address these gaps and add to the knowledge on the engagement of people aged 85 years and over in a rural community in New Zealand. Importantly, this study explores oldest old peoples' perceptions, the experts on their community. The following chapter presents the methodology and methods utilised in the research process.

3. Chapter three: Research Design

3.1. Introduction

This chapter presents the research methodology and methods utilised in this study. The methodology selected for this study was a qualitative descriptive approach. The chapter begins with the philosophical assumptions underpinning the qualitative research paradigm followed by the rationale for choosing qualitative description. Next the ethical considerations and processes used in the study are outlined. This is followed by presentation of the methods used for gathering and analysing the data. Finally, research rigour is addressed along with the strategies to ensure trustworthiness applied in this study.

3.2. The Research Question

The literature review, presented in chapter two established little attention has been given to the experiences of people aged 85 years and over living in rural communities in New Zealand. In attending to this gap in current knowledge, this study aims to explore the perceptions of people aged 85 years and over about their engagement in a rural community.

The associated aims of the study are to:

- Identify the barriers to engagement of older people in a rural community
- Identify the enablers for engagement of older people in a rural community
- Provide a range of options for local government, health and social service providers to use that promote engagement of people aged 85 years and over

3.3. Research Methodology

Qualitative research is concerned with interpreting human experience or behaviour in the everyday world. The interpretive approach acknowledges that all human experience is subjective and individuals ascribe meaning to the phenomenon of interest (Denzin & Lincoln, 2013). Qualitative researchers typically seek "patterns and themes within individual human experience" (Thorne, 2008, p. 38). Individuals have multiple realities embedded in the constantly changing context where the inquiry is undertaken (Sale, Lohfeld, & Brazil, 2002). Findings from qualitative research cannot be generalised from one context to another because the phenomena of interest are embedded in the context in which they have been studied (Patton, 2002; Thorne, 2008). Further, qualitative

researchers seek to understand and interpret participants' realities by placing themselves in the research field where they are able to interact with those who are most knowledgeable about the phenomenon (Glesne, 2016). Thus, there is a commitment to portray the participants' perspectives (Streubert & Carpenter, 2011).

Qualitative research is often undertaken utilising a naturalistic inquiry approach because study of the phenomenon of interest takes place in the natural setting as close as possible to the participants' environment (Denzin & Lincoln, 2013; Streubert & Carpenter, 2011). The researcher is committed to maintaining the integrity of the physical, social, cultural, political and economic context of the research field (DePoy & Gitlin, 2011; Patton, 2002). Moreover, qualitative research is underpinned by the premise that there can be no separation of the individual and the context in which he or she is situated (DePoy & Gitlin, 2011).

Qualitative research uses inductive reasoning processes (DePoy & Gitlin, 2011; Glesne, 2016; Thorne, 2008). Acknowledging that researchers rarely approach a study without any prior knowledge of the phenomena, an inductive approach calls for the researcher to consciously set aside his or her own views and knowledge, allowing the participants' perspectives to be identified (Streubert & Carpenter, 2011). With inductive reasoning the researcher moves from the individual perceptions to a more general representation of the data (DePoy & Gitlin, 2011; Streubert & Carpenter, 2011; Thorne, 2008). Qualitative researchers typically present data in a descriptive, literary style (Glesne, 2016; Streubert & Carpenter, 2011). Although the various qualitative research methodologies share these philosophical assumptions, each have evolved from specific disciplines and use distinctive language and methods when inquiring about human experience (DePoy & Gitlin, 2011).

Qualitative description shares the general philosophical assumptions of qualitative research discussed above and sits appropriately within the naturalistic paradigm (Sandelowski, 2000). Qualitative description is a useful approach when exploring new and emerging topics with limited theoretical or factual knowledge (Foster & Neville, 2010; Sandelowski, 2000; Thorne, 2008). Hence, this approach was considered appropriate for studying the perceptions of people aged 85 years and over about their engagement in a rural community, an under-researched area. A qualitative descriptive approach can be used when seeking straight forward answers to a research question without the use of an overly theoretical methodology (Sandelowski, 2000). In

addressing the research question, the first two aims of this study involved identifying barriers and enablers to engagement encountered in everyday life from the participants' perspective. A qualitative descriptive methodology provides a means to describe the participants' perceptions in rich descriptive, everyday language resulting in a base of knowledge that will be used to inform practice (Magilvy & Thomas, 2009; Sullivan-Bolyai, Bova, & Harper, 2005).

Qualitative description is an ideal methodology when the researcher seeks to discover the who, what and where of events and where unadorned descriptions of phenomena are required (Sandelowski, 2000). As a methodology, qualitative description has been critiqued as being the least theoretical within the qualitative research paradigm. Indeed, some academics do not include qualitative description when referring to qualitative methodologies. Nevertheless, academics in nursing and other health science disciplines, internationally and in New Zealand, have successfully used and/or written about the use of qualitative description in a range of research settings (Foster & Neville, 2010; Magilvy & Thomas, 2009; Manning & Neville, 2009; Neergaard, Olesen, Andersen, & Sondergaard, 2009; Sandelowski, 2000, 2010; Sullivan-Bolyai et al., 2005; Vaismoradi, Turunen, & Bondas, 2013; Weibull, Olesen, & Neergaard, 2008; Winters & Neville, 2012).

3.4. Ethical Considerations

Ethical principles guide the research process to protect those participating in research. In response to historical breaches to human rights' during research, countries have developed codes of ethics (Polit & Beck, 2014). In New Zealand the Health and Disability Ethics Committee directs and guides specific ethics committees of New Zealand institutions involved in research. Ethical approval for this study was gained from Auckland University of Technology Ethics Committee (AUTEC) (see Appendix A) and from Massey University Human Ethics Committee (MUHEC) (see Appendix B) as this study was part of a larger research project involving researchers from Auckland University of Technology and Massey University. The following section will demonstrate how the relevant AUTEC ethical principles guided decisions made in designing the study.

3.4.1. Informed and voluntary consent.

Participants were invited to respond to advertisements placed in a local newspaper and advertising flyers posted in public areas by calling a 0800 phone number (See Appendix

C). This ensured a voluntary response from participants. As the recruitment process progressed, some participants were approached by trusted members of the local community for recruitment into the study, as opposed to responding to the advertisement. This third party approach ensured participants were not coerced into participating in the study. Participants were fully informed of the study. I used a procedure called process consent. Process consent provides ongoing informed consent rather than a one off procedure and facilitates the establishment of a trust relationship starting with building rapport from the first contact with the participant (Glesne, 2016; Munhill, 1988). Further, a process consent procedure, promotes and supports the right to self-determination.

The process consent procedure commenced with the first phone contact following participants' response to the advertisement. During this first phone conversation the study was explained with an opportunity provided for questions about the study and process. Participants were contacted again the day prior to scheduled interviews to confirm participation with further encouragement to ask questions. The informed consent process continued on the day of the interview. The study and the interview process were once again explained and participants were provided with the study information sheet to read (see Appendix D). Following an opportunity for questions, participants were invited to complete the consent form (see Appendix E). The right to withdraw from the study at any point or to refrain from answering a specific question, without consequences, was reiterated throughout the informed consent process. In recognition of the participants' contribution to the study, a $20 supermarket gift voucher was offered as Koha at the conclusion of the interview.

3.4.2. Respect for rights of privacy and confidentiality.

All participants chose to complete the interviews in their own homes. Some participants chose to have their partner present during the interview. Confidentiality issues associated with interviews being audio recorded, formed part of the informed consent process and were explained prior to the interview. Participants were informed that the digital audio recording could be stopped at any time if they wished. The anonymity of participants was maintained by using identification codes on the audio recordings and data sheets with pseudonyms used when referring to participants in this thesis. Access to the identification codes was restricted to myself and my thesis supervisors. The digital audio recordings, data sheets and consent forms were stored at Auckland

University of Technology (AUT) in a locked cupboard or on computers with password protected access. My personal computer was password protected and printed transcripts were kept in a secure locked cupboard in a home office. The professional transcriber contracted to transcribe the digital recordings signed a confidentiality agreement (see Appendix F). The participants were informed that all research material would be stored in a locked cupboard at AUT for five years and then destroyed as per the AUT research document disposal policy.

3.4.3. Minimisation of risk.

Research has the potential to cause harm to participants or researchers. Researchers must seek to minimise harm to participants, including physical, psychological or emotional harm. Because the interview questions were not of a highly personal nature, it was considered there would be little risk to participants in this study. However, any form of self-disclosure has the potential to cause discomfort. Participants were observed for signs of distress or discomfort throughout the interview. Counselling support was made available to participants from Age Concern and Lifeline should concerns or worries surface from expressing views and experiences of living in a rural community. Contact details for these services were provided on the study information sheet (see Appendix D). To ensure maximum comfort participants could choose to complete the interview in their own home or at a local venue and were invited to have a support person present if desired.

3.4.4. Social and cultural sensitivity including commitment to the principles of the Treaty of Waitangi.

The Warkworth area has four Marae. Although few Maori in the target age group (85 years and over) live in the Warkworth area, it was considered possible that Maori participants may be recruited in response to the advertising processes. Ms Margaret Kawharu, a senior Maori advisor with connections to the Warkworth area, was consulted during the early planning stages of the study and agreed to be available to provide guidance and support should there be Maori participants. No participants aged 85 years and over identifying as Maori were recruited. As participants were recruited from the general public in Warkworth through local advertising, there was the possibility that participants could have a range of cultural and social backgrounds. Along with my own extensive experience working and communicating with older people from a range of cultural and social groups, both study supervisors were senior

researchers with cross cultural experience. All participants recruited for this study were European. Further, there was no requirement for specific social or cultural support.

3.5. Sampling

A purposive sampling technique was employed to recruit participants for this study. Selecting a sample in qualitative research requires the researcher to contemplate who would be most able to provide information-rich data that could answer the research question (Glesne, 2016; Streubert & Carpenter, 2011). Further, the research question and methodology should guide the inclusion criteria for selection of participants (Streubert & Carpenter, 2011). Purposive sampling was considered the method most likely to recruit people aged 85 years and over who would be able to provide their perspectives on living in a rural community in the Warkworth area.

There were three inclusion criteria for this study:

- Participants aged 85 years and over
- Living independently within the Warkworth subdivision
- Ability to participate in a 60-90 minute interview

The sample size was flexible; however, it was determined that 15 participants would be an adequate initial target to reach data saturation. Data collection in qualitative research should continue until data saturation is achieved. This occurs when there is little or no more new information or insights coming through in the interviews (DePoy & Gitlin, 2011; Polit & Beck, 2014).

3.6. Recruitment Process

The first stage of recruitment entailed placing an advertisement in the local newspaper. Along with this advertisement, a short editorial piece explained the study and the context. This was followed by staged local advertising with notices placed strategically on community noticeboards and in newsletters of church groups, the Returned Servicemen's Association (RSA) and other community groups. Because of the dispersed nature of the area, notices were posted in surrounding villages and communities within the Warkworth subdivision as well as in the Warkworth township.

Ten participants were recruited into the study from advertising. A further five participants were recruited with the assistance of two members of the local community who were able to approach older people known to them. This is known as a snowballing

strategy where participants or members of a community find other participants through their own networks. This may include participants who would otherwise be hard to reach (Streubert & Carpenter, 2011). The ages of the participants ranged from 85 to 93 years (mean age 88 years). Nine of the participants were female and six were male. Nine of the participants lived in the Warkworth Township and of those, three lived in license to occupy homes in two different retirement complexes. The other six participants lived out of Warkworth in various smaller communities in the surrounding areas but still within the Warkworth subdivision.

3.7. Data Collection

The purpose of qualitative descriptive studies is to identify the participants views of the topic with a particular focus on the who, what and where of experiences (Sandelowski, 2000). To achieve this outcome an open-ended, semi-structured interview method is ideal. An interview guide (see Appendix G) was designed around features of the physical and social environment. Open-ended questions such as "what are the things you do or like to do when you go out?" were designed to encourage participants to provide their perspectives on their community. A demographic data sheet (see Appendix H) was completed with each participant prior to commencing the interview. The following demographic information was collected, age, gender, ethnicity, relationship status, place of residence, number of years lived in the area, household configuration, highest level of education, current occupation and previous occupation.

All participants preferred to complete the interview in their own homes. Two participants chose to have a partner present at the interview while the other 13 participants chose to interview individually. A benefit to having the interview in the participant's home was the comfort this afforded the participants. An unexpected benefit for me as the researcher was the chance to admire, with the participants, the magnificent rural or coastal views that many of them enjoyed from their homes. Clearly, this aesthetic aspect was an important feature of the participants' lifestyle, and provided an opportunity for me to establish rapport with the participants before commencing the interview. This ability to establish trust and rapport with the participants contributed to the quality of the data collection (DePoy & Gitlin, 2011; Glesne, 2016).

The length of interviews ranged from 45 to 90 minutes. The interview question guide allowed flexibility and a conversational interviewing style. Prompts were used to further guide the interviews. For practical reasons several interviews a day were scheduled on

some occasions. It would have been beneficial to have had more time between some of the interviews to reflect on the quality of the data collected. Nevertheless, my interviewing skills developed quickly during the data collection stage. As previously detailed, all interviews were audio recorded. No participants opted to stop the audio recording; although, on two occasions, the recording was stopped and recommenced due to unexpected interruptions.

Scheduled thesis supervision meetings provided the opportunity to discuss the progress of data collection and to identify when data saturation had been reached. Although researchers can never claim to have discovered all possible perceptions, an indication that data saturation is being approached is when few new insights are arising from the interviews (DePoy & Gitlin, 2011; Thorne, 2008). It was agreed after completing 15 interviews, little new data was being gathered. Therefore, the data collection stage was concluded.

3.8. Transcription of Interviews

The interviews were transcribed verbatim by a professional transcriber. Some of the transcripts had words missing where the transcriber was unable to decipher what was said. After listening to the digital recordings, the transcripts were corrected where possible. Recordings and transcripts were sent to participants if they indicated this as a preference on the signed consent form.

3.9. Data Analysis

To ensure rigour in qualitative research, the data analysis method must be congruent with the methodology. Further, a detailed description of the method should be provided, clearly demonstrating how the findings were developed (Braun & Clarke, 2006; Sandelowski, 2010). Thematic analysis was selected as the data analysis method for this study as it can be used successfully with a qualitative descriptive methodology. Thematic analysis is an approach to analysing data to identify themes and sub-themes from patterns imbedded in the data set. De Santis and Ugarriza (2000) define a theme as "an abstract entity that brings meaning and identity to a recurrent experience and its variant manifestations. As such, a theme captures and unifies the nature or basis of the experience into a meaningful whole" (p. 362).

When undertaking thematic analysis there are key decisions researchers have to make that relate to the research question and methodology (Braun & Clarke, 2006). Firstly, as

this study was exploring older peoples' perceptions of an under-researched topic, an inductive approach was used to identify patterns and themes from the data. Thematic analysis provides a framework for an inductive approach, meaning that the themes identified are closely linked to the data (Braun & Clarke, 2006). This approach is appropriate for a qualitative descriptive design (Sandelowski, 2010). Secondly, it is important that the findings precisely reflect the views and experiences that represent the reality for the participants and are not an overly abstract depiction of the data. This reflects a semantic approach to data analysis (Braun & Clarke, 2006; Vaismoradi et al., 2013). Ultimately, in qualitative description the presentation of the findings in everyday language should reflect what a majority of other researchers and the participants would agree is an accurate depiction of the data.

Thematic analysis is ideal for a novice researcher as it is reasonably easy to use (Braun & Clarke, 2006). The six phases developed by Braun and Clarke (2006) to guide researchers through thematic analysis were followed closely to undertake data analysis in this study (see Table 1).

Table 1: Phases of thematic analysis

	Phase	Description of the process
1.	Familiarising yourself with your data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas
2.	Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code
3.	Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme
4.	Reviewing themes	Checking the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis
5.	Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme
6.	Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis (Braun & Clarke, 2006, p.87).

The first phase involved reading all transcripts several times. As I had completed the interviews personally and had noted some early ideas and thoughts in a field diary, I

was familiar with much of the content; however, immersing myself in the data resulted in new insights. As I did not personally carry out the transcribing, I listened to parts of the audio recordings as I read the transcripts and was able to fill in missing words or words that the transcriber had missed or transcribed incorrectly. As I read the transcripts, I recorded ideas for codes. Although this stage was time consuming it is considered a very important part of data analysis (Braun & Clarke, 2006; Polit & Beck, 2014). It certainly provided me with an overall feel for the content of the data set and a preliminary list of codes.

Phase two began with going back over each transcript and reading line by line to explore what was being expressed. This was congruent with a qualitative descriptive design as the codes were developed from data as opposed to applying specific questions of a theoretical basis (Braun & Clarke, 2006). At this stage, further codes were formed that captured the essence of the ideas presented and were added to the initial list of codes. During the reading process, coding notes were made in the margins. Following this process, electronic code files were established in word documents. Extracts of data were cut and pasted into these files. Again, this was a slow and time consuming stage. Braun and Clarke (2006) advise ensuring sufficient surrounding data is used when taking out extracts of data so the context remains intact. This proved to be valuable advice as there was considerable overlap and interrelatedness with some of the extracts.

Once all of the data had been coded and extracts inserted into the respective electronic files, phase three was commenced. This involved searching across all the codes to find common patterns with the aim of finding broader themes that codes could be combined into. This was a complex stage and far from straight forward. Initially the code files were printed out and set out into preliminary theme piles. Following this a mind-map was created on a large A3 size sheet of cardboard. There were many overlapping patterns and many changes were made to theme ideas during this phase. After careful analysis, sub-themes were identified where codes were related. It was particularly important during phase three to have some time away from the data to enable fresh insight. Eventually, the preliminary themes and sub-themes was established.

Phase four consisted of two stages of analysis. The level one analysis involved checking that each theme had adequate supporting data. This involved reading through all the data extracts within the codes that supported each subtheme. During this stage some of the extracts within codes were moved to other subthemes. In addition, new data extracts

were collated from the data set and extracts that did not fit were discarded. The level two process involved reworking some of the codes and revising the mind-map several times until a thematic map was developed that reflected the data set. During this stage I met with my thesis supervisors and discussed my reworked themes and subthemes. It was agreed that the preliminary themes and subthemes were distinct from each other and reflected the data set overall.

Phase five commenced with formation of a thematic map. An early draft was written to organise the data extracts into a coherent form. Throughout this phase further refining of the themes and subthemes occurred. Themes were renamed to more accurately capture and portray their meaning.

In phase six, the findings were arranged by the themes and subthemes and presented with illustrative excerpts from the data. Excerpts of data are not used to prove the assertions made in the findings but to demonstrate how these assertions are grounded in the data. The findings are presented in such a way that leads the reader towards an understanding of the themes and how they relate to the research question (Thorne, 2008). Punctuation and sentence structure were altered in some of the excerpts to ensure they were both intelligible and readable (Thorne, 2008). To ensure anonymity of the individual participants, pseudonyms were used in the presentation of findings. Names of locations, venues or events have been omitted if their inclusion could lead to identification of individual participants.

3.10. Research Rigour

Rigour refers to the quality and integrity of the research process thereby establishing the trustworthiness of the findings. In claiming a study demonstrates rigour, the findings must be an accurate representation of the perceptions of the participants (DePoy & Gitlin, 2011; Streubert & Carpenter, 2011). Ultimately, the design and methods used in research should be explicit enough to allow assessment of the relevance of research findings to theory and practice (Horsburgh, 2003). Lincoln and Guba (1985) in their work on naturalistic inquiry suggested that to establish the trustworthiness of qualitative research a pertinent question to be asked was "how can an inquirer persuade his or her audiences that the findings of an inquiry are worth paying attention to, worth taking account of?" (p. 290).

While there has been much debate among scholars in how to demonstrate trustworthiness in qualitative research, researchers use distinct strategies in their studies to enhance the trustworthiness of their research (Streubert & Carpenter, 2011). Lincoln and Guba (1985) developed a set of criteria to apply in qualitative research to support trustworthiness that have survived the test of time and are still highly regarded among academics. These criteria are; credibility, dependability, confirmability and transferability. Lincoln and Guba proposed that these four criteria mirror the quantitative research principles of internal validity, reliability, objectivity and external validity (Polit & Beck, 2014; Streubert & Carpenter, 2011; Thomas & Magilvy, 2011). Lincoln and Guba's criteria were used as a guide to frame the trustworthiness of this study.

Credibility is associated with the truth value or faithfulness of the study (Koch & Harrington, 1998). A qualitative study is considered to have credibility when the description or the interpretation of the data is convincing and rings true for the people who would be having that experience (Polit & Beck, 2014; Streubert & Carpenter, 2011; Thomas & Magilvy, 2011). In other words, the accuracy of the interpretation of the meanings of the data must be trustworthy. Activities that can enhance credibility can include, prolonged engagement with the subject matter, member checking and peer debriefing (Streubert & Carpenter, 2011). In this study extensive time was spent in the data analysis stage. This allowed persistent immersion in the data; thereby, thoroughly analysing the participants' accounts and interpreting their subjective meanings. To further establish credibility, the six phases of thematic analysis recommended by Braun and Clarke (2006) were closely followed. Quotations from the data set of participants' perceptions and views were used to illuminate the themes and sub-themes in the findings.

Member checking is sometimes used in qualitative research studies with the aim of demonstrating credibility. A decision was made not to involve the participants in this way for this study, as member checking can be problematic for several reasons (Koch & Harrington, 1998). Member checking assumes participants will be able to validate research findings when the researcher has synthesised multiple perspectives of a phenomenon. Moreover, the researcher and participants may have differing agendas (Horsburgh, 2003). Furthermore, the participants' views and perspectives may have changed in the intervening time (Angen, 2000). However, in keeping with a semi-structured interview technique used in this study, there was interaction between the

researcher and the participants during the interview including probing questions and seeking clarification of the individual participant's perceptions. In addition, participants were provided with the option of receiving their audio recording, transcripts and a summary of findings from the study. Peer debriefing in this study involved ongoing meetings with my research supervisors to discuss the methodological decisions. During the data analysis stage, both of my thesis supervisors independently reviewed the transcripts along with providing guidance and suggestions. They were ultimately able to confirm the themes and sub-themes that had been identified.

Dependability of qualitative research pertains to whether another researcher could repeat the study in a similar context with similar participants and produce comparable results. Dependability is contingent on credibility; therefore, these two criteria are interrelated (Polit & Beck, 2014; Streubert & Carpenter, 2011; Thomas & Magilvy, 2011). Strategies to achieve dependability in this study involved keeping a field diary to record ideas and an audit-trail of all the decisions made throughout the study. From regular thesis supervision meetings a detailed account of supervision notes were maintained along with an in-depth record of all research processes.

Transferability refers to the ability to transfer the research method from one group to another and reach similar findings. The important point with transferability is that the researcher does not make a claim that the research findings are transferable but must provide a sufficiently detailed description of the study that the applicability of the methods and data to other settings can be evaluated by others (Thomas & Magilvy, 2011). In this study, detailed description of the demographic profile of the participants, the recruitment plan and the geographical location would allow others to appraise the transferability of this study to other rural settings.

Confirmability encompasses credibility, dependability and transferability. Confirmability is concerned with the research process; therefore, as previously stated, the researcher leaves an audit-trail that others can follow (Streubert & Carpenter, 2011). Confirmability also relies on the researcher being reflexive. This means the researcher actively acknowledges his or her stance and position within the research and the impact that personal beliefs and biases may have on the research processes and findings (Horsburgh, 2003). To demonstrate reflexivity, I kept a written record of thoughts and impressions that surfaced throughout this study in my research journal. This heightened my awareness of my own perceptions and pre-conceptions, highlighting the necessity to

set these impressions aside. Additionally, personal reflections on the research processes and development of research skills were recorded in a research journal.

3.11. Conclusion

This chapter has described the design, methods and processes employed in this study. A qualitative descriptive design was selected to answer the research question. This design allowed the data to be reported in rich descriptive, everyday language. By clearly reflecting the perceptions of the participants, the findings added to knowledge that will be used to inform practice. For this study 15 participants were selected using purposive and snowball sampling techniques. Data were collected using individual, semi-structured interviews. Thematic analysis was applied to analyse the data and was undertaken following the six phases recommended by Braun and Clarke (2006). An explanation of the ethical requirements and their application to this study have been presented. How trustworthiness was achieved by following the criteria developed by Lincoln and Guba (1985) to ensure credibility, dependability, transferability and confirmability of the research design was discussed. The next chapter will present the findings from this study.

4. Chapter four: Findings

4.1. Introduction

The purpose of this study was to explore the perceptions of people aged 85 years and over of their engagement in a rural community. In addition, the study aimed to provide a range of options for local government, health and social service providers to use that promote engagement of older people in this age group. The purpose of this chapter is to report the findings from data collected during participant interviews. The chapter commences with a demographic profile of the participants followed by a presentation of the two themes and associated subthemes identified following analysis of the data. These themes were, "getting there and back" and "places to go, people to see" (see Table 2). Direct quotations from participants illuminate the themes where appropriate.

Table 2: Themes and subthemes

Engagement in a rural community at 85 years and over

Theme one	Theme two
Getting there and back	Places to go, people to see
Subthemes	**Subthemes**
Transportation	Belonging to groups
Physical environment	Social networks
Changes in function	Communication and information

4.2. Demographic Profile of Participants

The age range of the 15 participants included in the study was 85 – 93 years with a mean age of 88 years. The sample comprised of nine woman and six men. Eleven participants lived alone and four were married and lived with their partners. Three of the six male participants lived with their wives and two out of those three male participants had functional disabilities. Four participants lived in the Warkworth township. A further

four participants lived close to the township but not within easy walking distance while the remaining seven lived in surrounding communities in the Warkworth subdivision. Most of the participants were long-term residents in the Warkworth area; although one participant came to live in the area five years ago, one participant had moved to the area within the last six months and one participant had recently relocated but within the Warkworth subdivision. The majority of participants owned their own homes. Three participants lived in licence to occupy dwellings as part of purpose built retirement communities and only one participant lived in a rented home. The majority of the participants were no longer in paid employment; however, two participants were semi-retired but continued to be involved in self-employed activities. All participants identified with European ethnicity and spoke in English language. A summary of the demographic data is displayed in Table 3.

Table 3: Demographic profile of participants

Pseud-onym	Age	Gender	Ethnicity	Relation-ship status	Hous-ing type	Years lived in area	Distance from Warkworth	Current Occupant-ion
Jean	87	Female	NZ European	Widowed Lives alone	Own home	53	21 Km	Retired Postmistress
Annie	85	Female	European	Divorced Lives alone	Licence to occupy	5	Close to Warkworth township	Retired Secretary
James	86	Male	NZ European	Married Lives with wife	Own home	86	5 Km	Retired Farmer Business owner
Ted	90	Male	NZ European	Widowed Lives alone	Own home	45	Warkworth township	Semi-retired Self-employed
Beth	85	Female	NZ European	Widowed Lives alone	Licence to occupy	6 months	Close to Warkworth township	Retired School Principal
Martin	92	Male	NZ European	Widowed Lives alone	Own home	26	7 Km	Retired Real Estate Agent
Ruth	87	Female	NZ European	Widowed Lives alone	Own home	30	Warkworth township	Retired Teacher/Far mer
Frank	87	Male	German European	Widowed Lives alone	Rent home	20	Warkworth township	Retired Army/Carpe nter
David	93	Male	NZ European	Married Lives with wife	Own home	29	8 Km	Retired Dentist
Sylvia	90	Female	NZ European	Widowed Lives alone	Own home	37	Close to Warkworth township	Retired Farmer
Esme	85	Female	NZ European	Married Lives with husband	Own home	12	5 Km	Semi-retired Secretary
Harriet	90	Female	NZ European	Widowed Lives alone	Licence to occupy	33	Close to Warkworth township	Retired School Dental Nurse
Emily	86	Female	NZ European	Widowed Lives alone	Own home	15	14.5 Km	Retired Pharmacy assistant
Rose	87	Female	NZ European	Widowed Lives alone	Own home	23	Warkworth township	Retired Registered Nurse/Mid wife Farmer
Robert	92	Male	NZ European	Married Lives With wife	Own home	32	8 Km	Retired Music teacher

4.3. Getting There and Back

The first theme, getting there and back, captures the importance recognised by all participants, of being able to get out and about to enable access to services and to be engaged in the community. The first subtheme was prominent across the data set and

highlighted the perception held by the majority of participants that transportation was necessary for their engagement in the community. For the majority of participants a private car was the main mode of transport. Having access to a car or the ability to drive was valued and not taken for granted. Because of high car usage, there was minimal experience in using available public transport. Although the majority of participants identified walking as an enjoyable social pastime and a health promoting activity, only one participant relied on walking as a means of getting about in the community. The second subtheme represents features in the physical environment that affect engagement in the community. The third subtheme captures the challenges to participants' mobility and driving patterns that changes in their physical function presented. While several participants had developed strategies to manage these mobility challenges over time, some participants had been compelled to modify or withdraw from activities.

For several of the participants the ability to drive had lasted beyond their ability to walk confidently. Thus, driving enabled the majority of participants to actively participate in the community. Many participants expressed concern that driving cessation would threaten ability to remain living in their current home. This concern had prompted some participants to consider moving closer to family and/or amenities, either locally or out of the area, if they could no longer drive. The following section presents analysis of the three subthemes, "transportation", "physical environment" and "changes in function".

4.3.1. Transportation.

Driving was the most common mode of transport used by participants. Most participants highlighted the importance of driving to going out and about. With the exception of one participant, all were drivers or lived with a partner who was a driver. Several participants expressed a sense of gratitude for the freedom, spontaneity and autonomy being able to drive provided. As Esme (85) lived five kilometres outside Warkworth, she expressed appreciation for being a driver as it enabled access to services and activities she enjoyed. Similarly, Frank (87) valued the autonomy that driving provided, allowing him to be spontaneous and go where he wished at his own convenience. The expressions of gratitude, associated with being able to drive, suggested driving ability was not taken for granted in this age group.

> *. . . Thank god I am still able to drive, if I want to go somewhere or*
> *visit somebody, well I hop in the car and go . . . (Frank)*

Jean (87) provided transport to other people who were less confident to drive beyond Warkworth. Jean enjoyed driving a group of friends to a concert in a nearby town, providing her with the opportunity to socialise as well as contributing to the community in a meaningful way.

Sylvia (90) enjoyed driving and had continued to drive long distances. When flying to the South Island to visit her daughter, Sylvia was able to drive herself to the airport.

> *I'm going down to Hamilton at the weekend. I don't mind driving, I*
> *like it, it doesn't worry me and I always drive to the airport and park*
> *my car somewhere. (Sylvia)*

The cost of petrol was a barrier to travel for some participants and resulted in moderating the number of trips taken by car. For Frank (87) the cost of petrol had meant not being able to shop at the specialty stores in Auckland that sold products that seemed to be quite important for him.

> *Well most of the time I go shopping and once every three weeks I go*
> *to Albany [suburb in Auckland] because there's a [specialty] butcher*
> *there and I like some cooked meats and stuff but of course it's too*
> *blasted expensive. And for [specialty] bread, I go to the back of*
> *Glenfield [suburb in Auckland] to the [specialty] bakery there . . . but*
> *I haven't been there lately because petrol is not cheap and as I said*
> *I've got to watch my pennies. (Frank)*

The convenience of having a car when shopping was emphasised by several participants. Having a car for transporting the purchased items home made the task much easier for Annie (85).

> *We have a lovely walk down into the village into Warkworth and its*
> *beautiful, but quite steep coming back up, so if you've got shopping it*
> *is hard. Hard enough to get yourself up without shopping you know,*
> *so I always take the car to go shopping. (Annie)*

The majority of participants recognised that driving enabled them to be connected to the community. A future where driving was no longer an option was contemplated by most participants and was pivotal in considering future living arrangements. Not being able to drive concerned Rose (87) as she had no family living in the local area.

> *. . . Somehow I'm beginning to think that I'm going to be isolated a*
> *bit, and if you can't get out and join in things, you could start to be*
> *cut off. That's the sort of feeling I get. I've been alright so far but I'm*
> *lucky that I can drive my car and I can get out and do things . . . If I*
> *couldn't drive I'd have to consider living somewhere else. It's always*

> *at the back of my mind, you know. We have got a retirement village*
> *here, but that doesn't appeal to me. (Rose)*

Emily (86) was highly dependent on being a driver. Most of the social and church activities Emily was involved in were located in Warkworth, almost 15 kilometres from her rural home. Although she enjoyed being in the family home once shared with her husband, she was also pragmatic and considerate of her family's position in contemplating the future when she may not be able to drive.

> *I would have to move, I'd probably go down near my Westie kids in*
> *the west and into a retirement home or something, one of these multi-*
> *buildings or something like that. . . . I'd like to stay here because my*
> *husband was a carpenter by trade, although we grew tomatoes, but he*
> *built all this you know, so I've still got him in that respect, and I'll*
> *have to give that all away, but it comes and if I have to move to a*
> *retirement place well okay, but I will go down to be nearer to the kids,*
> *because they're getting older too. (Emily)*

Having thought about the future when driving may not be possible, Harriet (90) had been motivated to relocate from a rural location to a retirement village closer to the Warkworth township. Harriet volunteered and participated in many groups and activities in Warkworth. Although still a confident driver, Harriet considered moving closer to Warkworth would increase the likelihood of remaining engaged in the community, in the future, if she was no longer able to drive.

> *Just over a year ago, because I was turning 90 the family and I*
> *thought that if I didn't get my driver's licence I'd be better in*
> *Warkworth, closer to everything here, than travelling from Algies*
> *Bay. (Harriet)*

James (86) normally relied on his wife Mary (72) to be the driver. However, with a fractured wrist, Mary was temporarily unable to drive and was relying on friends to drive them around. In James and Mary's situation, the thought of having to depend on friends for their transport needs was uncomfortable. Mary had considered a way to overcome this transport problem by paying friends.

> *Paying friends. Friends would do it for free but we would feel better if*
> *we paid somebody which I'm doing now on a Thursday afternoon,*
> *ACC are paying but when that runs out we will pay. (Mary)*

Most participants had given thought to a time when they may not be able to drive and had concerns about alternatives to being a driver. While driving was highly valued, when and how driving cessation would occur was contemplated by some participants.

Sylvia (90) and Beth (85) planned to make the decision themselves, based on their functional ability, when the time came. Whereas, Rose (87) was of the opinion that her eyesight was going to determine her ability to drive in the future and would probably constitute a medical decision.

> *I said to the specialist at [name of hospital], I hope my eyes are alright, if you don't give me my driver's licence, I'm sunk. He said you're fine, that's good as I've got glaucoma. It's well under control. (Rose)*

Those who were able to drive had limited knowledge or experience of using the local public transport service. Several participants had read or heard about the bus service in the local paper and took an interest in it but perceived it was for other people. Esme (85), was aware there was a local bus, but like most of the participants did not use the service.

> *There's a little bus that drives around the area, but I haven't as yet used it because I am lucky that I can still drive. (Esme)*

Although Jean (87) had not personally used the local bus service she identified that having to carry shopping was a potential barrier to using a bus.

> *If you go by bus and if you're going to do your grocery shopping it means you've got to carry all that around. I've never done it so I'm not experienced. (Jean)*

Only one participant had good knowledge of the local bus service and was a regular customer. For Ruth (87) the service enabled her to get to and from some of the places she liked to visit; however, the bus route did not include the retirement village situated on the other side of the main highway. The limited bus routes meant Ruth was unable to visit her friends at the retirement village. Further, Ruth used to enjoy shopping at Mitre 10, a large retail store, when it was located in the main street in Warkworth township. However, since Mitre 10 had moved to a new location on the other side of the main highway, Ruth had been unable to access this store.

> *I'm very pleased that we now have a bus that goes out to Snells Beach. I would like there to be a bus that also went out to Mitre 10 and Summerset [retirement village] so that you could visit there. (Ruth)*

Ruth had also experienced journeys on the bus that collected passengers in Warkworth on the way to Auckland. She was able to identify some of the challenges older people faced when getting on and off these buses.

I find for me personally I still try and go on buses but I find the Intercity bus and other buses have a lot of steps, difficult to get up, like a mini Everest and then they've got a little turn up at the top, I don't know who designed those steps. I understand maybe they've got to have steps, but they seem to me to be very awkward for an elderly person going either down to Auckland or further afield. (Ruth)

For the participants living in a large corporately owned retirement village there was the alternative option of using the village transport that enabled shopping and entertainment trips locally and to other places of interest.

. . . town shopping trip, that's for people who haven't got a car and that kind of thing, that's twice a week. Then there's a swimming bus on a Friday that goes to Waiwera to do swimming. (Beth, 85)

A long standing connection with the RSA enabled several participants to connect with specialist health services in Auckland as the welfare services assisted with transport.

. . . Women's section of the RSA, I belong to that. I suppose because my husband he was 10 years older, he did serve during the war and I suppose that association and they do have a welfare service here. If I want to go, like recently to Greenlane Hospital to a clinic appointment, well they provide a voluntary driver and you just give a donation towards it and that's marvellous. (Rose)

This transport assistance was acceptable to Rose (87) as she felt a historical connection to the RSA and could contribute with a donation. The majority of participants expressed satisfaction with the availability of goods, services and entertainment locally; however, driving enabled travel to larger centres for social events, visiting friends and speciality shopping. Driving allowed Jean (87) and Robert (92) to follow cultural activities they enjoyed out of town.

Tomorrow I'm going down to Operatunity, a musical group that travel all over New Zealand, lovely music and then afterwards you're given lunch, sandwiches and things and the entertainers come around and chat with you. This is in Orewa. So there's four of us going down to that. (Jean)

When I can afford it we go down to the theatre and we go down to an orchestral concert. We've lately gone down to follow one of the choirs. (Robert)

Similarly, other participants talked about maintaining the connections they had with other places. For Sylvia (90) shopping in the larger centre constituted a social outing that she liked to share with others because she could drive her friends.

> *I do shop locally and you can get mostly what you want here. It is nice to go down you know to the bigger shops and just have a day out which I can do and take somebody with me. (Sylvia)*

Sylvia had noticed many older people she knew lacked confidence to drive on the motorway to Auckland. Consequently, Sylvia expressed concern at the limited bus service to and from Auckland.

> *Well I think probably we need a bus service badly for a lot of people that don't drive, it's very difficult for them to get out, we don't have the buses. (Sylvia)*

Walking was the main form of transport for Ruth (87) as she was no longer driving. Ruth recognised that walking was crucial to her continued engagement in the community; thus, she had developed strategies to maximise her walking capability.

> *I go in the morning when I've got a little bit more energy. So I suppose what I'm saying is while I can get out and about, even if I have to reduce the number of times I have to go out a week, I'll still do it as much as I can, for as long as I can, because it does you good. People watch to see if you get out and about and it's just whether you stop and talk to people or not. (Ruth)*

Ruth relied on others to drive her to some meetings and activities that she could not walk to. When transport was unavailable, Ruth was unable to attend meetings.

> *There's the Institute and Probus, sometimes I go to [name of institution] but I haven't been able to get to them, my transport hasn't been available. (Ruth)*

Ruth's situation highlighted the importance of transport for maintaining engagement in the community.

4.3.2. Physical environment.

The majority of participants had moved to the Warkworth area at some stage in their adult life. Only one participants had been born and raised in area. The decision to migrate to the Warkworth area was influenced by the pleasant physical environment for the majority of participants and they perceived it to be a good place to live. There were unanimous expressions of appreciation of the natural beauty of the area that formed a backdrop for many of the recreational activities the participants engaged in.

> *I think it's the most pleasant area in the country. The climate's kind, we're close to the main outlet from the country, its quiet enough and there's plenty for retired people to do. (David, 93)*

*. . . then the beaches are just down the road, so you know there's
everything here, that's why everybody wants to come and live here.
(James, 86)*

*Oh it's beautiful, quiet and beautiful and I feel as if I'm on holiday all
the time. (Annie, 85)*

*Freedom, fresh air, be able to go fishing, there's beaches all around
the place. (Martin, 92)*

James (86) identified the convenience of the location for maintaining community

connections, both locally and in Auckland.

*We've got everything here that we need in Warkworth and if we need
to get out it's only a hop step and a jump to Auckland. (James)*

Sylvia expressed a sense of belonging and pride associated with her attachment to the

town. As an active member of the community at both a social and civic level, Sylvia

was motivated to take action when she saw the untidy areas of the town.

*I just sort of think if you had a bit more money spent on tidying up
around the town you know, there's a few things that are scruffy really
like dead trees standing and things like that, and they just mow
around them. Why doesn't somebody know its dead and take it out
and just do things like that you know, there's weeds. A few more
gardens around the town would be nice, just to liven it up. That sort of
thing, a bit lacking there with our lovely little town. Wants a little bit
of a tidy up. You walk along the river when the tides out and, it's, you
know fallen trees and things in the river, and a tree has been falling
over for years, and nobody is doing anything about it you know, just
odd things like that. I have spoken up about them a bit. (Sylvia)*

The physical appearance of the town was also important to Robert as he identified ways

of improving the visual appeal of the town.

*Warkworth which everybody says is a pretty little town and I don't see
it as any different to anybody else . . . they've allowed modern
buildings in to it. They've lost the character. For a time they had for
instance a lot of hanging baskets you know flowers and things down
the street and so on and they looked lovely . . . so the things all fizzled
out and where are the flowers now? (Robert, 92)*

Features of the physical environment beyond the participants' homes influenced

participation in the community. Several participants found parking problematic as they

perceived there were too few carparks and the short time allowance did not meet their

needs.

Oh yes, because Warkworth itself, parking, oh, we desperately need car spaces. Because I remember speaking to a young man when they were doing the renovations, and he said "We are deleting six car spaces to make the fancy pavements". I was not impressed with that. We need car parking. (Esme)

For most of the participants, the 60 minute limit on street parking was insufficient time to walk to the various locations in the town; thus, presenting a barrier to engaging in the range of activities they enjoyed. Beth (85) and Frank (87) strategically planned some of their excursions to avoid the busy times and the rush hours to circumnavigate these parking issues.

You can get a carpark outside where you are going at least that's what I've found, but then I'm an early person and I go early in the morning and I think Warkworth people are a little bit late doing things. (Beth)

I go to the supermarket most of the time and you always get parking there because they have the parking garage. And I have got plenty of time, I can go anytime I want to, I always find a park. If I want to go to the bank or wherever I always find a park, I never have any problems. (Frank)

A mobility permit enabled Rose (87) to park close to where she needed to go.

I've got a disability ticket [mobility permit] and that's been marvellous, especially for grocery shopping. Generally I'll go to New World [supermarket] and they've got a park just outside and I can manage that quite well. (Rose)

Conversely, James (86) and his wife Mary (72) voiced dissatisfaction with the mobility parking system. They found a lack of mobility parking spaces close to their preferred destinations and time limits did not allow enough time to do all the things they needed to do. Further to this, James found the mobility parking system inflexible.

I'm not allowed to sit in the car with a sticker there, I've got to go with Mary . . . that's one of their new laws. I think it's ridiculous because sometimes it's too long for me so Mary just leaves me in the car. (James)

The dynamics of traffic flow meant driving around the town for some participants was difficult. A particularly complex intersection at one end of the main street was identified by several participants as being difficult to negotiate when driving. Several participants avoided this intersection by taking an alternative route. Esme (85) referred to this intersection as the 'diabolical junction'.

. . . the diabolical junction . . . I think, everybody has to be so cautious. I worked out everybody has ten options at that junction, and one day I went to move and somebody came at me from the park, which is in the middle of that junction. That scared the wits out of me, but normally I go right around the top, and I come through the traffic lights, rather than cut across. I treat that junction with great respect. (Esme)

This intersection was located between a retirement complex and the township. Annie (85) had noticed older people living in this complex struggled to get across this intersection with walking frames. Although transport was provided to enable weekly shopping, Annie was concerned this intersection prevented those who were not able to drive from making spontaneous trips.

People down in this village have no crossing and if they've got those little trolley carts they can't use them, can't cross the road, there's nowhere to stop for them, no lights. You know they've really complained about it for two or three years, nothing is done about it. It's a real problem for the oldies here, if you haven't got transport you have to get their transport which goes once a week into town for shoppers. Because we are the ones effected really, being the oldies in the place, the others usually would go by car you see but it does effect some who don't drive, they just have to wait for the once a week shopping. (Annie)

Access to buildings was important for enabling attendance at meetings, engagement in activities and for accessing services. For many of the participants, access to buildings was straight forward. For some participants, like Rose (87) and David (93), suitable access influenced their decisions to shop at particular places. Emily (86) had no problems accessing buildings as most of the buildings she needed to enter were on street level. It would be expected that those with normal physical function would have a very different experience than those with disabilities. James (86) used a wheelchair due to his disability; however, he expressed an accepting attitude and accommodated the restrictions encountered from his disability whilst being informative about buildings with difficult access.

I had to miss a meeting the other night because it was upstairs but that's just part of the disability you know, there's some places you can't get to but I would say most in Warkworth we can get to in a wheelchair . . . and the hearing place . . . the lass has got to come out and open the door for me to get in you know. But there's usually somebody there that's prepared to help. (James)

Walking about the town was not a problem for the majority of participants. Again it was understandable that those with reduced mobility were the most enlightened regarding the walkability of the town as illustrated by these excerpts from Ruth (87).

> *. . . Because there are little spots down by the old Town Hall and the other places I just try to watch because I know very well that if you start having falls that it's a slippery slope. So no I do watch where I put my feet fairly well. I can't go very fast at this stage of my health anyway with my leg. I do have to watch the road and a few places, you get to know where they are. I find that hill down to New World [supermarket] very steep. I heard that one of the nurses called it Cardiac Hill. (Ruth)*

Designated areas for pedestrians to cross the road have been installed in the main street in Warkworth. Although these crossing have been strategically placed, vehicles were not required to stop for pedestrians in the same way as with zebra crossings. This had led to confusion for both pedestrians and drivers and was challenging for those with poor mobility.

> *. . . those stupid crossings they've got, some old people and young people with prams walk out because they think that raised thing is a zebra crossing, and so when I come up to one of those I'm ready to stop because I'm never sure whether the people are going to walk out or not. (Mary, James's wife)*

4.3.3. Changes in function.

Having good health was not something that was taken for granted in this age group. Both Sylvia (90) and Harriet (90) stressed their good fortune in having good health. For many participants though, changes in health had significant effects on their physical function and consequently impacted on the ability to engage in some previously enjoyed activities. Participants adjusted to changes in function by altering patterns of activity. Rose (87) gave up bowling and modified her walking routines, both of which she enjoyed, because of an unsuccessful knee operation.

> *Well I had a knee replacement four years ago, and something didn't go right but anyway it's been a long journey and I now go to an osteopath . . . I used to do a lot of walking, so I'm back doing half an hours walk. The other day I did 40 minutes trying to you know extend it, without upsetting the knee too much, but that's improving, so yes, yes I do walk, it has to be flat. I take a walking stick sometimes if I'm feeling a bit frail. But I feel as though that ages me more, you have got to let go of pride. (Rose)*

Although Rose had to restrict her walking because of her disability, she was still able to drive her automatic car which enabled her to get out and about. The hilly terrain in some parts of Warkworth presented a challenge to walking. While Ted (90) still liked to walk he had reduced the distances he walked and by using assistive aids was still able to continue his engagement with the community.

> . . . Well I can't walk that far now, I could walk that far but I wouldn't be able to get back. I've got a motor scooter that I brought for my wife actually and she never used it very much and on a nice day if I've got to go down, I go down on my scooter. (Ted)

Ruth (87) used to enjoy going to Tai Chi but questioned whether she would be able to manage the classes now due to her disability. Additionally, Ruth had decided to give up doing the church readings because her vision had deteriorated. Robert (92) was recovering from a period in hospital and had been forced to reduce his activity; however, he was improving and was able to walk along the flat seaside promenade near his new home. Further, he hoped to be able to attend to the garden in their new home. Walking had become progressively more difficult for Frank (87) and he no longer walked very far from his front door. He felt he needed to conserve his energy for the housework that he liked to do himself.

> Well I can't walk very far anymore my legs are playing up a bit. I do all my housework and washing . . . walking a far distance is not my cup of tea now. I feel my legs don't want to walk very far. (Frank)

Some participants noticed changes in health and function had affected their confidence in driving. Heavy traffic and the complexity of the motorway systems in Auckland had influenced driving decisions for Esme (85) and had prompted her to apply self-imposed driving restrictions.

> I don't drive across the Auckland Harbour Bridge any more but I still drive down to the North Shore, it's not the bridge itself, it's on the other side, which lanes . . . (Esme)

While Esme had planned her travel routes to avoid specific areas in Auckland, Emily (86) had driving restrictions imposed on her license by the transport authority which meant she did not drive beyond familiar areas. Living in a small community 14.5 kilometres from Warkworth, this restriction suited Emily's needs and enabled her to continue to be involved in the activities she enjoyed without the stress of negotiating the motorway system.

Beth (85) found changes in her night vision prevented her from attending a literary festival in Auckland, an activity that she had previously enjoyed.

> *I'm not very fond of driving at night. I might improve that but in the last two months I've had both eyes, cataracts removed on them, so my eyes are not that good at the moment . . . years ago I wouldn't have minded going down and back at night. (Beth)*

4.4. Places to Go People to See

The theme, places to go, people to see, captured the important contribution belonging to groups and having social networks made to being engaged in the community. The majority of participants described their engagement in a rich and varied social environment with a wide range of activities available. Most of the engagement took place outside the participants' homes. For the majority of participants, activities centred on going out to socialise with friends and participating or volunteering within community groups. For many, social connections had formed over time while living in the community, contributing to a sense of belonging. Several of the participants attached labels to themselves to describe their position or roles within groups and their communities. These labels included joiners, newbies, networkers and leaders.

Community engagement differed between those who had lived in the area long-term and those who had moved to the area more recently. The majority of participants had lived in the area long-term and the majority of them were active in social groups with established social connections. Conversely, the two participants who were newcomers in the community were in the process of building social networks. Most participants felt they were able to contribute to their communities in some way and this enhanced feeling valued and respected.

Many of the participants had experienced changes in their social networks. In adapting to these changes and to avoid loneliness they kept themselves busy with activities and connections with others. Community information was communicated in multiple ways and was considered an essential factor in enabling participants to engage in their community.

4.4.1. Belonging to groups.

The majority of participants engaged in group activities. Whether this involved being a member of a social group or contributing as a volunteer, these participants placed importance on being engaged in activities outside their homes. Several participants had

busy social calendars. Both Esme (85) and Sylvia (90) had schedules meticulously mapped out with activities planned for most days of the week. There was evidence of a desire to keep busy and have a plan for the week.

> *Tomorrow I have a Probus committee meeting in the morning, then in the afternoon I'm having my acupuncture. Wednesday I've actually arranged to go to the opera, the film of the opera at Orewa [nearby town], then Wednesday night I go to the BPW, which is business and professional women. Thursday's actually [husband's] birthday, so I'm leaving that open at the moment, and then Friday in the evening I'm going to choir, singing. So I do keep a diary by the phone, and another little diary in my handbag. (Esme)*

> *I have my Women's Institute once a month and then Mondays I go line dancing and Tuesday I used to go along to the Hospice and Wednesdays I go and have a game of cards with a person, Thursdays what do I do on Thursdays? I go to a Women's section at the RSA when they have a meeting. Fridays, I go out for coffee with the ladies. Every Friday we go down the town for coffee. Saturday I go and play indoor bowls at the RSA and Sunday I please myself what I do. (Sylvia)*

Several participants identified the local bowling club as a popular place to meet other people for a meal and there were expressions of comradery associated with spending time socialising with their own age group.

> *We go down to the bowling club quite often to have a meal at night time and that's where all the people in my generation are, you know. (James)*

> *I spend a lot of time at the bowling club but I don't bowl. I've got friends there and I'm an associate member and the lady opposite here she and I we go for dinner there on Thursday and Friday nights, they're only open two nights for meals down there. (Ted)*

Harriet (90) belonged to an established walking group. This walking group provided the opportunity for social interaction as well as having health and fitness benefits. Many participants considered walking to be a pleasurable and purposeful pursuit.

> *I belong to a walking group, we walk on a Monday afternoon. We had a good walk yesterday and we were actually walking in Warkworth itself. All of us are getting older. We don't walk as far as we used to but we still enjoy doing it and getting together. (Harriet)*

For some participants, walking was a way of engaging with the familiar surroundings and meeting people along the way. For Jean (87) and Sylvia (90) walking was an

important pastime and was part of their identity in the community. There was also pride in being able to walk on longer and more challenging routes.

> *The terrain is up and down hill, you're not just walking on flat ground you're really getting some exercise and you meet other people walking. Once again it's a social thing as well. I used to meet someone at 7 o'clock every morning. (Jean)*

> *I walk a lot. I'm known for my walking. Everybody said "oh you're the lady who walks all the time". So I do my walking every day just about. Up and round here is quite good. That gives you about 25 minutes and on a Sunday I often go for a big walk around the main road along to the lights and back around and down and have a cup of coffee down town and walk home. That takes me an hour . . . there's lots of places down by the river and good places to walk really, and it's interesting you know down by the river just birds and things like that you can watch. (Sylvia)*

Several participants identified the Probus group as an active networking group in the community that provided social and civic engagement opportunities for both the male and female participants. Belonging to the women's group had enabled Esme (85) to make strong friendships with the younger generation.

> *. . . belonging to the Ladies' Probus is fantastic. I will say two of my closest friends are "girls" in their 50's. I was involved with a little group we will be starting up again, and the other three, they're in their 50's. I get on well with the younger generation. But the Probus of course, they're all retired people, and we have what, 13, 14 on the committee, and we all have a job to do and there's never been any dissention. Fantastic. Fantastic work. (Esme)*

Martin (92) had been a successful, self-employed businessman in the area for many years. Probus enabled Martin to maintain the connections and associations from his past in a way that was intellectually stimulating and acceptable to him.

> *As far as Probus is concerned usually they get you to get up and give a three or four minute talk about yourself you know so the people know who you are and then you have a guest speaker. We have a cup of coffee or tea and a biscuit sort of thing and mingle and mix and then you have a guest speaker, could be male or female or just recently we had the owners of [name of company] came and talk to us. (Martin)*

Although the Probus organisation and activities were congruent with Martin's social engagement needs, it could be less attractive to people who lacked confidence or the desire to stand up and talk about themselves. Frank (87) did not enjoy being part of a group; thus, his social participation in groups had been minimal. Although he linked

feeling lonely to his own reluctance to join groups, he found the type of activities that he had tried were demeaning and unacceptable.

> *. . . it's very, very, quiet but a bit lonely. Of course it might be my own fault because I'm not a person to go to clubs or anything like that, I'm not very good at it, of course New Zealand is a place if you don't belong to an organisation you do not exist. That's the way it is. It's my choice, yeah. Because what I don't like is in some places old people get treated like little kids, and I hate this you know. So I hate to be pampered like little kids, I don't like this. (Frank)*

Frank was originally an immigrant to New Zealand and had returned to New Zealand after a period back in his country of birth. Frank hinted at feeling invisible and while he denied wanting to be part of a group he admitted to feeling lonely. Frank's social network had diminished having lost contact with some of the people from his previous neighbourhood since his wife died. Many of the participants made a connection between avoiding loneliness and joining in community groups and activities. Further, they attached some personal responsibility to feeling lonely.

> *Well, I go out most days because I find, you know if you don't you think well goodness I haven't spoken to anybody today so usually I go out. You have to otherwise you'll be lonely. You know and it's nice, if you like a town it's good to give, you've got to give something back to the town you are in otherwise why be here, you know that's my philosophy. (Sylvia)*

> *. . . no matter where you go there's always somebody you know or some people. I think if you were lonely you've got to look at yourself. That's my feeling anyway. (Rose)*

Ruth (87) found joining groups enabled her to maintain connection with the community after her husband died. Consequently, Ruth had continued to be a member of several groups and referred to herself as a "joiner".

> *So for those of us who are joiners whether you are big joiners or little joiners, it is a help particularly when you are on your own. (Ruth)*

For Beth (85), a newcomer to the area, belonging to the community was important to her. Beth recognised that it would take time to be accepted into the local community. Beth perceived herself to be an "outsider" and referred to herself as a "newbie". Most residents Beth had met were established, long term residents from the surrounding rural areas. Although, she had identified some opportunities to be engaged in both her retirement village community and the wider community, Beth was still settling in and adjusting to her new community.

Probably I'm the newbie here who comes from that awful place called Auckland because most of them come from rural areas you know here. "Oh where do you come from I say to someone?" Oh I come from Leigh. Where do you come from? Oh Algies Bay. I come from Snells Beach. I come from Kaipara Flats. They do. Majority of people here lived locally . . . I haven't got onto any regular thing in Warkworth other than my very good friend and the things that she's going to, I tag along with her. I did go to the SeniorNet. I enrolled in SeniorNet soon after I came here because I'd been a member at North Shore and I did a course on iPad there so that was a community thing. I keep thinking that I must join up with the JP Association because I am a JP and somebody called, what's his name, got it here to ring, [name], anyway he's the President here and they know I'm a JP here and I've done a bit of work but I thought I should join here and go to their meetings and things. (Beth)

While Beth referred to herself as a newbie, Esme (85) perceived herself to be a "networker". She recognised the skills she had in bringing people together; thus enabling others to join groups.

I have organised quite a few new members for them. Everywhere I go I keep eyes and ears open. I think, "Would they like go to the Business Women's?" Yes, and also the Probus. So I love bringing people together but it's up to them, then, what they do. I don't have to say "Well you need to do this or that", it's their choice but I give them the opportunity. (Esme)

Voluntary work created opportunities for engagement for many participants. Harriet (90) was involved in several areas of voluntary work including running an older persons group for many years. This group provided the opportunity for older people with disabilities and those at risk of social isolation to come together and socialise. Harriet was extremely modest about her contribution as a volunteer. She required encouragement to explain her leadership role in running this group.

Well I've been helping with [name of group] in Warkworth for a long time because when I came here I was looking for something to do and it was just starting up . . . well what we do is people come at 10 o'clock in the morning and we give them morning tea and they play housie to start with and then we do some exercise to music and two or three of us lead the actual exercise and after that they either play bowls or cards for the rest of the time until 12 o'clock. The local people mostly are brought by cars, if they can't drive themselves, some of them do. We have people come from the hospital, [name of private hospital], they bring sometimes three or four and sometimes only one and from [name of facility] as they call it now, they usually bring a vehicle with about eight or nine people and they all enjoy coming. (Harriet)

Some participants were involved in intergenerational voluntary work which consisted of assisting children with reading skills at local primary schools. This activity enabled intergenerational engagement as illustrated by this excerpt.

> *Oh the young children, within the junior school, they come into the library and sit with us, well one at a time, well one person with two children usually and they bring the books that they are reading and they are most interesting these days, it's so interesting compared with what we and our children had . . . and so they sit there beside us and read their book and then we ask them if they would like to see any of the special library books and they usually choose one that I can read with them and we read it together . . . it's a very good school, [name of school], and we were at [name of place] when it was being built so we sort of were very interested in seeing a school there. (Harriet)*

For many of the participants the contributions they made to the community have changed over time with some having scaled back involvement in voluntary work because of changes in their own life circumstances or changes in the needs of the community.

> *I took Girls Brigade for a long time, all the time my daughter went through it and a bit afterwards I suppose, and we were active in the Presbyterian church in [name of place] when we lived there, so it all involves voluntary work I suppose, I never did St John's or anything like that you know it was all through the church. (Emily)*

> *I ran the athletics club here for about six or seven years. We had a good club going, no real club now and I was in the Lions for 17 years. We did a lot of projects and things. (Martin)*

> *. . . we used to do Meals on Wheels, it's stopped in this area. I don't know what they do now, it just stopped, there wasn't, funnily enough, the demand. (David)*

Some participants had withdrawn from voluntary work because they perceived that it was time for them to step aside, hinting that others may provide a fresh approach.

> *. . . I was on the library committee for 20 something years, I gave it up because I thought you can get stuck in a rut and they needed new ideas. (Jean)*

The majority of participants thought there were multiple opportunities for volunteers but not everyone in the community was able to contribute. Harriet (90) explained, time and resources could be a barrier to volunteering for some people.

> *The opportunities are there but far too many people who can't do work these days, can't help because they are still working. They have to work to keep their houses going. (Harriet)*

Although Esme (85) expressed feeling valued by her community in her role coordinating the guest speakers for the Ladies Probus group, both she and Rose (87) expressed feelings of guilt associated with not volunteering for the local hospice. This suggested these participants perceived volunteering for the hospice was more highly valued than other forms of volunteering.

> *. . . some of them belong to Hospice and volunteer for that, well I just don't think I can stand up to standing. I feel a bit guilty sometimes about not participating. The best thing I can do is donate stuff. Yeah that's about it. It's not a very exciting. (Rose)*

> *I'm very aware I'm not doing any volunteer actual work. I'm very aware of that. But then I have obviously my own place in society, and I fully appreciate all those wonderful volunteers in the community. But I'm very aware I'm not out there volunteering with Hospice and that, but anything I can help them with I will. But I haven't got the time. (Esme)*

Feeling valued and respected promoted a sense of belonging within groups and the wider community. For many of the participants the perception of feeling valued in the community was linked to their participation and was a contributing factor in their community engagement.

> *I feel very respected, yes, you know I get credited for things that I do sometimes, so that's nice. (Sylvia)*

Other participants appreciated recognition for their involvement in the community. Harriet explained how valued she felt when members of the group she led presented her with a birthday cake on her 90th birthday. Additionally, Harriet was presented with a bouquet of flowers in recognition of her contribution to the community. An article reporting the presentation of this award to Harriet appeared in the local newspaper.

4.4.2. Social networks.

Social networks provided opportunities for participants to engage in the community. Most participants had established social networks comprising family, friends, neighbours and neighbourhood support groups. For the majority of participants having social networks provided support to remain living independently in their own homes. Several participants had family living close by; however, many participants had families

living some distance away. Nearly all of the participants had regular engagement in some form with adult children.

Jean (87) lived next door to her family. She enjoyed socialising with them and regularly gardened with her daughter-in-law in the garden they shared between their properties. Although Jean prided herself on not bothering her son and daughter-in-law unnecessarily, the knowledge that the family was accessible contributed to the confidence she had to live independently in her own home.

> *I'm very independent, I don't even ask my son to do things, if I do ask him, he'll do it like a shot, he's only too happy to do it, but it's that independent instinct isn't it? Yes, we all have it. (Jean)*

Martin (92) and Ted (90) also had their families living close by. Proximity to their families provided opportunities to share some interests. Martin's four sons all lived close to him enabling him to have a high level of direct contact with his large extended family. Martin shared his love of boating with one of his sons.

> *. . . He and I are going to go out on the boat in the weekend. (Martin)*

Similarly, David (93) appreciated having his home located close to his family and empathised with older people whose family were not available locally.

> *We followed family. Gisborne was quite out of the way and we thought if we came north we'd be closer to wherever the family were. But not on their doorsteps . . . we have a daughter yes so and she's wonderful, yeah. So and it makes life very pleasant. Just down the road. And we have another daughter in Auckland. So it just makes life very pleasant yes . . . and of course family nearby is, is quite massive, we know people around here, and all the families are all overseas, nobody, they're all on their own. I can see that getting progressively worse, which will mean of course that there will be more need for the help they give. (David)*

Although Sylvia's (90) family were geographically distanced from her, she was in regular contact. While Sylvia valued her independence she reflected on the impromptu family visits and shared meals she missed out on from living so far from her family. While she had a close relationship with her family she dreaded being a burden on them. Simultaneously, Sylvia perceived that the family were available if she really needed them.

> *. . . my family all live a long, long way away so I'm on my own so I haven't got somebody popping in for lunch you know or coming to dinner . . . I've never been able to ring my family up and say "come*

over, I've got a roast in the oven" because most of them live in
Australia and that one [daughter's name] she lives down the bottom
of the South Island so I'm on my own. . . . I sort of hope that I can live
my days out here, I don't want to go anywhere else and my family say
"oh you can go to Australia", but if I went to Australia I'd be lonely
because they work you see . . . they'd rally around and my daughter,
she never married and she said "mum I'll always come and look after
you if you need anybody" but I hope it never comes to that, so I don't
want them to think that they've got to give up their life to look after
me, so I just hope it never comes to that. (Sylvia)

Emily (86) had family living in Auckland and they visited her regularly. She drew

comfort from having phone contact with her family between visits.

. . . my three family members are only in Auckland, and they come up
most weekends and I see one or other of the families, and I always
phone them every Friday night, and they joke and I say whether you
want it or not, but they certainly ring me up if they don't hear from
me. (Emily)

Friends and neighbours were a significant part of the participants' social network as

they supported each other and provided opportunities for engagement. The majority of

participants had lived in the area for many years and had established wide networks of

friends. Jean (87) was well known in her local community and her ease with people

provided opportunities for spontaneous engagement.

. . . a lot of good friends because of the years we've been here . . .
once again if you walk down the street in Warkworth you're speaking
to this one and that one having lived here for so long. (Jean)

Having trusted friends to confide in was important for some participants. Sylvia (90)

recognised the reciprocal support that could be exchanged between close friends.

. . . when you get older, friends are what matter. Family are nice but
they are all busy . . . your friends are your age and you understand
one another. (Sylvia)

Rose (87) also recognised the value of having solid friendships as she contemplated the

idea of having to leave her established network of friends. While the idea of moving out

of her home or the community did not appeal to Rose, she identified the dilemma of

balancing her family's expectations about where she would live with maintaining

current friendships.

If I was going to go, I'd have to go south of the bridge, my son says,
he thinks I've gone beyond the black stump coming up here. You know
we've been up here for so long. I mean shifting away is a problem to

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think about because you are losing a lot of friends and as you get older it's not so easy to make friends . . . and I've got a good set of friends. You know, "haven't seen you for a day or so, how are you", and that sort of thing. But I've always had the belief that you have got to meet people half way and when you live in a district you're more likely to need other people than they need you, and that's not sitting here being sorry for myself. (Rose)

James (86) and his wife Mary (72) were long term residents and had developed a wide network of friends from extensive involvement in community and church activities.

. . . And we've got friends calling in all the time. (James)

Yes, this place is literary like a train station. (James's wife, Mary)

Ruth (87) fostered good relationships with all her neighbours and considered them integral to her social network. Moreover, Ruth considered the connection and engagement she had with neighbours crucial to supporting her to live independently.

. . . my little area here is very good, over there is [name] who lost his wife about six months ago, quiet gentle sort of person. His wife was a friend to me and very nice. But the people opposite are good people. Right next door I've got a lovely family, couple and four children who are lovely, and at the end is my friend [name] who I've got on my St John call card and she is really good. . . . To me neighbours are important and because I am on my own and at my age it is important that there are people around who perhaps do keep an eye. . . . You know you just like to keep contact with your neighbours . . . if I'm going away for a weekend I always tell them, so they know and because up to now of course I haven't needed any emergency with myself and my health, I have been okay with things like that. But you know any little things or any problems or whatever, yes they would, they would help, there's no two things about that. (Ruth)

Having an attentive, caring and trusted friend as a neighbour contributed to Ruth's engagement in her community.

[Friends name] is wonderful you know, if she sees me down the street she stops and gives me a lift back you know very vigilant for that, helpful for me. (Ruth)

Emily (86) also appreciated how her neighbours had recently assisted her. Emily hinted that she hoped to be able to reciprocate in the future.

I know my neighbours, and I had a recent trip down to the South Island for a reunion, and they got the paper and the mail you know and did things like that, and they're there if you want any help . . . I haven't even had to do it for them yet you know. (Emily)

Likewise, Rose (87) valued the supportive and reciprocal nature of her relationship with her neighbours but had concerns for a future with a less supportive neighbourhood.

> *A good neighbourhood. Wonderful neighbours . . . and it's been good right up until now. We don't live in one another's pockets, we're there for one another . . . we've got people that are both working, both I'm thinking of two lots who have come in recently, but somehow I'm beginning to think that I'm going to be isolated a bit, and if you can't get out and join in things, you could start to be cut off. (Rose)*

Ted (90) was grateful to his neighbour who had assisted in his rehabilitation and had become a good friend. He expressed pleasure at being able to reciprocate by taking his friend on a vacation.

> *. . . the lady that looked after me opposite here . . . she got me back on my feet and one thing or another and I'm taking her and we are going up to [name of City] for a fortnight so she's over the moon about that. We'll stop with my brother and we'll have a great time. (Ted)*

The physical environment initially influenced the participants' decision to migrate to the Warkworth area; however, appreciation for the social aspects of the community were highlighted when participants were asked what was good about living in the area. Many of the participants applauded the small community atmosphere and the friendliness of the people in making it a good place to live. Rose (87), Esme (85) and Sylvia (90) were very complimentary about the social nature of the community.

> *I think it's a good community. People care for one another and I've got a good set of friends. I've played bowls and golf and I don't know, but made good friends. It's a good community. (Rose)*
>
> *Oh, the people up here are wonderful. A lovely rural community, everybody's friendly and they're a very caring community. I really love the community. No way would I go back to Auckland. (Esme)*
>
> *I've loved every minute of being here, it's a nice little small town and nice people . . . (Sylvia)*

Jean (87) highlighted acts of kindness and support extended to those in need in her community.

> *. . . it's a great community, everyone is there for each other . . . I've not needed any help yet but you know you look around and you know who is not well or something, everyone does look after each other . . . I've never had that but I know that it happens . . . (Jean)*

Neighbourhood Watch groups provided a forum for community connection and contributed to the feeling of belonging.

> *. . . We have Neighbourhood Watch in all the neighbourhoods, the neighbours are excellent, yes, excellent especially [name] down here, he'd do anything to help you. (David)*

Recently, Robert (92) and his wife had moved to Snells Beach. Although Robert had not come from outside the Warkworth area, he considered that they were newcomers. They were looking forward to being part of a closer, more socially active community. The Neighbourhood Watch coordinator had welcomed them to the community and provided initial opportunities for engagement.

> *. . . just settling in at the moment and trying to get to know the locals, I've met the lady next door, I haven't got to know these ones yet . . . had two or three letters from the Neighbourhood Watch people, there was a very keen person in charge of that here apparently next door there and she had written to [wife's name] and so on and saying they were here for us. [Wife's name] has since been to a meeting with local ladies and they had a meeting and a bit of a nosh over at I think in Matakana. (Robert)*

Robert (92) and his wife had begun to feel isolated where they lived in a remote rural community prior to relocating to the beach side community. Robert had perceived the migration of people in and out of his previous neighbourhood had changed the character of the neighbourhood. Robert perceived that with the more recent changes to the neighbourhood, there was little interest in socialising among residents.

Changes in social networks had affected the ability of some participants to remain connected and engaged in the community. Several participants had experienced the death of partners, friends and others they knew in the community. The majority of participants had adapted to changes in their social networks and made adjustments to the nature of their engagement in the community to avoid loneliness. Ted (90) spoke of how changes in his social network had altered his patterns of social engagement.

> *I was Vice President (RSA) for a number of years, then I was on the committee for I don't know how long. Probably 10 or 12 years, but now all my mates up there have all gone. Hardly know anybody. I went up on Anzac Day and I saw well the Secretary, I saw him of course, and the President, I knew them they were floating around and I got a glass of beer and I sat down and there were a couple of women I knew quite well but they were in a group of women all talking and I didn't want to go and bust in there you know. So I had my beer and went home. I hardly go up now. I used to go up regularly and play the*

> *pokie machines but now that's the first time I've been up there in
> about five weeks. I used to be up there three or four days a week.
> (Ted)*

David (93) had also lost friends and provided a glimpse of his resilience in facing changing social networks.

> *I'm the last of one or two groups . . . life doesn't get lonely but I don't
> think there are many people who we can reminisce with but however
> there's always something new. (David)*

Some participants who had experienced loss of trusted, familiar neighbours, reflected on former times when they socialised with their neighbours.

> *. . . years before, the woman who used to live next door there about
> eight years ago we were very good friends and although we didn't
> share cups of tea every day I used to call in and we put the world to
> rights . . . I suppose I've got friends here in the various areas, a lot of
> them I've lost lately as one does. (Ruth)*

> *. . . I see strange people on the access way that runs parallel to the
> drive, and I can now and again I see some people that I have no idea
> who they are, or where they've come from . . . some of the properties
> have changed hands and I don't know who they are or anything, at
> one time when we first bought here, we knew everybody and we would
> leave our umbrellas up, down on the beach and pop up for our lunch
> or anything, and then we'd all sit together again in the afternoon, and
> that was the social time in the summertime . . . (Emily)*

Rose (87) had also noticed movement of people in the neighbourhood and contemplated how these changes could affect her engagement in the community in the future.

> *. . . the neighbourhood is starting to change and we've got people that
> are both working, I'm thinking of two lots who have come in recently,
> but somehow I'm beginning to think that I'm going to be isolated a
> bit, and if you can't get out and join in things, you could start to be
> cut off. That's the sort of feeling I get. (Rose)*

In response to changes in social networks Rose had been motivated to modify her engagement in the community.

> *I suppose I've been a more regular church goer in the last few years,
> than I've ever been, and apart from the spiritual side of it, it's just
> nice people go. Just ordinary people . . . there's no pretention or
> anything, they're, I just like them. (Rose)*

Frank (87) explained how he had become less active and had discontinued some activities previously enjoyed since becoming a widower.

> *I used to love the beach when my wife was alive. We used to go to the beach to Martins Bay every day for three hours to go for lunch. Because I am a keen swimmer, I love swimming and of course that dropped off a bit because partly I am too lazy to go alone you know. When my wife was alive it was quite easy, we went together and took lunch and everything. It is different when you are on your own. You know, you've got somebody to go with . . . of course we have no children. (Frank)*

For Frank (87) the loss of his wife has meant a loss of enjoyment of activities they used to do together. Although Frank spoke of the friendly community, adjustment had been difficult for Frank and he struggled to make new connections. Recently it was unplanned encounters in the community that provided Frank with the opportunity for social interaction.

> *. . . They are nice people and if I see them in the supermarket we talk, the people from hospice, the counsellor, the young lady, well she's not young anymore, every time she sees me in the supermarket "oh nice to see you again" and we have a talk you know. (Frank)*

Although these encounters represented meaningful engagement to Frank, they may seem inconsequential for those who interacted with Frank at the supermarket.

4.4.3. Communication and information.

Information on local news, community affairs and events enabled participants' to maintain engagement in the community. Furthermore, being informed on local affairs and activities facilitated participation in group discussions both informally and in more formal settings. The participants described multiple ways to communicate and receive information that included local papers, newsletters, word of mouth, the information centre, emails and the internet. The local paper was identified by most of the participants as a prominent source of information about community affairs and events. Ruth (87) enjoyed reading this publication as it contained local information and articles relevant to her age group.

> *. . . Mahurangi Matters, I think it's very good . . . one of the things I like about Mahurangi Matters is that they have at times printed a lot of what I call positive stories. (Ruth)*

Word of mouth was a common way to share information and to keep informed, particularly for participants who had lived in the community for a long time and had developed extensive social networks.

. . . Well you know, when you know everybody you soon hear about things don't you . . . when you belong to things and you go out there's not much that you don't hear about. (Sylvia)

. . . There's bowls group we talk about everybody, what's going on I suppose, but there's a local paper . . . it covers quite a lot. Yeah so no I don't seem to be left out of anything, if they want me, they know where to get me. (Emily)

Networking groups provided a forum for participants to express their opinions on topical community affairs. Being well informed about local issues enabled Sylvia (90) to contribute meaningfully to group discussions about civic affairs and other community issues.

I'm interested in the town you know and there's been a lot going on about the town hall and things like that, but it's quite good to sort of speak out and say what you think instead of just muttering about it at home or muttering about it with your friends . . . with Women's Institute and the Women's Section of the RSA, those kinds of things come up in discussion and that, so we get up and you know, you've got to get up and say what you think. (Sylvia)

Beth (85) found the information network at her retirement village was comprehensive. Information was provided via newsletters, noticeboards, guest speakers and activity schedules enabling her to keep informed of village news. However, she was also impressed with the availability of information about the wider community.

. . . There are two local papers that are distributed on mass here, so we can take a paper if we want it . . . we get notices on our notice board for things that are happening in the area. . . . The Village has things that are on, they send you out things like this, what's on this week . . . (Beth)

As a newcomer to the area, information was important to Beth to enable her to assimilate into the community and feel a sense of belonging. Another valued source of information for many of the participants was the staffed local information centre situated in the main street.

. . . I go to the information place . . . I'm sure they're asked the most extraordinary things sometimes, but I found that if I do need information about anything they can nearly always steer me towards where I need to go for it. (Ruth)

Like many participants, Ruth (87), was not receiving information electronically and was reluctant to venture into the digital age. This had not presented an obvious barrier for Ruth as she was motivated to use other forms of communication. However, it was

unknown whether lack of information in a digital format limited Ruth's engagement opportunities. Moreover, for Ruth there was comfort in sticking to more traditional forms of communication such as writing and receiving letters.

> *. . . you see I don't have computers, email or anything like that so I'm the dinosaur brigade there . . . so I mean I need to ask people, whereas other people can go to their computers, so you are asking somebody whose completely ignorant about that area of communication. And of course I mean I still write letters sometimes. It's a rarity I think and I do enjoy finding a letter in my letter box that's been handwritten. I've got a niece in England who writes especially for me which is very nice. (Ruth)*

Esme (85) also expressed apprehension regarding use of a computer. Fortunately, Esme's husband printed off newsletters for her enabling access to electronic information necessary for her role as a community group organiser.

> *They send me emails and [husband's name] has to tell me about them or print them out for me. I don't touch his computer if I can help it. I would get a virus, knowing me. I would press the wrong button . . . I'm not computer literate. I only know certain things to do. (Esme)*

Jean (87) was one of the few participants who used electronic devices to receive information from the groups she belonged to.

> *. . . yes get things by email as to what's happening like we have forest and bird meetings and all the local community club meetings you know . . . belong to SeniorNet, you know we get advice by email and that so we know what's happening in the area. (Jean)*

Frank (87) had a very small social network and had little participation in community activities. His perceptions, with regard to keeping up with local community affairs differed from the other participants. Although he liked to keep up with national and international news, his interest in local affairs had waned.

> *Well I used to read the local paper but it's too much gossip in there. I hardly read the local paper anymore. I watch the news on TV and listen to the news on radio which is sometimes talk back . . . so I keep myself informed if I want to know something, I find out about it, it's as simple as that. (Frank)*

4.5. Conclusion

This chapter has presented the findings from the participants' interviews. Two themes and associated subthemes were identified using an inductive approach. These themes captured multiple factors in the physical and social environment that had an influence

on participants' engagement in this rural community. Driving a car was identified as crucial for the participants independence and autonomy; thus, contributing to engagement. Traffic flow and problems with car parking made engagement more challenging. Additionally, changes in participants' physical function had altered patterns of engagement. Further, belonging to groups and having a supportive social network of family, friends and neighbours was important to community engagement. The next chapter critically discusses and situates the findings of this study in context of the literature and demonstrates how the findings address the research question and aims.

5. Chapter Five: Discussion

5.1. Introduction

This study set out to explore the perceptions of people aged 85 years and over about their engagement in a rural community. The three associated aims were to:

- Identify the barriers to engagement of older people in a rural community
- Identify the enablers for engagement of older people in a rural community
- Provide a range of options for local government, health and social service providers to use that can promote engagement of people over the age of 85 years

A qualitative descriptive methodology was utilised to address the study question. Data were collected during semi-structured participant interviews. Data were analysed using an inductive approach following the thematic analysis framework developed by Braun and Clarke (2006). Chapter four presented the findings. This final chapter begins with a brief summary of the two themes and associated subthemes that were identified, getting there and back and places to go, people to see. Next the barriers and enablers to engagement within the physical and the social environments, identified from the themes are critically discussed in context of the relevant literature. Options for local government, health and social service providers to use are presented. Finally, implications for future research are provided, followed by the strengths and limitations of this study.

5.2. Summary of Findings

In keeping with the inclusion criteria for this study the participants all lived independently in a rural community in the Warkworth area. The majority of participants were actively engaged in a variety of ways in the community. The first theme identified from the data was getting there and back with the three subthemes, transportation, physical environment and changes in function. Transportation was important for people 85 years and over in enabling them to maintain engagement in the community. The majority of participants were drivers or passengers in their own private vehicles which facilitated access to services and opportunities to engage in the community. The freedom and autonomy that a private car offered was valued and most participants expressed gratitude at being able to drive. As the participants considered alternatives to driving to be limited, the prospect of driving cessation was considered pivotal to decisions regarding ageing in place. The majority of participants had migrated to the

area at some stage of their adulthood. Most had been attracted by the pleasant physical environment. However, some features of the physical environment such as, complex intersections, inconvenient parking facilities and buildings that lacked wheelchair access posed barriers to engagement. Adjusting to changes in health and physical function meant for some participants altering how they engaged in the community. Driving was considered possible for some participants despite compromised physical function.

The second theme, places to go, people to see, and the associated subthemes, belonging to groups, social networks and, communication and information related to the social environment. Most of the participants belonged to groups in the community and had supportive social networks of family, friends and neighbours. Many participants had experienced loss of friends and neighbours with a subsequent impact on the size and make-up of their social networks. Most participants expressed the importance of adjusting to social network changes for continued engagement in the community and to avoid loneliness. Information on community affairs and events was considered vital for maintaining a sense of belonging and contributed to engagement in the community. There were a variety of information channels with local newspaper and word of mouth as prominent sources of information. Electronic access to information was used by some participants; however, many preferred more familiar methods of communication such as the spoken or written word.

From the two themes it was possible to identify both barriers to and enablers for engagement of people aged 85 years and over in this rural community. In the following two sections the barriers and enablers are critically discussed in context of the literature, firstly in the physical environment and secondly, in the social environment.

5.3. Barriers and Enablers for Engagement in the Physical Environment

The first theme, getting there and back, encompassed features of the physical environment. A major finding across the data set linked transportation to engagement in the community. It was established that the majority of participants had access to a private car either as the driver or were driven by a spouse. The participants perceived driving to be central to their independence and engagement in the community. Acutely aware of the lack of options for transportation beyond driving, participants expressed gratitude at being able to drive; thus driving was not taken for granted by this oldest old group. Similarly, others studies have linked the freedom to make spontaneous travel

decisions to autonomy and engagement of older people in the community (Curl et al., 2013; Van Dijk, Cramm, Van Exel, & Nieboer, 2014). Because of the limited transportation options, participants were heavily reliant on private car use. The finding of heavy reliance on travel by car was consistent with other rural studies (Ahern & Hine, 2012; Hanson & Hildebrand, 2011; Shergold et al., 2012; Ward, Somerville, & Bosworth, 2013).

The aesthetic aspects of the physical environment formed the backdrop for leisure pursuits and activities that contributed to engagement in the community. The majority of participants had chosen to live in the study area and were attracted by the pleasant physical environment such as the beaches and the rural landscape. When participants were asked what was good about their town this prompted expressions of pride in the natural beauty of the town and surrounding areas as well as the friendliness of the people and the small community atmosphere, indicating that the physical and social aspects of the community were interrelated. Wiles et al. (2009) suggested attachment to place was associated with familiarity with the physical environment, as well as having social connections and involvement in the community. Further, attachment to place may strengthen over time. Wiles and Jayasinha (2013) referred to this strong connection to a community as place identity. These authors identified some residents took on an activist role associated with this sense of belonging to the community and became vocal about issues of concern. This activist role was seen in the current study when a participant took concerns about the untidiness in parts of the town to a public forum. Andonian and MacRae (2011) proposed a sense of belonging is the "engine behind engagement" (p. 8). This is because a sense of belonging is fostered when older people have ongoing interaction with their social networks and participate in the community in various roles. However, the physical environment was integral to participation in the community.

Aspects of the physical environment inhibited the scope of travel for some drivers. The intricacies of the motorway system challenged some participants, thus they restricted their driving to local, familiar areas. Older people living in rural areas were accustomed to driving on rural roads but may become less confident to drive on the motorway systems. Although still driving in familiar areas, some participants avoided driving in unfamiliar and more complex areas in the nearby city, due to lack of confidence. Bacsu et al. (2012) had similar findings in a rural Canadian study where older people restricted long distance trips due to lack of confidence on unfamiliar routes. Self-assessment and self-regulation of driving were useful strategies for maintaining driving skills and had a

place in the transition to driving cessation by enabling continuation of driving in a more controlled way (Dickerson et al., 2007). By continuing to drive in the familiar areas, engagement in the local community could be maintained.

Changes in health and physical function prompted some participants to alter or restrict their driving patterns. Night driving became difficult for some participants when changes in their vision occurred. Compensatory behaviour has been reported in the literature when older drivers avoided driving in some situations due to physiological changes (Musselwhite & Haddad, 2010; Shergold et al., 2012). Dickerson et al. (2007) observed that many older people self-regulated driving commonly in response to physiological changes with deterioration in eyesight frequently reported. While self-imposed driving restrictions could pose a barrier to engagement, alternatively these restrictions allowed participants to continue driving in a way that met their unique needs. While the participants in the current study had an accepting attitude towards restrictions imposed from changes in physical function, the effect on their engagement in the community was not established.

A particularly complex intersection at the edge of the township was a physical barrier for some participants when driving or walking into the town centre. This intersection was troublesome to traverse forcing some participants to take an alternative route. For the more confident drivers it was a matter of adjusting to the flow of traffic and being vigilant. Participants who were confident at driving and walking were able to negotiate the intersection; however, some older people from one of the retirement villages were unable to walk across this busy and complex intersection with walking aids and shopping bags; thus, restricting access to the town centre. Consequently this intersection became a barrier to engagement for these less mobile older people. O'Brien (2014) identified that well designed physical environments that allowed safe pedestrian access were important for older people to enable connection and engagement with their community. Van Dijk et al. (2014) advanced this idea by concluding that supportive communities provided resources that compensated for some of the social and physical changes that older people faced as they aged, such as changes in mobility.

Several participants found parking a car in the town centre problematic. A shortage of car parking spaces and short time limits for parking interfered with community engagement for these participants. Commonly participants would plan to accomplish several activities while in town given that living in a rural area may entail significant

travelling distances to access the town services. During summer months the local population increased due to vacationers placing further pressure on car parking. Additionally, studies have found older people needed convenient parking spaces to enable loading and unloading items from the car (Federal Provincial Territorial Ministers Responsible for Seniors, 2007). Some participants found the mobility parking spaces were not conveniently placed across the town to allow access to places and services they required. These findings resonated with a study by Novek and Menec (2014) where the participants found parking spaces were not located near the services and amenities they wanted to visit and insufficient mobility parking spaces interfered with community engagement.

Some participants had developed strategies to manage the problem of car parking. Strategies included, planning outings early in the day when the town centre was quiet and selecting parking spaces that allowed more freedom of time. The perception of convenience for parking was highly contingent on the nature of the community engagement. For example, a relatively quick trip to the supermarket or the bank was likely to require different parking requirements than attending a community group meeting that may last several hours. Moreover, the supermarkets and some amenities provided dedicated parking spaces. As people aged they were more likely to have changes in a person-environment fit associated with physical function deficits (Gilroy, 2008). Therefore, there needs to be provision for convenient parking and walkability to enable older people with a broad spectrum of ability to remain engaged in the community.

Driving other people provided the driver and the passengers with opportunities for engagement. Some participants gained enjoyment and companionship from providing transport to friends who were less confident to drive on the motorway. Simultaneously, the shared transport enabled the friends to maintain community involvement and to socialise on the journey. Davey (2007) found perception of driver safety and inability to reciprocate were factors associated with the apprehension some older people had when travelling in other peoples' car. While the inability to reciprocate could prevent older people from asking for transport assistance, some participants in the current study had reduced this barrier by freely offering the mutually beneficial trips to friends. Shared car transport may be a way of including those who were no longer confident to drive longer distances or along unfamiliar routes.

Providing a financial contribution to the driver was an approach some participants used to cope with their reluctance to ask others for transport assistance. Even when participants had an established network of friends, some felt more comfortable providing financial compensation when accepting transport assistance. This arrangement reflects the desire for reciprocity that many older people uphold. O'Shaughnessy et al. (2011) found while generally older people would not hesitate to ask for transport assistance in an emergency, there was a reluctance to ask for lifts for routine trips. Shergold et al. (2012) suggested older peoples' fear of being a burden on others underpinned this reluctance to seek transport assistance and was associated with an individualistic society and the value placed on independence. Evidence in the literature supported the idea that older people preferred to pay or reciprocate for services such as a driver, as a way of mitigating the feeling of dependence (Bell & Menec, 2013; Davey, 2007; Sixsmith & Sixsmith, 2008). However, paying friends to drive may not be an option for some older people due to affordability. Reliance on family and friends for transport assistance increased for older people who are non-drivers. Davey (2007) observed lifts in a car from other people were the most common form of transport for older non-drivers.

Most participants accepted the cost of running a car and were able to accommodate these expenses; however, some participants found the cost of petrol restricted the number of outings. Although long travel distances in rural communities may result in less spontaneous trips, the effect on community engagement from costs associated with using a car was not established from this study. However, literature on older peoples' driving patterns suggested the running costs of a private car for older people on a fixed income may impact on community engagement (Dickerson et al., 2007; Shergold et al., 2012)

The majority of participants perceived being a non-driver would be a major barrier to engagement in the community given driving was the main form of transport. When life without a car was contemplated, participants responded in a variety of ways. Some participants had moved into retirement villages or relocated to be closer to the township in anticipation of driving cessation at some stage in the future. Housing options in rural communities can be limited (Pynoos, Caraviello, & Cicero, 2009). As the distance of housing to services in rural communities can be significant, older non-drivers may need to relocate from farms and more remote areas to be closer to services to enable ongoing engagement in the community (Bacsu et al., 2012).

Some participants had considered moving to be closer to family when driving was no longer possible. Leaving the home and community had to be considered in the context of the barrier to engagement driving cessation could present. Thus, tension existed between the idea of ageing in place without transport or moving to be closer to family. Other authors have highlighted this tension when families may encourage or even compel older family members to move from rural communities to urban areas as they become more dependent. Winterton and Warburton (2011) explain this approach overlooks the attachment older people have to their rural communities. Further, they suggest that pressure from families to relocate may constrain older people from seeking necessary and timely help due to a reluctance to show vulnerability.

The majority of participants in this study were not regular patrons of public transport. Previous studies have found transportation options in rural communities were limited and public transport was often underutilised by older people in rural areas. Thus, meeting the transport needs of the oldest old particularly, presented a policy challenge (Shergold & Parkhurst, 2010). Only one participant regularly utilised the bus and provided information about the service. The bus service had a limited route and did not meet the transport needs for people wanting to visit friends at one of the local retirement villages. The main motorway separated the town centre from the retirement village making visiting difficult for those living in the town. Flexible bus services which involved door to door pick up and drop off services and flexible routes, were found to increase the age-friendliness of public transport (Broome et al., 2012). Innovative options such as flexible timetables and routes were predominantly services available in urban settings and were more difficult to sustain due to the cost of these services. Furthermore, studies have shown flexible bus systems may be underutilised by the oldest old (Broome et al., 2012; Shergold & Parkhurst, 2010). The cost of public transport services in rural areas was an important factor in the success and sustainability of transportation options for older people (Liddle, McElwee, & Disney, 2012; Novek & Menec, 2014).

When participants considered public transport use they thought carrying shopping would be a barrier to using a bus. Similarly, in other rural studies of transportation options, participants identified distance to bus stops, scheduling and having to carry shopping while negotiating walking aids as problematic (Ahern & Hine, 2012; Walsh et al., 2012). Further, it was often the same functional disabilities that resulted in driving cessation that precluded bus service use (Dickerson et al., 2007). The majority of

participants lacked knowledge about the local public transport service primarily as they were not using this service. Similarly, other studies on rural transportation linked drivers limited knowledge of other transportation options to lack of focus beyond driving a car (Shergold et al., 2012; Ward et al., 2013). Most participants in the current study considered the bus provided an important service but not a service they currently required.

The interface between changes in participants' physical function and the hilly terrain in parts of the residential areas in the town and surrounding areas, made walking problematic for several participants. These findings were consistent with a rural Australian study where changes in physical capacity were responsible for reduction in the level of engagement for the older adult participants (Walker et al., 2013). Participants, in the present study, adjusted to physical changes by walking along the flat areas of the town, using a mobility scooter and parking in mobility parking spaces outside buildings. These examples of adjustment to changes in function demonstrate how oldest old people are resourceful and motivated to preserve their independence and maintain an achievable level of engagement in the community. Similarly Walker et al. (2013), found an attitude of 'accept, adapt and carry on' (p. 948) among older people when changes in health and the environment altered their level of community engagement.

For those who could no longer drive, walking may be essential for continuation of engagement in the community. Only one participant depended on walking as a form of transport; thus knowledge of suitable routes and footpaths between home and regular destinations was specific and informative. A particularly steep hill had to be negotiated in order to access the supermarket and other barriers presented by the topography and physical hazards hampered walking. Careful planning of walking routes to destinations was central to managing physical barriers. Research suggests older people may limit their engagement in the community if the walkability is poor. Effective street design including safe footpaths and crossings were important features that enhanced walkability and engagement (Gardner, 2014; Gilroy, 2008; Newton et al., 2010; Scharlach & Lehning, 2013).

Walking was considered a pleasant activity for some participants. These participants took pride in their ability to meet the challenges of walking on the hilly terrain. Walking was perceived by some participants as a way of keeping active, an important strategy

for maintaining community connections. Studies in Canada have found walkability in rural communities is hampered by snow and icy footpaths during winter months (Novek & Menec, 2014). Conversely, the current study location afforded the advantage of a temperate climate, enabling the participants to maintain some outdoor activities throughout the year.

Most of the participants perceived buildings in the town to be accessible. This perception was influenced by the high level of mobility and independence enjoyed by the majority of participants. It should be emphasised that older people with a high level of physical function may be unaware of barriers to access for those with disabilities. Some participants with disabilities found particular buildings had difficult access, such as wheelchair access to upper levels and heavy doors to negotiate. Opening a door or climbing a few steps, actions taken for granted by most people, become problematic for those in a wheelchair or using assistive walking devises. Gardner (2014) found features of the built environment such as inaccessible buildings and steep stairs challenged older people with disabilities and inhibited ability to engage in the community. In contrast, buildings with automatic doors provided easier access. Communities that are inclusive of older people have accessible buildings to enable all levels of ability to engage in the community (Federal Provincial Territorial Ministers Responsible for Seniors, 2007).

Some participants had effective coping mechanisms to deal with barriers in the physical environment. They made strategic choices about where they shopped and visited to avoid stairs and more challenging access. This positive attitude has been seen in other studies where strong motivation and determination enabled older people to continue to be involved in the community despite physical impediments (Ziegler & Schwanen, 2011). However, some older people may not be able to overcome barriers in the physical environment with subsequent impact on engagement in the community. Older people typically circumvented asking for help and preferred to be viewed as independent. Bell and Menec (2013) found older people risked social isolation as they avoided being seen in situations that emphasised dependence.

5.4. Barriers and Enablers for Engagement in the Social Environment

Barriers and enablers for engagement in the social environment were identified from theme two, places to go, people to see. The majority of participants belonged to groups in the local community. Most of the participants had established social networks associated with their involvement in a range of community activities. Social

connections and networks increase the opportunities for engagement in the community (Buys et al., 2015). Community engagement for the majority of participants occurred outside of the home. Further, the majority of participants were motivated to maintain involvement in the community despite alteration in physical function and changes in social networks. Accepting help and support and being able to reciprocate in various ways was identified as important in managing independence when changes to health and function occurred.

Communities with a high percentage of older people may offer enhanced opportunities for engagement in the community. Certainly the participants in this study were highly involved in community groups, suggesting there were multiple opportunities to participate. Davis, Crothers, Grant, Young, and Smith (2012) found people 80 years and over were more actively involved in the community than the younger age groups. These authors suggested the long years of service older people provided to community groups may explain this finding. When older people migrated to rural communities they tended to become involved in voluntary work. In-migrants may wish to initiate new groups while long-term residents may have established roles in the community (Keating et al., 2013).

The majority of participants were long-term residents of the area. Only one participant had recently migrated to Warkworth from Auckland and referred to herself as a "newbie". She perceived herself to be an outsider sensing that most of her fellow residents in the retirement village were from local rural places and were firmly established in the community. While this participant had started to settle in she identified that feeling accepted by the local community may take time. Studies suggested adult newcomers to rural communities may experience local resistance to change and intolerant attitudes (Patten, O'Meara, & Dickson-Swift, 2015). Moving to a recently established retirement village may have moderated the effect of being a newcomer as all of the residents living in the retirement village would have relocated there recently. However, with only one participant, in the current study, a newcomer to the study area, it is unknown whether these attitudes present a barrier to engagement for oldest old people following relocation to this rural community.

Opportunities for engagement and networking were provided by Probus, a popular group primarily set up for retired or semi-retired professional and business people. Similarly, Probus was identified as a highly regarded group for older people in an

Australian study (Davis et al., 2012). Probus, provided stimulating social interaction where members were encouraged to share information. Additionally, guest speakers of interest were invited to present at the regular meetings. The success of Probus appeared to be the social networking opportunities and the purposefulness of the group. Although Probus was well suited to people from a range of professional and business backgrounds, there was a potential for exclusion of older people who did not fit the typical member profile. One participant in the current study had tried joining groups but had chosen not to continue his association and hinted at feelings of loneliness. Lonely older people may be more sensitive to rejection; thus, lowering motivation to engage in community groups (Wenger & Burholt, 2010). Matching older peoples' engagement aspirations with the scope and purpose of groups could increase levels of engagement. Scharlach and Lehning (2013) recommended communities provide opportunities to develop connections and meaningful social roles in order to promote the social inclusion of older people.

Networking groups provided opportunities for participants to volunteer in various roles. One participant referred to herself as a networker in her role facilitating guest speakers for a women's groups. Additionally, this participant recruited new members and brought people together. The role of networker in the community is similar to the advocacy role proposed by Wiles and Jayasinha (2013). These authors identified that advocacy was one of the ways older people demonstrated care for their community. Another participant was the leader of a social group, demonstrating the essential part older people play in facilitating community engagement opportunities, usually for other older people. Similarly, Heenan (2011) suggested older people contributed greatly to rural communities and are not merely passive recipients of services. Wiles and Jayasinha (2013) concur, proposing older people were far from passive recipients in the community and while pointing out various roles older people assume, cautioned against stereotyping older peoples' contribution to their communities.

Being involved in groups that had a purpose seemed important and was highlighted by some of the participants. This sense of purpose was grounded in the volunteering roles participants were involved in throughout their adult years. Reflecting back on earlier years, one of the participants perceived the willingness to volunteer in purposeful community activities, such as coaching sports teams, contributed towards being accepted in the community. Although, the nature of the voluntary roles had changed for some of the participants, many continued to volunteer in community groups. This

continuity of involvement illustrates how volunteering, as a way of being engaged in the community, is associated with a sense of purpose and wellbeing that extends into late older adulthood (Davis et al., 2012; Warburton, Paynter, & Petriwskyj, 2007).

The notion that older people should attempt to be involved in what the community had to offer was raised by several participants. Further, participants expressed the sentiment that to counteract social isolation and loneliness, older people have to take some responsibility for joining in and being part of the community. Sharing the responsibility between the community and older people to combat isolation and loneliness has been recognised in the literature (Walsh et al., 2012). On the other hand, participants in an Australian study perceived engagement in the community to be entirely a personal responsibility with low expectation of government intervention to combat social isolation (Walker et al., 2013). This difference in perception may be contextual and dependent on socio-political ideology. The notion that communities and older people should take full responsibility for their own welfare is supported by neo-liberal ideology and partially releases the state from responsibility (Winterton, Clune, Warburton, & Martin, 2014). Willingness and the desire to be involved in activities and groups interposed being engaged in the community.

The sustainability of community groups that provided opportunities for engagement of older people in rural communities relied on effective leadership and volunteers. A local group provided a forum for older people from aged care facilities and homes in the surrounding communities to share friendships and to support older people who otherwise risked exclusion from community engagement. The service this group provided was complex as many members had disabilities and required assistance with activities and mobility as well as transport to and from the venue. Initially this group had been set up as a stroke support group; however, the purpose of this group had evolved over the years as the membership had changed. The leader of this group had noticed it had become more difficult attracting and retaining volunteers for community groups over time. Support groups, such as this, would be at risk if volunteers were unavailable; thus, posing a barrier to engagement for more socially isolated older people in the community. To ensure the survival of rural community groups that provided opportunities for engagement, ensuring volunteer capacity and succession planning for leadership roles was crucial (Winterton et al., 2013).

Participants were involved in intergenerational engagement in the community by sharing reading sessions with children at local primary schools. These intergenerational activities had benefitted both the older people and the children taking part. The engagement of older people in intergenerational activities was identified in the research that led to the age-friendly community initiatives as being important for fostering mutual respect across generations (Federal Provincial Territorial Ministers Responsible for Seniors, 2007). By facilitating older people in passing on skills and knowledge to the younger generations, intergenerational engagement contributed to a shared understanding and valuing of the contribution older people made to the community. Additionally there were positive effects for society in enhancing social cohesion and solidarity among different generations (Schlimbach, 2010). Despite these benefits, there was little research on intergenerational engagement in rural communities.

Feeling valued and respected motivated participants to be engaged in the community. Equally, feeling valued and respected by the community was an outcome from participating in groups and actively contributing to the community. The perception, held by the participants of being valued for their contributions to the community, arose from knowing that their involvement made a difference. Although extremely modest, one of the participants had received unexpected public recognition for her voluntary work. Other participants instinctively knew the work they had done in the past was valued and they continued to carry that mantle of respect into their oldest old years. This history of contributing to the community, corresponds to the concept of social capital where trust and co-operation within the community is built upon contributions made by individuals and groups (Warburton, Cowan, & Bathgate, 2013).

Some participants perceived they should step aside for younger people with fresh ideas. The perception that younger people would make a superior contribution in voluntary roles could be a barrier to engagement for the oldest old. Other studies have found the possibility of age discrimination was a barriers to volunteering among older participants (Warburton et al., 2007). Fear of being a burden and the perception that they are too old to fill volunteer roles contributed to this barrier to community engagement (Principi, Chiatti, Lamura, & Frerichs, 2012). Winterton and Warburton (2011) proposed this perception may be imbedded in a cultural context. Compared to younger people, older people often had more time and resources to contribute in voluntary roles (Morrow-Howell et al., 2014). While age should not be a determining factor on decisions regarding engagement in the community, Leonard and Johansson (2008) found ageist

attitudes in both Australia and Sweden presented a significant barrier to older peoples' engagement.

Changes in social networks could affect engagement in the community. Whereas, ability to adjust to changes in social networks supported participants to continue engagement in the community. Several participants recognised how the loss of close family, friends and neighbours had changed their social networks. Additionally, changes in personal health had altered the type and range of activities engaged in. Older people who were reliant on one central relationship such as a spouse were highly vulnerable to social isolation if that relationship was lost (Walker et al., 2013). One participant had found adjusting to widowhood difficult and struggled to identify his social network. Most participants adjusted to changes in social networks by making new friendships and altering their socialising patterns, while others had become more reliant on adult children. This pattern of adjustment to changes in the social environment, demonstrated resilience. Resilience relates to the ability to adapt to life changes with minimal disruption (Wells, 2009). Ziegler and Schwanen (2011) found motivation and determination were important qualities older people required to overcome disabilities and to maintain socially active lifestyles, providing benefits to their wellbeing. Rural older people are frequently credited with being stoic and self-reliant, qualities associated with resilience (Wells, 2009). However, this over-reliance on being stoic and self-reliant may inhibit older people from seeking help and support when they face challenges (Bell & Menec, 2013; Breheny & Stephens, 2009).

Several participants had noticed changes in the neighbourhood that had affected the way they engaged with neighbours. Furthermore, changes in the neighbourhood caused them to wonder if they may become isolated as neighbours were less familiar and there were less opportunities for spontaneous engagement with familiar neighbours. Additionally, participants noticed when younger neighbours worked during the day, there were less opportunities for relationships to be established. As people age, they typically spend longer periods of time at home and in their neighbourhoods (Gardner, 2011). In a study in rural Ireland, Walsh et al. (2012) found participants often depended on neighbours to be there when needed. When dependable neighbours moved away or died it was difficult for older people to establish new social connections. Reciprocal relationships with neighbours strengthened social networks developed over many years. As older people valued their independence as integral to self-identity, it was important to be able to reciprocate in some manner. Breheny and Stephens (2009) proposed social support

services promote interdependence and reciprocity as an alternative to the discourse of independence as an indicator of successful ageing.

In-migration of new residents seeking rural lifestyles, attracted by decreased travel times from the city, had altered the social dynamics of some rural settlements. The spread out nature of the housing, little contact with neighbours and a lack of community had influenced the decision of one participant to relocate to a more inclusive beachside community. Moving offered the prospect of more opportunities for engagement in a supportive community. Other participants had either shifted into Warkworth or had contemplated relocation in response to changes in the composition of the neighbourhood. Similarly, a study in rural Ireland found changes in population composition could affect social relationships and connections within the community. Older people living in these rural communities sometimes had difficulty adjusting to changes in the demographic and socio-economic composition of the community (Walsh et al., 2012). Traditionally, in rural communities, socialising with the local community underpinned rural community life.

Having to move away from established networks of friends in the community could present a barrier to engagement for older people who were long term residents. Participants with family living far away were cognisant that decisions about their future, when independence may be threatened, would likely be considered in consultation with family. Needing support from family was balanced with living in a familiar community with an established social network of friends and neighbours. Further, older people worried about being a burden on their families. The support gained from established friendships between older people was recognised as being different from the support provided by family. This difference related to friends understanding shared experiences and challenges. The reciprocal nature of these relationships was highlighted particularly by female participants. Wells (2009) found social networks consisting of friends rather than family were more likely to contribute to resilience in older people living in rural communities. Wells (2009) suggested this was because older people living in rural communities relied heavily on friends and neighbours in times of need especially when adult children were living in other locations. Further, Steed, Boldy, Grenade, and Iredell (2007) found friends were more protective against loneliness in older adulthood. One the other hand, Winterton and Warburton (2011) suggest older people living in rural communities often relied on family to provide support in times of need. Despite the individual variations in the composition of participants' support networks, having a

supportive network of family, friends and neighbours available, was considered to be important for maintaining engagement in the community for the majority of participants.

Walking provided opportunities for engagement for participants resulting from encounters with other people. This spontaneous engagement was identified in the literature as important for older people, not only to meet and interact with others but to counteract feelings associated with being alone (Buys et al., 2015; O'Brien, 2014). The supermarket also provided opportunities for participants in the current study to interact with familiar people and had benefits for older people at risk of social isolation. These findings were similar to other studies where older adult participants felt compelled to leave the house. They perceived leaving the house prevented feeling lonely and there was the lure of meeting other people while out and about (Gardner, 2014).

The communication of information was essential to enhance and maintain engagement in the community. According to the majority of the participants, information was readily available and communicated in multiple ways. Word of mouth was a common way to receive information. This was particularly so for the established long-term participants with large social networks. Information was shared verbally at meetings and events they attended. Word of mouth communication may suit some older people; however, relying on this method could be a barrier to engagement if information was inaccurate or it excluded isolated older people or those new to the community (Everingham et al., 2009).

Although some participants received information electronically, many participants did not favour this method of communication mainly due to a lack of desire to utilise electronic devices. It has been suggested in the literature that rural communities may be disadvantaged by lack of internet capacity (Warburton et al., 2013). However, this was not explored in the current study. Some participants were reluctant to move into the digital age and preferred to use the postal service. This form of communication was a familiar method when communicating especially with geographically distanced family and friends. Some participants received communication from community groups via email, although one participant relied on her husband to access and print her emails. While this reliance on her husband was a choice the participant made, it could prevent access to correspondence if her husband was unavailable. With the heavy reliance on digital information and communication technology across all sectors of society, it is

unknown whether oldest old people in rural communities are disadvantaged by lack of internet access and the impact this will have on current and future engagement in the community. This suggests future research on the use of communication technologies in rural communities is warranted.

5.5. Options for Local Government and Health and Social Service Providers

The third aim of this study was to provide a range of options for local government, health and social service providers to use that can enhance engagement of people aged 85 years and over. These options were informed by the barriers and enablers identified in this study and have been categorised into three main areas, "transportation", "enhancing the physical environment" and "enhancing the social environment".

5.5.1. Transportation.

The findings from this study suggest transportation was important to engagement in the community. Looking to the future where more people aged 85 years and over will expect to drive themselves, supporting older people to maintain driving skills may be the most cost effective and acceptable option for transportation (Rosenbloom, 2009). The lack of alternative transportation options in rural communities was an added incentive for local government and services to support older people to maintain safe driving skills. Older people were motivated to alter their driving behaviour in response to physical changes in their health. The promotion of information regarding self-assessment and self-restriction of driving could enhance safety and contribute to preservation of driving skills. Equally, the quality of the physical environment and drivability of the town and surrounding areas needed to be monitored. Consultation with older drivers would yield valuable information for planning and development when evaluation of transportation systems and options were undertaken.

Specific health conditions prohibited driving and typically resulted in enforced cessation of driving. Driving cessation was a stressful time for the people aged 85 years and over. The link between being able to drive and independence has been established (Bacsu et al., 2012; Curl et al., 2013; Davey, 2007). This link was evident in the current study, highlighting the concerns people aged 85 years and over had regarding their ability to remain independent beyond the capability to drive. Planning for and managing the driving cessation process resulted in better outcomes than a sudden cessation in driving (Curl et al., 2013; Dickerson et al., 2007). Providing support and information to

assist older people during this transition to being a non-driver had potential to maximise independence and engagement in the community. For example, a support network assessment undertaken prior to driving cessation, could direct support to those older people who may not have family living locally.

The planning and provision of transportation options that were responsive to the needs of the rural community would require consultation to assess current transport needs for the oldest old. There was an opportunity to enhance the local public transport service by including transport to and from the town centre to the retirement village on the other side of the main highway. Thus, non-drivers could visit friends living at the retirement village. Additionally, options for non-drivers could include facilitation of volunteer driving schemes where non-drivers could connect with other older people willing to provide transport assistance. To enable a range of acceptable options, financial contributions could be administered through community agencies. Alternatively, some participants in the current study indicated a preference for contributing towards the costs directly to those providing transport assistance.

Consultation would establish the affordability, accessibility and appropriateness of current and future transportation services. Ideally, services should be flexible and able to connect the oldest old with a broad range of activities and services, including leisure and social engagement opportunities. Experts in the field recommend planning for the future transportation needs of oldest old requires coordination across all levels of government (Ryser & Halseth, 2012). Furthermore, planning transportation options would ideally involve input from services utilised by the oldest old.

Transportation was linked to housing options. In contemplating a transition to being a non-driver, older people perceived being closer to services and centres of activity would be important for maintaining engagement in the community. Further, older people preferred to remain in the area where they have lived for a significant portion of their lives. However, the range of housing options for older people living alone were limited in the study area. While the two retirement villages in the area fulfilled the needs for some older people in the community, many participants in this study expressed aversion to segregation of older people from the mainstream community. Additionally, on-going operating costs, associated with retirement villages, were prohibitive for older people with limited income. Therefore, to support ageing in place, assessment of housing needs and planning for a range of suitable housing options required for the ageing population

was a priority for policy makers. Affordable housing and assisted living accommodation within the mainstream community were some of the options for consideration. Further, when planning the location of future housing for older people, the walkability of the town needed to be considered. This is especially important for older people with disabilities.

5.5.2. Enhancing the physical environment.

Walkability and building accessibility issues in the town were highlighted by participants. Those who walked regularly were able to describe the hazards and areas that were difficult to negotiate. Negotiating complex intersections and crossing streets with assistive walking aids was difficult and hazardous. Accompanying older people with disabilities as they walk around the town would provide first-hand information about the problems associated with footpaths and curbing when using assistive walking devices, motorised chairs and motorised scooters. Additionally, listening to and observing the experiences of people with disabilities would illuminate difficulties encountered with heavy doors and difficult access to buildings. Automatic doors supported independence when accessing buildings using a wheelchair. Consultation with older people would provide a starting position and contribute to a community assessment of problem areas in the physical environment.

Extending parking time limits and increasing the number of parking spaces had the potential to enhance engagement in the community. Short time limits on car parking spaces restricted older peoples' activity, including opportunities for spontaneous engagement. Participants associated interacting with friends and others encountered while walking around the town with important opportunities for engagement and information sharing. For many participants one hour parking was insufficient for their needs. Fear of receiving a parking infringement notice meant older people had to rush back to their cars. Limited time available to socialise and be present in the local community inhibited engagement. In addressing this restriction, consultation with people aged 85 years and over, particularly those with disabilities, would provide local council and business groups with expert insight when planning car parking facilities in the town.

5.5.3. Enhancing the social environment.

Aspects of the social environment were appreciated by the participants; they expressed feeling valued and respected when the community recognised the contributions they

made. Whilst those who contributed highly in the community gained the respect of their peers, articles in the local paper and presentation of awards and gifts were other ways of recognising and highlighting older peoples' contributions to the wider community. Intergenerational activities increases trust and respect across generations (Federal Provincial Territorial Ministers Responsible for Seniors, 2007). Facilitating older people in sharing skills with students at local schools had far reaching benefits for older people, students and the education system. Further, consideration of oldest old peoples' needs when scheduling community events and activities would maximise social inclusion. An inclusive community attitude towards all age groups included giving consideration to night driving restrictions and safe access to venues during the day and evening. Additionally, the provision of affordable and appropriate transport would encourage the inclusion of oldest old people in community events.

A range of community groups provided opportunities for those 85 years and over to participate in the community. Groups were heavily reliant on volunteers with skills in leadership and other specialised skills. Equally, groups were reliant on local agencies, religious organisations, local government, health and social services to provide resources and support for their sustainability. Examples of resources and support that may be required in rural communities included; providing appropriate venues for meetings, transportation assistance, support to apply for community funding, subsidised education and assistance with succession planning for leadership and other positions (Winterton et al., 2013). As the population in rural communities is ageing rapidly, the capacity and resources within the community are likely to need regular review to ensure groups are sustainable and can prosper.

Supermarkets were identified as popular social gathering places for older people, providing opportunities for spontaneous interactions. Although remote shopping and home delivery services were convenient and often essential for some older people, the health and wellbeing benefits of getting out and about have been recognised. Education of staff in local shops and businesses on how to support older people with disabilities could enhance engagement in the community; for example, providing education on how to assist people with sensory and cognitive impairments along with reduced mobility. Additionally, supermarkets and other relevant services could explore and plan for the future needs of the oldest old population with consideration given to enhancing spaces where spontaneous gatherings of older people occur.

Older people in rural communities are known for their self-reliance and stoicism. Walker et al. (2013) associated these qualities with a culture that valued independence, privacy and individualism. While these qualities could be effective coping mechanisms, equally they could mask the negative effects of social isolation. There was stigma associated with loneliness and older people feared the consequences of losing independence that could result from showing vulnerability. Because of these fears, health care and social service providers planning interventions aimed at preserving and fostering social connections, need to be cognisant of the heterogeneity of the oldest old. Additionally, awareness of the personal nature of social networks and patterns of engagement in the community was vital. Thus ideally, the approach to interventions should be subtle, flexible and individually tailored (Walker et al., 2013).

It is acknowledged that health promotion can be impeded by fiscal constraints. Studies have found tension existed between providing interventions to preserve older peoples' engagement in the community and negotiating existing constraints imposed by inflexible, tightly regulated health funding systems within the health service (Walker et al., 2013). For example, health professionals often lacked time for building trust relationships with older people under their care, due to strictly managed schedules. Primary health care practices would be ideally placed to provide a centralised, comprehensive and current database of available community social support and wellbeing options. Social prescribing, historically used in mental health care in the United Kingdom, was a health model designed to link health consumers to community support systems that operate outside of the medical system (Brandling, 2009). Social prescribing may complement current preventative healthcare models in New Zealand by bridging the gap between primary health care and social support for older people at risk of the effects of social isolation such as, loneliness, anxiety and depression. Moreover, social prescribing models provided a cost effective, preventative option for local communities where volunteers from the third sector and health professionals could work collaboratively from primary health care practices (Brandling, 2009).

In addition to identifying and caring for those at risk of social isolation, assessment of the quality and inclusiveness of the social environment for older people is equally important. A checklist of features in the social environment, such as the inclusiveness of the community, used in age-friendly initiatives in rural Canada, highlighted priorities for community action (Federal Provincial Territorial Ministers Responsible for Seniors, 2007). Identifying barriers and enablers in the social environment was an initial step in

planning for an ageing population. A further priority was education and promotion of the importance of engagement in the community for physical and mental wellbeing and prevention of frailty in older adulthood. While the benefits of exercise programmes for older people have been heavily promoted, the benefits of other forms of engagement in the community for wellbeing have had less attention.

This study demonstrated the importance of providing information to people aged 85 years and over regarding opportunities for participation in community activities. Information was communicated in multiple formats as many in this age group were not accustomed to using electronic devices. The findings of this study suggested word of mouth and the local newspaper were accepted means of receiving and sharing information. In the future, electronic communication of information is likely to become more acceptable and common place. Regular assessment of information and communication technology (ICT) needs of the people aged 85 years and over had potential to highlight appropriate support and training opportunities for developing and supporting ICT skills.

This section has presented suggestions and options that could enhance the engagement of people aged 85 years and over in their rural community. A model where researchers work collaboratively with policy, planning and practice professionals has been suggested following implementation of age-friendly programmes in the United States of America. By working more collaboratively as a team, greater understanding of real life challenges and constraints each sector faced was acquired (Glicksman et al., 2014). The successful implementation of age-friendly initiatives in rural Canada was facilitated by bottom-up, participatory processes (Federal Provincial Territorial Ministers Responsible for Seniors, 2007). By consulting with and collaborating with older people, the experts about their community, local government and service providers were able to gain inside information to plan services and infrastructure making rural communities more liveable for all ages.

5.6. Future Research

This study identified barriers and enablers that could enhance engagement of people aged 85 years and over in the rural community of Warkworth. The findings were unique to the context of this rural community and like all qualitative research, claims of generalisability are not made. However, further research would provide empirical knowledge on how people aged 85 years and over engage in diverse rural settings in

New Zealand. Findings arising from this study may be transferable to other similar communities. Following a systematic review of literature on environmental influences on active ageing, Annear et al. (2014) identified a lack of research from Australasian countries. Further, these authors suggested future research should include older people in a collaborative partnership using participatory action research methodology. A bottom-up, participatory approach was advocated by the WHO in undertaking research on age-friendly communities (World Health Organization, 2007). This approach recognises the contribution older people can make in all stages of the research projects and implementation of age-friendly initiatives. Although assessment of the age-friendliness of communities has begun in urban settings, research undertaken in rural communities would add to the knowledge on the age-friendliness in diverse rural settings.

Although a few participants in this study had disabilities and provided valuable insight into barriers and enablers in the physical environment, little is known on how older people with disabilities engage in rural communities as they continue to age. Future studies using a walk-a-long technique would provide first-hand information on how older people with disabilities interact with their environment. Longitudinal research projects would be informative in identifying whether older people with disabilities are able to remain living in rural communities as they progress through the oldest old years. Further, quantitative data obtained from mixed methodology studies would enhance understanding of ageing and migration patterns and experiences of older people in rural communities.

Future research should include the perspectives of older Maori living in rural communities. New Zealand has a commitment to biculturalism yet the literature is quiet on the experiences of older Maori ageing in rural communities. Additionally, there is a lack of research on the perspectives of people aged 85 years and over from culturally and linguistically diverse groups ageing in rural communities in New Zealand.

By exploring how participants received and communicated information, this study found few participants relied on or favoured electronic information and communication technology. Future research on the communication patterns of the people aged 85 years and over would be useful as each successive generation becomes more reliant on electronic means of communication. Research would inform how technology influences the manner in which the oldest old engage with the community. For example, will social

media improve connectivity for the oldest old or will it exclude them from participating in the community?

5.7. Strengths of the Study

The majority of research on ageing, undertaken in New Zealand, has focused on urban settings. There is a dearth of research that focuses exclusively on the oldest old. This study is unique as it explored the perceptions of people aged 85 years and over about their engagement in a rural New Zealand setting. Barrier and enablers in the physical and social environment were identified. Findings from this study have the potential to provide policy makers with ideas and options to use that could enhance engagement of this age group in a rural community.

5.8. Limitations of the Study

An important and essential part of research is reflecting on the research process. Taking a step back and critically appraising the research process and the findings, highlighted limitations. Firstly, because of the predominance of participants who identified with New Zealand European ethnicity, the perceptions of older Maori and other ethnicities remain unknown. Secondly, the perceptions of more socially isolated and oldest old people with more severe disabilities were not heard. Thirdly, the majority of participants were drivers. Having discovered the importance of driving to oldest old people in this study, the perceptions and experiences of non-drivers would have added another perspective.

5.9. Concluding Statement

This study explored the perceptions of people aged 85 years and over about their engagement in Warkworth, a rural community in New Zealand. Two themes were identified from the participants' interviews, getting there and back and places to go, people to see. Even though the overall impression gained from the participants was that their rural community was a good place to live, these themes captured characteristics of the physical and social environment that enabled engagement or presented barriers to engagement in the community. While the participation of older people in social and voluntary activities may seem less important than access to health and medical services, the engagement of older people in the community is associated with well-being and better health outcomes. Furthermore, for the participants in this study, having social

connections and engaging in the community were important to living and ageing in their rural community.

The 85 years and over population in rural communities is ageing rapidly; however, little attention has been given to the resources and opportunities that enable their engagement. To ensure communities have the resources to meet their needs, it is important to include older people in discussions when planning future infrastructure and services. Despite, the New Zealand government's commitment to support older people to age in place, little is known of the ageing experiences of the oldest old living in rural New Zealand. By listening to older peoples' experiences and perspectives on their community, this study has identified a range of options for local government, health and social service providers to use that can enhance engagement of people aged 85 years and over. Options were categorised into, transportation, enhancing the physical environment and enhancing the social environment. Communities that support the engagement of their oldest residents will not only enhance the liveability for people of all ages but will ultimately support older peoples' choice to age in place.

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Appendix A: AUTEC Approval Letter

AUT UNIVERSITY
TE WĀNANGA ARONUI O TAMAKI MAKAU RAU

A U T E C
S E C R E T A R I A T

15 June 2015

Stephen Neville
Faculty of Health and Environmental Sciences

Dear Stephen

Re Ethics Application: **15/100 Older people's experience of living in a rural community.**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 15 June 2018.

As part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online through h t t p : / / w w w . a u t . a c . n z / r e s e a r c h e t h i c s . When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 15 June 2018;

- A brief report on the status of the project using form EA3, which is available online through h t t p : / / w w w . a u t . a c . n z / r e s e a r c h e t h i c s . This report is to be submitted either when the approval expires on 15 June 2018 or on completion of the project.

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at e t h i c s @ a u t . a c . n z .

All the very best with your research,

Kate O'Connor
Executive Secretary
Auckland University of Technology Ethics Committee

Cc: Sara Napier

Appendix B: MUHEC Approval Letter

MASSEY UNIVERSITY
ALBANY

26March 2015

Jeff Adams
SHORE and Whariki Research Centre
Massey University
Albany

Dear Jeff Adams

HUMAN ETHICS APPROVAL APPLICATION – MUHECN 15/010
Older people's experiences of living in a rural community

Thank you for your application. It has been fully considered, and approved by the Massey University Human Ethics Committee: Northern.

Approval is for three years. If this project has not been completed within three years from the date of this letter, a re-approval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Dr Andrew Chrystall
Acting Chair
Human Ethics Committee: Northern

Appendix C: Advertising Flyer

Older people's experience of living

in a rural community

Are you:

65 years or over?

Living in Warkworth or surrounding areas?

Living independently (own home, with family, retirement village independent unit etc.)?

You are invited to take part in an interview to tell us about your views and experiences of living in a rural community.

A $20 grocery voucher will be provided to participants.

To take part in this research or to find out more please phone

Sara Napier on 0800 854 121

Appendix D: Study Information Sheet

Older people's experience of living

in a rural community

INFORMATION SHEET

Introduction

Hello, we are members of a research team hosted by the SHORE & Whāriki Research Centre, Massey University, Auckland and including researchers from AUT University, Auckland.

What is this research about?

This research is exploring older people's views and experiences of living in a rural community (Warkworth and surrounds). The research has been funded by Massey University.

Why undertake this research?

There have been very few studies in New Zealand that have investigated older people's perspectives on their communities. This qualitative study aims to explore the barriers and enablers that can enhance engagement of people over the age of 65 years and older in a rural community. These research findings are likely to be useful to local community organisations, Auckland Council and government agencies. We therefore invite you to participate in this study.

Who is eligible to take part?

Anyone aged 65 and over living independently (own home, with family, in a Retirement Village in an independent unit etc) in Warkworth and surrounding areas is welcome to take part. You will be invited to take part in an interview to share your views. With your permission we would like to audio record the interview.

What will happen to the information you provide?

All information collected during this study will be confidential.

To protect your privacy your real name will not be used anywhere. Instead we will use an anonymous ID code or pseudonym to label any information relating to you such as the transcribed information from the audio recorded interview in any reports or articles produced. Access to any information that links your personal details to the ID code will be restricted to members of the research team listed at the bottom of this information sheet.

All research materials will be kept in a locked metal filing cabinet and will be destroyed after 5 years.

When the interviews have been completed and the tapes transcribed, the findings will be written up conference papers and journal articles will also be written from this research. One of the research team will use the interview data for a Master's thesis at AUT University. Findings will also be presented at a community meeting in Warkworth.

Are there any risks involved in taking part in this evaluation?

There are very few risks associated with participating in this study. However, as you will be asked to talk about your views and experiences of living in Warkworth there may some issues that concern or worry you. If after the interview you would like to talk to someone about any issues that you discussed or have arisen for you, you may contact Age Concern Rodney (phone 09 426 0916) or LifeLine (phone 0800 543 354) for advice.

Accepting this invitation to participate is entirely your choice. At any time during the study you have the right to:

- decline to participate
- ask any questions about the study at any time during participation
- refuse to answer any particular question during the interview
- withdraw from the study within seven days following the interview
- ask for the recorder to be turned off at any time during the interview

A koha ($20 grocery voucher) will be provided as an acknowledgment for your contribution to the project.

At the conclusion of the study a summary of the findings will be provided to you.

What should I do now?

If after reading this information sheet you decide to participate then you will be asked to complete a consent form and the interview will be conducted. With your permission the interview will be audio recorded. Interviews are expected to take around 60 to 90 minutes depending on how much you have to say.

Project Contacts

If you have any questions about the project, please contact one of the researchers named below:

Dr Jeff Adams Research Manager SHORE & Whariki Research Centre Massey University P O Box 6137 Wellesley St Auckland Phone: 0-9-366 6136 j.b.adams@massey.ac.nz	Sara Napier Research Assistant SHORE & Whariki Research Centre Massey University P O Box 6137 Wellesley St Auckland Phone: 0-9-366 6136	Associate Professor Stephen Neville Researcher Head of Department (Nursing) AUT University Private Bag 92006 Auckland 1142 Phone: 021995689 sneville@aut.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 15/010. If you have any concerns about the conduct of this research, please contact Dr Andrew Chrystall, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43317, email humanethicsnorth@massey.ac.nz.

Appendix E: Consent Form

Older people's experience of living

in a rural community

PARTICIPANT CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I wish/do not wish to have my recordings returned to me.

I wish/do not wish to have a copy of my transcribed interview returned to me.

I agree to participate in this study under the conditions set out in the Information Sheet.

I wish/do not wish to have a summary of research findings sent to me.

Email or postal address:

Signature: .... **Date:** ....

Full Name –
printed ....

Appendix F: Confidentiality Agreement

Older people's experience of living

in a rural community

CONFIDENTIALITY AGREEMENT

I .... (Full Name - printed)

agree   to   keep   confidential   all   information   concerning   the   project

....

.... (Title of Project).

I will not retain or copy any information involving the project.

Signature: **Date:**

....

Appendix G: Interview Schedule

1. How did you come to live in Warkworth / surrounding area?
   Probes: What influenced your decision to live here?
2. What is it like to live in Warkworth / surrounding area?
   Probes: What are the good aspects?
         What are the not so good aspects?
3. What is it like to get about in Warkworth when you go out?
   Probes: What are the things you do or like to do when you go out?
4. What is your main means of transport?
   What is your experience with driving in the town?
   What is it like to walk in this area, the town?
   Probes: What are some of the difficulties with driving / walking / other means of transport?
   How would you describe Warkworth as a community?
5. When do you feel included in the community?
   When do you not feel included?
6. What are the ways your community demonstrates respect for you as an older person?
7. How does your community include you in events and activities?
   Probe: What would make you feel more included?
8. How social and friendly is your community?
   Probe: How easy is it to socialise?
9. What activities and/or groups do you currently participate in?
10. If still in paid employment, Where?
    What is it like to work in this community?
    What is it like to look for employment?
11. What have been your experiences in voluntary work?
    Probe: How do you define volunteer work you do? Informal / formal /helping neighbours and friends/caregiving
12. What has been your involvement or participation in civic community groups?
    Probes: For example committees, community associations, sitting on boards, fundraising or local politics
    In what ways can older people participate in community affairs?
13. How are older peoples' opinions obtained?
14. What have been your experiences in accessing services in this community?
    Probes: Such as businesses, social, health services
15. What services are unavailable that would be desirable?
16. Who assists you if you need help?
    Probes: Day to day / emergencies
17. Is there anything else about Warkworth that you can think of that would be helpful for me to know?

General prompt: (when needed)

Can you tell me more about that?

Appendix H: Demographic Data Sheet

Code:

Demographic Tool

	Participant response	
Age		65 – 74 75 – 84 Over 85
Gender		Male Female Other
Ethnicity identifies with		
Relationship status		Married Partnered Civil union Never married Divorced Widowed Other
Place of residence		Warkworth township Other e.g. Snells Beach, Algies Bay, Matakana
Number of years lived in this area		
Housing type		Own home Rent home License to occupy Independent unit Other
Household configuration		Lives alone With a partner With family With a friend Other
Highest level of education		Secondary school Tertiary qualification
Current occupation		Current occupation Retired Voluntary work
Previous occupation		