

**Independence and Mental Wellbeing (including social and emotional wellbeing) for older people**

**Review 2: Barriers and facilitators to interventions and services to improve or protect the mental wellbeing and/or independence of older people**

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## **Executive Summary**

A key challenge to the effectiveness (and cost effectiveness) of any public health and health promotion activity is the level of uptake and continued use by the target population. This can be a particular challenge when a population feels excluded, as may be the case with some groups of older people. There may be many potential barriers that impact on the provision of appropriate services, as well as levels of uptake and continued engagement with services and support that are available. These might include negative perceptions and stereotypes of older people, lack of practical information and support, or issues such as low self-esteem and a reluctance to be seen as a 'burden' on services (Hoban et al., 2013). There may be differences in attitude and preferences across generations and across genders and there may also be socio-economic barriers to service use. There may be additional challenges to be faced by some groups within the older population, such as for some BME groups, or linked to sexual orientation.

This review (Review 2) therefore looks at the barriers and facilitators to assessing suitability for, uptake of, and continuance with interventions or services to improve or protect the mental wellbeing and independence of older people. A broad schematic framework for reviewing barriers and facilitators has been used, looking at pathways to improve the uptake of interventions. This covers issues in raising awareness through to referral, uptake, delivery and follow-up. At each of these stages a number of factors could either facilitate or hinder the uptake of interventions, and there may be differences in uptake and use for different population subgroups. It also aims to consider any studies looking at barriers and facilitators to effective commissioning of services by local government and ways of identifying older people in the community whose mental wellbeing and independence might be at risk.

## Review questions

The principle research question is:

1. What are the barriers and facilitators to assessing suitability for uptake of, and continuance with, interventions or services designed to improve or protect the mental wellbeing and/or independence of older people?

Specific sub-research questions considered by this review include:

- a) What is the level of community, volunteer and service user involvement (through consultation and collaboration) in the design and delivery of services to improve or protect the mental wellbeing and/or independence of older people?
- b) Are services easily accessible for the target population (e.g. will the locality of services be likely to facilitate the uptake of services)?
- c) To what extent is configuration and integration of services to improve or protect the mental wellbeing and/or independence of older people joined-up between different agencies providing services?
- d) What are the target populations' main motivators (or de- motivators) for getting involved in activities and interventions for improving mental wellbeing and/or independence?
- e) To what extent are the resources (e.g. workforce capabilities) and cost a barrier to participation in activities and interventions to improve or protect the mental wellbeing and/or independence for older people?
- f) What is the role of financial and non-financial incentives in increasing the uptake of, and continued use of interventions or services designed to improve or protect the mental wellbeing and/or independence of older people?
- g) To what degree do flexible commissioning arrangements facilitate the effectiveness of services in improving and/or protect mental wellbeing and independence?

## **Methods**

Methods, as outlined in the Methods for the Development of NICE Public Health Guidance (2012), were used to guide the development of the review protocol and search strategy. This comprises a systematic search of the literature supplementing studies identified from bibliographic databases together with information from other sources, including relevant research reports from non governmental organisations, academic groups and government departments and materials received through the NICE call for evidence. In addition, all records previously identified in Review 1 (which focused on the effectiveness of intervention) were also considered in terms of their relevance to Review 2.

The evidence search included both quantitative and qualitative literature focused on barriers and facilitators to the use of interventions identified in Review 1, as well as comparable interventions for which evidence on effectiveness is not yet available. This includes studies reporting the results of focus groups, interviews and surveys. Only primary studies are included, reviews of relevant research are examined for relevant studies that meet inclusion criteria. The search strategy predominantly focused on older people aged 65 and older, although individuals aged 55 upwards who were also retired and at risk of premature ageing also fell within the scope

## **Results**

19,263 records were identified from the electronic database search strategy and searches of websites, previous reviews, citation searching and reference tracking. Following removal of 10,245 references that had already been examined in Review 1, 9018 records were eligible for screening. Of these, 1,280 duplicate records were excluded leaving 7,738 records to be screened at title abstract stage. Of these 363 were screened at full text; in addition 22 records from Review 1 and work for Review 3 that had been identified as potentially relevant to Review 2 were also assessed at full text. 38 references studies were included in the review.

Six evidence statements have been prepared summarising relevant barriers and facilitators and there are several common strands that run across these evidence statements.

Eleven papers addressed different aspects of barriers and facilitators related to the use of information and communication technology (ICT) by older people (Evidence Statement 1).

This, for instance, looked at how continued engagement and interest in ICT may be influenced. Eight studies addressed issues around volunteering by older adults, including the use of multiple strategies for volunteer recruitment and looking at what older people say motivates them to volunteer (Evidence Statement 2).

Eight studies examined some of the factors related to interest in art-based social activities interventions (Evidence Statement 3). Some of the themes that emerged would be relevant to participation in social activities in general, for instance identification of the perceived benefits of social networking and the difficulties posed by poor access to transport. Other factors were more specific to arts and culture, such as challenges posed by a lack of knowledge and interest in the arts and a potential perception that some art is 'elitist'. Three studies looked at how social perceptions and attitudes towards ageing and older people (including by older people themselves) could act as barriers or facilitators to participation in different activities (Evidence Statement 4).

Three studies, two from Spain and one from Canada, highlighted themes related to participation in educational activities, such as in university programmes specifically tailored for older people (Evidence Statement 5). Finally, seven studies covered a broad set of factors that can influence the level of social connectedness, or level of participation, of older people in activities that can help promote independence and wellbeing. This evidence statement highlights some of the challenges in facilitating the participation of different population sub groups such as BME populations, the LGBT community and those living in more remote rural locations. The issue of gender and its impact on participation in activities that may promote wellbeing is another issue discussed (Evidence Statement 6).

The review did not find substantive information on the challenges in co-ordinating or commissioning activities to promote mental wellbeing and/or independence, although one issue that was flagged up by several papers reviewed is the challenge of financial sustainability. Another gap relates to barriers and facilitators to the better identification of health older people who may be at risk of a decline in their independence and mental wellbeing.

Key issues to consider are the ways in which awareness is raised and activities are marketed. Differences in the rate of uptake and continued engagement with services are about more than simply being aware about the availability of potential services and supports. Multiple strategies are likely to be required, tailored to the local context and taking account of the

diversity of the population. This review also suggests that participation in any activity is likely to be influenced by how appropriate or relevant an intervention is seen as by an end user, as well as the way in which it is seen and perceived by their peers. Peer involvement in planning and service delivery may have a positive impact on engagement.

Individual motivation is a critical factor in participation. This review highlights that a lack of interest in activities and supports that are available is one of the principal reasons for non-participation. It is important not only to understand motivation, but then to try and see if these motivations can be modified. Rates of participation may be improved by addressing negative and stereotypical views of the ageing process, which, for example, might see ageing as a burden to the economy rather than celebrating older age.

Sustained participation by older people will also be influenced by the accessibility of services. This is not just a matter of geography or finances. It is about providing services and support that individuals wish to use. It also means reaching all of the population. Issues around the extent to which current activities cater for men have been raised. ‘Traditional’ participatory activities for older people may be more familiar to women than they are to men, and examples in this review of the reluctance of men to engage with services have been identified. This is not just an issue of gender, similar issues concerned with the appropriateness of services and rates of uptake by other diverse groups in society also need to be fully considered, such as for the BME and LGBT communities, as well as those who have been living all their lives with disabilities.

## **Conclusion**

This review has highlighted a number of barriers and facilitators to use of services and activities that can promote then mental wellbeing and independence of older people. While caution must be exercised in how these findings are interpreted, a consistent set of factors was identified that applies across different themes. In the opinion of the reviewers, there is a need to move away from relying extensively on traditional types of activity for older people without proper consideration of the appropriateness of services, and whether or not these actually are the types of service that older people want to use. Creative strategies are required to reach different population groups and overcome some of the external barriers that the face, such as transportation difficulties or lack of culturally or gender sensitive services. In addition to looking at the impact of these structural and cultural barriers, there is also scope for

undertaking research to look not only at the motivations of older people but also on the effectiveness of mechanisms that can help change motivations and encourage greater rates of participation in activities that promote mental wellbeing and independence.

## **Summaries of evidence statements on barriers and facilitators**

### **Summary of evidence statement 1: Barriers and facilitators to the use of Information and communication technology (ICT) based interventions for mental wellbeing and independence.**

The use of ICT was considered in 11 studies (Adams et al. 2005; Braun 2013; Cattan et al. 2011; Damodaran et al. 2013; González et al. 2012; Heart and Kalderon, 2013; Helsper 2009; Ofcom 2006; Redsell et al. 2005; Slegers et al. 2012 and Warren-Peace et al 2008).

Barriers (identified in 6 studies) regarding the use of ICT, included: lack of interest in ICT, lack of experience, perceived lack of skills and ability, impersonality of technology, use of jargon, lack of time or finances and access to computers.

Facilitators that may influence the level of engagement with ICT were (identified in 7 studies): having prior ICT knowledge and being given start-up help and support. Motivations for using the internet and e-mail included opportunities for communication, keeping up-to-date and accessing information. The style of teaching and the building of tutor–learner relationships also was a factor in maintaining or improving retention rates on computer courses by older people.

Five studies were undertaken in the UK, three in the US, one of which also collected data in Israel, with the remaining three studies set in Australia, the Netherlands and Spain. Given that these other studies were conducted in high income countries that are broadly comparable to the UK, the evidence on ICT intervention could be applicable to the UK.

### **Summary of evidence statement 2: Barriers and facilitators to volunteering by older people**

Eight studies looked at volunteering. Four focused on experience with a high-intensity volunteering programme called the Experience Corps which operates in the United States (Martinez et al, 2006, Raley et al 2006, Tan et al, 2010, McBride et al, 2012). One additional

US study looked at the racial differences in older volunteer experience and perceived benefits from volunteering (Tang et al. 2012). One UK based study - Ageing Well - looked in detail at the reasons why older people volunteer (Lambert et al 2007) and two other studies, one in Ireland and one in the UK, looked at volunteer peer befrienders for older people (Lawlor et al 2014, Lester et al 2012).

The following factors that influenced initial engagement and sustained volunteering by older people were reported in 5 studies: using multiple channels to recruit volunteers; providing materials and training sessions in minority languages; the role of different motivations such as social engagement and volunteering recognition; flexibility of volunteering programmes and effective supervision.

Barriers to volunteering identified in the Ageing Well study were: health problems or disabilities, a lack of transport, a lack of time or unsuitable hours for training, and the need to make out of pocket contributions

Five studies identified perceived benefits from volunteering for: physical and psychological wellbeing, sense of empowerment, knowledge and social networks.

Two studies were set in the UK and another in Ireland. The remaining studies were all conducted in the USA but issues in engaging older people as volunteers, including those from BME backgrounds, are likely to be applicable to the UK.

### **Summary of evidence statement 3: Participation in arts-based interventions**

Eight studies using surveys, interviews, and feedback forms, explored participation in arts-based interventions (Cohen-Mansfield 2005, Court-Jackson, 2011, Goulding 2013, Hallam et al 2012, O'Shea and Ni Leime, 2011, Skingley 2010, Teater and Baldwin, 2014 and Varvarigou et al. 2011).

Barriers identified in 3 UK based studies to participation included lack of awareness of and interest in the arts; a perception that art, and some venues where events held, are elitist;

challenges in understanding art; physical/technological obstacles to use of music player devices and difficulties in engaging BME populations. Practical barriers included out of pocket costs, transportation and attending events in the evening.

The eight studies highlighted social interaction and perceived health benefits as facilitators to participation. The use of well trained, enthusiastic museum/gallery educators and peer volunteers to interact with when visiting arts venues could also help make the experience more meaningful for older people less familiar with art.

Six studies were conducted in the UK, one in Ireland and one in the USA. All could, with consideration of specific setting, be applicable to the UK.

#### **Summary of evidence statement 4: Social perceptions and attitudes towards older people as barriers or facilitators to participation**

Four studies looked social perceptions and attitudes towards older people (Hoban et al 2011, Hoban et al 2013, Martin et al 2009, Van Weelden 2004).

In one study analysing media content, negative perceptions of older people focused on the concept of being a burden to society, while positive attitudes focused on the contribution of older people and ageing as a celebration of longevity. Another study reported that the negative attitudes of older people towards their own peers were important barriers to their use of services.

Facilitators to addressing negative attitudes were identified in 2 studies: being treated with fairness and respect, as well as meaningful interactions with service providers, including genuinely being listening to. Interaction with older people as part of music therapist training could facilitate students becoming more positive about working with older people.

Three studies are from the UK and one from the US. All of the themes are relevant and applicable to a UK context

### **Summary of evidence statement 5: Educational programmes**

Three papers looked at barriers and facilitators to participation in education programmes for older people (Sloan-Seale, 2010, Villar et al, 2010, Villar and Celdran, 2014).

Barriers included negative personal traits and attitudes, a lack of interest or time, too much focus on vocational activities, and financial constraints. Facilitators included having genuine interest in topics, perceived health benefits and improved social interactions. Women may be more likely than men to participate in educational programmes.

Although 2 studies were from Spain and one from Canada, similar educational programmes are delivered in the UK, so the findings could be applicable to the UK context.

### **Summary of evidence statement 6: Barriers and facilitators for social connectedness**

Eight papers discussed some of the barriers and facilitators for older people to establishing or maintaining social connections of different types (Andrews et al 2003, Dwyer 2011, Hoban 2011, Hoban 2013, Lawlor et al 2014, Lester et al 2012, Scharf et al 2005, Van Groenou et al 2010).

Facilitators identified to improve participation and social connectedness in 5 papers included: volunteer peer befrienders and community signposting services; better training for volunteers and paid staff to help improve communication; person centeredness and equality; more involvement of older people in decision making processes; and language and culturally appropriate support and outreach services for BME groups.

Barriers identified in the 8 studies to participation and improved social connectedness included negative personal traits and attitudes, a lack of interest in the programmes, declining physical health, caregiving responsibilities, poor education, low incomes and poor access to transportation. 3 studies also highlighted barriers due to gender, ethnicity and sexual orientation that need to be taken account of when designing services.



## Abbreviations

|       |  |
|-------|--|
| BME   | Black and minority ethnic                |
| GP    | General Practitioner                     |
| ICT   | Information and communication technology |
| LGBT  | Lesbian, gay, bisexual and transgender   |
| PMPs  | Portable Music Players                   |
| POPPs | Partnerships for Older People Projects   |
| SNS   | Social Networking Sites                  |

## **Full Report**

### **Background and aims of the Review**

A key challenge to the effectiveness (and cost effectiveness) of any public health and health promotion activity is the level of uptake and continued use by the target population. This can be a particular challenge when a population can feel excluded, as can be the case with some groups of older people. There may be many potential barriers that impact on the provision of appropriate services, as well as levels of uptake and continued engagement with services and supports that are available. These might include negative perceptions and stereotypes of older people, lack of practical information and support, or issues such as low self-esteem and a reluctance to be seen as a 'burden' on services (Hoban et al., 2013). There may be differences in attitude and preferences across generations and across genders and there may also be socio-economic barriers to service use. There may also be additional challenges to be faced by some groups within the older population, such as for some BME groups, or linked to sexual orientation.

This review (Review 2) therefore looks at the barriers and facilitators to assessing suitability for, uptake of, and continuance with interventions or services to improve or protect the mental wellbeing and independence of older people. It builds on the findings of Review 1 which considered the effectiveness of interventions to improve or protect the mental wellbeing or independence of older people. The target population for the review were older people aged 65 and older, although individuals aged 55 upwards who were also retired and at risk of premature ageing also fell within the scope. Individuals with substantive health and social care needs, as well as those that were institutionalised were excluded. Discussion of interventions that were delivered on a face to face basis by health and social care professionals were also excluded.

A broad schematic framework for reviewing barriers and facilitators has been used. This looks at pathways to uptake of interventions. It covers issues in raising awareness through to referral, uptake, delivery and follow-up. At each of these stages a number of factors can either facilitate or hinder the uptake of interventions, and there may be differences in uptake and use for different population subgroups. The review also looks at barriers and facilitators to effective commissioning of services by local government and ways of identifying older people in the community whose mental wellbeing and independence might be at risk.

## Review questions

1. What are the barriers and facilitators to assessing suitability for, uptake of, and continuance with interventions or services designed to improve or protect the mental wellbeing and/or independence of older people?

Specific additional research questions for this review include:

- a. What is the level of community, volunteer and service user involvement (through consultation and collaboration) in the design and delivery of services to improve or protect the mental wellbeing and/or independence of older people?
- b. Are services easily accessible for the target population (e.g. will the locality of services be likely to facilitate the uptake of services)?
- c. To what extent is configuration and integration of services to improve or protect the mental wellbeing and/or independence of older people joined-up between different agencies providing services?
- d. What are the target populations' main motivators (or de- motivators) for getting involved in activities and interventions for improving mental wellbeing and/or independence?
- e. To what extent are the resources (e.g. workforce capabilities) and cost a barrier to participation in activities and interventions to improve or protect the mental wellbeing and/or independence for older people?
- f. What is the role of financial and non-financial incentives in increasing the uptake of, and continued use of interventions or services designed to improve or protect the mental wellbeing and/or independence of older people?
- g. To what degree do flexible commissioning arrangements facilitate the effectiveness of services in improving and/or protect mental wellbeing and independence?

## **Methods**

Methods, as outlined in the Methods for the Development of NICE Public Health Guidance (2012), were used to guide the development of the review protocol and search strategy (See Appendix). The latter comprises a systematic search of the literature supplementing studies identified from bibliographic databases together with information from other sources. These include relevant research reports from non governmental organisations, academic groups and government departments and materials received through the NICE call for evidence. In addition, all records previously identified in Review 1 (which focused on the effectiveness of intervention) were also considered in terms of their relevance to Review 2.

### **Inclusion and exclusion criteria**

#### **Types of study design**

The evidence search for Review 2 included both quantitative and qualitative literature focused on barriers and facilitators to the use of interventions identified in Review 1, as well as comparable interventions for which evidence on effectiveness is not yet available. This includes studies reporting the results of focus groups, interviews and surveys. Randomised controlled trials, quasi-randomised controlled trials, before and after studies with or without comparator groups that focused on action to address barriers and facilitators such as the rate of engagement and uptake by the target population were also eligible for inclusion. In addition to looking at barriers and facilitators to interventions that may directly promote and/or protect mental wellbeing and independence, this review also covered other areas of the scope, including issues on social attitudes and perceptions of older people. Only primary

studies are included, reviews of relevant research are examined for relevant studies that meet inclusion criteria.

### **Study population**

The principle focus is on barriers and facilitators related to community dwelling and healthy older people, with the search strategy predominantly focused on older people aged 65 and older, although individuals aged 55 upwards who are also retired and at risk of premature ageing are also covered. Studies focused on older people who live in or attend a residential care home on a day basis, as well as older people with any form of pre-existing diagnosed mental health disorder, dementia or intellectual disability as covered by the ICD-10 (International Statistical Classification of Diseases and Related Health Problems 10th Revision 2010) group F00 to F99 and diseases of the nervous system G00 to G99 were excluded. Older people in receipt of palliative care were also excluded. All older people already identified as having substantial existing health and social care needs (i.e. interpreted here as being already identified as needing or already being in receipt of health and social care services) were also excluded. A full description of this is reported in Review 1 and is in line with guidance prioritising need set out in “Putting people first”: a whole system approach to eligibility for social care’ (Department of Health, 2010). However, studies where these excluded population groups which were part of a broader study population group that includes healthy older people were eligible for inclusion. This review also covers some barrier and facilitator issues that are focused on health, social care and other professionals, as well as community volunteers who may come into contact with older people.

### **Types of intervention**

This review focuses on barriers and facilitators to engaging older people and those who care for, or work with them, in a number of different types of intervention. These include interventions to raise awareness of the importance of older peoples’ mental wellbeing and independence, as well as to improve knowledge about information and support and to improve access to services to support mental wellbeing and independence among professionals, older people, their carers, families and the wider community. It also covers barriers and facilitators related to training and awareness raising activities targeted at professional service providers, volunteers and members of the community, in order to tackle ageism and encourage cross-generational respect and social inclusion. Another area covered

is the use of new (and traditional) technologies, including social media, to promote and protect mental wellbeing. Psychosocial interventions that involve group activities, including participation in clubs, arts activities, intergenerational activities and education, as well as non-professionally delivered interventions to tackle other aspects of isolation such as befriending schemes, are covered. The experience of older people themselves as volunteers in delivering some of these activities is also covered.

Interventions intended to improve ways to identify those at risk of poor mental wellbeing and independence also fall within scope, as do discussions looking at barriers and facilitators to more effective commissioning of relevant services and activities by local government and other local community providers.

### **Exclusion criteria**

In addition to exclusions related to the characteristics of the study population: physical and mental health disorders, living in residential care, or having any other substantial health and social care needs, barriers and facilitators related to a number of different types of intervention are also excluded:

All one-to-one interactions between older people and health/social care professionals. This includes

- a) Management of a chronic medical condition or disability, including dementia or another mental health disorder.
- b) Procedures for, and eligibility criteria used in, assessments for social care support and other welfare benefits.
- c) Using psychological interventions such as cognitive behavioural therapy where used to treat diagnosed mental disorders.
- d) Planning for the built environment to meet older people's needs including 'age-friendly city' initiatives.
- e) Prevention of mental and physical health conditions (such as cognitive decline, obesity, diabetes, cardiovascular disease or falls), unless specific components of the intervention support or improve mental wellbeing or independence.

f) Occupational therapy and physical activity interventions recommended in previous NICE public health guidance (PH 16) on occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care.

g) Interventions targeted at older people in the workplace

h) Interventions targeted at the prevention of elder abuse and domestic violence targeted at older people

### **Search strategy**

Methods, as outlined in the Methods for the Development of NICE Public Health Guidance (2012), were used to guide the development of the review protocol and search strategy. This comprised a systematic search of the literature supplementing studies identified from bibliographic databases together with information from other sources, including relevant research reports from non governmental organisations, academic groups and government departments. In addition there was a handsearch of some journals and consideration was taken of responses to the call for evidence.

Sensitive search strategies were developed by the research team and peer-reviewed by information specialists at NICE using a combination of controlled vocabulary and free-text terms. Fundamentally they combine different structured terms related to evaluations of intervention related to positive mental health, mental wellbeing, social capital and independence with terms and free text related to older people and term related to barriers and facilitators. No specific terms were included to cover the population between the ages of 55 and 65. The search strategy was initially developed in MEDLINE and was then adapted to meet the syntax, character and platform restrictions of each included database. Search strategies are available in Appendix 3 of this report. We checked reference lists of included previous reviews to identify further potentially eligible studies. Studies were managed in an EndNote Bibliographic Database.

Literature searches were run in July and August 2014 looking for relevant literature from 2003 onwards, with no country restriction, but only studies published in English were included. Any relevant material in languages other than English was noted but not included in the review. To be eligible for inclusion studies needed to be published on or after 2003 (although snowballed citations from 2002 were also included), be published in English and

had to have some discussion of barriers and facilitators issues linked to the interventions and study population already noted. In cases where information was highly generic and not specifically related to the types of interventions identified in review 1, only studies from a UK context would be fully extracted and analysed.

The large number of records retrieved, even with a restriction to records from 2003 onwards meant that we restricted our search to those databases most relevant to this topic: Ageline, ASSIA (Applied Social Science Index and Abstracts), Database of Abstracts of Reviews of Effectiveness (including Cochrane Systematic Reviews), ERIC (Educational Resources Information Centre Database), Google Scholar, Medline, PsycINFO and the Social Care Online Database. We did not search CINAHL, Embase, the Health Management Information Consortium, Sociological Abstracts, Social Policy and Practice and the Social Science Citation Index. In addition we also looked at the full texts of all studies included in Review 1 to see if they had relevant information for Review 2, again with a particular focus on studies set in a UK context.

### **Websites searched**

In addition to our search of databases the following websites were also searched

Age Cymru <http://www.ageuk.org.uk/cymru/>

Age NI <http://www.ageuk.org.uk/northern-ireland/>

Age Scotland <http://www.ageuk.org.uk/scotland/>

Age UK <http://www.ageuk.org.uk/>

Audit Commission <http://www.audit-commission.gov.uk/>

Campaign to End Loneliness <http://www.campaigntoendloneliness.org/>

Centre for Ageing Research and Development in Ireland <http://www.cardi.ie/>

Health Evidence <http://www.healthevidence.org/>

International Longevity Centre <http://www.ilcuk.org.uk/>

Joseph Rowntree Foundation <http://www.jrf.org.uk/>

The Kings Fund <http://www.kingsfund.org.uk/>

Local Government Association <http://www.local.gov.uk/>

Mind <http://www.mind.org.uk/>

NIACE National Voice for Lifelong Learning <http://www.niace.org.uk/>

NIHR School for Social Care Research <http://www.sscr.nihr.ac.uk/>

NIHR School for Public Health Research <http://sphr.nihr.ac.uk/>

Ofcom Independent regulator and competition authority for the UK communications industries  
<http://www.ofcom.org.uk/>

Personal Social Services Research Unit (Publications) <http://www.pssru.ac.uk/publications-search.php>

Royal Voluntary Service <http://www.royalvoluntaryservice.org.uk/>

Social Care Institute For Excellence <http://www.scie.org.uk/>

Well Scotland <http://www.wellscotland.info/>

### **Title and abstract screening**

All records from the searches were uploaded into a database and duplicate records were removed. Records without abstracts were excluded from the analysis, unless pragmatically the title appeared relevant and the full text was easily available. In Review 2 records that had already been screened as part of Review 1 were excluded from the set of studies to be screened.

All records screened in Review 2 were also considered in terms of their relevance to Review 1 (which focused on the effectiveness of intervention) at the abstract stage and also subsequently when screened at full text to iteratively update the results of Review 1. Studies relevant to Review 3, which is on the mapping of current UK practice for interventions that fall within scope on promoting/protecting the mental wellbeing of older people, have also been identified at abstract stage.

A wide range of databases and websites was searched systematically. Initial screening of titles and abstracts was conducted independently in duplicate. Data was extracted by one reviewer and checked by a second. Searches were carried out between June and August 2014 to identify relevant studies in the English language published between 2003 and May 2013. Additionally, relevant studies were identified through citation tracking of included papers and snowballing of references identified.

Screening was piloted between four reviewers using a sample of 50 records and discussions then took place to refine inclusion and exclusion approaches. Records from all electronic databases (with the exception of social care online) were screened by one reviewer and all records that were identified as potentially relevant were then examined in full text by a second reviewer.

### **Full text screening**

Records that appeared to meet criteria were then obtained in full text. A convenience sample of 50 full text records were double screened by two reviewers. The same conclusion was reached on 44 of the 50 studies in this sample (88%) and discussion on disagreement was used to inform the ongoing review process. Subsequently where reviewers were in doubt on eligibility the paper was circulated among the review team to reach consensus on whether or not to include a study.

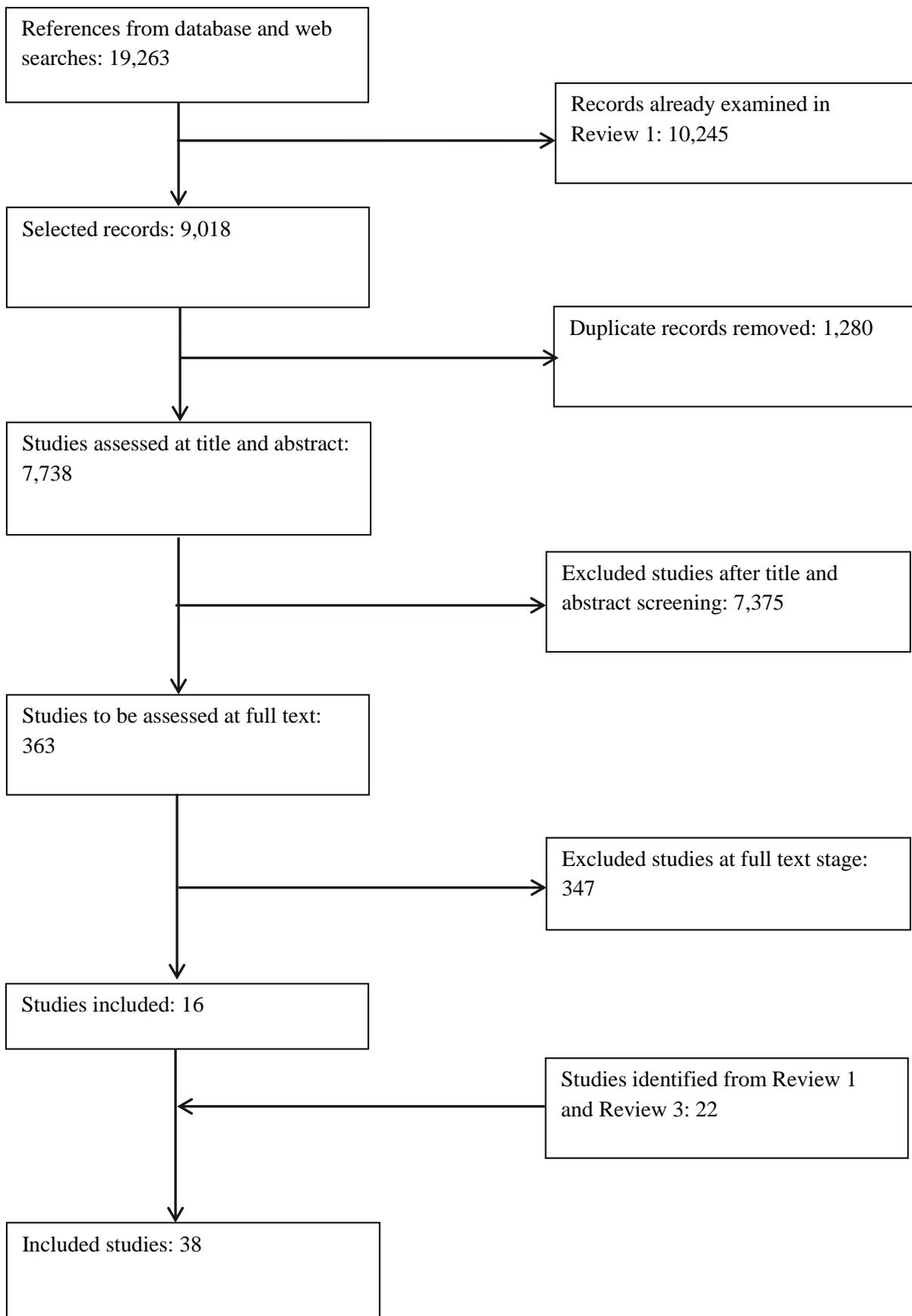
### **Data extraction and quality assessment**

The quality of included studies was assessed by one reviewer, with a 10% sample checked by a second reviewer. Relevant data were extracted for detailed evidence tables.

## **Results**

19,263 records were identified from the electronic database search strategy and searches of websites, previous reviews, citation searching and reference tracking. Following removal of 10,245 references that had already been examined in Review 1, 9018 records were eligible for screening. Of these, 1,280 duplicate records were excluded leaving 7,738 records to be screened at title abstract stage. Of these 363 were screened at full text; in addition 22 records from Review 1 and work for Review 3 that had been identified as potentially relevant to Review 2 were also assessed at full text. 38 studies were finally records included in the review (Figure 1).

**Figure 1: Literature review flow chart**



## Overview of results

37 studies were included in this review and 6 evidence statements (Box 1) drafted around major themes that have emerged. 20 of these studies are set in a UK context with a further 2 from the Republic of Ireland. As Tables 1-6 will indicate some of these papers covered several different themes and were used to inform multiple evidence statements.

### Box 1: Evidence Statements

1. Barriers and facilitators to the use of Information and Communication Technology (ICT) based interventions
2. Barrier and facilitators to volunteering by older people
3. Barriers and facilitators to participation in arts-based interventions
4. Social perceptions and attitudes towards older people as barriers or facilitators to participation
5. Barriers and facilitators and barriers to participation in educational activities
6. Barriers and facilitators for social connectedness

Eleven papers addressed different aspects of barriers and facilitators related to the use of information and communication technology (ICT) by older people (Evidence Statement 1). This, for instance, looked at how continued engagement and interest in ICT may be influenced by the teaching styles of course tutors. Eight studies addressed issues around volunteering by older adults, including the use of multiple strategies for volunteer recruitment and looking at what older people say motivates them to volunteer (Evidence Statement 2).

Eight studies examined some of the factors related to interest in art-based social activities interventions (Evidence Statement 3). Some of the themes that emerged would be relevant to participation in social activities in general, for instance identification of the perceived benefits of social networking and the difficulties posed by poor access to transport. Other factors were more specific to arts and culture such as challenges posed by a lack of knowledge and interest in the arts, a potential perception that some art is elitist. Three studies looked at how social perceptions and attitudes towards ageing and older people (including by older people themselves) could act as barriers or facilitators to participation in different activities (Evidence Statement 4).

Three studies, two from Spain and one from Canada, highlighted themes related to participation in educational activities, such as in university programmes specifically tailored for older people (Evidence Statement 5). Finally 7 studies covered a broad set of factors that can influence the level of social connectedness, or level of participation, of older people in activities that can help promote independence and wellbeing. This evidence statement highlights some of the challenges in facilitating the participation of different population sub groups such as BME populations, the LGBT community and those living in more remote rural locations. The issue of gender and its impact on participation in activities that may promote wellbeing is another issue discussed in this section (Evidence Statement 6).

The review did not however find substantive information on the challenges in co-ordinating or commissioning activities to promote mental wellbeing and/or independence, although one issue that was flagged up by several papers reviewed is the challenge of financial sustainability. Another gap in what is discussed in this review relates to barriers and facilitators to the better identification of health older people who may be at risk of a decline in their independence and mental wellbeing.

## Evidence statements on barriers and facilitators

Six evidence statements are set out, each drawing on findings from a number of different studies. Different aspects of barriers and facilitators are highlighted and then discussed in more detail

### Evidence statement 1: Barriers and facilitators to the use of Information and Communication technology (ICT) based interventions for mental wellbeing and independence

| <i>Use of Information and communication technology (ICT) based interventions</i>   | <i>Barriers and facilitators</i>   |
|--|--|
| <p>A number of related barriers and facilitators to the use of both new and old information and communication technology (ICT) based interventions were found in the studies related to use of ICT.</p> <p>Applicability: Five studies were undertaken in the UK, two in the US alone and 1 in the US/Israel, , and one each in Australia, the Netherlands and Spain.</p> <p>Given that studies were conducted either in the UK or in high income countries that are broadly comparable to the UK, the evidence could be applicable to the UK.</p> | <p>The use of ICT was considered in eleven studies (Adams et al. 2005; Braun 2013; Cattan et al. 2011; Damodaran et al. 2013; González et al. 2012; Heart and Kalderon, 2013; Helsper 2009; Ofcom 2006; Redsell et al. 2005; Slegers et al. 2012; and Warren-Peace et al 2008).</p> <p>Six studies (Adams et al. 2005; Braun 2013; González et al. 2012; Helsper 2009; Ofcom 2006 ; and Slegers et al. 2012) identified a number of facilitators that may influence the level of engagement of older people with ICT, such as providing help and support in getting started and the benefits of having prior experience in using ICT.</p> <p>In five studies (Adams et al. 2005; Damodaran et al. 2013;, Helsper 2009; González et al. 2012 and Ofcom report 2006), the motives for using the internet were mainly to communicate with family and friends, help in knowledge acquisition and to keep informed. There was also evidence that the way in which courses are taught, including tutor teaching style, the building of tutor–learner relationships and more personalised approaches, taking account of local circumstances and individuals needs, to support learning can be key factors in successfully completing computer courses (Redsell et al. 2005).</p> <p>Among the main barriers were a lack of interest in ICT, psychological barriers to using ICT; the impersonality of technologies compared to face to face contacts; a lack of time and a lack of access to formal support; lack of any previous experience with technologies, for instance at work,</p> |

|  |  |
|--|--|
|  | financial barriers, and a lack of access to computers. Jargon and terminology were identified as technology-specific barriers. |
|--|--|

**Table 1. Characteristics of studies in Evidence Statement 1**

| <b>First Author, Year, Country, Quality Rating</b> | <b>Study population</b>  | <b>Area of investigation</b>  |
|--|--|---|
| Adams<br>2005<br>UK                                | Individuals aged between 55 and 75 from UK population (no further details provided)  | To investigate psychological barriers to use of the internet and the relationship with internet/computer experience.  |
| Braun<br>2011<br>US                                | 124 community dwelling adults aged 60 to 90 in the US Midwest. Mean age 70, 71% women  | Factors that encourage or discourage older adults from using social networking websites (SNS). Attitudes about perceived ease of use; perceived usefulness of social networking websites; social pressures from family and friends to use SNS; trust in SNS; age; and frequency of internet use and how it relates to intention to use SNS. |
| Cattan<br>2011<br>UK                               | 40 isolated and/or lonely older people, at eight project sites across the UK. (Age range mid-50s to 90s – a mixture of men and women (no precise gender balance stated))       | Acceptability of a telephone delivered befriending scheme   |
| Damodaran<br>2013<br>UK                            | Stage 1: 428 people<br>Stage 2: 233 people<br>participating in the Sus – IT project under the “New Dynamics of Ageing” programme (gender and mean age info not provided)       | Two stage survey to examine barriers to use of Information and Communication Technologies (ICTs),   |
| Gonzalez<br>2012<br>Spain                          | 240 people enrolled in training courses for ICT in the provincial town of Cuenca. Participants 55 to 91 years of age (mean age 69; 60% between 65 and 74 years old. 60% women) | Examined the attitudes of older people towards information and communication technologies in the context of a training course about the utilisation of a digital platform.  |
| Heart  | Of the 60 older people from Israel, 72% lived in   | Explored use of technology by older adults and assessed their preparedness for  |

|                                |  |  |
|--------------------------------|--|--|
| 2013<br>US, Israel             | the community, however all 63 respondents in the US sample were nursing home residents. Mean age 80. 68% female. | adopting health-related ICT  |
| Helsper<br>2009<br>UK          | General population survey in UK on internet use  | Reasons for older peoples' non-use of the internet using data from Oxford Internet Surveys   |
| Ofcom<br>2006<br>UK            | 18 focus groups and 20 in depth interviews with older people   | Older peoples' attitudes and their engagement with communications technology (the internet and Digital TV services).   |
| Redsell<br>2010<br>Australia   | Small numbers and a mix of men and women but no precise information provided                                     | Observed way in which older people were taught to use computers.   |
| Slegers<br>2012<br>Netherlands | 1,256 older people (50+) of which 206 were using computers at 9 year follow up. 38% were women.                  | To examine predictors of computer use in younger and older adults over 9 years and investigate the relationship between computer use and change in cognitive functioning.                              |
| Warren-Peace<br>2008<br>US     | 2 women aged 59 and 83   | Case study to help in understanding what learning to use computers means and how this differs for 'younger older' and 'older older' people in order to improve the way in which courses are delivered. |

## Themes

Evidence Statements 6.1, 6.2 and 6.3 in Review 1 examine the evidence on the effectiveness of supporting older people to learn and continue to make use of the internet, computers and new telephone technology to promote mental wellbeing and independence. The evidence base in Review 1 (all taken from outside the UK) was equivocal; in some studies increased use of the internet and computers was associated with an improvement in mental wellbeing and a reduction in loneliness (Cotten et al., 2014, Blažun, Saranto and Rissanen, 2012, Shapira, Barak and Gal, 2007) but other randomised controlled trials have suggested little significant impacts (Slegers, van Boxtel and Jolles, 2008, Lagana and Garcia, 2013).

Issues of implementation and support may be factors that help explain this mixed evidence base. The studies here highlight a number of issues around access to and initial uptake of new

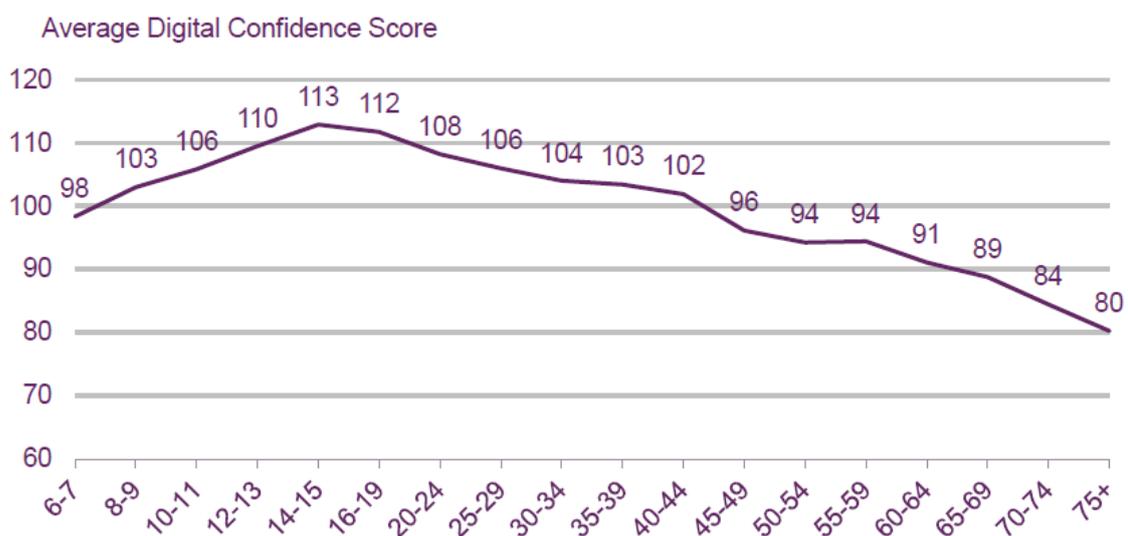
technologies, as well as looking at psychological and technology specific barriers, before looking at what factors may be associated with more successful training and support.

### Uptake of ICT interventions

The most recent market data from Ofcom indicate that it remains the case in the UK that older people have comparatively low rates of use of the internet compared to younger generations (Ofcom, 2014a). By March 2014 only 32% of all individuals aged 75 or over in the UK had access to the internet compared with 94% of those aged 16 to 24. Patterns of use are also different: 74% of 16-24s with internet access use social networking sites (SNS), compared to just 25% of 65-74s and one-fifth of those aged 75+ with internet access. Ofcom recently noted that while the “*methods of communication have proliferated... the majority of younger people are engaged with these newer forms, older people use them far less, and so are less visible across a range of communication and connection platforms*” (Ofcom, 2014a).

Moreover, knowledge and confidence in using new communication technologies appears to peak at 14-15 years of age, peaking at 113 points compared to an average of 100 points for the whole population. In their annual survey Ofcom noted that confidence with digital technology declines with age with 61% of those over 55 registering a below average score (Ofcom, 2014a).

**Figure 2: Digital confidence score, by age group**



Source: Ofcom research Base: All GB (2,753)

Several papers in this review looked at factors that encourage or discourage older adults from using the internet, including social network sites. **Braun 2013** looked at older adults use of

SNS in the US, including Twitter, Facebook and My Space and found that the most effective way to help older people engage is to help them during the enrolment process, supporting them become a member and gain direct experience of using the system. More generally **Braun 2013** considered that making access to computer systems easy remains important, as frequency of internet use was found to be related to greater intention to use computers. The study also suggested that those older people who were already familiar with the internet were more likely to engage in new social networking activities. Given that “...*past behaviour is the best predictor of future behaviour. That is, participants who use the internet more regularly are also more likely to consider using an SNS*” (p. 678; Braun 2013).

In the UK one survey suggested that prior experience of computers and internet at work also facilitated uptake of the internet at home (**Ofcom 2006**). Similar findings were reported in the study by **Adams et al., (2005)** in the US; past contact with the internet facilitates users to manage the complexity of navigation of the internet. That study also found that perceived ease of use of the internet, including e-mail, was significantly affected by computer experience. Their findings also indicate that social circles and work networks facilitate uptake of the internet (**Adams et al., 2005**). This past level of experience and familiarity with the internet is significant as it may suggest that future cohorts of older people will be more experienced and more likely to want to continue to make use of this technology; the question may still remain as to whether they can maintain pace with changing technology. Figure 2 looking at digital confidence may suggest that knowledge continues to decline with age (Ofcom, 2014a).

Individuals may also be influenced by the source of information (the messenger) and it could be that sometimes the credibility of the person communicating information about services and support may be a barrier or facilitator to the uptake of any activity. The study by **Braun 2013** found the evidence that SNS that were perceived as being useful and trustworthy were more likely to be used.

Using information from the University of Oxford's Oxford Internet Survey **Helsper (2009)** looked at the profiles of typical internet users and non-users over the age of 65 in the UK. She concluded that disengagement from the internet is “*a combination of forced exclusion and choice. It is not just a matter of providing access or skills training, but also of overcoming negative attitudes. Many older people indicate that they have chosen not to use a technology that is of no interest or not made for them and that they will leave it to others*” (p

33). In that survey people who did not use the internet were older, with a mean age of 74 vs 71 years, more socially isolated, living alone, on lower incomes and holding more negative views towards ICT. In the survey 62% of non-users cited a lack of interest compared to just 3% who cited cost as a barrier. They also worried about having a lack of skills and ‘breaking something’. In contrast 96% of older people who made use of the internet said that it allowed them to keep in touch with people and 81% said that it made life easier.

A number of demographic characteristics were found to be, to some extent, related to the uptake of ICT technologies. One example is from the study by **Slegers et al., 2012** which examined predictors of computer use in younger and older adults in the Netherlands and explored the relationship between computer use and changes in cognitive functioning. It was able to draw on a 9 year longitudinal survey of older people (defined as being over 50) – who were asked questions about their use of computers. The results indicated that a greater tendency to use computers was found in individuals who are younger, male, have a higher level of education and who feel less lonely.

In a very small qualitative study **Warren-Peace et al., 2008 (-)** in the US explored differences in the experience of learning to use computers of two women – one aged 59 and one aged 83. Interviews, observation and documentary analyses were used. The older woman first enrolled at the age of 77 on a course offered by a local university. Each course class consisted of five three hours classes that took place over 2 and a half weeks; she completed the course and had maintained her use of computers for six years. The younger lady only had limited experience with computers during her working life and had purchased her first computer 3 months before the study. Despite their different computer exposure histories both women had much in common, enjoying the use of e-mail to keep in touch with friends, as well as using the internet for online shopping, banking, reading newspapers and playing games.

Therefore the notion that older adults are either afraid to explore the Internet or are not motivated to learn about computers was not supported in this study. Instead, the participants’ responses and reactions to performing computer tasks suggested increased pride in their accomplishment and positive attitudes towards computer technology. The data further revealed that ageing alone did not necessarily have a negative effect on performance, as the older study participant emerged as a much more proficient computer user than the younger participant. Again experience, this time through formal computer use education appeared to

account for much of the difference between the two in observed computer skills, with the older woman who had previously taken computer classes saying that:

*“I know they [the classes] were worth my time and effort. I can’t say enough good things about them. I took all the classes...offered and I’m living proof that they were fantastic. Everything we have talked about today I can do because of those classes.”* (P.267; Warren-Peace 2008)

### **Motivations for uptake and use of ICT**

Motivations for uptake and use of ICT technologies among older people were mainly related to maintaining contact with family and friends, keeping well informed and up to date, and being able to find information about specific topics of interest.

The study by **Adams et al. (2005)** investigating psychological barriers to internet use by older adults found that “...*the main motivations for using the Internet and e-mail were communicating with people (including friends and family abroad), obtaining information on special interests, and keeping up to date*” (p.13). This is consistent with the experience even for people aged over 80 as in a small study in Mexico included in Review 1 which provided a tablet type device within a picture frame to provide older people with an opportunity to check a Facebook light service to keep in touch with their relatives (Cornejo, Tentori and Favela, 2013a, Cornejo, Tentori and Favela, 2013b).

Similarly, the **Ofcom 2006** survey and interviews that examined older peoples’ attitudes and their engagement with communications technology (the internet and Digital TV services in the UK) found that the motives for individuals to start using the internet “...*varied from the specific – a need to communicate with family - to the more general - a desire to stay in touch and keep up to date*” (p.3)

At the same time a lack of motivation was found to be one of the main obstacles in uptake of ICT among older people. The **Ofcom (2006)** report indicated that a lack of motivation to use computers was one of the barriers to engaging with the new technologies. The findings indicate that “...*for some it was difficult to envisage how they would use it (internet) ... many questioned whether it was necessary to start learning now, particularly as the children do it for them; ...a small number attended courses and had the experience that discouraged them from further learning:*

*“I went to a computer class for beginners and the teacher said she was sorry but she thought I was too old”. (Manchester, 62)(p.11).*

*“I was told by the teacher to wait outside at the start of the lesson and she forgot about me, last time I go to any stupid course”. (Southampton, 68)”(p.11).*

In the US analysis by **Heart and Kalderon 2013**, one of the key barriers from the participants’ perspective was no perceived need or no interest in using ICT. An age effect was found indicating the older they are, the less they make use of ICT. This is consistent with findings from a recent Ofcom survey in the UK where a lack of interest in the internet is cited as the primary reason for not having the internet by 58% of non-internet users aged 65-74 and 55% of those aged 75+ (Ofcom, 2014b).

Thinking about ways to influence motivation is important – one UK study suggested that if older adults could become highly motivated to remain digitally connected to others and to society this would then help facilitate the adoption and continued use of ICT (**Damodaran et al, 2013**). The authors state that older people *“value the role of ICTs in keeping them in touch with family and friends, using the internet for information searching, for hobbies and interests such as researching family history, and to make the mechanics of daily life easier such as online banking, shopping online, writing letters and financial budgeting.”* It is therefore important to make older people aware of the potential benefits of ICT use in daily life, such as for online shopping and banking. This may give them more motivation to take an interest in new ICT.

**Slegers et al 2012** in their analysis in the Netherlands suggested that campaigns to increase interest, motivation and uptake could be targeted at those older adults who are less likely to be using computers. The authors concluded that the *“means to motivate older adults to use computers, [including] the factors of age, sex, level of education, and whether someone feels lonely, need to be considered. For instance, such campaigns could be especially designed to appeal to individuals who feel lonely. By taking these factors into account, older individuals who might not be inclined to start using a computer by themselves may be persuaded to do so. As a result, these individuals can also profit from computer and Internet services that may improve their autonomous functioning”* (p.6).

## **Psychological barriers and facilitators to uptake of ICT**

In the **Ofcom 2006** report, older people who were not using the internet reported a number of barriers to their involvement, largely related to their lack of skills and abilities. A “... *lack of any exposure to PCs raised doubts about their ability to cope with learning this new technology... Young people are taught the skills from a young age, we’ve lived a long time without having to think like this and I know several of us are unsure whether we’re up to it*”(Belfast, 65)” (p.10).

Based on the participants’ accounts, the report stated that “*essentially PCs and all the elements that went with them – screen, keyboard, mouse, language – appeared complicated, even frightening, to these beginners. “Reboot, surf – I’ve heard these words being used but they mean nothing to me”. (Watford, 63) “I’m terrified I’ll break it if I touch the wrong button”. (Southampton, 63) (p.10).*

**Adams et al. (2005)** also found evidence of a significant positive effect of internet efficacy (that is an individual’s beliefs about his ability to competently use the internet) on the use of internet. One new user of the internet with positive perceived use explained that he ‘*started to use the Internet as so much was becoming important. Another experienced user with positive perceived use said that “I do find it quite fascinating . . . first inspired to use it to keep up to date”*’.

Having an opportunity to learn can also be a motivation for improving ICT skills. This was the case in an analysis of the reasons why older people enrolled on training courses in Spain **Gonzalez et al., (2012)**. Based on their subsequent analysis of the attitudes of older people towards ICTs, the authors observed “... *that the elderly nowadays conceive their involvement in activities not so much from the point of view of leisure and entertainment, but rather as an opportunity to learn and maintain active minds; this would indicate a preference for a more active way of occupying their time through lifelong learning and not so much through passive entertainment (p. 591).*

**Cattan et al., (2011)** highlighted the impersonality of technologies as a barrier to their use. Findings from their UK study suggested that many isolated and lonely older participants with low level health and social care support needs using a telephone delivered befriending programme, stated that, while they were very happy with the telephone calls they received, they would have preferred to be able to put a face to the voice and meet their befriender at some point. This study, based on interviews and qualitative data, indicates that it was

important for participants to be able to trust the befriender and to be able to regularly have normal and ordinary conversations. Despite this, the technology could still be used to provide a service that people found helpful. It seemed to provide the participants with meaningful activities and a sense of re-engagement with the community, providing *'a way for isolated older people to become more confident and independent, thereby leading to reduced loneliness, meaningful relationships and for some, increased socialization (p. 204)'*.

### **Resource-based barriers to the uptake of ICTs**

In a recent technology tracker survey conducted for Ofcom, only 4% of people over the age of 65 who did not use the internet said the main reason for this was cost. A lack of interest remains the key factor recorded in this survey – 58% for the 65+ and 55% for the 75+ (Ofcom, 2014b). Qualitative studies indicate that resource barriers are about much more than financial cost. **The earlier Ofcom (2006)** report identified a number of concerns related to the quality of the products rather than simply the potential financial expenditure: “

*“We’re used to things that last, I want to buy something that lasts longer than two years or whatever, otherwise it seems a waste of money”.* (Southampton, 73) (p. 11).

Another resource barrier was a lack of time “... *for several grandmothers who were looking after the grandchildren whilst their parents worked, and a few were unsure where the machine would fit in the house. .... “Pensioners live in small flats and don’t have a lot of room”.* (Manchester, 67) (p. 11-12).

Furthermore, the Ofcom findings indicated that some recently retired participants felt that their independence and mobility would actually be threatened by using computers.:

*“You’re always sitting down at a computer and we’ll be reliant on others for help all the time”.* (London, 58) (p. 12)

Lack of access to formal support was highlighted as one of the barriers in a study evaluating older people’s readiness to adopt health related ICT (**Heart and Calderon, 2013**). *“65% of the users mentioned that they actually relied on themselves or on a partner”(p. e215)*

**Gonzales et al ., 2012** also reported that older people were restricted in making use of the training they had received on internet through a lack of access to computers and limited time.

## Technology-specific barriers to uptake of ICT

**Adams et al. (2005)** reported that *“the language used by the Internet and e-mail systems needs to be addressed and become more user friendly to enhance the user’s experience of the Internet. In fact, one user (age 55 – 65) stated that the ‘Internet has very bad language for old ladies . . . finds online help incomprehensible”* (p.14).

To ease the uptake of ICT, **Adams et al (2005)** recommended adopting guiding principles in designing websites aimed at older people. These would ensure that the web pages are: transparent; comprehensive; responsive; self-explanatory; adaptive; efficient; forgiving; flexible; informative and timely; and designed in a way that is familiar to the end user.

The UK survey by **Damodaran et al, 2013** also identified a lack of skills to cope with technical problems. Older respondents stated that they did not know *“ how to deal with computer security, especially how to deal with/prevent unwanted content such as viruses, pop-ups and spam”*(p.34).

Although not covered by the papers in this review, it is worth noting that continued change in the way in which individuals go online, e.g. by using tablets without the need for a keyboard may help to improve access and also help make these technologies more accessible. This is in addition to the continued increase in the future cohorts of older people in the UK who will have previous experience of using many types of communication technologies.

### **Facilitators and barriers related to continued attendance at computer training courses**

Workshops involving older adults, academics, and other stakeholders, found that an emphasis on more personalised approaches to ICT support would be a facilitator to their use (**Damodaran et al, 2013**). *“This blueprint is emphatically not a one size for all approach..... as it recognises the need for flexible approaches so that the local needs can addressed more effectively utilising local opportunities”* (p. 35).

Analysis of a computer course provided for a nominal fee to older Australian’s in Brisbane, **Redsell et al., (2005)** indicated that the tutor’s style of teaching and the building of tutor–learner relationships were key factors in maintaining or improving retention rates of computer courses. In this study, based on observations and semi-structured interviews, the tutors took a

problem-solving approach to training, where older learners' individual computer learning problems were addressed and the goals of the older learner determined lesson content. Older adults valued tutor qualities such as patience, as well as their willingness to repeat procedures and reassure them when they felt that they were doing something wrong.

An important reason for the older learners to re-attend courses seem to be that tutors built a supportive student–tutor relationship, but in addition it is highlighted that attendance at computer courses was facilitated if the course provider (e.g. community centres) provided computers and other equipment/resources for both tutors and students:

*“Centre managers should be supportive of tutors and students through offering updated resources and ensuring tutors are capable of understanding the needs of older adult users” (p.41).*

## Evidence statement 2: Barriers and facilitators to volunteering by older people

| <i>Volunteering by older people</i>   | <i>Barriers and facilitators to volunteering by older people</i>  |
|---|---|
| <p>Volunteering by older people has been shown to help promote their independence and mental wellbeing. A number of related barriers and facilitators to older people becoming volunteers were identified.</p> <p>Applicability: Two studies were set in the UK and another in Ireland. The remaining studies were all conducted in the USA but issues in engaging older people as volunteers, including those from BME backgrounds, are likely to be applicable to the UK.</p> | <p>Eight studies looked at volunteering; using a mixture of surveys, focus groups and interviews. Four focused on experience with a high-intensity volunteering programme called the Experience Corps which operates in the United States (Martinez et al, 2006, Raley et al 2006, Tan et al, 2010 McBride et al, 2012)., where older people volunteered to read books in public schools during a full academic year. One additional US study looked at the racial differences in older volunteer experience and the perceived benefits from volunteering (Tang et al. 2012). One UK based study –Ageing Well - looked in detail at the reasons why older people volunteer (Lambert et al 2007) and two other studies, one in Ireland and one in the UK, looked at the experiences of volunteer peer befrienders for older people (Lawlor et al 2014, Lester et al 2012).</p> <p>Findings from both the Ageing Well initiative and the Experience Corps studies showed that using multiple channels to recruit volunteers, proving materials and training in minority languages, the role of different motivations such as social engagement, and volunteering recognition; flexibility of volunteering programmes and effective supervision; were all found to be facilitating factors in engaging and sustaining the participation of older people in volunteering.</p> <p>Barriers to volunteering identified in the UK Ageing Well study were volunteers’ or their relatives’ health problems or disabilities, a lack of transport or inability to drive, lack of time or unsuitable hours for training. There were also out of pocket contribution costs because of uncertainty over sustainability of funding (Lambert et al 2007).</p> <p>Volunteering was perceived by volunteers to have physical and psychological wellbeing benefits. They also gained knowledge and expanded their social networks (Lawlor et al 2014, Lester et al 2012, Martinez et al 2006, Raley et al 2006, and Tang et al 2012). Tang et al (2012) also found that black volunteers reported more benefits from volunteering and felt more empowered than white volunteers.</p> |

**Table 2. Characteristics of studies in Evidence Statement 2**

| <b>First Author</b>       | <b>Study population</b>   | <b>Area of investigation</b>  |
|---------------------------|---|---|
| Lambert<br>2007<br>UK     | 101 volunteers (Senior Health Mentors) including 78 over 60 from 36 Ageing Well projects. 79 were women and 22 men; there were also 31 paid project coordinators. 90% were over the age of 50 and 15 were from BME backgrounds (Mean age not reported).     | Understanding why older people became volunteers, including peer health mentors, and insights into their experience.  |
| Lawlor<br>2014<br>Ireland | 46 volunteers over the age of 55 in urban and rural areas of three counties in Ireland. (Mean age not reported)   | Understanding the experience of volunteers in delivering a befriending service to older people.   |
| Lester<br>2012<br>UK      | 25 older adults receiving befriending services. 68% female, mean age 83.5.  | To explore experiences and identify key ‘ingredients’ of befriending in five different services in England.   |
| Martinez<br>2006<br>US    | 443 people over 60 who volunteered at least 15 hours per week in schools in Baltimore. Mean age 69, 90% women, 93% African-American.  | Ways to encourage recruitment and retention of older adults in the Experience Corp. Characteristics and motivations of those who continued and those who stopped volunteering after one year. |
| McBride<br>2012<br>US     | 208 new volunteers to the Experience Corp over the age of 50 across 18 different programme sites. 46% African American (n = 95), 46% Caucasian (n = 95), 2% Native American (n = 4), and 6% multiracial or other race (n = 13). Mean age 65.82; 85% female. | To identify features of the Experience Corp volunteering programme that facilitate continued volunteer engagement, including flexibility and the level of cash honorariums.                   |

|                     |   |  |
|---------------------|---|--|
| Raley<br>2006<br>US | 43 Experience Corp volunteers in Philadelphia, Boston and Washington D.C. Age range 55 – 86; 77% female; 67% African American, 23% White              | Interviews to understand how volunteering fits into the lives of retirees and what skills and services they bring to schools. This included looking at motivation to join the Experience Corps, how they were recruited, and the programme elements that attracted them. |
| Tan<br>2010<br>US   | 155 Experience Corp volunteers in Baltimore – mean age 69. 87% were women and 85% were African American.  | To demonstrate the feasibility and impact of a social marketing-based volunteer recruitment campaign.  |
| Tang<br>2012<br>US  | 90 Experience Corp volunteers and 90 non-volunteers aged 60 and over. 109 (61%) were black, and 71 (39%) were white. Mean ages in groups 73.7 to 75.0 | Investigated the differences in volunteer experience and perceived benefits from volunteering, including self-reported health, between older black people and white people.  |

In Review 1 volunteering by older people, including in intergenerational activities, was associated with better mental wellbeing and independence outcomes in different contexts (Fujiwara et al., 2009, Greenfield, Morrow-Howell and Teufel, 2012, Mui et al., 2013), including that of the US Experience Corp. The benefits of intergenerational activities linking young and old people have also been seen as one way of improving wellbeing in focus groups with 163 older people in England (Hoban et al., 2011)

Table 2 presents brief characteristic of 8 studies looking at issues concerned with volunteering by older people in this review. It includes several papers that look at the US Experience Corp (**Martinez et al., 2006, Raley et al 2006., Tan et al., 2010, McBride et al., 2012**). Launched in 1995, the Experience Corps places teams of adults, aged 55 and older, in urban primary schools to help strengthen students' academic skills, particularly in terms of reading and writing. It has several thousand volunteers in 14 cities and 160 schools

across the USA. Volunteers are eligible for a stipend if give at least 15 hours per week of their time.

## **Themes**

A number of related issues were identified and are discussed.

### **Approaches to the recruitment of volunteers**

Community-wide strategies using multiple channels were seen as one of the factors leading to successful recruitment of potential volunteers in the Experience Corp (**Martinez et al, 2006**).

*“A key strategy in Year1, when the programme was relatively unknown in the community, was to recruit potential volunteers through senior housing, senior centres, churches, community organization, and on the sidewalks throughout the city.”* (p.948)

Similarly, use of multiple strategies was shown to be effective in another analysis of Experience Cop recruitment (**Tan et al., 2010**). *“Word of mouth was the most common recruitment source... with 31% reporting learning about the trial through friends or family. Selective media strategies produced the majority of recruited participants; these included direct mailings though the American Association of Retired Persons (AARP) and the Baltimore City Civil Service Retirees Association (19%), brochures (16%), outreach talks (12%), and notices in church bulletins (13%). Mass media was successful as well; 25% of recruited participants reported hearing about the trial through paid radio advertisements”* (p.731) (**Tan et al., 2010**).

Similarly interviews by **Raley 2006**, noted that *“the majority of the sample learned about Experience Corps through word of mouth (44%) or from an AARP mailing (28%)”* (p. 6).

In England and Wales an evaluation was made of the Ageing Well initiative programme. This enabled older people to become involved in local initiatives designed to improve physical, social and emotional health and well-being (**Lambert et al., 2007**). Volunteers over the age of 50 were trained to become ‘Senior Health Mentors’ who in addition to signposting clients to services might also be involved in organising a range of health promotion activities. Multiple recruitment strategies were also used for this programme. 101 volunteers were interviewed over the telephone about their experiences, with 43 noting that they initially found out about the initiative through their local Age Concern (now Age UK). 22 were recruited after reading an advertisement in their local newspaper or leaflet in a community

setting such as their GP practice. Friends, family and other volunteers accounted for another 10 people joining Ageing Well with six volunteers previously having been clients.

About 15% of all volunteers in this initiative came from BME backgrounds. The importance of using different languages and having paid staff from local communities to help in the recruitment of BME volunteers was noted in focus groups discussions held with paid staff – this in turn made services more accessible to a wider population.

*“I think the fact that I can speak the language as well that’s really sort of helped and its really helped with recruiting people from those Asian elders’ groups as well” (FG3) (p. 33)*

Concerns were however raised about the suitability of training materials for volunteers. These were not always suitable for local Ageing Well cultural circumstances and also needed to be translated into appropriate languages.

*“I’ve said this over and over again probably, but I work in a particular area where there’s a multitude of languages and there’s nothing, as far as that’s concerned. What I have to do is get someone who speaks the language to actually interpret while I . . . one of the reasons I don’t use it because the majority of my groups are either Muslims or Jews or whatever and they wouldn’t identify with some of it” (FG4) (p.34)*

### **Understanding the motivation to volunteer**

Altruism is consistently noted as a key motivation by older people for volunteering, along with opportunities for personal development and broadening their social networks. In telephone interviews with 101 Ageing Well volunteers in England and Wales the majority stated that volunteered because they wanted to help people get more out of life (n=57), had time to spare (n=55), wanted to mix more with other people (n=32) or because someone asked them to help (n=30) (**Lambert et al 2007**).

In analysis of the Experience Corp, as with Ageing Well, similar altruistic or generative motives were found to be the most important factors, followed by non-generative motives, such as the opportunity for social activities (**Martinez et al, 2006**). *“67% of respondents indicated generative motives for volunteering, 21% both generative and non-generative, with only 12% volunteering for non-generative motives...Helping children, giving back, leaving a legacy...Non-generative responses included social activity (having something to do, a reason to get out of the house, place to go, regular structured activities, interaction with others) and*

*social support (to make new friends or participate with existing friends and find persons with a common purpose/interests)” (p.950).*

The desire to help others was also present in interviews with Experience Corps members conducted by **Raley 2006**, but it was noted that the motivation for volunteering was complex and influenced by several factors. Earlier life experiences may influence the motivation to volunteer, as might encouragement from family members – *“When I retired, my family said: ‘You can’t retire; you’ve got to go on.’”* (Vivian retired single mother p. 12) ....” While a husband whose wife recommended the programme said, *“My wife is very persuasive—maybe she sees I need to get out of the house and stop watching TV and reading so much.”* (p. 12). The loneliness and boredom of retirement can also be a motivating factor – *“I have to feel I am contributing to society. It was a huge blow to me to not be working. I was a super mom and working for so long—I needed to get back into doing something”* (Lynn p.13).

Generative motivation was shown to be more appealing to older volunteers than other benefits from volunteering. *“The message developed in this first year of recruitment for the Baltimore Experience Corps Trial (BECT)- “Share your wisdom” and “Make a difference” – reflected the actual product of generative activity rather than the core product of increased physical, cognitive, and social activity.”* (p.731) (**Tan et al., 2010**).

Moreover, the importance of generative motives for volunteering compared to financial incentives was noted, *“...although the associated stipend was important in overcoming the price or cost of high-intensity volunteering, it was not the primary motive for participation in the first year of the trial”* (p.731) (**Tan et al., 2010**).

Other volunteers felt that the stipend was essential to their continued participation *“I realised this was suitable for me because I liked it, but I also needed some kind of income. If I weren’t getting paid, I couldn’t do it.”* (Cynthia p.13) (**Raley 2006**). Recognition of their volunteering activities was found to motivate older adult volunteers to continue the Experience Corp programme (**McBride et al., 2012**).

### **Benefits of volunteering as a motivation for continued participation**

Volunteering has been associated with positive health outcomes and better empowerment in volunteers (Nazroo and Matthews, 2012, Gottlieb and Gillespie, 2008, McDonald et al., 2013, Cattan, Hogg and Hardill, 2011), but the causality of this association can work in both directions as individuals in a better state of health are often more likely to volunteer.

The actual perceived benefits to volunteers of volunteering can nonetheless be a motivation for continued participation in volunteering schemes, as shown in some analyses of various Experience Corp programmes. Enhancement of social networks and the development of new friendships with other volunteers have been seen as factors which have influenced continued participation. *“During the summertime we would get together at someone’s house and have an old-fashioned talk and eat; it’s fun and makes life liveable. And most of us, our husbands are gone and that helps you out, too, but we have one or two that are married, and they get out and go with us. And all these churches have things going on. We go to concerts everywhere... all the different places we’ve gone—from the clubs and casinos, and we go out to dinner”* (Opal p.22) (Raley 2006).

Similarly, one theme from focus group work with volunteer peer face to face befrienders to older people in Ireland was the benefits that the volunteers themselves gained through the development of new friendships, which in the case of this particular study continued beyond the end of the trial (Lawlor et al., 2014). They also benefited from the conversation, learning new things:

*“She enjoyed the visits and I really enjoyed going to her too you know. So much so that I continue now through [the local volunteer visiting scheme]”* (Volunteer 2, Female) (p. 45).

*“Once we got the first day out of it we just gelled and got on great and we still keep in touch. But a very nice person I found it all a great experience. I really learned something from him”*(Volunteer 10, Male) (p.45).

Lester et al., 2012 interviewed 25 older people who were in receipt of befriending services in rural England. Some interviewees emphasised the benefits that their befriender also received, including one lady mentioning the advice she had passed on curtains from her time working in a department store: *“She’s asked me about curtains. She lives in a big house – a Victorian terraced house – she’s got as far as the curtains and she’s not very experienced with this so she’s asking me”* (p316).

In the Ageing Well evaluation 25 of the 101 volunteers interviewed said that their physical health had improved and 21 said that their emotional wellbeing had improved (Lambert et al 2007). One volunteer said *“psychologically it has [improved health] because it is so much fun, it’s lovely to go somewhere and people are looking forward to seeing you, it brightens your day”* (p 59). Another stated *“it’s improved my well-being, something that’s satisfying and helping people, good for my health I’m sure”* (p.59). 20 of the 101 volunteers

interviewed also highlighted the health and social benefits to clients as a motivation for their continued participation.

**Tang et al., 2012** in a study looking at 90 older volunteers in Pittsburgh found that recruitment rates for BME populations were much lower than for the white population, but that BME volunteers reported more benefits from volunteering and felt more empowered than the white volunteers. **Martinez et al., 2006** suggest that BME groups might have more to gain in resources and recognition from volunteering as they are more likely to have been marginalised in society.

### **Programme flexibility as a facilitator for volunteering retention**

Flexibility in inputs to these programmes was also associated with greater rates of retention: *“the flexibility and recognition scores were each positively and significantly related to programme completion”* (**McBride et al., 2012**). In Ageing Well one volunteer noted that *“Volunteers do it with enthusiasm because they want to do it. Professionals have to do it. A volunteer can walk away if they don’t like it”* (**Lambert et al., 2007**).

### **Supervision and support can help with volunteering retention**

Support and supervision in the Experience Corp programme can also assist in volunteering retention: *“supervision was positively associated, such that those who reported higher levels of programme supervision were more likely to report an intent to continue serving in the following year”* (p.107) (**McBride et al., 2012**). Local co-ordinators of Ageing Well projects in England also felt that tailored training for volunteers could help maintain their enthusiasm and interest, while 49 of the 101 volunteers interviewed highlighted the importance of the enthusiasm and support from these paid local co-ordinators (**Lambert et al., 2007**).

### **Barriers to volunteering**

Volunteers in the Ageing Well evaluation were also asked about challenges and barriers to volunteering (**Lambert et al., 2007**). 64 of the 101 volunteers interviewed highlighted challenges with the most common being volunteers’ or their relatives’ health problems or disabilities, lack of transport or inability to drive, late start to training, or lack of time to take part in training or to spend more time on activities. Poor transport links or unreliable transport to the project and the inaccessibility of the centre where activities were held were also mentioned. Another issue was uncertainty over funding and the sustainability of projects meaning that some out of pocket contributions e.g. for transport and food, had to be made by both volunteers and clients. One volunteer stated that

“It’s a difficult time because funding is running out, the fact that we have to contribute now, instead of it being for free will cause problems for some” (p.49)

**Evidence statement 3: Barriers and facilitators to participation in arts-based interventions**

| <i>Arts-based interventions</i>  | <i>Barriers and facilitators to participation in arts-based interventions</i>  |
|--|--|
| <p>Art-based activities provide opportunities for social networking and were also shown in Review 1 to have an impact on mental wellbeing. A number of related barriers and facilitators to participation on arts-based interventions are identified.</p> <p>Applicability: Six studies were conducted in the UK, one in Ireland and one in the USA. All could, with consideration of specific setting, be applicable to the UK.</p> | <p>Eight studies explored participation in arts-based interventions (Cohen-Mansfield 2005, Court-Jackson, 2011, Goulding 2013, Hallam et al 2012, O’Shea and Ni Leime, 2011, Skingley 2010, Teater and Baldwin, 2014 and Varvarigou et al. 2011).</p> <p>Barriers identified in UK based studies (Court-Jackson 2011, Goulding 2013, Hallam et al 2012) to participation in arts-based activities included lack of awareness of and interest in the arts, a perception that some arts e.g. singing and modern contemporary art, as well as some venues where events held, are perceived to be elitist, challenges in understanding the meaning of art, and physical/technological obstacles to the operation of music player devices. Difficulties in engaging some BME populations were noted. Practical barriers included out of pocket costs and difficulties with transport to venues, especially if holding events in the evening.</p> <p>The eight studies highlighted social interaction and perceived health benefits as facilitators to participation. The use of well trained enthusiastic guides and peer volunteers to interact with when visiting museums could also help make the experience more meaningful for older people not familiar with art.</p> |

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A number of related barriers and facilitators to participation on arts-based interventions were discussed in 8 papers using mixed methods including surveys, interviews and focus groups (Cohen-Mansfield 2005, Court-Jackson, 2011, Goulding 2013, Hallam et al 2012 , O’Shea and Ni Leime, 2011, Skingley 2010, Teater and Baldwin, 2014 and Varvarigou et al. 2011).

**Table 3. Characteristics of studies in Evidence Statement 3**

| <b>First Author</b>           | <b>Study population</b>  | <b>Area of investigation</b>   |
|-------------------------------|--|--|
| Cohen-Mansfield<br>2005<br>US | 148 older people (mean age 74.6 – range 57 to 96; 56% self rated health as excellent; 44% as fair to poor) living in an independent living apartment building for retired people.                        | To systematically determine preferences of older people on participation in social activities, including arts and crafts.                            |
| Court-Jackson<br>2011<br>UK   | 50 people aged 55 and over. Mean age and gender not reported.  | To examine the attitudes and perceptions of older people towards new music technology and potential barriers to access to new technologies           |
| Goulding<br>2013<br>UK        | 17 men and 26 women aged 60 – 92 who visited three contemporary art galleries in north-east England. They included 2 BME women and 1 BME man. The group was broadly split between those who were engaged | To examine older peoples’ understanding and engagement with contemporary art in the gallery context and address psychosocial barriers to engagement. |

|                           |  |   |
|---------------------------|--|---|
|                           | with contemporary art and those who were disengaged.   |   |
| Hallam<br>2012<br>UK      | 398 people aged over 50, (73% aged between 50 and 75, with the oldest being 93) in three different locations – Gateshead, East London and Central London.      | To explore the characteristics of older people who participated in active music making.   |
| O’Shea<br>2011<br>Ireland | 200+ representatives of local ageing NGOs reached through 253 questionnaires completed by older people from across Ireland and 20 further in-depth interviews. | To evaluate the impact of a month long national arts festival, Bealtaine, celebrating quality of life, wellbeing and social interaction in older adults.  |
| Skingley<br>2010<br>UK    | 17 older people (12 women and 5 men; average age 77 years) attending Silver Song Clubs.  | Employed a cross-sectional design using interviews to examine older peoples’ experiences of Silver Song Clubs, particularly in relation to their potential benefits to health and wellbeing. Information was collected on individuals’ motivations for participating in the club, their emotions when taking part in the club’s sessions, and their views about different aspects of the club’s activities. |
| Teater                    | 120 older people (mean age 74; White British   | To look at how a community-based singing programme contributes to older people’s  |

|                                  |   |   |
|----------------------------------|---|---|
| 2014<br><br>UK                   | 98.25%) participating in 20 different ‘Golden Oldie’ community arts programme sessions in the south-west of England | sense of health, self-development and social connectedness.       |
| Varvarigou<br><br>2011<br><br>UK | 11 older music learners (and primary school children)   | To explore the social and emotional benefits of musical activity. |

### Themes and issues

A number of related issues were identified.

#### Social networking as a facilitator for participating in art-based programmes

Art-based activities were seen as opportunities for social networking. In the UK, older adults who joined a singing community-arts programme called the Golden Oldies reported that the programme reduced their social isolation and helped them reconnect with people (**Teater and Baldwin, 2014**). *“We mix with the young children. We love it. They make us feel young again.” “You meet other people as well from different parts of city. It was marvellous to see all the other people. It’s nice to see different kinds of people that I would never have met if I hadn’t been to Golden Oldies”* (p. 91). Another participant also stated that social contacts had increased by saying that *“I have got loads of friends now”* and *“...meeting different friends and you’re singing”* Another mentioned *“I did get to know more of my neighbours because they come”* (p.92).

In addition, surveys on a nationwide arts festival in Ireland called Bealtaine held in May every year to celebrate older adults’ creativity showed that a majority (74%) of event organisers identified social networking as a very important aspect of the festival (**O’Shea and Ni Leime, 2011**). In face to face interviews, older participants mentioned *“Bealtaine is a great opportunity to meet people, young and old”* (p.865) and one woman in a long-term

Bealtaine writers' group stated that "*my life would be very lonely without Bealtaine. I have Bealtaine friends-we meet every Friday-this group wouldn't exist without Bealtaine*" (p.865).

In a small study in the UK using focus groups to explore the experiences of 43 older people who made three visits to contemporary art galleries in the north of the England (**Goulding 2013**), peer support was also found to be particularly important for those older people who did not previously have much interest in the art exhibits. Having peers around allowed them to reflect on their own lives. For other participants who had a long standing interest in art, visiting a gallery with likeminded peers was a way of keeping stimulated and increasing their confidence.

**Skingley and Bungay 2010** explored the motivation to participate in singing clubs.

Interviews with 17 attendees at Silver Song Clubs in England mentioned the importance of social interaction as a motivation for attendance, with some seeing the club as a way of meeting other people and counteracting feelings of loneliness. One individual said "*You could end up being very lonely. I mean as you get older ... you can't do what you did before, so when you go up there and there are people in the group, you're chatting, you're having a cup of tea and I think it makes a difference*" (p. 138).

In the USA, **Cohen-Mansfield (2005)** reported that music related activities were the most frequently preferred activities in common and activity centres spaces in independent apartment buildings for older people. One reason for this may be that music poses lower demands and does not usually need the great manual dexterity that might be needed for other arts or crafts. Participants in this study were less interested in dance lessons. Activities such as having picnics, visiting museums or other cities, going to concerts or theatre, were desired, but deemed unattainable due to limited funding. This study concluded that a more systematic approach to the examination of preferences in the general older population may enable older people's centres to design programmes that would attract more interest.

**Varvarigou et al. 2011 (-)** explored the social and emotional benefits of intergenerational musical activity. Primary school children from east London and older people from residential (housing schemes) in east London took part in the study. Following a concert at the Barbican Centre, data were collected using feedback forms, drawings and interviews with 35 primary school children, 3 class teachers, 11 older music learners and 2 creative music leaders. Three out of the five main categories of responses were identified as relevant for this review: affective responses, health and wellbeing, and social relationships and interactions. *Affective*

*responses* were characterised by the reciprocal nature of relationships. Children enjoyed working with older people and making them happy, older people enjoyed the companionship and singing with the children.

As for the *health and wellbeing benefits*, spending time with children made older people feel happy. It gave them energy and provided an opportunity to relate to the younger generation. Both older people and children experienced the joy of singing together and it increased their confidence and self-efficacy in singing and in playing musical instruments. Furthermore, there were benefits for *social relationships and interactions* as the music programme was an opportunity for the participants to socialise and enjoy each other's company and to show respect for each other.

### **Perceived health benefits as facilitators for participating in art-based programmes**

There are perceived health gains from taking part in art activities that can facilitate continued participation. In a qualitative analysis of the community-based singing programme, the Golden Oldies in the UK, positive impacts on mental health were reported (**Teater and Baldwin, 2014**). *"I forgot all about my worries and troubles and had a good sing-along and a few jokes and it was great"* (p. 92). In addition, several participants who had experienced difficult times due to bereavement, their own health decline and family issues, also viewed the group-based singing programme as a positive turning point in life. Statements included: *"I had gone right downhill. I was at right rock bottom...it was singing that lifted me"* (p. 92) and *"We feel 80 years old when we go in there, but when we leave the room after we've been singing, we feel 21 and a bit"*(p.92). Another participant said *"It's given me an insight, a different scene. Just because you're ill or depressed or anything, you don't need to be-singing actually makes you feel better...Golden Oldies is good medicine!"* (p.93).

In another singing study, interviews were conducted with 17 older people (12 women and 5 men; average age 77 years) attending Silver Song Clubs in England (**Skingley and Bungay, 2010**). These are community based groups providing opportunities for older people to come together and sing. They are facilitated by experienced musicians as facilitators and supported by volunteers. Clubs take place, usually monthly, in community venues and older people attending, most of who live in their own homes, are provided with transport where necessary. Interviewees reported perceived benefits to their psychological health and wellbeing. Comments included *"you just feel brighter for it, yes you do. Your spirits are lightened ...you just feel better"*, and *"It's something to lift your spirits ... after a session like that you go off*

*singing*”(p 138). Furthermore, involvement in the club improved participants’ wellbeing was perceived to improve their sense of wellbeing.

Positive impacts on quality of life in terms of physical and psychological aspects were also reported for the Irish national arts festival for older people (O’Shea and Ni Leime, 2011). A majority (86%) of respondents agreed that “*participation in Bealtaine has improved my quality of life*” and there were positive statements by the participants such as “*singing is very beneficial to health and it is energising.*”, “*it encouraged me to be more outgoing-get out of the house*” and “*it’s a brilliant day out for me-when we went on a tour*” (all p.863).

### **Knowledge, interest and engagement with the arts: barriers and facilitators.**

In a small study in the UK the experiences of 43 older people making three visits to contemporary art galleries in the north of the England, including the Baltic Centre of Contemporary Art and the Shipley Art Gallery, both in Gateshead and the Northern Gallery for Contemporary Art, in Sunderland, were examined with a view to identifying barriers and facilitators to engagement (Goulding 2013). The groups were broadly split between people who considered that they were already engaged with the arts and those that felt disengaged.

In discussions in focus groups following the visits barriers identified by participants included a lack of familiarity with contemporary arts and a low level of education.

One woman who had left school felt there were intellectual barriers to access:

*“You think ... either I’m stupid, I’m not intelligent enough so you go away feeling a bit depressed that you haven’t been educated to a very high standard ... when you don’t understand these things ... which is not a nice feeling and at the end of the day our art galleries – I mean they’re funded by a lot of public money aren’t they?”*(p. 28).

Another person who had a post graduate level of education also complained that the language and sentence construction on the panels in the galleries explaining the art was too complicated and difficult to understand.

Gallery educators were a facilitator for engagement with the arts. They helped the older visitors to understand and appreciate the artwork and stimulated discussions after the gallery visits. Participants felt that the format of the visits meant they got more than when visiting independently – the guided talks informed them about key themes and threw light on the

artists' concepts. One man who already had been interested in the arts said of the gallery educator that accompanied the group on their visit:

*“It was somebody who had obviously absorbed his [THE ARTIST’S] background ... she ... could speak on his behalf... I thought she was amazing, [she could], make art accessible to people ... she was spot on when she says ‘art is something that gets you talking, gets you thinking and generates an emotional response’, and if that’s all it does I think it’s of value ... I was convinced by her.”* (p. 25)

And another male focus group participant said *“Well I would say that the lass made it. The art was quite interesting but I probably would have spent three or four minutes looking at each bit and wandered off ... Now is that because she was interesting or because the art was interesting?”*(p.25).

Another qualitative study in the UK explored the perceptions and attitudes of older people aged 55 and over to new music technologies such as Portable Music Players (PMPs) (**Court-Jackson, 2011**). Only 4% of participants over 65 knew how to download music onto a PMP, while only 15% knew what a podcast was. The authors attributed their lack of interest in using PMPs to a lack of full understanding of *“the potential applications of a PMP such as ‘playlisting’, ‘shuffling’ and the ability to be played via larger sound systems”*(p.22).

### **Minor ageing related functional limitations as barriers to arts participation**

In the UK, some older adults aged 65 and over reported hearing difficulties, declining dexterity and visual acuity problems as obstacles to listening to music from compact PMPs that they felt were too small to see and to use with their fingers (**Court-Jackson, 2011**). The authors pointed out *“new music technology has not been intentionally directly marketed to any of the participants”* (p.22). They suggest that development of new designs of PMP that can be used more easily by older adults may encourage more uptake.

### **Structural barriers and perceived inequalities in participation in arts programmes**

One UK study, **Hallam et al., 2012**, looked at barriers to participation in singing programmes. Participants talked about barriers they faced due to transportation difficulties: *“Some people come on the train from Darlington and they have to get the bus as well. I am not in any other of the groups here mainly because of the distance. That’s the only thing that is stopping me”*

Participants also identified some potentially invisible barriers related to location, for example when musical activities were held in locations with religious connections or in locations that were perceived as being elitist and exclusive: *“It’s not elitist. I think people think of the Sage as this iconic building and off you go ‘The Sage is elitist’, but it is not! Not at all. It is perceived to be a classical music centre. The reality is if you get yourself through front doors everybody is very welcoming.”*

For some participants, time of day was a crucial factor. *“It’s not very convenient for me, it’s one hour. I don’t live locally. So if it is a night in winter, then I wouldn’t come, in winter night I wouldn’t come.”*

There were also issues in engaging with some communities, including minority populations and inner city dwelling older people who may already be socially isolated. *“The women in particular don’t do things on their own as much and certainly when I was teaching at the West End where there are all Asians and the women did not join things. They didn’t do things. They stayed at home. They tend to keep to themselves. Say, the Chinese community, they tend to have activities of their own. They tend to stick together. I don’t know about the others but I know for a fact that their interests tend to revolve around their friends and their own group rather than joining in things. First generation immigrants don’t usually join mainstream activities. You know, it’s often third generation.”*

*“We have so many things going on in Brent, I mean the organisers really begged people to come out. I suppose they’re set in their ways, some like the TV, they’re sitting from morning till night with the television. Wherever we go, they’re asking for people to join in.”*

The groups emphasised that their actual experience of music making had not been elitist but that more could be done to correct this perception in the general community. One way of doing this, focus group participants suggested, was through increasing participation amongst younger people.

Overall, the findings of this study suggest that those organisations offering musical activities for older adults need to find ways to widen participation. A substantial proportion of the participants had been actively engaged in making music while at school; ways need to be found to make it possible to continue engagement throughout the lifespan. The authors suggested that awareness campaigns should be targeted at those who are least likely to attend and existing participants might become ‘buddies’ for new recruits. They also suggested

widening the musical portfolio offered by singing groups to encourage greater levels of participation.

**Evidence statement 4: Social perceptions and attitudes towards older people as barriers or facilitators to participation**

| <i>Evidence statement 4: Social representation of older people</i>  | <i>Evidence statement 4: Social perceptions and attitudes towards older people as barriers or facilitators to participation</i>   |
|---|---|
| <p>Social perceptions and attitudes towards older people can act as a barrier or facilitator to participation in activities to promote mental wellbeing and independence.</p> <p>Three studies are from the UK and one from the US. All of the themes are relevant to a UK context.</p> | <p>Four studies looked at social perceptions and attitudes towards older people. One study (Martin et al 2009) used media content analysis to examine the representation of older people and ageing in <i>The Economist</i> – the UK published, international current affairs magazine. Positive perceptions and attitudes of older people and ageing were seen as a celebration of longevity. Negative perceptions focused on older people as a burden to society.</p> <p>Another UK study reported that negative attitudes towards them discouraged reported by older people from making use of services (Hoban et al 2013).</p> <p>Being treated with fairness and respect, and having meaningful interactions with service providers, including genuinely being listening to, were highlighted as ways of addressing negative attitudes (Hoban et al 2011). A US study reported that music therapy students who ran choral groups, including older people, as part of their training led to them becoming more positive about working with older people (</p> |

**Table 4. Characteristics of studies in Evidence Statement 4**

| <b>First Author</b>       | <b>Study population</b>  | <b>Area of investigation</b>  |
|---------------------------|--|---|
| Hoban<br>2011<br>UK       | 163 people over 65. 71% men, 23% BME population, 60% living in urban area , 24% aged 65-69, 43% in their 70s, 29% in their 80s, 4% in their 90s. 73% had no or little health problems. | To explore older people’s views about drivers of wellbeing and to gain authentic insight into their experiences and understanding of the term.  |
| Hoban<br>2013<br>UK       | As Hoban 2011 plus participants at five charity run project sites in England and Scotland running multiple activities to support the wellbeing of older people.                        | To explore the meaning of older people’s views about drivers of wellbeing and to gain insight into their experiences in five project sites in England and Scotland.   |
| Martin<br>2009<br>UK      | Archive of the Economist   | To investigate the representation of older people and ageing in the <i>Economist</i>  |
| Van Weelden<br>2004<br>US | 14 music therapy students and 30 choir members aged 65-94  | To assess the impact of field experiences on music therapy students perceptions of choral music for geriatric wellness programmes and to examine the students’ perceptions of music for older adult singers |

## Media portrayals of older people and perceptions of their capabilities

**Martin et al., 2009** examined the representation of older people and ageing in the *Economist* magazine. An electronic search of the digital archive of the *Economist* was carried out to identify articles containing at least one comment related to older people. Articles were grouped depending on whether they portrayed population ageing as predominantly a burden or a benefit or adopted a balanced view with positive, negative, and neutral comments. Overall, the findings indicate that nearly two thirds of relevant articles in the *Economist* portrayed older people as a burden to society having a largely simplistic and negative view similar to that found in the popular media.

Example quotes representing positive attitudes and perceptions of older people in the study:

*“Age cannot wither them;  
Grandparents are now raising an awful lot of America’s poorest and most troubled children;  
The new demographics that are causing populations to age and to shrink are something to celebrate;  
Politicians may fear the decline of their nations’ economic prowess, but people should celebrate the new demographics as heralding a golden age;  
The old are wealthier and healthier than ever”*(p. 4).

Example quotes representing negative attitudes and perceptions of older people:

*“The older they get, the more they cost;  
Fewer and wrinklier Europeans;  
They waddle slowly through the shopping malls; drive with exaggerated care on the freeways; fumble with their change at the check-out tills;  
After years of warnings about the “demographic time bomb” due to detonate some time around 2020;  
Given that they all agree that a demographic “pension time-bomb” is ticking, Europe’s policymakers have done remarkably little to defuse it;  
Weary crumblies (Who wants to live forever?);  
Granny farming;*

*At what point does an ageing mind become a liability and not an asset (wisdom or senility)”*  
(all p. 5).

### **Addressing negative attitudes**

**Hoban et al., (2013)** analysed five voluntary sector services for older people in England and Scotland. They reported that negative perceptions of older people seen in the media and in society in general can lead to older people resisting being identified with what they see as a negative identity. This may mean that they become reluctant to participate in older people’s services and groups. The study noted that *“this could have a doubly damaging effect, distancing older people from what help and support there might be”* (p.65). There was a feeling that being ‘old’ was synonymous with being seen as having little to offer and holding no opinions that count. These negative opinions were considered by participants not only to be disrespectful to them but also a waste of their valuable experience:

*“As soon as you retire you find a label is hung on your neck. We have a wealth of knowledge and experience – yet we are rendered useless and a burden on society”* (P. 65).

**Hoban et al., 2011** in focus groups and interviews with 163 older people from a diverse range of socio-economic backgrounds in the UK also emphasised the importance that older people themselves place on being treated fairly and with respect. This can be facilitated in part by better interactions in the community where “people really care”, give time and listen. Intergenerational activities discussed in Review 1 could also help address this issue by, for instance, bringing school children and young people into more contact with each other. **Van Weelden et al., 2004** in a small study found that music therapy student’s field work experience in running choral music groups including older people had a positive impact on the students. It made them more willing to run such groups after completing their training.

**Evidence statement 5: Barriers and facilitators and barriers to participation in educational activities**

| <i>Educational programmes interventions</i>   | <i>Facilitators and barriers to educational-programmes based interventions</i>  |
|---|---|
| <p>Review 1 indicated that participation in formal education courses beyond retirement age can have a positive impact on mental wellbeing and independence.</p> <p>Applicability: Educational programmes of this type are delivered in the UK, so the findings could be applicable to the UK context.</p> | <p>Three papers (Sloan-Seale, 2010, Villar et al, 2010, Villar and Celdran, 2014) looked at the facilitators and barriers to participation in education programmes. Perceived positive impacts on health and improved opportunities for social interaction were found to facilitate participation in educational programmes. Gender was also identified as a factor, with women more likely than men to participate in non-degree educational programmes.</p> <p>Barriers included negative personal traits and attitudes, a lack of interest in programmes, a lack of time, too much focus on vocational activities and financial constraints.</p> |

**Table 5. Characteristics of studies in Evidence Statement 5**

| <b>First Author</b>     | <b>Study population</b>  | <b>Area of investigation</b>  |
|-------------------------|--|---|
| Sloan-Seale<br><br>2010 | 321 responses from a survey of 1,000 people aged over 55 in Manitoba | To examine barriers and facilitators to the participation of older people in learning activities. |

|                         |  |   |
|-------------------------|--|---|
| Canada                  | participating in education programmes  |   |
| Villar<br>2010<br>Spain | 36 mature students aged 58 – 85, mean age 68.2, attending courses at the University of Barcelona | Semi-structured interviews to explore motives for joining a university course, as well as factors preventing participation. |
| Villar<br>2014<br>Spain | Survey of 4,599 adults aged 60 -74.  | To explore the reasons why older people do or do not participate in non-degree level educational programmes.                |

## Themes

### Motives for participating in educational programmes

In Spain, enjoyment, opportunities for new social contacts and the usefulness of educational programmes influenced participation (**Villar and Celdran., 2014**): “ *the fun and social contacts facilitated by the course (76.1%)...[and] usefulness for daily life were mentioned by 62.9% of the sample...45.2% of participants mentioned both of these [ motives] ”* (p.13).

In a Canadian study participants were also asked about their reasons for participating in educational programmes (**Sloan-Seale, 2010**). A majority (70.7%) of the respondents mentioned “*the most important reason for participating in educational activities was to pursue an interest or hobby. Other primary motives cited were the joy of learning, to fill time productively... ”* (p.10).

In another Spanish study, self-motivation was reported as one of the reasons for attending university courses (**Villar et al., 2010**): “ *...I needed something that stimulated me a bit, that force me to sharpen up, otherwise you are tempted to choose the most comfortable position, let’s say, lying down on the sofa and watching TV”* and “ *...do something that makes you feel alive, to keep you from... giving up on life... from fading away”* (p.251) and “ *I’m*

*hungry to learn... I've always had interests, I like people who explain I don't know... I like to read, to explore, and to discover...that's the motivation" (p.252)*

### **Perceived health benefits as facilitators for participating in educational programmes**

In the survey conducted in Manitoba of Canadian older adults who participated in educational activities, a high proportion reported mental and physical health benefits in terms of their happiness and overall self-rated health (**Sloan-Seale, 2010**). *"Almost all respondents perceived that they were happy with their life" and "a quarter of all respondents reported they were in excellent health. In fact, 70.1% of the respondents reported "their health were good (rarely prevents doing activities) or excellent (never prevents doing activities)" (p.11).*

Positive impacts on mental health were also indicated by the participants in Spanish university programmes. In semi-structured interviews participants stated that *"... divorce, depression, loneliness, coming here is a kind of relief from these problems" (p.252) (Villar et al., 2010).*

### **Social interaction as a facilitator for participating in educational programmes**

One of the reasons for attending university programmes was seen as an opportunity for social networking and social interaction (**Villar et al, 2010**): *"... not to shut myself up at home, to breath fresh air and meet new people, to chat and comment, to be a bit more up to date. It really helps me a lot" (p.253).*

### **Gender as a facilitator for participating in educational programmes**

In the survey in Spain of older adults participation in non-degree educational programmes, one significant predictor of participation was gender (**Villar and Celdran, 2014**) with women more positive about 'expressive motives' including opportunities to improve their social networks and *"...expressive motives, where women were more likely than men to mention these types of reasons as motives for engaging in non-formal learning activities" (p.13) and "women were less likely than men to mention the lack of need to participate" (p.14).*

### **Negative personal traits/attitudes as a barrier to participating in educational programmes**

Some respondents reported insecurity and a lack of self-confidence that could have been a barrier for some older people to participate in university programmes (**Villar et al, 2010**):

*“Maybe some people feel embarrassed, or they think someone will speak to them in front to all the class and they [might then become] an object of ridicule” and “I think it’s because they’re afraid. It’s the fear of failing... leaning is impossible at their age. They think that university is too much for them” (p.254)*

### **Lack of interest as a barrier to participating in educational programmes**

A lack of interest in courses was one key barrier in Spain. Nearly all (95.6%) of Spanish older adults who did not take part in non-formal educational activities, stated that they were not interest in the programmes offered (**Villar and Celdran, 2014**).

### **A lack of time as a barrier for participating in educational programmes**

A lack of time can also be a barrier to participation. Among those respondents, who were willing to take part in educational programmes but were not able to do so, the main barrier, noted by 40% of this group cited *“the lack of time due to family commitments”* (p.14) (**Villar and Celdran, 2014**). The Canadian study also found “not enough time” to be one of the most common barriers to participation (**Sloan-Seale, 2010**). Some older people also viewed looking after their grandchildren as very time-consuming, again acting as a barrier to spending time on educational activities (**Villar et al, 2010**). *“They don’t have much spare time to come here... I think they are more domestically tied up than is believed.”* (p.254).

### **Emphasis on vocational courses as a barrier for participating in educational programmes**

In the Spanish study, the focus of many non degree programmes on vocational activities was cited as a reason for non-participation by older retired people (**Villar and Celdran, 2014**). These courses were of less relevance to them *“...participants who were not working were less likely to be driven by work-related motives”* (p.13).

### **Money as a barrier to participation in educational programmes**

In the Canadian study, a lack of affordability was found to be a barrier to educational activities. More than one-third of the respondents ranked cost as their top barrier to participation in educational programmes (**Sloan-Seale, 2010**) . Most of the older adults, who took part in the educational activities were retired and only had limited disposable incomes.

**Evidence statement 6: Barriers and facilitators for social connectedness**

| <i>Social connectedness</i>  | <i>Barriers and facilitators for social connectedness</i>  |
|--|--|
| <p>Review 1 evaluated a number of different interventions intended to increase social connectedness and decrease loneliness, including signposting and befriending services.</p> <p>Applicability: 6 studies were set in the UK and one each in Ireland and the Netherlands.</p> | <p>8 papers discussed some of the barriers and facilitators for older people to establishing or maintaining social connections (Andrews et al 2003, Dwyer 2011, Hoban 2011, Hoban 2013, Lawlor et al 2014, Lester et al 2012, Scharf et al 2005, Van Groenou et al 2010).</p> <p>Facilitators can include volunteer peer befrienders and community signposting services (Lawlor 2014, Lester 2012, Dwyer 2011, Andrews 2003). These can, in some circumstances, help provide the motivation for older people to re-establish social connections. Training for volunteers and paid staff to help improve communication, person centeredness and equality can also help to facilitate more inclusive group based social activities. Older people also expressed a desire to be involved in decision making processes about the types of service provided (Hoban et al 2013). Language support can facilitate participation of BME groups.</p> <p>Barriers to participation in social activities and improved social connectedness included negative personal traits and attitudes, a lack of interest in the programmes, physical limitations, as well as poor access to transportation. Older people may in some circumstances lose their social connections following bereavement. Caregiving responsibilities can also limit opportunities.</p> <p>Gender, ethnicity and sexual orientation were also seen as potential barriers to participation and social connectedness in several studies (Dwyer et al 2011) (Hoban et al 2011 &amp; 2013). Groups and clubs that focus on more male oriented activities may help. Groups and clubs that have a specific cultural perspective or specific population group focus and outreach services may also help older LGBT and BME populations stay connected.</p> |

**Table 6. Characteristics of studies in Evidence Statement 6**

| <b>First Author</b>           | <b>Study population</b>  | <b>Area of investigation</b>   |
|-------------------------------|--|--|
| Andrews<br><br>2003<br><br>UK | 13 women, average age 86.5, who lived alone.   | To explore older people's views of a voluntary sector befriending service from Age Concern Buckinghamshire                             |
| Dwyer<br><br>2011<br><br>UK   | 44 older rural residents and users of one of six village services (32 women and 12 men). All but four aged over 70 and all were white.<br><br>Plus 25 key informants involved in services. | To explore the impact of village services on the nature and level of social inclusion for older people in rural England.               |
| Hoban<br><br>2011<br><br>UK   | 163 people over 65. 71% men, 23% BME population, 60% living in urban area , 24% aged 65-69, 43% 70s, 29% 80s, 4% 90s. 73% had no or little health problems.                                | To explore older people's views about wellbeing and to gain authentic insight into their experiences.                                  |
| Hoban<br><br>2013<br><br>UK   | As Hoban 2011 plus participants at five charity run project sites in England and Scotland running multiple activities to support the wellbeing of older people.                            | To explore older people's views on wellbeing and to gain insight into their experiences in five project sites in England and Scotland. |
| Lawlor                        | 46 volunteers over the   | Understanding the experience of volunteers   |

|  |  |  |
|--|--|--|
| 2014<br>Ireland                        | age of 55 in urban and rural areas of three counties in Ireland  | in delivering a befriending service to older people.   |
| Lester<br>2012<br>UK                   | 25 older adults receiving befriending services. 68% female, mean age 83.5.   | To explore experiences and identify key 'ingredients' of befriending in five different services in England.  |
| Scharf<br>2005<br>UK                   | 600 people between 60 and 96 years old (average age 71.6 years). 57% female for 65-74 age group, 63% female for 75 and over. 13% BME population. | To examine the degree to which older people in disadvantaged neighbourhoods experience social exclusion, types of social exclusion, and to examine characteristics of socially excluded older people |
| Van Groenou<br>2010<br>The Netherlands | Population-based samples from municipalities in the west, north-east and south of The Netherlands. No specific details provided.                 | To examine the extent to which differences in social participation by older people can be explained by differences in individual characteristics in different regions of the Netherlands             |

### **Barriers to social connectedness and participation**

Social connectedness can be thought of as the way that people come together and interact with each other. A number of papers looked at some of the barriers to social connectedness, including participation in social activities.

In Ireland some of the barriers to social connectedness were discussed in focus groups with older people identified as being lonely on the De Jong Loneliness Scale and in separate focus groups with volunteer peer face to face befrienders (**Lawlor et al., 2014**). Barriers raised included restrictions on physical activity and a lack of energy, as well as a lack of time due to caregiving responsibilities. Lack of transport due to giving up driving as a result of failing health was also mentioned as a barrier. This was of particular concern in rural areas.

Bereavement also reduced opportunities for social activity where an individual previously did most activities with their partner. A loss of a sense of community was also mentioned in this study, particularly in urban areas.

*“Growing up in the country you are never short for company, it is different living in the town. Now you could be short of company because everyone is minding their own business...you could be passed away for weeks/ months and nobody calls”* (Participant 3, Male) (p.35)

*“There is still a sense of neighbourly community in the country but not in the city. Loneliness is a factor of the city, in the city you don’t even say hello to anyone on the street”* (Participant 9, Male) (p. 35)

**Lester et al (2012)** interviewed 25 older people who were in receipt of befriending services to learn more about their experiences in England. As in the Lawlor study in Ireland a key barrier to the use of any service was frailty and poor mobility.

Access to transport was mentioned as a barrier in a number of studies e.g. **Dwyer et al., 2011, Hoban et al., 2011, Lawlor et al., 2014**. In rural areas of England the extra costs associated with providing services and transport to services such as lunch clubs and community activities could also be a barrier. This was noted in 69 interviews with service users and other stakeholders in rural villages across England (**Dwyer et al 2011**). One service manager commented that

*“It can be difficult to get workers and volunteers. Simply providing the service is difficult. It’s also very expensive you have to have transport to get around to visit somebody’s home. You can be talking about a farm track a mile and a half off the next tarmac road”* (p. 250).

One 70 year woman said that *“the days are rather long at times. I can’t get out you see, I can’t go anywhere, can’t walk very far. In a small village I can’t go and wait for a bus, it’s a long wait. ...You are cut off in this village”* (p. 251)

**Lester et al., (2012)** also highlighted circumstance where befriending was unsuccessful – i.e. when it was perceived to have been non-reciprocal in nature. In these relationships the befriender talked rather than listened, and was felt to lack interest in the interviewee and their life stories. One barrier to initiating social contacts was fear of rejection: *“I’ve never been one to go out and play bingo and everything like that. With being on your own so much in the*

*house I think you do lose a bit of confidence . . . When you go somewhere like these social places, there's lots of little cliques – you feel a little bit out of it” (Mrs D) (p. 319).*

**Hoban et al., (2013)** looked in detail at five different services to support older people in England and Scotland, these included good neighbour schemes and social centres. Activities that were seen solely as being for older people were sometimes viewed negatively, with individuals not preferring to interact with people of different ages. Traditional centre based activities were viewed in a negative light by some people. One person commented that “*I don't want to be isolated from the rest of the population as it keeps you from getting into an old age mind set*” (p.38), while another person said that “*many services for older people are very much 'for old people' and many people I know, even in their 80s and 90s don't want to be treated like old people!*” (p. 38). There were also concerns that older people were not sufficiently involved in decision making processes in various social centres and activities. Moreover, too often older people were perceived as being a homogenous group rather a diverse population with different desires and choice preferences.

**Scharf et al., 2005** set out to examine the degree to which older people in disadvantaged neighbourhoods experienced social exclusion and whether there were types of social exclusion that were more common than others. Using a random sample of 600 individuals recruited from three deprived English local authorities, they highlighted that social exclusion was more visible where individuals had poor social relationships in their communities, as well as having exclusion from material resources, basic services, and a lack of involvement in civic activities. Furthermore, recent experience of crime, poor health and long-term health problems were closely related to the experience of multiple exclusions.

### **Gender, ethnicity, diversity and participation**

Review 1, looking at evidence on the effectiveness of different interventions to promote the mental wellbeing and independence of older people, noted that in the vast majority of studies, participants were mainly women. The issue of gender as a barrier to participation was highlighted in several studies. In their analysis of services in rural England Dwyer et al 2011 noted that the “*overwhelming majority of older users of the village services*” were women. They argued that “*the fact that both the clientele and workers of village services are highly feminised places may be a significant factor in the lack of male engagement with the services.*” (p.257)

They highlighted a quote from a part-time paid worker: *“Luncheon clubs or coffee clubs are not necessarily how men will socialise at any time in their life, and so it’s a kind of Hobson’s choice when they get older. There’s nothing else. ... So maybe part of it is we’ve set up a service that meets some clients’ needs but doesn’t always meet others. I do think that befriending, just by its very nature, is not naturally where men go: ‘Oh yes, fantastic, I want a befriender!’ ... One gentleman is totally blind. He is honest about the fact that, if things were different, he wouldn’t have a befriending service and he wouldn’t have got to day care, but because he can’t see he hasn’t got a choice”* (p.257).

They hypothesised that many of the most commonly found services such as lunch clubs may reflect gendered norms earlier in life, given that women are more likely to have had caring responsibilities which may have meant that they have had better social connections with community networks. In contrast, for many men their identities and networks may have been very closely linked to their careers. (This may of course become more of an issue for women in future given the increased participation in the labour market in recent decades).

The view that different types of activities are needed to engage with men also came out of focus groups and interviews with 163 older people across the UK (**Hoban et al., 2011**) where the role of groups and clubs, including ‘men only’ activities was flagged up. As one respondent put it:

*“It’s mostly females that I meet and so one of the reasons I play golf is because I meet men like, you know. Men’s company is far different than women’s company. You talk about different things – it is very, very important. Yes I would miss that ... When we were in work it doesn’t really matter because I met men all the time you know.”* (p.22)

**Hoban et al., 2013** also found that older men are more likely to become isolated compared to older women because they have much weaker social support networks and are more vulnerable after the death of a partner. One older person in this study commented that: *“I asked the men who come to our bereavement cafe in the nearby town - and it is mostly men who come - most have been bereaved for some time and got over the shock, but are just very lonely. They don’t have many friends (“everyone was our friend and I don’t see much of them now she’s died”), don’t have many interests, just don’t know how to get out and spend time with other people”* (p. 70).

In the same study some individuals from Asian and Caribbean heritage backgrounds highlighted the importance of clubs and groups that have a specific cultural perspective “...so it was to keep people with Caribbean heritage, it was to keep them connected, make sure that all the heritage and the culture is passed between people, different generations. (p. 23)”

Some older people who do not speak much English may also find it difficult to communicate with younger generations of their own families, for instance if their grandchildren only speak English.

Another group identified by **Hoban et al., 2011** whose social connectedness may be weak is the LGBT (Lesbian, Gay, Bi-Sexual and Transgendered) community. This might particularly be the case after bereavement, especially if individuals have lost contact with their families. They may also find it difficult to interact with younger LGBT generations. As one interviewee put it “a lot of gay people live on their own, especially if they’ve lost their partners or they’re separated from their partner ... especially in the case where they’ve been chucked out by their families so they don’t have family to go to ... (that) is quite common ...most of them are single or on their own ... I think it’s a problem which increases as you get older because once you’re over 30 you’re old on the gay scene and people don’t feel happy going in and mixing with the younger ones because they’re then, you know, sort of oh what’s that ancient person doing in here on our territory kind of thing”. (p 38).

Another finding from analysis of five different Royal Voluntary Service projects for older people across England (**Hoban et al., 2013**) was the very low profile of these services among BME populations. This is likely to apply to many other service providers as well. They suggest that there is a need for more direct outreach with BME populations and more sensitivity around cultural issues that could impact on rates of participation in different social activities, for instance the value of some single gender only activities for some religious minority groups.

### **Facilitators for social connectedness and participation**

**Lawlor et al., 2014** in Ireland concluded that volunteer peer befriending was seen as a facilitator to increased social activity and connectedness in some older people, providing the motivation and confidence to re-establish old friendships or attend new social activities. One older person who was motivated to join a local retirement club as a result of encouragement

from her volunteer befriender said that previously *“I’ve been trying to go to them [active retirement groups] myself but I just bottled it every time I got there, I wouldn’t have the confidence to go in....I watched them go in and everything. I found it hard to mingle with new people you know”* (Participant 22, Female) (p. 37).

One of the successful factors for befriending relationships in the **Lester et al., (2012)** analysis was having ‘things in common’. One lady said of her befriender *“She’s absolutely the double of me . . . Well she comes from Yorkshire and my father was a Yorkshire man. Everything she seems to do seems to be what I’ve got. You know, I say: ‘I’ve got a new one’ and she says: ‘Oh I’ve got one of them’. She’s just perfect . . . We seem to eat the same things and everything”* (p. 318).

**Lester et al., (2012)** also suggested that because befrienders provide companionship rather than domestic help, this allowed older people to have more control over the relationship choosing when and how to spend time with their befriender. They could have conversations that were not linked to their health status or simple activities of daily living. They contrasted this with connections with health and care professionals and family members which might be more task focused and time limited. The authors highlighted a quote from one interviewee making this point: *“My son comes every week without fail – does my shopping for me and gets whatever out of the bank . . . He will be ringing up today to get it tonight, and he will bring it the following day in his dinner hour.”* (Mr F) (p. 321).

Similarly, interviews with 13 women over 80 who received volunteer delivered befriending services in Buckinghamshire revealed that they found these an important way of having stimulating conversation rather than simple ‘chit-chat’. Key to successful befriending was a good rapport between the befriender and client; this may also help with greater reciprocity in benefits for the volunteers and the people they befriend (**Andrews et al 2003**). The same study did though note a tension between clients and volunteers when clients expected the volunteers to provide extra support, such as help with housework.

In 69 interviews with older person’s service users and other stakeholders in rural villages across England (**Dwyer et al., 2011**), the potential positive role of befrienders in being a catalyst for social connectedness was noted. Another positive aspect in this study was a stronger sense of community in rural areas compared to urban areas. Living in a remote rural location and geographical isolation only became problematic when older people were widowed or increased frailty limited their ability to leave their home. A visit from a warden

or volunteer befriender, or the chance to regularly attend a lunch club, provided a focal point, something to look forward to, and something to be actively enjoyed. For example, an 83-year-old woman who attended a lunch club two days a week expressed great appreciation: *“When you live by yourself you spend so much time alone. ... I spend hours and hours sitting by myself. I’ve got two sons that visit me from time to time but I spend a lot of time by myself and I find by coming here and chatting to people, having a nice meal ... I manage to cook in between times for myself. But I must admit I look forward to Tuesdays and Thursdays”* (p. 253)

**Hoban et al (2011)** highlighted the role that faith communities and organisations can play in organising various social activities. Some older people may, however, be reluctant to participate in activities organised by faith groups /communities that they do not well understand or normally engage with.

Participation in group-based social activities also does not necessarily mean that there are good levels of communication between participants. Training for volunteers and paid staff to help improve communication, person centeredness and equality can also help to facilitate more inclusive group based social activities (**Hoban et al., 2013**).

### **Active involvement of older people in decision making**

Voluntary organisation that are locally based were highlighted in focus groups and interviews with 163 people in England as perhaps being easier to contact and more approachable than national organisations (**Hoban et al., 2011**). In the **Hoban et al., (2013)** study looking at five different services to support older people in England and Scotland, including good neighbour schemes and social centres, one key conclusion was the need to much more actively involve older people in developing services and supports to promote wellbeing. This is itself would also help promote wellbeing. Isolation through limitations with English may mean that language support in voluntary organisations and services is needed to encourage social participation for some older minority population groups (**Hoban et al., 2011**).

### **Long term trends in participation**

There has also been some analysis on how participation in social activities by older people has changed over time. In 2010, a Dutch longitudinal study by **van Groenou and Deeg** examined the determinants of social participation among cohorts of older adults over a time period between 1995 and 2006. This study based on face-to-face interviews, medical interviews and self-completion questionnaires covered the physical, emotional, cognitive and

social functioning of older adults aged 55 years and over. It found an increase in social participation between measure points and concluded that this was the effect of a higher level of education and worse health in the more recent cohort; the influences of gender and physical disability on volunteering and of gender on religious participation changed over the decade. The increase in social participation applied to four of the five types of social participation, including involvement in community organisations, size of personal networks and individual leisure activities. The direct effect of educational level was strong in all types of social participation, reflecting that educational attainment (or exposure) is a robust and important determinant of social participation. As the educational level of the general population continues to rise, it might therefore be expected that future older adults will be more socially engaged in both formal and informal groups.

## Discussion

Many different barriers and facilitators to the engagement of older people with actions to promote their mental wellbeing and independence can be identified, covering the broad types of intervention identified in Review 1. Barriers and facilitators can be identified in a UK context, given that examples of many different types of actions to promote mental wellbeing and independence can be identified. This includes experience in recent years with schemes at national and local level to promote the physical and mental health of older people, such as POPPs and LinkAge (Windle et al., 2009, Davis and Ritters, 2009). This includes looking at some of the issues around the acceptability and functioning of signposting and befriending programmes, while discussion of supports that focus on providing different opportunities for participatory social activities, such as those in the arts and music sector can also be seen (Hallam, 2012). Volunteering<sup>1</sup> by older people can potentially play an important part in promoting mental wellbeing and independence (Nazroo and Matthews, 2012) but there are challenges in the recruitment and retention of volunteers. In the same way, while educational activities may help maintain mental wellbeing and independence, not everyone has an opportunity to enrol in such activities. Issues around the role of new technologies have also been discussed; and while there has been a recognition that such technology may have an important role to play, ever greater reliance on mechanisms such as the internet mean that there is also a need to address the digital divide and help increase the routine use of new technologies by all older people (Damodaran, Olphert and Sandhu, 2014).

Six evidence statements have been prepared summarising relevant barriers and facilitators and there are several common strands that run across these evidence statements.

### *Awareness raising and marketing of actions*

Differences in the rate of uptake and continued engagement with services are about more than simply being aware about the availability of potential services and supports. Uptake and participation may be influenced by the way in which in any specific activity is marketed, as well as referral and signposting strategies used by different stakeholders. Multiple strategies are likely to be required, tailored to the local context and taking account of the diversity of the population. The need for multiple approaches is also pertinent when seeking to encourage

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<sup>1</sup> Continued employment post retirement (although beyond the scope of this review) is another potential protective factor.

older people to become volunteers. Recruiting volunteers can be far from straightforward – for instance one recent evaluation of a volunteer delivered telephone befriending service in England ended early because of the difficulty in recruiting volunteers (Mountain et al., 2014). There has been analysis of the way in which volunteers are recruited to the well established Experience Corps in the United States that helps older people to work with children and young adults. It illustrates that multiple channels are required to recruit volunteers, adapted to different motivations such as social engagement or ensuring that volunteers are properly recognised, including in some circumstances the provision of financial support (Martinez et al., 2006, McBride and et, 2012).

This review also suggests that participation in any activity is likely to be influenced by how appropriate or relevant an intervention is seen as by an end user and the way in which it is seen and perceived by their peers. Individuals may also be influenced by the source of information (messenger) e.g. a volunteer or peer and it could be that sometimes the credibility/ trustworthiness of the person communicating information about services and support may be a barrier or facilitator to the uptake of any activity. This, for instance, means consideration of the need to make use of minority languages and be sensitive to cultural and religious needs in marketing any activity. The level of involvement of users in the design and implementation of interventions may also prove to be a factor in sustained engagement – if end users have a sense of ownership over activities this may impact their level of engagement.

#### *Understanding motivations for participation*

Individual motivation is another critical factor in participation. This review highlights that a lack of interest in activities and supports that are available is one of the principal reasons for non-participation. It is important not only to understand motivations, but also then to try and see if these motivations can be modified. Some older people may have lost confidence or find themselves in a new reality having to cope after bereavement; their willingness to engage in new challenges may be helped by highlighting some of the benefits of participation, e.g. through increased social networks, better health or simply feeling more connected with society. Structural factors beyond the scope of this review, including access to transport, may also impact on motivation.

Rates of participation may also be improved by addressing negative and stereotyped views of the ageing process, which, for example, might see ageing as a burden to economies rather

than celebrating older age. Such a perception, as was noted in one UK review, may discourage older people themselves from participating in services, preferring not to be associated with anything that has a negative identity. Intergenerational activities and better training for both volunteers and professional service providers may help to counter and change negative attitudes.

#### *Accessibility and resource constraints*

Sustained participation by older people in relevant programmes that promote mental wellbeing and independence will also be influenced by the accessibility of services. This is not just a matter of geographical distance, although the availability of public transport was a common challenge throughout this review. Nor is it just about the financial sustainability of any activity, important though this issue is. It is also concerned with issues such as the operating hours of services which may sometimes be inconvenient or not fully take account of time constraints that many older people face, for instance because of other commitments (e.g. caring responsibilities). There may be language/cultural barriers to overcome; more generally, peer involvement in marketing and delivering services may help encourage participation. Involving the target group themselves, not only in service planning but in delivery has been shown in other contexts to help promote the uptake and use of health promoting activities (Thomas et al., 2013), but these peers will themselves require training and support.

There is a strong focus in many different national programmes, such as the Partnerships for Older People Programmes, on investment in multiple social activities, including many with an arts and music focus. These types of activity can be popular but it is also clear from work undertaken in the UK and included in this review that some of these activities may be perceived as ‘not being for everyone’ – and seen as elitist (Goulding, 2013, Hallam et al., 2012). One example of this relates to cultural activities and participation in formal choirs. In order to engage with as many of the target population as possible careful thought must be given to the type of activity and also to the venue in which it is held. A large culture venue may be perceived by some people as meaning that the intervention is only for a cultural elite.

The Open University in the UK is one example of an educational institution which has traditionally attracted more mature students, including the retired. Continuing education can help maintain mental wellbeing and independence, but it also may not be perceived as something for everyone. The importance of providing a range of opportunities for both

degree-specific courses and other educational courses may help to encourage older people to take part in educational activities. Analysis in Spain indicates that some older people were put off continuing education by the emphasis on vocational courses rather than other types of learning.

A lack of familiarity with new technologies may also act as a barrier to the use of some services, with training and support required to address this issue. Many older people want to make more use of new technologies, not only to keep in touch with friends and family, but also to keep up to speed with the way in which society operates. Uptake of the use of the internet in the UK is still low compared to younger age groups (Ofcom, 2014a, Ofcom, 2014b). One key message when promoting digital inclusion is the importance of providing help and support to overcome barriers to the use of new technologies. There is much, often unnecessary, jargon and terminology that discourages use. Age does not have to be a barrier to the use of technologies. The way in which this help and support is given, and the strength of relationships between tutors and their students may serve to enthuse or discourage older people from further use of technology.

### *Reaching all of the population*

Another key challenge is that of gender. The overwhelming majority of participants identified in studies in Review 1 were women and here again the majority of qualitative information gathered in studies has been from women. Issues around the extent to which current activities cater for men have been raised. ‘Traditional’ participatory activities for older people may be more familiar to women than they are to men, and examples in this review of the reluctance of men to engage with services have been identified. This is particularly important given that changing demographics mean that the numbers of men over the age of 65 living alone is set to jump by 65% by 2030 to more than 1.5 million (Beach and Bamford, 2014), potentially increasing the risk of loneliness and poor mental wellbeing. But this is not just an issue of gender, similar issues concerned with the appropriateness of services and rates of uptake by other diverse groups in society also need to be fully considered, such as for the BME and LGBT communities, as well as those who have been living all their lives with disabilities.

## **Conclusion**

This review has highlighted a number of barriers and facilitators to use of services and activities that can promote then mental wellbeing and independence of older people. While

caution must be exercised in how these findings are interpreted, given the different contexts for study populations in the different studies included, a consistent set of factors was identified that applies across different themes. There is a need to move away from passively continuing to provide traditional types of activity for older people without proper consideration of the appropriateness of services, and whether or not these actually are the types of service that older people want to use. Creative strategies are required to reach different population groups and overcome some of the external barriers that are currently faced, such as transportation difficulties or a lack of culturally or gender sensitive services. There is scope for undertaking research to look not only at the motivations of older people but also on the effectiveness of mechanisms that can help change motivations and encourage greater rates of participation in activities that promote mental wellbeing and independence.

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## Appendix 2: Tables for Review 2: Barriers and Facilitators

**Table 1 for Evidence statement 1: Barriers and facilitators to the use of Information and communication technology (ICT) based interventions for mental wellbeing and independence**

| <p><b>Author and year:</b><br/>Adams et al. 2005</p> <p><b>Country:</b><br/>UK</p> <p><b>Study design:</b><br/>One-to-one interviews using semi-structured questionnaires</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p><b>What was/were the research questions:</b><br/>To investigate psychological barriers to Internet use by older adults; to examine if Internet/computer experience affects these psychological barriers to Internet usage; and to investigate if age (55 – 65 vs. over 66 years) affects psychological barriers to the use of Internet.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>A conceptual model was developed along the main hypothesis that psychological barriers affect the use of Internet for people 55-77 years</p> | <p><b>Description of study participants:</b><br/>55-75 years old</p> <p><b>What population were the sample recruited from:</b><br/>UK population (no further details provided)</p> <p><b>How were they recruited:</b><br/>Purposive sampling</p> <p><b>How many participants were recruited:</b><br/>23 participants (aged 55-75 years)</p> | <p><b>Brief description of method and process of analysis:</b></p> <p>Three participants were interviewed to test the reliability of the questionnaire. Following piloting, a number of questions were added to address the barriers to the use of Internet. The interviews lasted around 20 – 40 min each.</p> <p>Chi-square tests used to analyse non-parametric data. Fisher’s Exact Test used for examining the 2x2 tables with the majority of cells having the frequency of less than 5.</p> <p>Interview data was analysed by identifying common themes</p> <p><b>Key themes relevant to this review:</b></p> <p><i>Providers</i><br/>Barriers:</p> | <p><b>Limitations (author):</b><br/>Not reported</p> <p><b>Limitations (review team):</b><br/>Lacking information on sample selection</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>To examine why only a minority of users are going on courses; to investigate the effects of training on psychological barriers; and to look at the 75 year old plus age group.</p> <p><b>Funding sources:</b><br/>Not reported</p> <p><b>Applicable to UK? (if</b></p> |
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|   | <p>old.</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>On-to-one interviews</li> <li>• <b>By whom:</b><br/>Not specified</li> <li>• <b>What setting(s):</b><br/>Not specified</li> <li>• <b>When:</b><br/>Not reported</li> </ul> | <p><b>For client views, were they all completers:</b><br/>Not specified</p> <p><b>Were there specific exclusion criteria:</b><br/>Not reported</p> <p><b>Were there specific inclusion criteria:</b><br/>Not reported</p> <p><b>Reason for referral of participants:</b><br/><b>Referred by:</b><br/>Not applicable</p> | <p>The language used by the Internet and e-mail systems needs to be addressed and become more user friendly to enhance the user's experience of the Internet. In fact, one user (age 55 – 65) stated that the 'Internet has very bad language for old ladies . . . finds online help incomprehensible' (p.14).</p> <p>Some effect of perceived complexity of navigation of the Internet on Internet but not e-mail usage.</p> <p><i>Participants</i></p> <p>Facilitators:</p> <p>The main motivations for using the Internet and e-mail were communicating with people (including friends and family abroad), obtaining information on special interests, and keeping up to date.</p> <p>The perceived usefulness of e-mail was found to significantly affect both Internet and e-mail usage.</p> <p>Tailoring web design for older users can help: age-specific training programmes and manuals may improve the older people's perception of ease of use of the Internet; and improve online help services and error terminology.</p> | <p>appropriate):<br/>Yes, UK based</p>   |
| <p><b>Author and year:</b><br/>Braun 2013</p> <p><b>Country:</b><br/>US</p> | <p><b>What was/were the research questions:</b><br/>Understand what factors encourage or discourage older adults from using social networking websites</p>  | <p><b>Description of study participants:</b><br/>124 older adults; 60–90 years (M = 70.0), 71% women; use internet at</p>   | <p><b>Brief description of method and process of analysis:</b><br/>Survey consisting of 95 items administered either on paper or online. It measured attitudes about perceived ease of use; perceived usefulness of social</p>   | <p><b>Limitations (author):</b><br/>Small, and not representative sample; items related to attitudes about SNS not applicable for predicting intention to use in</p> |

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| <p><b>Study design:</b><br/>Survey</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>(-)</p> | <p>(SNS)</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Technology Acceptance Model (TAM)</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Survey</li> <li>• <b>By whom:</b><br/>Not reported</li> <li>• <b>What setting(s):</b><br/>Different locations in a mid-sized US Midwestern city and its suburbs</li> <li>• <b>When:</b><br/>Not reported</li> </ul> | <p>least once a week; an average of 16.9 years of education; mid-sized US Midwestern city and its suburbs</p> <p><b>What population were the sample recruited from:</b> senior centres, educational opportunities for older adults mailing list, lectures on positive ageing, and a university-organised event for grandparents and their grandchildren</p> <p><b>How were they recruited:</b><br/>Based on age and internet-use</p> <p><b>How many participants were recruited:</b><br/>124</p> <p><b>For client views, were they all completers:</b></p> | <p>networking websites e.g. Facebook; social pressures from family and friends to use SNS; trust in SNS; age; and frequency of internet use and how it relates to intention to use SNS. Data were analysed using correlation matrix, t-test, and a chi-square test.</p> <p><b>Key themes relevant to this review:</b></p> <p>Facilitators:<br/>The findings indicate that the most effective way to engage older people on an SNS is to aid them in the process of becoming a member and help give them direct experience using the system. Given that past use is the best predictor of future use, helping the individual to start using the system eliminates the barriers associated with use. Users who felt that SNS were useful and trustworthy were more likely to use SNS.</p> | <p>nonusers; media coverage during data collection may have influenced the findings; and use of simple statistical methods for data analysis.</p> <p><b>Limitations (review team):</b><br/>No information about whether the survey was piloted</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Investigating individual usage patterns and factors influencing continued usage. Explore differences in initial use and continued use and aim to guide future design of SNS, in particular for use with older adults</p> <p><b>Funding sources:</b><br/>Not reported</p> <p><b>Applicable to UK? (if appropriate):</b><br/>Yes</p> |
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|   |   | <p>Not reported</p> <p><b>Were there specific exclusion criteria:</b></p> <p>Not provided</p> <p><b>Were there specific inclusion criteria:</b></p> <p>Age and internet-use</p> <p><b>Reason for referral of participants:</b></p> <p><b>Referred by:</b></p> <p>Not applicable</p>                                       |  |  |
| <p><b>Author and year:</b></p> <p>Cattan 2011</p> <p><b>Country:</b></p> <p>UK</p> <p><b>Study design:</b></p> <p>Mixed method design</p> <p><b>Quality score: (inc external validity for surveys)</b></p> <p>+</p> | <p><b>What was/were the research questions:</b></p> <p>To evaluate the impact of a national befriending scheme for isolated and /or lonely older people, involving eight project sites across the UK.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b></p> <p>Not specified</p> <p><b>How were the data collected:</b></p> <p>• <b>What method(s):</b></p> | <p><b>Description of study participants:</b></p> <p>Programme participants were often housebound, had restricted mobility, lived alone and were reliant on external agencies for their health and social care needs</p> <p><b>What population were the sample recruited from:</b></p> <p>A population of older adults</p> | <p><b>Brief description of method and process of analysis:</b></p> <p>Interviews, transcription and analysis formed a cyclical, continuous process where interviews informed analysis and vice versa. Analysis and interpretation followed a 'Framework Analysis', a case by theme approach</p> <p><b>Key themes relevant to this review:</b></p> <p><b>Participants</b></p> <p><i>Barriers:</i></p> <p>Many participants stated that while they were very happy with the telephone calls they received, they would like to be able to put a face to the voice and meet their befriender</p> | <p><b>Limitations (author):</b></p> <p>Not reported</p> <p><b>Limitations (review team):</b></p> <p><b>Evidence gaps and/or recommendations for future research:</b></p> <p><b>Funding sources:</b></p> <p>The interventions were funded by the insurance company Zurich</p> |

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|  | <p>In-depth interviews</p> <p>• <b>By whom:</b><br/>Not reported</p> <p>• <b>What setting(s):</b><br/>The interviews were conducted in different locations spread across England and Scotland; either in people's homes or in a convenient place locally, such as a village hall</p> <p>• <b>When:</b><br/>2007-2008</p> | <p>experiencing social isolation and/or loneliness</p> <p><b>How were they recruited:</b><br/>Older people were recruited by various means according to the systems in place within the individual projects, but in all cases the project coordinator managed the process</p> <p>Older people accessed the programme by referral from another organisation, answering an advertisement in the newspaper or on local radio, word-of-mouth or responding to a project coordinator's presentation</p> <p><b>How many participants were recruited:</b><br/>40</p> | <p>Facilitators:<br/>Important for participants to be able to trust the befriender and to be able to regularly have normal and ordinary conversations.</p> <p>The participants suggested publicising the service through advertising in the library, the local newspaper and on local radio, and displaying posters at bus stops.</p> <p>The befriending service provided the participants with meaningful activities and a sense of re-engagement with the community</p> <p>The findings suggest that befriending schemes provide a way for isolated older people to become more confident and independent, thereby leading to reduced loneliness, meaningful relationships and for some, increased socialisation</p> <p><i>Referrers</i></p> <p>Barriers:<br/>• Not applicable</p> <p>Facilitators:<br/>• Not applicable</p> <p><i>Providers</i></p> <p>Barriers:<br/>• Not applicable</p> | <p><b>Applicable to UK?</b> (if appropriate): Yes, the study and the interventions were conducted in UK.</p> |
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|  |  | <p><b>For client views, were they all completers:</b><br/>Not reported</p> <p><b>Were there specific exclusion criteria:</b><br/>Most project coordinators believed the service should be for anyone in need and did not stipulate additional criteria, except occasionally a minimum age</p> <p><b>Were there specific inclusion criteria:</b><br/>Older adults that participated experienced social isolation and/or loneliness</p> <p><b>Reason for referral of participants:</b><br/>Not reported</p> <p><b>Referred by:</b><br/>Referrals from another</p> | <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Not applicable</li> </ul> |  |
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| <p><b>Author and year:</b><br/>Damodaran et al 2013</p> <p><b>Country:</b><br/>UK</p> <p><b>Study design:</b><br/>Qualitative study</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p><b>What was/were the research questions:</b><br/>To investigate older adults' digital Information and Communication Technologies (ICTs) learning and support needs.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>An "adaptivity framework"</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Survey</li> <li>• <b>By whom:</b><br/>Multidisciplinary research consortium including 8 UK universities and organisations working with older people.</li> <li>• <b>What setting(s):</b><br/>UK; Community</li> </ul> | <p><b>Description of study participants:</b><br/>Older adults aged 50 and over across the UK</p> <p><b>What population were the sample recruited from:</b><br/>Older people aged over 50 across the UK</p> <p><b>How were they recruited:</b><br/>Via established formal and informal panels and groups across the UK</p> <p><b>How many participants were recruited:</b><br/>1000</p> <p><b>For client views, were they all completers:</b><br/>750 participants</p> | <p><b>Brief description of method and process of analysis:</b><br/>There were 2 two-stage surveys. Phase 1 of the survey was carried out for 428 older people from 2009 to 2010. Phase 2 was for 323 older people from 2011 to 2012.</p> <p><b>Key themes relevant to this review:</b></p> <p><i>Participants</i></p> <p>Barriers:</p> <ul style="list-style-type: none"> <li>• Changes in physical and cognitive abilities such as using the mouse or keyboard or seeing the screen</li> <li>• Changes in personal circumstances</li> <li>• A lack of technical skills/knowledge to do specific tasks or to solve problems when they occur</li> <li>• Difficulties to understand technical jargon</li> <li>• Remembering things such as passwords or all the steps in a process</li> <li>• A lack of knowledge about how to deal with computer security. Especially how to deal with/prevent unwanted content like viruses, pop-ups and spam</li> </ul> <p><i>Facilitators:</i></p> <ul style="list-style-type: none"> <li>• Availability of human support and encouragement</li> </ul> | <p><b>Limitations (author):</b><br/>More tailored approaches needed</p> <p><b>Limitations (review team):</b><br/>Effectiveness of the ICT programme</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Cost-effectiveness of ICT interventions</p> <p><b>Funding sources:</b><br/>The New Dynamics of Ageing programme, by the five UK Research Councils-AHRC, BBSRC, EPSRC, ESRC, and MRC.</p> <p><b>Applicable to UK? (if appropriate):</b> Yes, UK-based</p> |

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|  | <p>• <b>When:</b><br/>2009-2012</p> | <p><b>Were there specific exclusion criteria:</b><br/>Not reported</p> <p><b>Were there specific inclusion criteria:</b><br/>50 and over</p> <p><b>Reason for referral of participants:</b></p> <p><b>Referred by:</b><br/>Not reported</p> | <ul style="list-style-type: none"> <li>• Help from informal source such as family and friends</li> <li>• Self-motivation</li> <li>• Desire for personal progression</li> </ul> <p><i>Providers</i></p> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Multidisciplinary research consortium</li> <li>• Making the mechanics of daily life easier such as online banking, online shopping, writing letters, and financial budgeting</li> <li>• The capacity to provide a high degree of flexibility and tailing the way support and learning opportunities are delivered to individual needs</li> <li>• A coordinated change management involving a wide range of stakeholders such as government, commercial, third sector organisations, developers of software, equipment, and ICT based products and services</li> <li>• Accessible help and support in a timely fashion</li> <li>• affordability and sustained provision</li> <li>• Social connectedness, increasing sense of community</li> <li>• Welcoming, safe and secure venues</li> <li>• Sharing of effective practice</li> <li>• Opportunities for engagement in ICT-enabled projects about which people are passionate</li> </ul> |  |
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|   |  |   | • Provision matched to personal objectives  |   |
| <p><b>Author and year:</b><br/>González et al. 2012</p> <p><b>Country:</b><br/>Spain</p> <p><b>Study design:</b><br/>Exploratory study using questionnaire</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>(-)</p> | <p><b>What was/were the research questions:</b><br/>To examine the attitudes of older people towards information and communication technologies in the context of a training course about the utilisation of a digital platform</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Not specified</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Self-administered questionnaire</li> <li>• <b>By whom:</b><br/>Class instructors</li> <li>• <b>What setting(s):</b><br/>In centres for older people in the province of Cuenca, Spain</li> </ul> | <p><b>Description of study participants:</b><br/>Participants were 55 to 91 years of age (average age was 69.2 years); 60% of the sample were between 65 and 74 years old. 60% were women; and 80% only had primary education. 70% were married and spent most of their time with spouses and family.</p> <p><b>What population were the sample recruited from:</b><br/>Older people registered on the course Tele-Services for the Elderly in Cuenca, Spain</p> <p><b>How were they recruited:</b></p> | <p><b>Brief description of method and process of analysis:</b><br/>A questionnaire consisting of 21 items was administered during the weekly sessions. It included questions related to participation in activities, knowledge and use of computers and internet, prospects on learning and using computers, personal competence, and self-concept.</p> <p>A part of the questionnaire was designed to collect data on a number of socio-demographic variables (gender, age, occupation before retirement, socioeconomic status, marital status, rural-urban centre, and education).</p> <p>There was also a question about their relationship with others, specifically related to the individual with whom they spent most of their time during the day.</p> <p>Three out of 21 questions were open-ended, while the rest of the items were scored using a five-point Likert scale.</p> <p>Data was analysed by carrying out a series of variance analyses; Pearson's correlation test; and</p> | <p><b>Limitations (author):</b><br/>Preliminary study;<br/>Questionnaire addresses some aspects of the older people attitudes and behaviours towards ICT;<br/>Homogenous sample.</p> <p><b>Limitations (review team):</b></p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Design valid and reliable scales;<br/>Heterogeneous sample.</p> <p><b>Funding sources:</b><br/>Not reported</p> <p><b>Applicable to UK? (if appropriate):</b><br/>Yes</p> |

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|  | <p>• <b>When:</b><br/>Last week of March 2010</p> | <p>Participants were selected based on their attendance to the course</p> <p><b>How many participants were recruited:</b><br/>240 older people</p> <p><b>For client views, were they all completers:</b><br/>Not reported</p> <p><b>Were there specific exclusion criteria:</b><br/>Not specified</p> <p><b>Were there specific inclusion criteria:</b><br/>Attendance to the course during the last week of March 2010</p> <p><b>Reason for referral of participants:</b><br/><b>Referred by:</b><br/>Not applicable</p> | <p>content analysis.</p> <p><b>Key themes relevant to this review:</b></p> <p><i>Participants</i></p> <p>Barriers:</p> <ul style="list-style-type: none"> <li>• Barriers to using what they learned in the class in their everyday lives were related to not having a computer, lacking capacity or knowledge, and a lack of time.</li> </ul> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Greater contact with information and communication technologies</li> <li>• The main reasons for participation and social involvement included: learning computer learning, active mind, new technologies learning, relationships, entertainment, participation, and curiosity.</li> <li>• Using acquired knowledge in everyday life was facilitated by the participants' motivation to communicate and be active; to learn; because they were interested, and they had time.</li> </ul> |  |
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| <p><b>Author and year:</b><br/>Heart, 2013</p> <p><b>Country:</b><br/>Israel and USA</p> <p><b>Study design:</b><br/>Qualitative study</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p><b>What was/were the research questions:</b><br/>To assess use of technology by older adults and to evaluate their readiness to adopt health-related ICT.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>The theory of planned behaviour (TPB) (Ajzem, 1991)</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Face to face interviews</li> <li>• <b>By whom:</b><br/>Researchers</li> <li>• <b>What setting(s):</b><br/>USA, Israel, natural residence settings ( private home or nursing home when nursing homes were the respondents' permanent residence)</li> <li>• <b>When:</b></li> </ul> | <p><b>Description of study participants:</b><br/>Older adults with a mean age of 80.2. 79% reported severe health problems. 35% living with a partner. 35% were living in private homes and 65% living in nursing homes (in Israel, 72% home residents and 28% nursing home residents, in contrast to 100% nursing home residents in the USA sample).</p> <p><b>What population were the sample recruited from:</b><br/>Private homes or nursing homes</p> <p><b>How were they recruited:</b><br/>Convenient samples</p> <p><b>How many participants were</b></p> | <p><b>Brief description of method and process of analysis:</b><br/>In the USA, four nursing homes were visited. In Israel, older adults were interviewed in two nursing homes and people living in private homes. All the interviews lasted 40 minutes to one hour for each session. Previously developed questionnaires were used including five sections such as accessibility to and use of ICT, reasons for not using a computer, use of computers. The questionnaires included 180 questions (places of accessibility, perceptions, or frequency of use) or ordinal 4- point Likert scale (1- strongly disagree to 4-strongly agree).</p> <p><b>Key themes relevant to this review:</b></p> <p><i>Participants</i></p> <p>Barriers:</p> <ul style="list-style-type: none"> <li>• No perceived need</li> <li>• No interest</li> <li>• Health problems</li> <li>• Lack of access to support</li> <li>• Lack of accessibility of ICT</li> <li>• Age effects, the older the less use</li> </ul> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Good health</li> <li>• Accessibility of computers</li> <li>• Perceived usefulness of modern technology</li> </ul> | <p><b>Limitations (author):</b><br/>Convenience sampling method applied due to difficulties with assessing respondents</p> <p>Small sample sizes</p> <p>Limited generalisability</p> <p><b>Limitations (review team):</b><br/>The barriers could have been reported by health states or living arrangements separately to see if there are any specific barriers by sub-groups.</p> <p>More cross-sectional comparative studies are needed to explore the cultural and social differences between various county settings.</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Specific barriers or facilitators for older adults with different levels of health states.<br/>Increasing awareness of potential usefulness of ICT for older people</p> |
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|  | 2007-2008  | <p><b>recruited:</b><br/>123 ( 63 from the USA and 60 from Israel)</p> <p><b>For client views, were they all completers:</b><br/>Yes</p> <p><b>Were there specific exclusion criteria:</b><br/>Not reported</p> <p><b>Were there specific inclusion criteria:</b><br/>Older people aged 60 and over</p> <p><b>Reason for referral of participants:</b><br/><b>Referred by:</b><br/>Not reported</p> | <p><i>Providers</i></p> <p><b>Barriers:</b></p> <ul style="list-style-type: none"> <li>• Low motivation for use of ICT by older adults with health problems</li> </ul> <p><b>Facilitators:</b></p> <ul style="list-style-type: none"> <li>• Simplicity of use of health related ICT</li> <li>• Providing more training and support</li> <li>• More tailored to specific personal and cultural characteristics</li> </ul> | <p>with low perceived need</p> <p><b>Funding sources:</b></p> <p>Self-funded by the authors, without involvement of nay institution or external funding resource</p> <p><b>Applicable to UK?</b> (if appropriate): Yes</p> |
| <p><b>Author and year:</b><br/>Helsper 2009</p> <p><b>Study design:</b><br/>Survey (<i>The Oxford Internet</i></p> | <p><b>What was/were the research questions:</b><br/>To understand the reasons for older peoples' non-use of the internet</p> | <p><b>Description of study participants:</b><br/>Not reported</p> <p><b>What population were</b></p>  | <p><b>Brief description of method and process of analysis:</b><br/>Not reported</p>  | <p><b>Limitations (author):</b><br/>Not specified</p> <p><b>Limitations (review team):</b><br/>Lacking description of research</p>   |

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| <p><i>Surveys</i></p> <p><b>Quality score: (inc external validity for surveys)</b><br/>(-)</p> | <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Not specified</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Questionnaire</li> <li>• <b>By whom:</b><br/>Not reported</li> <li>• <b>What setting(s):</b><br/>Not specified</li> <li>• <b>When:</b><br/>Not reported (The Oxford Internet Surveys (OxIS) that started in 2003)</li> </ul> | <p><b>the sample recruited from:</b><br/>UK population</p> <p><b>How were they recruited:</b><br/>Not specified (a nationally representative survey of Britons over the age of 14)</p> <p><b>How many participants were recruited:</b><br/>Not reported</p> <p><b>For client views, were they all completers:</b><br/>Not reported</p> <p><b>Were there specific exclusion criteria:</b><br/>Not specified</p> <p><b>Were there specific inclusion criteria:</b><br/>Not specified</p> | <p><b>Key themes relevant to this review:</b></p> <p><i>Participants</i></p> <p>Barriers:</p> <ul style="list-style-type: none"> <li>• Lack of interest</li> <li>• Not being suitable for older people to use</li> <li>• Lack of skills/abilities</li> <li>• Lack of access</li> <li>• Concerns about privacy and information overload</li> <li>• High costs</li> <li>• Lack of the ICT support network for older people</li> </ul> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Internet as an efficient way of finding information</li> <li>• Internet makes life easier</li> <li>• Internet enables keeping in touch with people</li> </ul> | <p>design, data collection, and methods of data analysis</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>None reported</p> <p><b>Funding sources:</b><br/>Not reported</p> <p><b>Applicable to UK? (if appropriate):</b><br/>Yes, UK based</p> |
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|  |  | <b>Reason for referral of participants:</b><br><b>Referred by:</b><br>Not applicable   |  |  |
| <b>Author and year:</b><br>Ofcom report 2006<br><br><b>Country:</b><br>UK<br><br><b>Study design:</b><br>Qualitative (focus groups and interviews)<br><br><b>Quality score: (inc external validity for surveys)</b><br>(-) | <b>What was/were the research questions:</b><br>To examine older peoples' attitudes and their engagement with communications technology (the internet and DTV services)<br><br><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br>Not specified<br><br><b>How were the data collected:</b><br><ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>18 focus groups and 20 in-depth interviews</li> <li>• <b>By whom:</b><br/>Not specified</li> <li>• <b>What setting(s):</b><br/>6 locations across the UK (Watford, Cardiff, Belfast, Manchester,</li> </ul> | <b>Description of study participants:</b><br>Target age group 55+<br><br><b>What population were the sample recruited from:</b><br>Not specified<br><br><b>How were they recruited:</b><br>Not reported<br><br><b>How many participants were recruited:</b><br>Not specified<br><br><b>For client views, were they all completers:</b><br>Not reported<br><br><b>Were there specific exclusion criteria:</b><br>Not reported<br><br><b>Were there specific</b> | <b>Brief description of method and process of analysis:</b><br>To make sure that groups are quite homogenous, recruitment was based on both usage and attitudinal quotas. As a result participants were divided into 3 segments: <i>digitally disengaged</i> (8 groups); <i>late adopters</i> (5 groups), and embracers (5 groups).<br><br>Focus groups (lasting 1.5 hours) followed agreed, fairly unstructured and open ended discussion guide. The group discussions consisted of the introduction; attitudes towards technology in general; internet - attitudes, awareness, understanding, and use of the internet; DTV - attitudes, awareness, understanding, and use of DTV; and group problem solving.<br><br><b>Key themes relevant to this review:</b><br><br>Based on their attitudes towards the internet, participants were divided into 4 segments, two current user types and two non-user types. Current | <b>Limitations (author):</b><br>Not reported<br><br><b>Limitations (review team):</b><br>Lacking detailed description of sample selection and data analysis<br><br><b>Evidence gaps and/or recommendations for future research:</b><br>Not specified<br><br><b>Funding sources:</b><br>Not reported<br><br><b>Applicable to UK? (if appropriate):</b><br>Yes, UK based |

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|  | <p>Edinburgh and Southampton).</p> <p>• <b>When:</b><br/>Not specified</p> | <p><b>inclusion criteria:</b><br/>Not specified</p> <p><b>Reason for referral of participants:</b></p> <p><b>Referred by:</b><br/>Not applicable</p> | <p>users were <i>absorbers</i> and <i>self starters</i> and Non-users were <i>rejecters</i> and <i>disengaged</i>.</p> <p>Participants</p> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• For <i>absorbers</i> prior experience of PC/internet at work facilitated take up of the internet at home;</li> <li>• Motivations for <i>self starters</i> to start using the internet varied from a need to communicate with family to a desire to stay in touch and keep up to date.</li> </ul> <p>Participants</p> <p>Barriers:</p> <ul style="list-style-type: none"> <li>• Among non-users the barriers to involvement were related to lack of skills, ability and motivation, as well as a number of social and environmental reasons.</li> </ul> <p><u>Skills and ability</u> (lack of any exposure to PCs raised doubts about their ability to cope with learning this new technology; several questioned whether the benefits outweighed the effort required).</p> <p>- <u>Motivation / information needs</u> (for some it was difficult to see how they would use the internet; many questioned whether it was necessary to start</p> |  |
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|   |  |   | <p>learning now; a small number attended courses and had an experience that discouraged them from further learning. Although majority were aware of the internet access through libraries, very few attempted to use it, mainly due to fear of exposing their ignorance.</p> <p>- <u>Social / environmental factors:</u> (given concerns about the quality of the products and the potential financial outlay; lack of time; a few recently retired participants reported that they wanted to maintain their independence and mobility and thought that computers could threaten both; a few of the disabled and housebound older people felt that learning about technology could have an effect on their dependent relationships with their children; and issues around security and privacy related to the use of technology were also mentioned).</p> |   |
| <p><b>Author and year:</b><br/>Redsell 2010</p> <p><b>Country:</b><br/>UK</p> <p><b>Study design:</b><br/>Observations of lessons and 15 semi-structured interviews</p> | <p><b>What was/were the research questions:</b><br/>To examine successful ways of teaching computers and to discover why the older learner's computer lesson retention rate was consistently high since 1996 within the evaluated programme, with learners continuing lessons over many years.</p> | <p><b>Description of study participants:</b><br/>Healthy older adults in the local community who participated in the computer learning programme.</p> <p><b>What population were the sample</b></p> | <p><b>Brief description of method and process of analysis:</b><br/>Strauss and Corbin's (1990) grounded theory methods were applied for the analyses of qualitative data gathered from the observations and the semi-structured interviews</p> <p><b>Key themes relevant to this review:</b><br/><i>Participants</i><br/>Barriers:</p>  | <p><b>Limitations (author):</b><br/>Not reported</p> <p><b>Limitations (review team):</b><br/>Scarce reporting<br/>Small-scale evaluation of the study programme (at least as reported here in this article)</p> <p><b>Evidence gaps and/or</b></p> |

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| <p><b>Quality score:</b> (inc external validity for surveys)</p> <p>-</p> | <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Healthy active ageing approach as a theoretical perspective, grounded theory as the methodological approach</p> <p><b>How were the data collected:</b><br/>Through the research project Skylarkers 60 and Better Program</p> <p><b>• What method(s):</b><br/>Observations of lessons and 15 semi-structured interviews</p> <p><b>• By whom:</b></p> <p><b>•What setting(s):</b><br/>The programme was located in a suburb of Brisbane, Queensland in Australia</p> <p><b>• When:</b><br/>No more information provided than</p> | <p><b>recruited from:</b><br/>Healthy older adults in the local community</p> <p><b>How were they recruited:</b><br/>Not reported</p> <p><b>How many participants were recruited:</b><br/>15 for the interviews</p> <p><b>For client views, were they all completers:</b><br/>Not reported</p> <p><b>Were there specific exclusion criteria:</b><br/>Not reported</p> <p><b>Were there specific inclusion criteria:</b><br/>Not reported</p> <p><b>Reason for referral of participants:</b><br/>Not applicable</p> | <p><b>Facilitators:</b><br/>High retention rates were, according to the study, a direct result of the tutor’s style of teaching and building of tutor–learner relationships<br/>The tutors took a problem-solving approach to training where older learners’ individual computer learning problems were addressed and the goals of the older learner determined lesson content and to what degree the learner wished to pursue a topic<br/>The centre’s tutor and older-learner interaction was crucial in retaining students.<br/>Older adults valued tutor qualities such as patience, willingness to repeat procedures and to reassure them when they felt that they were doing something wrong<br/>Older learners seemed to come back for lessons because tutors built a supportive student–tutor relationship and the centre management supported both tutors and students with the physical computer and human resources</p> <p><i>Referrers</i><br/>Barriers:<br/>• Not applicable</p> | <p><b>recommendations for future research:</b><br/>Not reported</p> <p><b>Funding sources:</b><br/>Not reported</p> <p><b>Applicable to UK?</b> (if appropriate): Yes, the study and the interventions were conducted in Australia but could be applied in a UK context.</p> |
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|  | <p>that the training programme started in 1996 and that the observations were conducted during a 3-year-period</p> | <p><b>Referred by:</b><br/>Not applicable</p> | <p>Facilitators:<br/>• Not applicable</p> <p><i>Providers</i></p> <p>Barriers:<br/>• Not applicable</p> <p>Facilitators:<br/>• The study suggests that putting time and effort into selecting suitable tutors with particular skills in teaching older learners is valuable.<br/>Each tutor needs to have skills in appropriately teaching older adults, including empathy and patience, as well as the ability to build a learning relationship over long periods.</p> <p>Centre managers should be supportive of tutors and students through offering updated resources and ensuring tutors are capable of understanding the needs of older adult users.</p> <p>Centre managers who agree to run computer lessons will benefit if they carefully select tutors who are willing to use the types of skills and possess the qualities that this study suggests encourage older learners to repeatedly return for lessons</p> |  |
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| <p><b>Author and year:</b><br/>Slegers 2012</p> <p><b>Country:</b><br/>The Netherlands</p> <p><b>Study design:</b><br/>Longitudinal</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>+</p> | <p><b>What was/were the research questions:</b><br/>To examine predictors of computer use in younger and older adults; and to explore the relationship between computer use and changes in cognitive functioning.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Not specified</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Questionnaire and series of cognitive functioning tests</li> <li>• <b>By whom:</b><br/>Not reported</li> <li>• <b>What setting(s):</b><br/>South of the Netherlands</li> <li>• <b>When:</b><br/>1993 and 1995 to January 2003–December 2004</li> </ul> | <p><b>Description of study participants:</b><br/>Healthy adults aged 24–81 years</p> <p><b>What population were the sample recruited from:</b><br/>Randomly selected from a patient register of 15 GPs in the south of the Netherlands (part of the Maastricht Aging Study (MAAS))</p> <p><b>How were they recruited:</b><br/>Not reported</p> <p><b>How many participants were recruited:</b><br/>1823</p> <p><b>For client views, were they all completers:</b><br/>1349 (74%) participants out of 1823</p> | <p><b>Brief description of method and process of analysis:</b><br/>Data were collected on computer use, predictors of computer use (socio-demographic variables - age, sex and level of education - and measures of subjective functioning - RAND-36 to measure subjective functional status and subjective cognitive functioning; the Loneliness Questionnaire and the Satisfaction with Life Scale); and computer use as a predictor of cognitive functioning (The Visual Verbal Learning Test (VVL); The Letter–Digit Substitution Test (LDST); The Concept Shifting Test (CST); The Stroop Colour Word Test (SCWT); Motor Choice Reaction Time test (MCRT)</p> <p>Measurements at 6-year and 9-year follow-up</p> <p>Statistical analyses: t-tests, Chi-square tests, liner and logistic regression analyses</p> <p><b>Key themes relevant to this review:</b><br/><i>Participants</i></p> <p><u>Predictors:</u> The results indicated that in the older group individuals who are younger, male and with a higher level of education and who feel less lonely have a higher tendency to start using computers. “These results demonstrate that for older adults</p> | <p><b>Limitations (author):</b><br/>High attrition rate (26%) – given that dropouts usually perform worse on the neuropsychological tests, underestimation of the differences between computer users and non-users was probably due to high attrition</p> <p><b>Limitations (review team):</b></p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Not stated</p> <p><b>Funding sources:</b><br/>Not reported</p> <p><b>Applicable to UK? (if appropriate):</b><br/>Yes</p> |
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|   |   | <p><b>Were there specific exclusion criteria:</b><br/>Medical conditions that interfere with normal cognitive functioning; a score of 24 or higher on the Mini-Mental State Examination</p> <p><b>Were there specific inclusion criteria:</b><br/>Community-dwelling adults who were between 24 and 81 old at the time of recruitment</p> <p><b>Reason for referral of participants:</b><br/><b>Referred by:</b><br/>Not applicable</p> | <p>there are more factors that drive individuals to use computers. That means, to motivate older adults to use computers, the factors age, sex, level of education and whether someone feels lonely need to be considered. For instance, such campaigns could be especially designed to appeal individuals who feel lonely. By taking these factors into account, older individuals who might not be inclined to start using a computer by themselves may be persuaded to do so. As a result these individuals can also profit from computer and Internet services that may improve their autonomous functioning (p.6)”</p> <p>In conclusion, encouraging older adults to use computers and the Internet may have some effects on cognitive abilities, but with only minor effect sizes. Therefore, the authors conclude that the promotion of computer use in order to improve cognitive function is not an effective strategy.</p> |  |
| <p><b>Author and year:</b><br/>Warren-Peace et al. 2008</p> <p><b>Study design:</b></p> | <p><b>What was/were the research questions:</b><br/>To better understand what learning to use computers means to older people</p> | <p><b>Description of study participants:</b><br/>1. A widow, 83 years old at the time of initial data, with school level</p>  | <p><b>Brief description of method and process of analysis:</b><br/>Data triangulation involved the collection of three kinds of data: interview, observation, and document data Data analysis was conducted simultaneously</p>   | <p><b>Limitations (author):</b><br/>Not reported</p> <p><b>Limitations (review team):</b><br/>Small case study with very limited</p> |

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| <p>Case study methodology</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Case study methodology</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Open-ended interviews, observations of routine computer activities at home, and collections of relevant artefacts</li> <li>• <b>By whom:</b><br/>Not reported</li> <li>• <b>What setting(s):</b><br/>At the home of the two participants under study</li> <li>• <b>When:</b><br/>2004-2006</li> </ul> | <p>education and previous computer lessons.</p> <p>2. Married woman aged 59 years , with a degree but no formal computer training</p> <p><b>What population were the sample recruited from:</b><br/>Not stated</p> <p><b>How were they recruited:</b><br/>Not specified – but intended to have different characteristics</p> <p><b>How many participants were recruited:</b><br/>2 people</p> <p><b>For client views, were they all completers:</b><br/>Yes</p> <p><b>Were there specific</b></p> | <p>with data collection, in which analytical files were built after a home visit or during the audiotape transcription. Matrix displays were then used to help the development of major themes as well as help triangulate themes from different data sources to enhance credibility and safeguard against researcher bias</p> <p><b>Key themes relevant to this review:</b></p> <p><i>Participants</i><br/>Facilitators:</p> <p>The two participants each reported enjoying the various activities they performed with their computers, especially internet searches involving their individual hobbies and interests. Both participants reported that they found a wide variety of information on the Web that is important to them Both also used the Internet to find information not readily available elsewhere. Both participants made encouraging comments about the role of computers in their lives and ageing alone did not necessarily have a negative effect on performance, as the older study participant emerged as a much more proficient computer user than the younger participant. Formal computer training appeared to account for much of the difference between the two women in observed computer skills.</p> | <p>generalisability</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Future work should examine the effectiveness of partnering younger older people with older older people in mentoring programmes.</p> <p>Future research should examine these types of programmes with a more diverse population including men and people from diverse cultural backgrounds.</p> <p><b>Funding sources:</b><br/>Not reported</p> <p><b>Applicable to UK? (if appropriate):</b><br/>Yes, applied in similar socio-cultural context (the US)</p> |
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|  |  | <b>Reason for referral of participants:</b><br><b>Referred by:</b><br>Not applicable |  |  |

**Table 2 for Evidence statement 2: Barriers and facilitators to volunteering by older people**

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| <p><b>Author and year:</b><br/>Lambert et al., 2007</p> <p><b>Study design:</b><br/>Multi-method approach</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p><b>What was/were the research questions:</b><br/>To assess some of the impacts and experiences of people aged over 50 years becoming volunteers (Senior Health Mentors) in local initiatives designed to improve the physical, social and emotional health and well-being of their peers.</p> <p>The research also looked at paid staff and client views on the volunteer training and ongoing support.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Not reported</p> | <p><b>Description of study participants:</b><br/>Coordinators, volunteers and clients from a total of 46 of the 88 Ageing Well projects in UK. This included interviews with 101 peer volunteers in 36 projects. 79 women and 22 men; 90% were over the age of 50 and 15 were from BME backgrounds.</p> <p><b>What population were the sample recruited from:</b><br/>Six Ageing Well projects from across England and Wales were chosen, including projects in urban and rural areas, two projects targeted at ethnic minority groups, projects focused on different types of activities</p> <p><b>How were they recruited:</b><br/>All project coordinators or managers identified in Ageing Well listings were sent written information about the evaluation<br/>Coordinators in participating projects distributed invitations and information packs on behalf of the research team to</p> | <p><b>Brief description of method and process of analysis:</b><br/>Focus group interviews were tape-recorded and transcribed verbatim. Written records were made of interviews with volunteers and clients and tape-recordings made which were listened to in order to confirm the accuracy of notes. Qualitative data was coded, categorised and thematically analysed to identify themes and patterns in the data Participants' responses to statements on the telephone interview schedule using Likert scales were collated and compared. Quantitative data was entered into SPSS and analysed to produce frequencies and cross-tabulations. Reports, evaluations and research papers were analysed to identify key themes</p> <p><b>Key themes relevant to this review:</b><br/><i>Participants (service users)</i><br/>Facilitators:<br/>Most of the clients who took part in the evaluation joined in Ageing Well activities at least once a week, with about half of the</p> | <p><b>Limitations (author):</b><br/>Sample of clients/users not representative; e.g. the number of male participants was small</p> <p><b>Limitations (review team):</b><br/>Rather simple analysis methods used</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Focus groups with coordinators, volunteers and clients to agree definitions of volunteering and mentoring roles are recommended for future research projects, as well as cost effectiveness analysis of the Ageing Well programme</p> <p><b>Funding sources:</b><br/>Not reported</p> |
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|  | <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Focus groups with coordinators<br/>Telephone interview survey of volunteer mentors<br/>Face-to-face interviews with clients<br/>Review of relevant research and policy literature</li> <li>• <b>By whom:</b><br/>Not reported</li> <li>• <b>What setting(s):</b><br/>Not reported</li> <li>• <b>When:</b><br/>2007</li> </ul> | <p>volunteers and clients</p> <p><b>How many participants were recruited:</b><br/>Coordinators, volunteers and clients from a total of 46 out of 88 projects took part in the evaluation</p> <p><b>For client views, were they all completers:</b><br/>Not reported</p> <p><b>Were there specific exclusion criteria:</b><br/>Not specified</p> <p><b>Were there specific inclusion criteria:</b><br/>Criteria for inclusion in each phase of data collection included: projects using trained volunteers to undertake activities covering a range of topics such as exercise, healthy eating, falls prevention, arts and music; projects targeted on men's health; projects targeted to meet the needs of minority ethnic communities; projects working with clients in different settings including residential homes or supported housing; projects in rural and urban settings; projects in different regions of England and Wales</p> | <p>sample taking part more than twice a week</p> <p>Clients of projects reported that they enjoyed physical exercise whether seated, keep fit or walking and they also valued the companionship of other people</p> <p>Talks on health advice, welfare benefits or local history, as well as dancing, IT and crafts were also popular</p> <p>Men were more likely to join walking groups or exercise sessions or talks provided by external speakers</p> <p>The most requested additional topics included health advice, information for carers, health screening checks, outings and day trips</p> <p>Barriers.</p> <p>The service users suggested that health information should be provided in formats more readily accessible to older people including languages other than English or Welsh</p> <p>A need was also established for health information to be provided in a way readily understandable to older people</p> <p><i>Providers (volunteers in the projects)</i></p> <p>Facilitators</p> | <p><b>Applicable to UK?</b> (if appropriate):<br/>Yes, conducted in UK</p> |
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|  |  | <p><b>Reason for referral of participants:</b></p> <p><b>Referred by:</b></p> <p>Not applicable</p> | <p>About half of all volunteers (n=49) highlighted the significance of coordinators' enthusiasm and commitment, a further 21 volunteers engaged in the projects valued the support of other volunteers.</p> <p>Twenty volunteers were motivated by the health and social benefits achieved by clients. Volunteers also welcomed opportunities to use their previous experiences and skills to benefit the community.</p> <p>Several volunteers mentioned 'feeling comfortable with' older people.</p> <p>The support of the local Age Concern and the social contact of 'being in a good group' were mentioned by several volunteers .</p> <p>Training was also a facilitator to many volunteers.</p> <p>Some volunteers valued the recognition of their role through award ceremonies and special events.</p> <p>Free bus travel was also valued. Several volunteers pointed out that their project had a high profile in their local community and this attracted both volunteers and clients.</p> <p><i>Barriers</i></p> <p>When asked whether there were any obstacles to their roles, about one third replied 'none'</p> |  |
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|  |   |  | <p>(n=37). The most commonly cited obstacles included volunteers' or their relatives' health problems or disabilities, lack of transport or inability to drive, late start to training, or lack of time to take part in training or to spend more time on Ageing Well activities</p> <p>A common theme was the need for more funding and anxiety regarding sustainability of projects where funding was time limited. Other obstacles included poor transport links or unreliable transport to the project, clients having to pay for transport or food and inaccessibility of the centre where activities were held. Inadequate training and support from projects, poor communication such as not passing on messages, or lack of information about clients' health conditions, was mentioned by some volunteers. Some IT tutors would have liked more up to date equipment and reliable support. Other projects lacked volunteers, or lost them to paid work, and could have provided more activities with more volunteers</p> |  |
| <p><b>Author and year:</b><br/>Lawlor, 2014</p> <p><b>Country:</b><br/>Ireland</p> | <p><b>What was/were the research questions:</b></p> <p>To explore the experiences</p> | <p><b>Description of study participants:</b></p> <p>Participants: 40 older people. Mean age 80; 75% women; 61% education to less than 16 years; 18% single, 73% widowed, 8% married/cohabiting, 3%</p> | <p><b>Brief description of method and process of analysis:</b></p> <p>Participation in focus groups before and after the volunteer peer befriending intervention for both participants and volunteers.</p>  | <p><b>Limitations (author):</b></p> <p><b>Limitations (review team):</b></p> <p>Lack of socio-demographic information on the</p> |

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| <p><b>Study design:</b><br/>Focus groups conducted alongside randomised controlled trial</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p>of older people who were befriended and the older volunteers providing the befriending service.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Not stated</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Focus groups</li> <li>• <b>By whom:</b><br/><br/>Researchers</li> <li>• <b>What setting(s):</b><br/>Ireland, community,</li> <li>• <b>When:</b><br/>2013</li> </ul> | <p>separated/divorced.</p> <p>Volunteers: 46 volunteers recruited. No further socio-demographic information provided.</p> <p><b>What population were the sample recruited from:</b></p> <p>Urban and rural areas of three counties in the east of the Republic of Ireland</p> <p><b>How were they recruited:</b></p> <p>Potential participants were identified by people working with older people in the community including general practitioners, public health nurses, parish staff, day centre staff, home helps and members of local active retirement groups. Individuals identified were asked if they were interested in participating in the study and if so information was sent to them. This was followed up by a phone call from a member of the research team.</p> <p><b>How many participants were recruited:</b><br/>40 older people were in the intervention</p> | <p>Narrative analysis only using framework analysis and the constant comparison method.</p> <p><b>Key themes relevant to this review:</b></p> <p><i>Participants</i></p> <p>Barriers:</p> <p>Physical limitations and lack of energy making it difficult to maintain/make social connections<br/>Lack of transport<br/>Loss of sense of community<br/>Bereavement as barrier to making social connections<br/>Informal caregiving responsibilities</p> <p><i>Facilitators:</i></p> <p>Motivation and encouragement from peer volunteers to engage in social activities.</p> <p><i>Volunteers</i></p> <p>Barriers:</p> <p>Clients sometimes were resistant to change and this negatively impacted on their ability to make new connections</p> <p><i>Facilitators:</i></p> <ul style="list-style-type: none"> <li>• Perceived satisfaction and enjoyment from volunteering</li> </ul> <p>Back up support for volunteers from the</p> | <p>volunteers.</p> <p><b>Evidence gaps and/or recommendations for future research:</b></p> <p>Barriers and facilitators in diverse sub-population groups</p> <p><b>Funding sources:</b></p> <p>Ageing Well Network,<br/><br/>Atlantic Philanthropies</p> <p><b>Applicable to UK? (if appropriate):</b> Yes</p> |
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|  |  | <p>group of the trial.</p> <p><b>For client views, were they all completers:</b><br/> 33 of 49 people in the intervention group participated in at least one of two focus groups.</p> <p>34 of 46 volunteers participated in at least one of the four volunteer focus groups.</p> <p><b>Were there specific exclusion criteria:</b></p> <p>Peer volunteers: failing/ refusing the Police clearance process</p> <p><b>Were there specific inclusion criteria:</b></p> <p>Participants: People over the age of 60, community dwelling and with no significant memory problems who scored more than 3 on the De Jong Scale or answered Yes to item 5 on the Centre for Epidemiological Studies Depression Scale (CESD)</p> <p>Peer volunteers: At least 55, with no significant memory problems and having capacity and commitment to undergo the training required and a full understanding</p> | <p>research team</p> |  |
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|  |   | <p>of confidentiality.</p> <p><b>Reason for referral of participants:</b><br/> <b>Referred by:</b><br/>         Potential participants identified by older people's services – they could then choose whether or not to participate in RCT.</p>  |  |  |
| <p><b>Author and year:</b><br/>Martinez, 2006</p> <p><b>Country:</b><br/>USA</p> <p><b>Study design:</b><br/>Survey conducted alongside randomised controlled trial</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>+</p> | <p><b>What was/were the research questions:</b><br/>To see if it is possible to recruit and retain a diverse pool of older adults to participate in a high-intensity volunteer programme called the Experience Corps Baltimore.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>A social model for health</p> | <p><b>Description of study participants:</b><br/>Older people with a mean age of 69. 90% were women and 93% African-American. The self-reported health of those screened ranged from fair to excellent, with 27.6 % and 16.8% rating their health as very good and excellent, respectively. Only 5.5% reported a limiting physical condition.</p> <p><b>What population were the sample recruited from:</b><br/>African-American volunteers living in community</p> <p><b>How were they recruited:</b><br/>Though a partnership between scientists at the Johns Hopkins University and the Greater Homewood Community Corporation, an umbrella community</p> | <p><b>Brief description of method and process of analysis:</b><br/>Baseline evaluations were collected via a five-stage process.<br/>         Stage 1: Screener by phone or in person<br/>         Stage 2: Intake form at intake meeting<br/>         Stage 3: Baseline evaluation for physical, cognitive, social function<br/>         Stage 4: Background check<br/>         Stage 5: Training for 6 days</p> <p>Differences in the characteristics of those who were initially screened and ultimately participated in the programme vs. those who did not were evaluated using Chi-square and Fisher's t-test.</p> <p><b>Key themes relevant to this review:</b><br/><i>Participants</i></p> | <p><b>Limitations (author):</b><br/>Non-random nature of a volunteer sample</p> <p><b>Limitations (review team):</b><br/>Generalisability to other ethnic groups and those with high socio-economic status</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Barriers and facilitators in diverse sub-population groups</p> <p><b>Funding sources:</b></p> |

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|  | <p>promotion</p> <p><b>How were the data collected:</b></p> <p>• <b>What method(s):</b><br/>Survey</p> <p>• <b>By whom:</b><br/>Researchers</p> <p>• <b>What setting(s):</b><br/>USA, community, public school</p> <p>• <b>When:</b><br/>1999-2003</p> | <p>organisation serving 40 neighbourhood organisations in Baltimore City.</p> <p>Recruiters including a field director and investigators, utilised various strategies from “pounding the pavement”, handing out brochures on city streets and at health fairs, to presentations at churches, community organisations, retiree organisations, ‘senior’ housing sites and older people’s centres.</p> <p><b>How many participants were recruited:</b><br/>443</p> <p><b>For client views, were they all completers:</b><br/>38. 1% completed.</p> <p><b>Were there specific exclusion criteria:</b><br/>Those who do not meet the inclusion criteria</p> <p><b>Were there specific inclusion criteria:</b><br/>-Aged 60 and over<br/>-Commitment of 15 hours per week through the full school year<br/>-Demonstrated ability to read<br/>-Clearance on the school system’s required criminal background check<br/>-Ability to travel to the schools<br/>-Cognition sufficient for functioning effectively in the schools</p> | <p>Barriers:</p> <ul style="list-style-type: none"> <li>• Other activities interfering with their volunteering</li> <li>• Conflicting responsibilities</li> <li>• Physical limitations</li> <li>• Lack of time</li> <li>• African-American widowed and unmarried were a majority of the volunteers</li> <li>• Men were more likely to leave after 1 year</li> <li>• Low income, cost burden for volunteering</li> </ul> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Word of mouth</li> <li>• Perceived satisfaction with volunteering</li> <li>• High motivations for generative and non-generative motives</li> </ul> <p><i>Providers</i></p> <p>Barriers:</p> <ul style="list-style-type: none"> <li>• Gender balance in recruitment and retention</li> </ul> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Multiple partnerships in the recruitment process</li> <li>• High retention rates</li> </ul> | <p>THE Retirement Research Foundation, the Erickson Foundation, the State of Maryland, the State of Maryland Department of Education, the Baltimore City Public Schools, the Baltimore City Commission on Ageing and Retirement Education, the Johns Hopkins Prevention Centre, and the Corporation for National Service.</p> <p><b>Applicable to UK?</b> (if appropriate): Yes</p> |
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|  |   | <p>-A minimum score of Q24 on the Mini-Mental State Examination</p> <p>-Those with more than 12 years of education</p> <p><b>Reason for referral of participants:</b></p> <p><b>Referred by:</b></p> <p>Older people were volunteered to take part in the programme. After the first year, referrals by friends and current volunteers were the most frequent source of attracting programme participants.</p>   |   |  |
| <p><b>Author and year:</b><br/>McBride 2012</p> <p><b>Country:</b><br/><br/>USA</p> <p><b>Study design:</b><br/>Drew on longitudinal survey data of older volunteers in the Experience Corp participants and conducted logistic and OLS regression analysis.</p> | <p><b>What was/were the research questions:</b></p> <p>To look at the impact of different programmatic features of an Experience Corp programme that may help facilitate volunteer engagement</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if</b></p> | <p><b>Description of study participants:</b></p> <p>New volunteers in the Experience Corp. 46% African American (n = 95), 46% Caucasian (n = 95), 2% Native American (n = 4), and 6% multiracial or other race (n = 13). Mean age 65.82; 85% female. 67% had previously volunteered in some capacity in last 5 years. Income and education profile data also provided.</p> <p><b>What population were the sample recruited from:</b></p> <p>All 297 new volunteers to the Experience Corp programme at the start of the 2007</p> | <p><b>Brief description of method and process of analysis:</b></p> <p>Logistic and OLS regression of survey results to identify how different potential institutional features of the Experience Corp such as receiving a stipend, training, flexible working conditions, recognition and help and support impacted on the likelihood of volunteer retention, exceeding volunteer expectations and perceived benefits of volunteering.</p> <p><b>Key themes relevant to this review:</b></p> <p><i>Participants</i></p> | <p><b>Limitations (author):</b></p> <p>The study was not an experimental design, and causation should not be inferred. The sample was self-selected, having chosen to serve in Experience Corps and having met the eligibility requirements.</p> <p>The study was not an experimental design, and causation should not be inferred. The sample was</p> |

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| <p><b>Quality score: (inc external validity for surveys)</b></p> <p>-</p> | <p><b>specified):</b></p> <p><b>Three hypotheses tested:</b></p> <p>1. Institutional facilitation is associated with exceeded volunteer expectations.</p> <p>2. Institutional facilitation is associated with increased volunteer retention.</p> <p>3. Institutional facilitation is associated with higher perceived benefits for the volunteers and the children with whom they work.</p> <p><b>How were the data collected:</b></p> <p>• <b>What method(s):</b></p> <p>All new recruits to the Experience Corp in all 18 locations across the US at the start of the 2007</p> | <p>academic year.</p> <p><b>How were they recruited:</b></p> <p><b>Contacted by the Experience Corp – method not stated</b></p> <p><b>How many participants were recruited:</b></p> <p>267</p> <p><b>For client views, were they all completers:</b></p> <p><b>Were there specific exclusion criteria:</b></p> <p><b>Not being a new member of the Experience Corp</b></p> <p><b>Were there specific inclusion criteria:</b></p> <p><b>Not being a new member of the Experience Corp. Not being over the age of 50.</b></p> <p><b>Reason for referral of participants:</b></p> <p><b>Referred by:</b></p> | <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• A range of facilitators to volunteering: stipend; supervision; training; assistance; flexibility; recognition.</li> </ul> <p>The more facilitators implemented in a programme the greater the likelihood that a volunteer would continue to participate beyond one year.</p> <p>Flexibility in volunteering hours and commitment, as well as greater levels of recognition for volunteers was associated with higher rates of programme completion.</p> <p>Individuals who received a stipend appear to be less likely to continue participation beyond one year. (But stipends were only available to those who could commit a minimum of 15 hours per week)</p> <p>Better facilitation also associated with better perceived outcomes of the programme for both older volunteers and children</p> | <p>self-selected, having chosen to serve in Experience Corps and having met the eligibility requirements.</p> <p>All measures were self reported, based on the volunteers’ perceptions of the institutional features, not objective measures of what may have actually been available or delivered to them.</p> <p><b>Limitations (review team):</b></p> <p>Longer term retention beyond one year not assessed.</p> <p>Low rate of participation by male volunteers</p> <p><b>Evidence gaps and/or recommendations for future research:</b></p> |
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|  | <p>academic year were contacted to take part in the survey. A telephone survey was then conducted for those who agreed to participate</p> <p><b>• By whom:</b></p> <p>Trained interviewers from Mathematica Policy Research in Princeton, New Jersey.</p> <p><b>•What setting(s):</b></p> <p>On the phone</p> <p><b>• When:</b> August to November 2007 for first questionnaire and May to July 2008 for follow up questionnaire</p> | <p><b>As stated above by Experience Corp</b></p>  |   | <p><b>Funding sources:</b></p> <p>Atlantic Philanthropies (NGO)</p> <p><b>Applicable to UK?</b> (if appropriate):</p> <p>Yes this is an intergenerational volunteering intervention which could be delivered in the UK, but in addition the discussion of facilitators is relevant to the concept of volunteering in general</p> |
| <p><b>Author and year:</b><br/>Raley 2006</p> <p><b>Country:</b></p> | <p><b>What was/were the research questions:</b></p> <p>To understand how volunteering fits into the</p>  | <p><b>Description of study participants:</b></p> <p>Members of the Experience Corp in Boston, Philadelphia and Washington D.C. Age range 55 – 86; 77% female;</p> | <p><b>Brief description of method and process of analysis:</b> Open-ended interview questions covering a range of key topics and designed to explore individuals’ unique experiences.</p> | <p><b>Limitations (author):</b></p> <p>Study selection method meant risk that sample biased towards volunteers</p>   |

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| <p><b>USA</b></p> <p><b>Study design:</b></p> <p>In depth interviews</p> <p><b>Quality score: (inc external validity for surveys)</b></p> <p>-</p> | <p>lives of retirees and what skills and services they bring to schools.</p> <p>Information and insights surrounding individuals' decisions to volunteer, how participation affected their daily lives, why they stayed with the program and what personal meaning the program held for them were obtained.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b></p> <p>Not stated</p> <p><b>How were the data collected:</b></p> <p>• <b>What method(s): 90 minute open ended face to face interviews and 20 minute telephone follow</b></p> | <p>67% African American, 23% white. 4 individuals were in their first year with the programme, 30 were in their second or third year, and 9 had been with Experience Corps for four to eight years</p> <p><b>What population were the sample recruited from:</b></p> <p>Members of the Experience Corp</p> <p><b>How were they recruited:</b></p> <p>Experience Corp programme directors in the three cities helped to identify individuals for the study. They were asked to help select volunteers who varied in age, gender, ethnicity, number of hours per week they volunteered and socioeconomic background and length of time with the programme.</p> <p><b>How many participants were recruited:</b></p> <p>43</p> <p><b>For client views, were they all completers:</b></p> <p><b>Were there specific exclusion criteria:</b></p> | <p>No other method details reported.</p> <p><b>Key themes relevant to this review:</b></p> <p><i>Participants</i></p> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Motivation to join the Experience Corp – a deep belief in importance of helping others; improvement in quality of life; programme was a good fit for the interests of volunteers</li> <li>• Programmatic supports – including training, day to day support and guidance, working in teams to help establish collegial relationships and develop friendships; Supportive school communities. Volunteers also gained a sense of meaning and purpose, better mental engagement and social engagement.</li> </ul> | <p>with more positive experiences.</p> <p><b>Funding sources:</b></p> <p>Robert Wood Johnson Foundation</p> <p><b>Applicable to UK? (if appropriate):</b> Very specific US context although school based volunteering schemes are seen in UK.</p> |
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|  | <p><b>up calls for 7 interviewees.</b></p> <p>• <b>By whom:</b><br/>Independent researchers</p> <p>• <b>What setting(s): Not stated</b></p> <p>• <b>When: April 2003 to December 2004.</b></p>  | <p>Not being members of the Experience Corp</p> <p><b>Were there specific inclusion criteria:</b></p> <p>Being members of the Experience Corp</p> <p><b>Reason for referral of participants:</b><br/><b>Referred by:</b></p>   |  |  |
| <p><b>Author and year:</b><br/>Tan et al, 2010</p> <p><b>Country:</b><br/>USA</p> <p><b>Study design:</b><br/>RCT</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>+</p> | <p><b>What was/were the research questions:</b></p> <p>To demonstrate the feasibility of a social marketing-based recruitment campaign for the first years of the Baltimore Experience Corps Trial (BECT)</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if</b></p> | <p><b>Description of study participants:</b></p> <p>Community dwelling older adults with the mean age of 69. 87% were women and 85% were African American. 43% had more than high school education.</p> <p><b>What population were the sample recruited from:</b></p> <p>Older adults from the Baltimore area.</p> <p><b>How were they recruited:</b></p> <p>Generative message via word of mouth, selective media, mass media Recruitment materials publicised a recruitment phone number that prospective participants could call to initiate a 5-step recruitment</p> | <p><b>Brief description of method and process of analysis:</b></p> <p>Demographic data were collected and older volunteers were asked to complete the questionnaires on income, comorbid conditions, and the Mini-Mental status Exam score. The authors explored whether individuals who were recruited differed by recruitment strategy or by reason for interest in participation from those declining to participate in the study, using independent t tests for continuous variables and the <math>\chi^2</math> test for categorical variables. The reasons for participating were categorised into the following seven motives such as altruism, ideology, material reward, status, social</p> | <p><b>Limitations (author):</b></p> <p>More research on price, specific barriers such as transportation. Older African American women were predominant, limiting generalisability.</p> <p><b>Limitations (review team):</b></p> <p>Generalisability issues to other ethnic groups</p> <p><b>Evidence gaps and/or recommendations for future research:</b></p> <p>Need for cost-effectiveness</p> |

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|  | <p><b>specified):</b><br/>Social marketing approach including 4Ps-product, price, place, and promotion.</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Questionnaires</li> <li>• <b>By whom:</b><br/>Study investigators</li> <li>• <b>What setting(s):</b><br/>USA, public schools</li> <li>• <b>When:</b><br/>November 2006-February 2007</li> </ul> | <p>process.</p> <p><b>How many participants were recruited:</b><br/>155</p> <p><b>For client views, were they all completers:</b></p> <p><b>Were there specific exclusion criteria:</b></p> <p><b>Were there specific inclusion criteria:</b><br/>60 years or over, a Mini-Mental Status Exam score of 24 or above, and a minimum sixth grade (age 11) reading level.</p> <p><b>Reason for referral of participants:</b></p> <p><b>Referred by:</b></p> | <p>relationships, leisure activity, and personal growth.</p> <p><b>Key themes relevant to this review:</b></p> <p><i>Participants</i></p> <p>Barriers:</p> <ul style="list-style-type: none"> <li>• High costs associated with intensive volunteering activities</li> </ul> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Appealing to generativity</li> <li>• Altruistic motives</li> <li>• Social relationships</li> <li>• Ideological motives like worthwhile cause or civil rights/helping underserved</li> <li>• Material rewards</li> </ul> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Use of selective media such as direct mailing, brochures, outreach talks, and notices in church bulletins</li> <li>• Use of mass media such as paid radio advertisements</li> <li>• Use of local grass root media channels for recruitment</li> <li>• A referral from a friend or a bulletin at religious services</li> </ul> | <p>was noted by the authors of the analysis</p> <p><b>Funding sources:</b><br/>The National Institute on Ageing and the NIA Johns Hopkins Older Americans Independence Centre, the NIA Women’s Health and Aging study, the John A. Hartford Foundation and the John A. Hartford Foundation, and the John D. and Catherine T. MacArthur Foundations.</p> <p><b>Applicable to UK? (if appropriate):</b> Yes – similar schemes do exist in the UK.</p> |
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| <p><b>Author and year:</b><br/>Tang et al. 2012</p> <p><b>Study design:</b><br/>Cross-sectional design using surveys</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p><b>What was/were the research questions:</b><br/>What are the differences in volunteer experience and perceived benefits from volunteering, including self-reported health, between older African Americans and white people?</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Not specified</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li><b>What method(s):</b><br/>Two different surveys</li> <li><b>By whom:</b><br/>Volunteer program</li> </ul> | <p><b>Description of study participants:</b></p> <ul style="list-style-type: none"> <li>• 109 (61%) were African American, and 71 (39%) were white. 90 (50%) were volunteers, and 90 (50%) were non volunteers. Mean ages in four groups 73.7 to 75.0</li> </ul> <p><b>What population were the sample recruited from:</b><br/>Three older peoples' centres volunteer programmes and one hospital based volunteer program</p> <p><b>How were they recruited:</b><br/>A purposive sample of older adult volunteers and a convenience sample of non volunteers.</p> <p><b>How many participants were recruited:</b><br/>180</p> <p><b>For client views, were they all completers:</b><br/>Volunteers sample: response rate 64%<br/>Non volunteers sample: response rate not reported</p> <p><b>Were there specific exclusion criteria:</b><br/>No other ethnic groups than African-</p> | <p><b>Brief description of method and process of analysis:</b><br/>Data collected using two-phase approach. In the first phase, four volunteer programme sites were identified and the programme directors agreed to participate in the study.. Completed questionnaires were returned by post in a provided stamped envelope. In the second phase, a comparison group of non volunteers was selected from the same volunteer programme sites. A trained research assistant distributed and collected the questionnaires from the non volunteer sample. Two different questionnaires were used to collect data from volunteers and non volunteers. Data analyses: chi-square, t-test analyses; ordinary least squares regression analyses.</p> <p><b>Key themes relevant to this review:</b></p> <p><i>Participants</i></p> <p>Facilitators (benefits of volunteering)</p> <ul style="list-style-type: none"> <li>• Through volunteering participants have increased their social participation and extended their social relations;</li> </ul> | <p><b>Limitations (author):</b><br/>Using longitudinal designs among volunteer samples rather than cross-sectional with greater diversity. Data collection limited to one city. Programme sites purposefully selected to ensure the representation of black volunteers. A measure of perceived benefits of volunteering was quite robust and needs refinement. Race was narrowly conceptualised by just using a binary measure of black and white categories.</p> <p><b>Limitations (review team):</b><br/>Sampling framework (purposive and convenience samples)</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Future research would need</p> |
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|  | <p>directors, and by the trained research assistant (they distribute the questionnaires to volunteers and non volunteers)</p> <p><b>•What setting(s):</b><br/>Three volunteer programs based in older peoples' centres in the city of Pittsburgh and one hospital-based volunteer program</p> <p><b>• When:</b><br/>May – October 2006</p> | <p>Americans and whites.</p> <p><b>Were there specific inclusion criteria:</b><br/>Age 60 and over. Volunteers and non volunteers from black and white groups.<br/>Non volunteers had to meet the criteria of not being involved in any volunteering work in the past 5 years</p> <p><b>Reason for referral of participants:</b><br/><b>Referred by:</b><br/>Not applicable</p> | <ul style="list-style-type: none"> <li>• Participation in volunteering improved their life;</li> <li>• Volunteering increased volunteer's ability to interact with a range of different of people and improved their leadership ability;</li> <li>• Overall, African American volunteers reported more benefits from volunteering and felt more empowered than the white volunteers;</li> <li>• Volunteers reported fewer depressive symptoms and better self-rated health.</li> </ul> | <p>to account for a whole range of behavioural and social factors in understanding racial differences in volunteering.</p> <p><b>Funding sources:</b><br/>Funded by the Centre on Race and Social Problems, School of Social Work, University of Pittsburgh</p> <p><b>Applicable to UK?</b> (if appropriate):<br/>Yes – potentially although distinct differences I culture and ethnicity issues.</p> |
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**Table 3 for Evidence statement 3: Participation in arts-based interventions**

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| <p><b>Author and year:</b><br/>Cohen-Mansfield 2005</p> <p><b>Country: US</b></p> <p><b>Study design:</b><br/>Survey</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p><b>What was/were the research questions:</b><br/>To systematically determine preferences of older adults for senior center activities, in order to better tailor programmes to this population</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Not specified</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Survey</li> <li>• <b>By whom:</b><br/>Not reported</li> </ul> | <p><b>Description of study participants:</b><br/>148 residents of 5 low-income independent senior apartment buildings in Maryland. Participants were 76% female and 24% male. The average age was 74.6 years, with a range of 57 to 96. 59 % of the participants were Caucasian, 25% were African-American, 9% were Asian</p> <p><b>What population were the sample recruited from:</b><br/>From residents of 5 independent senior apartment buildings in Maryland, US</p> <p><b>How were they recruited:</b><br/>In some of the buildings, a staff member from building management provided a list of the building’s residents and identified whether the residents had a basic proficiency in the English language<br/>In other buildings, announcements were placed under residents’ front doors</p> <p><b>How many participants were recruited:</b></p> | <p><b>Brief description of method and process of analysis:</b><br/>Two questionnaires were used to assess preferences: An original 97-item questionnaire and a shortened 40-item version. In the larger study, shared interest groups were established based on the responses to these questionnaires.</p> <p><b>Key themes relevant to this review:</b><br/>Barriers/facilitators:<br/><br/>The study points out that a more systematic approach to the examination of preferences in the older population may enable senior centres to design programmes that would be more in demand.</p> <p>Music related activities emerged from the study as most frequently preferred.<br/>Participants were least interested in dance lessons and groups focusing on personal relationships. Activities such as having picnics, visiting museums or other cities, going to concerts or theatre were also desired.</p> | <p><b>Limitations (author):</b><br/>Small, and not representative sample;<br/>Limited validity of the preferences reported</p> <p><b>Limitations (review team):</b><br/>Simple statistical analyses</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>The extent to which findings for low income older people retirement community dwelling people apply to other population groups can be explored.</p> <p><b>Funding sources:</b><br/>Not reported</p> <p><b>Applicable to UK? (if appropriate):</b><br/>Yes</p> |
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|   | <p><b>•What setting(s):</b><br/>Low-income independent senior apartment buildings in Maryland, US</p> <p><b>• When:</b><br/>Not reported</p>  | <p>148</p> <p><b>For client views, were they all completers:</b><br/>Yes</p> <p><b>Were there specific exclusion criteria:</b><br/>Not provided</p> <p><b>Were there specific inclusion criteria:</b><br/>Residents of independent senior apartment buildings, sufficient English skills</p> <p><b>Reason for referral of participants:</b><br/>Not applicable</p> <p><b>Referred by:</b><br/>Not applicable</p> |   |   |
| <p><b>Author and year:</b><br/>Court-Jackson, 2011</p> <p><b>Country:</b></p> <p><b>Study design:</b><br/>Mixed methods</p> <p><b>Quality score: (inc external validity for</b></p> | <p><b>What was/were the research questions:</b><br/>To examine the attitudes and perceptions of people aged 55 and over towards new music technology and potential barriers to access to new technology</p> <p><b>What theoretical approach</b></p> | <p><b>Description of study participants:</b><br/>50 people aged 55 and over. Mean age and gender not reported.</p> <p><b>What population were the sample recruited from:</b><br/>Music psychology research participants samples</p> <p><b>How were they recruited:</b><br/>From advertisements, editorial and pilot interviews</p>   | <p><b>Brief description of method and process of analysis:</b><br/>Questionnaires were distributed to two age groups including 55- 65s and 65+ asking the levels of technological knowledge and experiences with podcast and a PMP (portable music player).</p> <p><b>Key themes relevant to this review:</b><br/><i>Participants</i><br/>Barriers:<br/>• Lack of knowledge about the potential</p> | <p><b>Limitations (author):</b><br/>Practitioners could facilitate coaching/training sessions for their service users in their 60's.</p> <p><b>Limitations (review team):</b><br/>Descriptions about study participants are very limited except age bands.</p> <p><b>Evidence gaps and/or</b></p> |

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| <p>surveys)</p> <p>-</p>       | <p>(e.g. grounded theory, IPA)</p> <p><b>does the study take (if specified):</b></p> <p>Musical identity- music plays a key role in people's identity.</p> <p><b>How were the data collected:</b></p> <p>• <b>What method(s):</b></p> <p>Questionnaire and interviews</p> <p>• <b>By whom:</b></p> <p>Research team</p> <p>• <b>What setting(s):</b></p> <p>UK, community</p> <p>• <b>When:</b></p> <p>Not reported</p> | <p><b>How many participants were recruited:</b></p> <p>200</p> <p><b>For client views, were they all completers:</b></p> <p>56 including 50 completers from quantitative data and 6 semi-structured interviews</p> <p><b>Were there specific exclusion criteria:</b></p> <p>Not reported</p> <p><b>Were there specific inclusion criteria:</b></p> <p>People aged 55 and over</p> <p><b>Reason for referral of participants:</b></p> <p><b>Referred by:</b> Not reported</p> | <p>applications of a PMP such as playlisting, shuffling and its ability to be played via larger sound systems.</p> <ul style="list-style-type: none"> <li>• Physical barriers such as deterioration of eyesight, hearing and dexterity ( fine movements in the hands and/or fingers)</li> <li>• Lack of time to listen to music</li> <li>• Other interests such as TV</li> <li>• Lack of interest or no perceived need in owning or using a PMP</li> </ul> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• A culture of sharing important information orally from younger to older generations around music technology</li> <li>• More education on how to use computers and technology</li> </ul> <p><i>Providers</i></p> <p>Barriers:</p> <ul style="list-style-type: none"> <li>• New music technology has not been marketed to people aged 65+</li> </ul> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• More targeted marketing strategy for older adults aged 65 and over</li> </ul> | <p><b>recommendations for future research:</b></p> <p>Trials with educational interventions on how to get most out of PMPs for older people</p> <p><b>Funding sources:</b></p> <p>Not stated</p> <p><b>Applicable to UK? (if appropriate):</b> Yes</p> |
| <p><b>Author and year:</b></p> | <p><b>What was/were the</b></p>   | <p><b>Description of study participants:</b></p>   | <p><b>Brief description of method and process of</b></p>  | <p><b>Limitations (author):</b></p>  |

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| <p>Goulding 2013</p> <p><b>Study design:</b><br/>Qualitative study using focus group discussions</p> <p><b>Quality score: (inc. external validity for surveys)</b><br/>-</p> | <p><b>research questions:</b><br/>To examine how older people understand and engage with contemporary art in the gallery context and to addresses the psychosocial barriers to engagement.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Socio-cultural learning theories, with a focus on meaning making, cultural emphasis and dialogue. Educational function model including different intended outcomes: cultural, aesthetic, social, and intellectual.</p> <p><b>How were the data collected:</b></p> | <p>Older people aged 60–92.</p> <p>The sample included 17 men and 26 women. Based on the level of engagement with cultural institutions, there were two groups, broadly defined as, <i>engaged or non-engaged</i> participants.</p> <p><b>What population were the sample recruited from:</b><br/>From the existing groups that met regularly: cinema club, writers’ group, advocacy group, and nifty fifties. As well as the groups identified as having lower rates of engagement with the arts: men’s group from ‘live at home scheme’, BME – a group of Muslim women who met at a voluntary group, BME – Chinese Community Association, sheltered accommodation unit, and isolated individual.</p> <p><b>How were they recruited:</b><br/>Not specified</p> <p><b>How many participants were recruited:</b><br/>45 recruited of which 43 completed the study.</p> <p><b>For client views, were they all completers:</b><br/>No</p> | <p><b>analysis:</b><br/>Participants visited three contemporary art galleries in north-east England. The Education teams delivered a standard session which included a talk by a gallery educator, refreshments, followed by a facilitated focus group discussion about the exhibition. The discussions were recorded and transcribed. The data was then coded for analysis using NVivo 8 software.</p> <p><b>Key themes relevant to this review:</b><br/><i>Participants</i><br/>Barriers:</p> <ul style="list-style-type: none"> <li>• a lack of familiarity with contemporary arts (all age groups not just older people);</li> <li>• use of complicated language in interpretation panels and labels;</li> <li>• low level of previous education as a barrier to understanding contemporary arts.</li> </ul> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• gallery educators help to understand and appreciate the artwork;</li> <li>• discussions with peers after the gallery visits enabled participants to develop their appreciation for the works of art;</li> <li>• peer support was particularly important for</li> </ul> | <p>Not specified</p> <p><b>Limitations (review team):</b><br/>Lack of information on recruitment strategy and data collection</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Not specified</p> <p><b>Funding sources:</b><br/>New Dynamics of Ageing Programme</p> <p><b>Applicable to UK? (if appropriate):</b><br/>Yes, UK based study</p> |
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|   | <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Focus group interviews</li> <li>• <b>By whom:</b><br/>Not specified</li> <li>• <b>What setting(s):</b><br/>Art galleries</li> <li>• <b>When:</b><br/>Not specified</li> </ul>  | <p><b>Were there specific exclusion criteria:</b><br/>Not specified</p> <p><b>Were there specific inclusion criteria:</b></p> <ul style="list-style-type: none"> <li>• Engagement in cultural activities;</li> <li>• Groups identified as having lower rates of engagement with the arts.</li> </ul> <p><b>Reason for referral of participants:</b></p> <p><b>Referred by:</b><br/>Not applicable</p>  | <p>non-engaged group of participants;</p> <ul style="list-style-type: none"> <li>• the art stimulated non-engaged participants in particular to reflect upon their own lives;</li> <li>• for the participants from the engaged group visiting art galleries was a way of keeping stimulated:</li> <li>• the format and content of the visits increased participants' confidence;</li> <li>• being part of a group with similar interests perceived as facilitating access to other opportunities.</li> </ul>   |  |
| <p><b>Author and year:</b><br/>Hallam 2012</p> <p><b>Country:</b><br/>UK</p> <p><b>Study design:</b><br/>Survey and focus group interviews<br/>-</p> <p><b>Quality score: (inc external validity for surveys)</b></p> | <p><b>What was/were the research questions:</b><br/>To explore the characteristics of older people who participated in active music making with a view to identifying the groups that currently do not participate</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b></p> | <p><b>Description of study participants:</b><br/>At each site a sample of people aged 50+ (total N = 398) who all participated in musical activities were recruited</p> <p><b>What population were the sample recruited from:</b><br/>Participants in musical activities that participated in the Music for Life Project</p> <p><b>How were they recruited:</b><br/>Through the facilitators of the music groups</p> <p><b>How many participants were recruited:</b><br/>398</p> <p><b>For client views, were they all</b></p> | <p><b>Brief description of method and process of analysis:</b><br/>Questionnaires on participation in musical activities and related experiences were distributed to participants on all three sites through the facilitators of the music groups<br/>The focus group interviews were convened and undertaken by the research team<br/>The data collected in the questionnaires were loaded into SPSS files. The interviews were recorded, transcribed in full and analysed .</p> <p><b>Key themes relevant to this review:</b><br/><i>Participants</i><br/>Barriers:<br/>Barriers related to participation in the</p> | <p><b>Limitations (author):</b><br/>Small, and not representative sample</p> <p><b>Limitations (review team):</b><br/>Simple statistical analyses (mainly frequencies reported)</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Not reported</p> <p><b>Funding sources:</b><br/>Not reported</p> <p><b>Applicable to UK? (if</b></p> |

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|  | <p>Not specified</p> <p><b>How were the data collected:</b><br/>Through the ‘Music for Life Project’, UK</p> <p><b>• What method(s):</b><br/>Survey and focus group interviews</p> <p><b>• By whom:</b><br/>Not reported</p> <p><b>•What setting(s):</b><br/>The research comprised three UK case study sites, each offering a variety of musical activities</p> <p><b>• When:</b><br/>Not reported</p> | <p><b>completers:</b><br/>Not reported</p> <p><b>Were there specific exclusion criteria:</b><br/>Not provided</p> <p><b>Were there specific inclusion criteria:</b><br/>The older adults all participated in musical activities</p> <p><b>Reason for referral of participants:</b><br/>Not applicable</p> <p><b>Referred by:</b><br/>Not applicable</p> | <p>activities included those relating to structural, information, social and personal/dispositional factors Structural barriers included those related to finance, location, timing and transport issues and in some cases perceived elitism</p> <p>Lack of information related to poor publicity, with participants frequently finding out about opportunities through word of mouth</p> <p>Social barriers included caring responsibilities, and perceived issues relating to gender, social class or ethnicity.</p> <p>Personal and dispositional barriers included age-related changes in physical functioning such as lack of confidence and lack of motivation.</p> <p>Facilitators:<br/>Not reported</p> <p><i>Referrers</i></p> <p>Barriers:<br/>• Not applicable</p> <p>Facilitators:<br/>• Not applicable</p> <p><i>Providers</i></p> | <p>appropriate):<br/>Yes, the study was conducted in UK</p> |
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|  |  |  | <p>Barriers:</p> <ul style="list-style-type: none"> <li>• Not applicable</li> </ul> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• According to the study, to increase participation providers need to provide activities in locations which are convenient and easily accessed and do not have religious or other connotations which may act to deter particular groups of people.</li> </ul> <p>Costs need to be kept to a minimum so that participation is affordable Publicity needs to be targeted at those who are least likely to attend</p> |   |
| <p><b>Author and year:</b><br/>O'Shea, 2011</p> <p><b>Study design:</b><br/>Mixed methods</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>+</p> | <p><b>What was/were the research questions:</b><br/>To evaluate the effects of a national arts festival called Bealtaine on quality of life, wellbeing and social interaction in older adults</p> <p><b>What theoretical approach (e.g. grounded theory,</b></p> | <p><b>Description of study participants:</b><br/>Older adults across Ireland</p> <p><b>What population were the sample recruited from:</b><br/>Multiple stakeholders and older adult participants in the Irish festival</p> <p><b>How were they recruited:</b><br/>During the Irish Festival called Bealtaine during the months of May<br/>The list of organises was obtained from</p> | <p><b>Brief description of method and process of analysis:</b><br/>Postal questionnaires sent to all of the organisers of the festival across the country.<br/>The questionnaires included questions on type of organisation, level of involvement, satisfaction with the festival, impact on the participation of older people in national and local arts programmes, impact on the quality of life, wellbeing and social interaction of older people.</p>  | <p><b>Limitations (author):</b><br/>The magnitude of benefits is subjective in nature.<br/>A longitudinal study needed</p> <p><b>Limitations (review team):</b><br/>No control group</p> <p><b>Evidence gaps and/or recommendations for</b></p> |

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|  | <p><b>IPA)</b><br/> <b>does the study take (if specified):</b><br/> Social auditing (Matarasso, 1997), exploring the social impact of creative programmes regarding its constituent aims and those of its major stakeholders</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Survey and face to face interviews</li> <li>• <b>By whom:</b><br/>Researchers</li> <li>• <b>What setting(s):</b><br/>Ireland, community</li> <li>• <b>When:</b><br/>Bealtaine , a month-long festival in May, 2007</li> </ul> | <p>Age and Opportunity, which operates the festival.</p> <p><b>How many participants were recruited:</b><br/>435 organisers and 26 individual participants</p> <p><b>For client views, were they all completers:</b><br/>43%</p> <p><b>Were there specific exclusion criteria:</b><br/>Not reported</p> <p><b>Were there specific inclusion criteria:</b><br/>Organisers for the festival event</p> <p><b>Reason for referral of participants:</b><br/> <b>Referred by:</b><br/> Older participant interviewees were contacted via gatekeepers such as county arts officers, or facilitators of classes or via Age and Opportunity participant lists.</p> | <p>Another questionnaire for older people sent to one randomly selected Active Retirement Association (ARA) in each county in Ireland. The ARA was asked to distribute the questionnaire to all of its members and a stamped addressed envelope was provided for the return of completed questionnaires to the researchers.</p> <p>Qualitative interviews with older participants in various arts programmes, facilitators, artists and organisers of events were conducted.</p> <p><b>Key themes relevant to this review:</b><br/> <i>Participants</i><br/> Barriers:</p> <ul style="list-style-type: none"> <li>• Due to limited resources available, considerable amount of voluntary activities are required from older people.</li> <li>• Time required to produce and attend the events</li> <li>• Shame and difficulties in opening minds</li> <li>• Potential conflicts of interests between organiser and older people in terms of artistic quality vs. impacts on older adults</li> </ul> <p>Facilitators:</p> | <p><b>future research:</b></p> <p><b>Funding sources:</b><br/> Age and Opportunity, which is state-funded organisation and other one-off grants from private and philanthropic benefactors</p> <p><b>Applicable to UK? (if appropriate):</b> Yes</p> |
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|  |  |  | <ul style="list-style-type: none"> <li>• Universal participation by older volunteers, arts officers, librarians, artists, facilitators and health care workers</li> <li>• A variety of events to choose such as one-off events as taster sessions as well as long-term group events</li> <li>• older people themselves organised the events as a community cultural event</li> <li>• Perceived benefits from participating in the arts programmes such as enhancing identity, self-expression, personal development, social networking, social engagement and quality of life.</li> </ul> <p><i>Providers</i></p> <p>Barriers:</p> <ul style="list-style-type: none"> <li>• Very limited and fragile budget, relying on the generosity of various state budget holders and one-off grants from supportive private and philanthropic benefactors</li> <li>• Time spent in fund-raising and generating publicity</li> </ul> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Multiple stakeholder participation such as local authorities, health agencies, national arts groups, libraries, educational institutions, care settings and voluntary organisations for older</li> </ul> |  |
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|   |   |   | <p>people</p> <ul style="list-style-type: none"> <li>• Inclusiveness involving people with low incomes and low educational attainments</li> <li>• Development of a strategy for a strong central artistic programme for Bealtaine</li> </ul>  |   |
| <p><b>Author and year:</b><br/>Skingley 2010</p> <p><b>Study design:</b><br/>Cross-sectional design using interviews</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p><b>What was/were the research questions:</b><br/>To examine older peoples' experiences of Silver Song Clubs, particularly in relation to their potential benefits to health and wellbeing</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Not specified</p> <p><b>How were the data collected:</b><br/>• <b>What method(s):</b><br/>Interviews</p> | <p><b>Description of study participants:</b><br/>Older people attending the Silver Song Clubs; 12 women and 5 men; average age 77 years</p> <p><b>What population were the sample recruited from:</b><br/>Silver Song Clubs members</p> <p><b>How were they recruited:</b><br/>Not specified</p> <p><b>How many participants were recruited:</b><br/>17</p> <p><b>For client views, were they all completers:</b><br/>Not reported/not applicable</p> <p><b>Were there specific exclusion criteria:</b><br/>Not specified</p> <p><b>Were there specific inclusion criteria:</b></p> | <p><b>Brief description of method and process of analysis:</b><br/>Interviews were conducted with older people attending the Silver Song Clubs. In addition to the demographic data and the interviewees' musical and singing background, the information was also collected on the reasons for participating in the club, their emotions when taking part in the club's sessions, and their views about different aspects of the club's activities. Interviews were recorded and transcribed. Data was analysed using coding, categorising and thematic analysis.</p> <p><b>Key themes relevant to this review:</b><br/><i>Participants</i><br/><br/>Facilitators:<br/>• Participation in the Silver Song Club provided enjoyment;</p> | <p><b>Limitations (author):</b><br/>Small sample that may not be representative of all Silver Song Club members and all older people; Larger proportion of the sample with a musical background which may have influenced the findings.</p> <p><b>Limitations (review team):</b><br/>Lacking description of the sampling framework and data collection.</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Not specified</p> <p><b>Funding sources:</b><br/>Not reported</p> |

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|  | <p>• <b>By whom:</b><br/>Not specified</p> <p>• <b>What setting(s):</b><br/>Not specified</p> <p>• <b>When:</b><br/>Not reported</p>   | <p>Not specified</p> <p><b>Reason for referral of participants:</b></p> <p><b>Referred by:</b><br/>Not applicable</p>  | <ul style="list-style-type: none"> <li>• Positive impact on wellbeing and mental health;</li> <li>• Improved social interaction;</li> <li>• Improvements in physical health;</li> <li>• Involvement in the club improved participants' wellbeing through cognitive stimulation and learning;</li> <li>• Improvement in memory leading to a greater sense of wellbeing.</li> </ul>  | <p><b>Applicable to UK?</b> (if appropriate):<br/>Yes, UK based study</p>   |
| <p><b>Author and year:</b><br/>Teater and Baldwin, 2014</p> <p><b>Study design:</b><br/>Mixed methods</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p><b>What was/were the research questions:</b><br/>To determine the extent to which the community-based singing programme contributes to older people's sense of health, self-development, and social connectedness.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Trustworthiness strategies</p> | <p><b>Description of study participants:</b><br/>Older people with the mean age of 74. 98.2% were White British, 0.9% White Irish and 0.9% White other.</p> <p><b>What population were the sample recruited from:</b><br/>12% of the total population of Golden Oldies participants, all living in south-west of England</p> <p><b>How were they recruited:</b><br/>Invited by a the Golden Oldies project coordinator</p> <p><b>How many participants were recruited:</b><br/>120</p> | <p><b>Brief description of method and process of analysis:</b><br/>Semi-structured interviews were with audio-taped and transcribed verbatim at the end of the one-hour weekly session.</p> <p><b>Key themes relevant to this review:</b></p> <p><i>Participants</i></p> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Social engagement</li> <li>• Expansion of social contacts</li> <li>• Making new friends</li> </ul> <p><i>Providers</i></p> <p>Barriers:</p> | <p><b>Limitations (author):</b><br/>Convenient sampling.</p> <p><b>Limitations (review team):</b><br/>No control group</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Further investigations of reasons for non-attendance</p> <p><b>Funding sources:</b><br/>Creativity Works and the Bath Cultural Forum</p> <p><b>Applicable to UK?</b> (if appropriate):</p> |

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|   | <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Survey, Semi-structured interviews</li> <li>• <b>By whom:</b><br/>Paid session leaders, researchers</li> <li>• <b>What setting(s):</b><br/>UK; at the community centre</li> <li>• <b>When:</b><br/>January 2008- January 2011</li> </ul> | <p><b>For client views, were they all completers:</b><br/>40% completed.</p> <p><b>Were there specific exclusion criteria:</b><br/>Not stated</p> <p><b>Were there specific inclusion criteria:</b><br/>Living in community</p> <p><b>Reason for referral of participants:</b><br/><b>Referred by:</b><br/>Voluntary involvement in the interviews</p> | <ul style="list-style-type: none"> <li>• obstacles for personalised services due to the current tensions with adult social care where social workers are working with the eligibility criteria known as Fair Access to Care Services (FACS)</li> </ul> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Local partnerships with local, unitary authorities and housing associations.</li> </ul> | Yes, UK based   |
| <p><b>Author and year:</b><br/>Varvarigou et al. 2011</p> <p><b>Study design:</b><br/>Qualitative (interviews, feedback forms and drawings)</p> <p><b>Quality score: (inc</b></p> | <p><b>What was/were the research questions:</b><br/>To explore the social and emotional benefits of the musical activity on the participants</p> <p><b>What theoretical</b></p>   | <p><b>Description of study participants:</b><br/>Primary school children from East London; older people from residential (housing schemes) in East London</p> <p><b>What population were the sample recruited from:</b><br/>Older people from two sheltered housing schemes and children from two primary schools in East London</p>                   | <p><b>Brief description of method and process of analysis:</b><br/>Older people learnt songs during weekly one-hour sessions. To teach the children the songs, how to use small percussion instruments or to use body percussion to accompany singing, two music leaders visited each school for an hour.<br/>For the final weekly sessions older people were joined by the children.</p>                    | <p><b>Limitations (author):</b><br/>Not reported</p> <p><b>Limitations (review team):</b><br/>The children in this project were quite used to having older relatives and grandparents around, which could partly account for their warm relationships</p> |

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| <p><b>external validity for surveys)</b></p> <p>-</p> | <p><b>approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Not specified</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Interviews, feedback forms, and drawings</li> <li>• <b>By whom:</b><br/>Not reported</li> <li>• <b>What setting(s):</b><br/>Data collected following the final performance (concert at the Barbican Centre, London)</li> <li>• <b>When:</b><br/>From January – April (year not stated)</li> </ul> | <p><b>How were they recruited:</b><br/>Not specified</p> <p><b>How many participants were recruited:</b><br/>35 primary school children; 3 class teachers, 11 older music learners; and 2 creative music leaders</p> <p><b>For client views, were they all completers:</b><br/>Not reported</p> <p><b>Were there specific exclusion criteria:</b><br/>Not specified</p> <p><b>Were there specific inclusion criteria:</b><br/>Not specified</p> <p><b>Reason for referral of participants:</b><br/><b>Referred by:</b><br/>Not applicable</p> | <p>Following the concert at the Barbican Centre, data were collected using feedback forms, drawings and interviews with the children and interviews with the older people and one music leader. The drawings were analysed using the content analysis. The data from the interviews and the feedback forms were analysed following the seven-stage process developed by Cooper and McIntyre (1993).</p> <p><b>Key themes relevant to this review:</b><br/>Five main categories of responses were identified of which the following three were relevant for this review: (1) affective responses, (2) health and wellbeing, and (3) social relationships and interactions.</p> <p>-Affective responses</p> <p><i>Participants</i></p> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• For children, their collaboration with older people was fun and they enjoyed making older people happy.</li> <li>• Older people enjoyed children’s company and singing with them.</li> </ul> <p>-Health and wellbeing</p> | <p>with older people.</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Future projects may consider focusing on the musical challenges such as enhancing musical skills. It would also be interesting to compare communities with different views on the older and younger generations.</p> <p><b>Funding sources:</b><br/>The project was part of the New Dynamics of Aging programme which was funded across the five UK research councils: AHRC, BBSRC, EPSRC, ESRC, and MRC.</p> <p><b>Applicable to UK? (if appropriate):</b><br/>Yes, UK based</p> |
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|  |  |  | <p><i>Participants</i></p> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Spending time with children made older people feel happy.</li> <li>• It gave them energy and provided an opportunity to relate to the younger generation.</li> <li>• Both older people and children experienced joy of singing together.</li> <li>• It increased their confidence and self-efficacy in singing and playing musical instruments.</li> </ul> <p>Barriers:</p> <ul style="list-style-type: none"> <li>• Lack of funding to continue the music project</li> <li>- Social relationships and interactions</li> </ul> <p><i>Participants</i></p> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• An opportunity for young and old to enjoy each other's company.</li> <li>• To socialise and show respect for each other</li> </ul> |  |
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**Table 4 for Evidence statement 4: Social perceptions and attitudes towards older people as barriers or facilitators to participation**

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| <p><b>Author and year:</b><br/>Martin et al. 2009</p> <p><b>Country:</b><br/>UK</p> <p><b>Study design:</b><br/>Electronic search of the digital archive of the <i>Economist</i></p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p><b>What was/were the research questions:</b><br/>To investigate the representation of older people and ageing in the <i>Economist</i></p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Data analysis was based on the Goffman's stigmatisation framework</p> <p><b>How were the data collected:</b><br/>• <b>What method(s):</b><br/>Articles from the online digital archive of <i>Economist</i> were searched using the Boolean search</p> | <p><b>Description of study participants:</b><br/>Not applicable</p> <p><b>What population were the sample recruited from:</b><br/>Not applicable</p> <p><b>How were they recruited:</b><br/>Not applicable</p> <p><b>How many participants were recruited:</b><br/>Not applicable</p> <p><b>For client views, were they all completers:</b><br/>Not applicable</p> <p><b>Were there specific exclusion criteria:</b><br/>Not specified</p> <p><b>Were there specific inclusion criteria:</b><br/>Articles containing at least one comment on older people</p> <p><b>Reason for referral of participants:</b><br/><b>Referred by:</b></p> | <p><b>Brief description of method and process of analysis:</b><br/>Electronic search of the digital archive of the <i>Economist</i> was carried. To identify the relevant articles, the following search terms: older or elderly or pensions or retirement or long term care. Articles containing at least one comment on older people were selected as relevant.<br/>They were read and analysed independently by two researchers and categorised according to their main topic. Analysis was based on Goffman's stigmatisation approach by assessing the article's content for stigmatisation of older people as a result of their age or ageing.<br/>Articles were grouped depending on whether they portrayed population ageing as predominantly a burden or a benefit or took a balanced view with positive, negative, and neutral comments.</p> <p><b>Key themes relevant to this review:</b><br/>Facilitators:<br/><i>Positive quotes (p.4)</i></p> | <p><b>Limitations (author):</b> Prior to this study, a senior member of the research team was involved in the analysis of the negative attitudes to older drivers and stroke in the popular press therefore resulting in a possible expectation bias against older people.<br/><br/>Possible that some relevant articles were missed due to the necessary constraints of the search terms used.</p> <p><b>Limitations (review team):</b><br/>Only a few search terms used</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Not specified</p> <p><b>Funding sources:</b></p> |
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|  | <p>phrase “older” or “elderly” or “pensions” or “retirement” or “long term care”</p> <p>• <b>By whom:</b><br/>Research team</p> <p>• <b>What setting(s):</b><br/>Not applicable</p> <p>• <b>When:</b><br/>Articles published between January 1997 and April 2008</p> | <p>Not applicable</p> | <p>Age cannot wither them (16 April 1998)</p> <p>Grandparents are now raising an awful lot of America’s poorest and most troubled children (Skipping a generation, 14 June 2007)</p> <p>The new demographics that are causing populations to age and to shrink are something to celebrate (Incredible shrinking countries, 5 January 2006)</p> <p>Politicians may fear the decline of their nations’ economic prowess, but people should celebrate the new demographics as heralding a golden age (Incredible shrinking countries, 5 January 2006)</p> <p>The old are wealthier and healthier than ever (Over 60 and overlooked, 8 August 2002).</p> <p>Barriers:<br/><i>Negative quotes</i><br/>The older they get, the more they cost (23 September 2004)</p> <p>Fewer and wrinklier Europeans (13 January 2000)</p> <p>They waddle slowly through the shopping malls; drive with exaggerated care on the</p> | <p>No specific grant from any funding agency in the public, commercial, or not-for-profit sectors.</p> <p><b>Applicable to UK?</b> (if appropriate):<br/>Yes</p> |
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|  |  |  | <p>freeways; fumble with their change at the check-out tills (Venerable elders, 22 July 1999)</p> <p>After years of warnings about the “demographic time bomb” due to detonate some time around 2020 (All-clear? 13 April 2000)</p> <p>Given that they all agree that a demographic “pension time-bomb” is ticking, Europe’s policymakers have done remarkably little to defuse it (Old hopes stirring, 12 October 2000)</p> <p>Wrinklies (Fewer and wrinklier Europeans, 13 January 2000)</p> <p>Weary crumblies (Who wants to live forever? 21 December 2000)</p> <p>Granny farming (27 November 1997)</p> <p>At what point does an ageing mind become a liability and not an asset (Wisdom or senility, 16 February 2006)</p> <p>Overall, the findings indicate that attitudes to older people in the <i>Economist</i>, nearly two thirds of the relevant articles portrayed them</p> |  |
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|  |  |   | as a burden, and frail non contributors to society. Predominantly simplistic and negative view of older people similar to the view found in the popular media.  |  |
| <p><b>Author and year:</b><br/>Van Weelden, 2004</p> <p><b>Study design:</b><br/>Before and after study</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p><b>What was/were the research questions:</b><br/>To assess the impact of field experiences on music therapy students perceptions of choral music for geriatric wellness programmes and to examine the students' perceptions of music for older adult singers.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Not reported</p> <p><b>How were the data collected:</b></p> | <p><b>Description of study participants:</b><br/>Music therapy students and older adults in a choir aged 65 and 94</p> <p><b>What population were the sample recruited from:</b><br/>Undergraduate students with music therapy majors at a large university. Unclear where older people recruited.</p> <p><b>How were they recruited:</b><br/>Geriatric wellness course was a part of the undergraduate music therapy curriculum</p> <p><b>How many participants were recruited:</b><br/>14 undergraduate students<br/>N=5 during autumn 2002<br/>N=9 autumn 2003 term</p> <p>30 men and women in the older adult choir</p> | <p><b>Brief description of method and process of analysis:</b><br/>The questions address how comfortable, prepared, and willing the students were to work with older adults as well as their perceptions of geriatric singers' ability to sing and learn in a choral ensemble, using a five point Likert-type scale ranging from strongly disagree to strongly agree. All statistical analysed were performed using one-way ANOVAs.</p> <p><b>Key themes relevant to this review:</b><br/><i>Participants</i><br/>Barriers:<br/>• Perceptions on physical ageing in older adults such as diminished eyesight, hearing loss, and other physical limitations due to ageing, which will negatively affect the pitch accuracy of older adult singers and sustaining the correct pitch</p> | <p><b>Limitations (author):</b><br/>The questionnaire did not ask "why" the student felt comfortable interacting with older adults.<br/><br/>A longitudinal study needed</p> <p><b>Limitations (review team):</b><br/>No control group<br/><br/>Lack of description on the characteristics of older adult participants</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/><br/>Further investigation of changes in older people's</p> |

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|  | <p>• <b>What method(s):</b><br/>Survey</p> <p>• <b>By whom:</b><br/>Researchers</p> <p>• <b>What setting(s):</b><br/>USA, community, at the senior's centre, classroom at a university</p> <p>• <b>When:</b><br/>Autumn 2002 and 2003</p> | <p><b>For client views, were they all completers:</b><br/>Not reported</p> <p><b>Were there specific exclusion criteria:</b><br/>Not reported</p> <p><b>Were there specific inclusion criteria:</b><br/>Undergraduate music therapy majors</p> <p><b>Reason for referral of participants:</b><br/><b>Referred by:</b> a part of the undergraduate music therapy curriculum</p> | <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Pre service training to increase awareness of strengths and challenges of geriatric voice</li> <li>• In-class discussions focusing on the unique characteristics of the geriatric voice as a part of curriculum for music therapy majors</li> <li>• A series of lectures by the instructor on physical limitations due to ageing, which affect vocal production as well as studying research articles on music preferences of the older people</li> <li>• Field-based experience with older adults</li> </ul> | <p>outcomes</p> <p><b>Funding sources:</b><br/>Co-sponsored by the Florida State University and a large senior citizen centre within the area</p> <p><b>Applicable to UK?</b> (if appropriate): Yes</p> |
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**Table 5 for Evidence statement 5: Educational programmes**

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| <p><b>Author and year:</b><br/>Sloan-Seale, 2010, Canada</p> <p><b>Study design:</b><br/>Cross-sectional survey</p> <p><b>Quality score: (inc external validity for surveys)</b></p> | <p><b>What was/were the research questions:</b><br/>To examine the participation of older people in learning activities</p> <p><b>What theoretical approach</b></p> | <p><b>Description of study participants:</b><br/>Older people aged 55 and over</p> <p><b>What population were the sample recruited from:</b><br/>The population of Manitoba</p> <p><b>How were they recruited:</b><br/>A stratified ransom sample of 1,000</p> | <p><b>Brief description of method and process of analysis:</b><br/>A structured survey (<i>Survey: Older Adults in Lifelong Learning &amp; Successful Aging</i>), with open-ended questions. The survey was mailed to the respondents' home address and they were asked to identify themselves as either participants or non-participants in educational activities in the past two years. The survey</p> | <p><b>Limitations (author):</b><br/>Not reported</p> <p><b>Limitations (review team):</b><br/>Lack of questions about the list of programmes that the non-participants would have been interested</p> |
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| + | <p><b>(e.g. grounded theory, IPA)</b></p> <p><b>does the study take (if specified):</b><br/>Not reported</p> <p><b>How were the data collected:</b></p> <p>• <b>What method(s):</b><br/>Survey</p> <p>• <b>By whom:</b><br/>Research team</p> <p>• <b>What setting(s):</b><br/>Canada, University of Manitoba, Manitoba's senior centres</p> <p>• <b>When:</b><br/>2007</p> | <p>respondents was drawn from the database of Manitoba Health.</p> <p><b>How many participants were recruited:</b><br/>1000</p> <p><b>For client views, were they all completers:</b><br/>32%</p> <p><b>Were there specific exclusion criteria:</b><br/>People living in care facilities, including personal care and/or nursing homes</p> <p><b>Were there specific inclusion criteria:</b><br/>Older people living independently in Manitoba</p> <p><b>Reason for referral of participants:</b><br/><b>Referred by:</b><br/>Not reported</p> | <p>questions were organised under five categories including demographics, educational activities, importance of education and retirement and motivation and barriers to participation, well-being &amp; health, and characteristics of successful ageing and participation in educational activities.</p> <p>An analyses were done for participants at several urban and rural senior centres.</p> <p>A comparison was made between participants and non-participants regarding the perceptions of the characteristics of successful ageing. Key statistical data on types of educational activities, learning in later life, and characteristics of successful ageing were collected.</p> <p><b>Key themes relevant to this review:</b></p> <p><i>Participants</i></p> <p>Barriers:</p> <ul style="list-style-type: none"> <li>• Lack of time</li> <li>• Money ( programmes are too expensive)</li> <li>• Lack of information on what is available</li> <li>• Insufficient offerings of interest to older people</li> <li>• Lack of motivation</li> <li>• Lack of confidence in learning ability</li> </ul> <p>Facilitators:</p> | <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Exploring possible barriers to participation in rural and urban areas</p> <p>Asking a willingness to pay for their preferred educational programmes or strategic ways of tackling the financial burden to participants</p> <p><b>Funding sources:</b><br/>Not reported</p> <p><b>Applicable to UK? (if appropriate):</b></p> |
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|   |  |  | <ul style="list-style-type: none"> <li>• Perceived health benefits in terms of positive general health and wellbeing</li> <li>• A sense of connection to community</li> <li>• Motivation for personal renewal and growth</li> <li>• Joy of learning</li> <li>• Filling time productively</li> <li>• Desire to fill gaps in previous education</li> <li>• Pursue an interest or hobby</li> <li>• To deal with a life event such as death in family</li> </ul>   |   |
| <p><b>Author and year:</b><br/>Villar et al, 2010, Spain</p> <p><b>Study design:</b><br/>Qualitative study</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p><b>What was/were the research questions:</b><br/>To explore the reasons for joining a university course and factors preventing their participation.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Not reported</p> <p><b>How were the data collected:</b></p> | <p><b>Description of study participants:</b><br/>Older Spanish adults aged 58 to 85 with a mean age of 68.2. All lived independently in their own homes.</p> <p><b>What population were the sample recruited from:</b><br/>Participants were drawn from university course for older people run by the University of Barcelona.</p> <p><b>How were they recruited:</b><br/>A purposeful sample</p> <p><b>How many participants were recruited:</b><br/>18 women and 18 men of mature students</p> <p><b>For client views, were they all</b></p> | <p><b>Brief description of method and process of analysis:</b><br/>A semi-structured interview was developed to ask their motivations for attending university. The complete interview consisted of 12 questions</p> <p><b>Key themes relevant to this review:</b><br/><i>Participants</i><br/>Barriers:</p> <ul style="list-style-type: none"> <li>• Passive personal traits such as apathy, stagnation</li> <li>• Lack of confidence</li> <li>• Lack of time due to family duties</li> <li>• Lack of interest</li> <li>• Limited information</li> <li>• Health problems</li> </ul> | <p><b>Limitations (author):</b><br/>Study population is focused on small privileged group.</p> <p><b>Limitations (review team):</b><br/>Some speculation of possible barriers to participation by non-participants.</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Future studies involving older people with various socio-economic status would be needed.</p> |

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|   | <p>• <b>What method(s):</b><br/>Semi-structured interview</p> <p>• <b>By whom:</b><br/>Research team</p> <p>• <b>What setting(s):</b><br/>Spain, University</p> <p>• <b>When:</b><br/>Not reported</p>   | <p><b>completers:</b><br/>Not reported</p> <p><b>Were there specific exclusion criteria:</b><br/>Not reported</p> <p><b>Were there specific inclusion criteria:</b><br/>Older people attending university courses</p> <p><b>Reason for referral of participants:</b><br/><b>Referred by:</b><br/>Not reported</p>   | <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Life event triggering loneliness such as retirement, empty nest, leaving caregiving.</li> <li>• Internal motivation to remain active and to fill time in a positive way</li> <li>• Hunger for knowledge and opportunities to learn for a long time</li> <li>• Desire for social networking/ social contact</li> </ul>  | <p><b>Funding sources:</b><br/>Not reported</p> <p><b>Applicable to UK? (if appropriate):</b> Yes</p>   |
| <p><b>Author and year:</b><br/>Villar, 2014</p> <p><b>Study design:</b><br/>Cross-sectional survey</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p><b>What was/were the research questions:</b><br/>To explore the reasons why older people participate in non-degree educational programmes and the barriers.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b></p> | <p><b>Description of study participants:</b><br/>Spanish people aged from 60 and 74.</p> <p><b>What population were the sample recruited from:</b><br/>Data were drawn from the 2007 survey on Adults' Involvement in Learning Activities</p> <p><b>How were they recruited:</b><br/>A nationally representative sample of Spanish people. A two-stage stratified sampling method was used.</p> <p><b>How many participants were recruited:</b></p> | <p><b>Brief description of method and process of analysis:</b><br/>Data came from the survey on Adults' Involvement in Learning Activities, which was the Spanish part of the Adult Education Survey (AES). The sampling method followed a two-stage stratified design, in which the random selection of census units was followed by the random selection of households within these units. For the analyses, age, educational levels, employment status were asked. People were also asked whether in the 12 months prior to the interview people participated in non-degree educational programmes.</p> | <p><b>Limitations (author):</b><br/>The study respondents were asked to choose motives or barriers to participation from a closed list. There might have been other factors not listed.</p> <p>In barriers, age or health did not allow them to be distinguished.</p> <p>The absence of older people aged 75 and over</p> |

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|  | <p>Not reported</p> <p><b>How were the data collected:</b></p> <p>• <b>What method(s):</b><br/>Survey</p> <p>• <b>By whom:</b><br/>Research team</p> <p>• <b>What setting(s):</b><br/>Spain, community</p> <p>• <b>When:</b><br/>2007</p> | <p>4559, 2099 men and 2460 women.</p> <p><b>For client views, were they all completers:</b><br/>Only 8.7% participated in a non-degree educational programme</p> <p><b>Were there specific exclusion criteria:</b><br/>Older people living in long-term care institutions were not included.</p> <p><b>Were there specific inclusion criteria:</b><br/>Older adults aged 60 and 74, living in the community</p> <p><b>Reason for referral of participants:</b><br/><b>Referred by:</b><br/>Not reported</p> | <p><b>Key themes relevant to this review:</b></p> <p><i>Participants</i></p> <p>Barriers:</p> <ul style="list-style-type: none"> <li>• Lack of desire to participate</li> <li>• Age/health restrictions</li> <li>• A lack of time due to family commitments</li> <li>• The course being too expensive</li> <li>• Being uncertain about returning to school</li> <li>• Age or health issues</li> </ul> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Being women</li> <li>• Younger age</li> <li>• Interest in the topic</li> <li>• Instrumental motives (i.e. usefulness of the content for daily life)</li> <li>• Motives for acquiring knowledge/skills</li> <li>• the interest of the knowledge</li> <li>• Social contacts</li> </ul> | <p><b>Limitations (review team):</b><br/>Age can be interpreted as ageism or poor health. They need to be analysed separately.</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>Older age group including oldest old (85+)</p> <p><b>Funding sources:</b><br/>Eurostat, the Spanish National Institute of Statistics (INE)</p> <p><b>Applicable to UK?</b> (if appropriate): Yes</p> |
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**Table 6 for Evidence statement 6: Facilitators and barriers to social activities and social connectedness**

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| <p><b>Author and year:</b><br/>Andrews, 2003, UK</p> <p><b>Study design:</b><br/>Semi-structured interviews</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p><b>What was/were the research questions:</b></p> <p>To explore older people's views of a voluntary sector befriending service that they received from Age Concern Buckinghamshire</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b></p> <p>Grounded theory</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Semi-structured interviews</li> <li>• <b>By whom:</b><br/>Research team</li> </ul> | <p><b>Description of study participants:</b><br/>13 women, average age 86.5 who lived alone.</p> <p><b>What population were the sample recruited from:</b><br/>150 older people receiving the befriending service</p> <p><b>How were they recruited:</b><br/>Not stated</p> <p><b>How many participants were recruited:</b><br/>13</p> <p><b>For client views, were they all completers:</b><br/>yes</p> <p><b>Were there specific exclusion criteria:</b><br/>No</p> <p><b>Were there specific inclusion criteria:</b><br/>No</p> | <p><b>Brief description of method and process of analysis:</b></p> <p>Open ended interview/questionnaire.<br/>Interviews recorded and fully transcribed.<br/>Notes were not taken during the interviews but were written immediately afterwards. The questionnaire and interview had four sections that successively were intended: to establish a rapport, to focus gradually on personal circumstances, to cover personal experience, and to draw the interview to a close in a positive way.</p> <p><b>Key themes relevant to this review:</b></p> <p>Barriers:</p> <ul style="list-style-type: none"> <li>• Lack of mobility and social connections means that contact with befrienders usually has to be initiated by agency or friends/relatives.</li> <li>• Lack of consistency in times/days for visits.</li> </ul> <p>Potential tensions with befrienders over boundary for responsibilities – volunteers not expected to do household chores but some older people felt that they should be done</p> | <p><b>Limitations (review team):</b></p> <p>Small scale analysis; would have been good to also interview volunteer befrienders. Limited information provided on participants in interviews.</p> <p><b>Evidence gaps and/or recommendations for future research:</b></p> <p><b>Funding sources:</b></p> <p>Age Concern Buckinghamshire</p> |
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|  | <p>●<b>What setting(s):</b><br/>Interviewee's own home</p> <p>● <b>When:</b><br/>Not stated</p>  | <p><b>Reason for referral of participants:</b><br/>Not reported</p> <p><b>Referred by:</b><br/>Not reported</p>  | <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Good rapport with the befriender</li> </ul> <p>Increased frequency and duration of visits</p>  |  |
| <p><b>Author and year:</b><br/>Dwyer 2011, UK</p> <p><b>Study design:</b><br/>Qualitative study</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p><b>What was/were the research questions:</b></p> <p>The first is to consider how aspects of ageing and rurality interact to produce social exclusion for older rural residents. The second is to explore the extent to which village services promote social inclusion and wellbeing among older people living in rural settings.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if</b></p> | <p><b>Description of study participants:</b></p> <p>44 older rural residents and users of one of the six village services (32 women and 12 men). The other 25 were key informants involved in the management, day-to-day delivery, or financing of the services. All but four of the service users were aged 70 or more years at the time of interview (range 58–93 years).</p> <p>The sample included both partnered people and those living alone, and all the service users were white.</p> <p><b>What population were the sample recruited from:</b></p> <p>Several remote rural locations in three English regions, the East Midlands, the West Midlands, and the East of England. Local branches of the national charity that funded the research were</p> | <p><b>Brief description of method and process of analysis:</b></p> <p>To allow for meaningful comparison of similar themes (e.g. inclusion/exclusion, service delivery, rurality, finance), across the six services, and to ensure consistency of approach, semi-structured question guides were developed, piloted and refined in initial interviews. Tapes were transcribed verbatim and the resultant transcripts analysed using grid analysis (Knodel 1993), cross-sectional thematic code and retrieval methods, and in situ non-cross-sectional analysis as appropriate</p> <p><b>Key themes relevant to this review:</b></p> <p><i>Participants</i></p> <p>Barriers:</p> <ul style="list-style-type: none"> <li>• Transport issues were also a major feature of the service users' accounts.</li> </ul> <p>In many cases a lack of viable transport</p> | <p><b>Limitations (author):</b></p> <p>Sampling bias – not including non service users</p> <p><b>Limitations (review team):</b></p> <p>No BME population in analysis</p> <p><b>Evidence gaps and/or recommendations for future research:</b></p> <p><b>Funding sources:</b></p> <p>Not stated but a charity providing rural services</p> |

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|  | <p><b>specified):</b><br/>User participatory approach, abducted research for grounded theory</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Semi-structured interviews</li> <li>• <b>By whom:</b><br/>Volunteer Peer Fieldworkers and researcher</li> <li>• <b>What setting(s):</b><br/>Rural communities</li> <li>• <b>When:</b><br/>Not reported</li> </ul> | <p>invited to nominate the village services which they delivered for inclusion in the study. Six services, two in each of the three regions, were subsequently chosen</p> <p><b>How were they recruited:</b><br/>At an initial research meeting, the possibility of sampling a number of older rural residents who did not use village services was discussed and rejected by the funding organisation. This decision was motivated partly by the limited funds and also because the charity financing the research was keen primarily to access users' and providers' perceptions and experiences of services to inform and improve future provision.</p> <p><b>How many participants were recruited:</b></p> <p><b>For client views, were they all completers:</b><br/>Not reported</p> <p><b>Were there specific exclusion criteria:</b><br/>Not reported</p> <p><b>Were there specific inclusion criteria:</b></p> | <p>options, the closure of local shops and services, and the onset of personal impairments had combined to reduce opportunities for everyday social interaction. Although older users spoke of the 'community spirit' inherent in rural populations, for many geographical isolation brought increasing loneliness.</p> <p>Not attractive to the needs of men – services heavily run and attended by women</p> <p>Mobility issues</p> <p>Lack of infrastructure</p> <p>Widowhood</p> <p>Service providers</p> <p>The key informants spoke consistently about the mounting challenges of service delivery, with increasing transport costs and diminishing financial resources very much to the fore</p> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Loss of other social opportunities</li> </ul> |  |
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|  |  | <p><b>Reason for referral of participants:</b><br/>Not reported</p> <p><b>Referred by:</b><br/>Not reported</p>   | <p>Lack of access to transport</p> <p>Lack of Home visiting services</p>   |  |
| <p><b>Author and year:</b><br/>Hoban, 2011</p> <p><b>Country:</b><br/>UK</p> <p><b>Study design:</b><br/>Focus groups and interviews</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>++</p> | <p><b>What was/were the research questions:</b></p> <p>To explore to explore the meaning and intensity of older people's views about wellbeing and to gain authentic insight into their experiences and understanding of the term.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Grounded theory and</p> | <p><b>Description of study participants:</b><br/>71% men, 23% BME population, 60% living in urban area , 24% aged 65-69, 43% 70s, 29% 80s, 4% 90s. 73% had no or little health problems.</p> <p><b>What population were the sample recruited from:</b></p> <p>Urban and rural areas in six key regions/cities in all four countries of the UK. An active effort was made to ensure recruit of population sub-groups including BME, carers, disabled, people with health problems, low-income, prisoners and homeless people. Focus group participants were largely recruited from pre-existing voluntary and community-based organisations including lunch and day clubs, older people's forums and older volunteers.</p> | <p><b>Brief description of method and process of analysis:</b></p> <p>Participation in focus groups and interviews. Detailed narrative and textual analysis of transcriptions rather than researcher interpretation of evidence.</p> <p><b>Key themes relevant to this review:</b></p> <p>Barriers to wellbeing:<br/>Physical limitations and health problems<br/>Social isolation and loneliness<br/>Fear of personal dependence<br/>Limited finances and poverty<br/>Poor communication by service staff<br/>Negative and discriminatory attitudes towards older people.<br/>Difficulties in obtaining information in electronic age.</p> <p>Facilitators for wellbeing:</p> | <p><b>Limitations (author):</b><br/>Not stated</p> <p><b>Limitations (review team):</b><br/>Focused on individuals who already were involved in local social activities so may have missed the more excluded groups in the population.</p> <p><b>Funding sources:</b><br/>Big Lottery Fund</p> <p><b>Applicable to UK? (if appropriate):</b> Yes</p> |

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|  | <p>thematic analysis.</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Focus groups and interviews</li> <li>• <b>By whom:</b><br/><br/>Largely by 3 researchers but also some interviews and focus groups included facilitators with language skills in Urdu, Welsh and Cantonese</li> <li>• <b>What setting(s):</b><br/>Community locations across the UK</li> <li>• <b>When:</b><br/>January to May 2011</li> </ul> | <p><b>How were they recruited:</b></p> <p>3 researchers sent gatekeepers information about the project and requested help in recruiting men and women aged 65 and over to take part in the consultations.</p> <p><b>Gatekeepers:</b> WRVS in England, Wales and Scotland running support services for older people including luncheon and day clubs, community transport, Independent Living and Home Support schemes. In Northern Ireland, the NGO Engage with Age. A 'Partners Group' with representatives from government departments and public, private and voluntary sector organisations and an Older People's Reference Group comprises 15 older people with diverse experiences and skills from locations around the UK.</p> <p><b>How many participants were recruited:</b><br/>163 people, 125 in 16 focus groups and 38 in interviews.</p> <p><b>For client views, were they all completers:</b><br/>Yes</p> | <p>Good relationships with service staff</p> <p>Good contribution from voluntary sector</p> <p>Access to public and community transport</p> <p>Increased participation by older people in improving their own wellbeing, including more support for BME population</p> <p>Treating older people with dignity and respect</p> <p>More intergenerational work</p> |  |
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|  |   | <p><b>Were there specific exclusion criteria:</b><br/>Below the age of 65</p> <p><b>Were there specific inclusion criteria:</b><br/>Recruitment guide specified some characteristics of populations to ensure their inclusion around minority and vulnerable population to ensure included.</p> <p><b>Reason for referral of participants:</b><br/>Invitation from gatekeepers</p> <p><b>Referred by:</b><br/>Gatekeeper organisations</p> |  |   |
| <p><b>Author and year:</b><br/>Hoban, 2013</p> <p><b>Country:</b><br/>UK</p> <p><b>Study design:</b><br/>Mixed methods participatory action research including focus groups and interviews, profiling services, and engaging with five local services.</p> | <p><b>What was/were the research questions:</b><br/>To explore to explore the meaning and intensity of older people's views about wellbeing and to gain authentic insight into their experiences and understanding of the term.</p> <p><b>What theoretical approach</b></p> | <p><b>Description of study participants:</b><br/>For phase 1 as in Hoban 2011</p> <p><b>What population were the sample recruited from:</b><br/>As Hoban 2011 plus from 5 WRVS (Now Royal Voluntary Service) project sites</p> <p><b>How were they recruited:</b><br/>Project sites chosen to reflect responses to Hoban 2011.</p> <p><b>How many participants were recruited:</b><br/>Five project sites</p>                              | <p><b>Brief description of method and process of analysis:</b><br/>Participatory social action research at project sites in addition to methods for Hoban. The evaluation interviews were recorded, transcribed and analysed by the local Project Worker and Research Manager. Participants also completed evaluation questionnaires about the impact of the project on a range of well-being indicators including enjoyment, independence, learning, making friends and socialising, self-confidence, achievement, feeling useful and being valued.</p> <p><b>Key themes relevant to this review:</b></p> | <p><b>Limitations (author):</b><br/>Not able to reach isolated people due to time limitations. Logistical problems due to geographical spread of project. More training in qualitative research and community development needed for involvement workers. Small scale projects.</p> <p><b>Limitations (review team):</b><br/>Focused on individuals who</p> |

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| <p><b>Quality score: (inc external validity for surveys)</b></p> <p>+</p> | <p><b>(e.g. grounded theory, IPA)</b></p> <p><b>does the study take (if specified):</b></p> <p>Grounded theory and thematic analysis</p> <p><b>How were the data collected:</b></p> <p>5 project site data</p> <p><b>• What method(s):</b></p> <p>Focus groups and interviews</p> <p><b>• By whom:</b></p> <p>Largely by 3 researchers and project involvement workers. These involvement workers were 4 highly experienced people who understood and supported the key values of participation and involvement.</p> <p><b>•What setting(s):</b></p> <p>Community locations across the UK</p> | <p>Chesham House Community Centre, Lancing, West Sussex: offered a range of services and activities including a lunch club, computer lessons, exercise class, transport service, cribbage group, reminiscence group, information and signposting.</p> <p>Kirklees Good Neighbours Service, West Yorkshire. The WRVS service offered befriending services, telephone befriending, health awareness, lunch clubs and a home from hospital service.</p> <p>Thanet Good Neighbours Service, Kent range of services to meet individual needs: befriending, shopping, dog walking and trips.</p> <p>Scottish Borders Social Centres, Jedburgh and Kelso. The Centres provided breakfast, lunch, crafts, exercise, healthy eating, socialising, information and trips</p> <p>Sheffield Northern General Hospital: A pilot on-ward WRVS volunteer service was underway on an orthopaedic ward in this hospital.</p> | <p><b>Barriers to wellbeing:</b></p> <p>As Hoban 2011 plus</p> <p>Doing things for older people: rather than working with or alongside them and responding to expressed preferences which older people are supported to think through, identify and choose.</p> <p>Workers reinforcing lack of engagement and involvement: Offering choices or asking older people to take on more responsibility was often considered by staff as too challenging for older people.</p> <p>Disempowerment and negative perceptions of ageing</p> <p>Not meeting diverse needs: Traditional older people's services and groups were often not fully accessible and inclusive for people with visual or hearing impairments, older disabled people.</p> <p><b>Facilitators for wellbeing:</b></p> <p>As Hoban 2011 plus</p> | <p>already were involved in local social activities so may have missed the more excluded groups in the population.</p> <p><b>Evidence gaps and/or recommendations for future research:</b></p> <p>Authors state "Not all possible issues could be explored. For example, there were no intergenerational projects and none of the projects focused specifically on any of the equality strands, omissions we would like to see rectified in future work".</p> <p><b>Funding sources:</b></p> <p>Big Lottery Fund £500,000</p> <p><b>Applicable to UK? (if appropriate):</b> Yes</p> |
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|  | <p>• <b>When:</b><br/>2010 to 2013</p>  | <p><b>For client views, were they all completers:</b><br/>Yes</p> <p><b>Were there specific exclusion criteria:</b><br/>None stated</p> <p><b>Were there specific inclusion criteria:</b><br/>Older people to be actively involved in service development and delivery.<br/>Older people to have improved opportunities for social interaction; social isolation to be tackled.<br/>Older people to be actively involved with and connected to the wider community.<br/>Older people to be encouraged /supported to maintain independent control of their own lives.</p> <p><b>Reason for referral of participants:</b><br/>Selected as described above</p> <p><b>Referred by:</b><br/>Selected as described above</p> | <p>Relationships and social connectedness seen as essential</p> <p>Contribution of groups and clubs to well-being was frequently mentioned along with volunteering and supporting others.</p> <p>Involvement led approach to service and community development.</p> |  |
| <p><b>Author and year:</b><br/>Lawlor, 2014</p> <p><b>Country:</b><br/>Ireland</p> | <p><b>What was/were the research questions:</b><br/>To explore the experiences of older people who were</p> | <p><b>Description of study participants:</b><br/>Participants: 40 older people. Mean age 80; 75% women; 61% education to less than 16 years; 18% single, 73% widowed, 8% married/cohabiting, 3% separated/divorced.</p>  | <p><b>Brief description of method and process of analysis:</b><br/>Participation in focus groups before and after the volunteer peer befriending intervention for both participants and volunteers.<br/>Narrative analysis only using framework</p>                 | <p><b>Limitations (author):</b><br/><b>Limitations (review team):</b><br/>Limited socio-demographic information on the volunteers.</p> |

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| <p><b>Study design:</b><br/>Focus groups conducted alongside randomised controlled trial</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>‘-</p> | <p>befriended and the older volunteers providing the befriending service.</p> <p><b>What theoretical approach</b><br/>(e.g. grounded theory, IPA)<br/><b>does the study take (if specified):</b><br/>Not stated</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Focus groups</li> <li>• <b>By whom:</b><br/>Researchers</li> <li>• <b>What setting(s):</b><br/>Ireland, community,</li> <li>• <b>When:</b><br/>2013</li> </ul> | <p>Volunteers: 46 volunteers recruited. No further socio-demographic information provided.</p> <p><b>What population were the sample recruited from:</b><br/><br/>Urban and rural areas of three counties in the east of the Republic of Ireland</p> <p><b>How were they recruited:</b><br/><br/>Potential participants were identified by people working with older people in the community including general practitioners, public health nurses, parish staff, day centre staff, home helps and members of local active retirement groups. Individuals identified were asked if they were interested in participating in the study and if so information was sent to them. This was followed up by a phone call from a member of the research team.</p> <p><b>How many participants were recruited:</b><br/>40 older people were in the intervention group of the trial.</p> | <p>analysis and the constant comparison method.</p> <p><b>Key themes relevant to this review:</b></p> <p><i>Participants</i><br/>Barriers:<br/>Physical limitations and lack of energy making it difficult to maintain/make social connections<br/>Lack of transport<br/>Loss of sense of community<br/>Bereavement as barrier to making social connections<br/>Informal caregiving responsibilities</p> <p><i>Facilitators:</i><br/>Motivation and encouragement from peer volunteers to engage in social activities.</p> <p><i>Volunteers</i><br/>Barriers:<br/>Clients sometimes were resistant to change and this negatively impacted on their ability to make new connections</p> <p><i>Facilitators:</i></p> <ul style="list-style-type: none"> <li>• Perceived satisfaction and enjoyment from volunteering</li> </ul> <p>Back up support for volunteers from the research team</p> | <p><b>Evidence gaps and/or recommendations for future research:</b></p> <p><b>Funding sources:</b><br/><br/>Ageing Well Network,<br/><br/>Atlantic Philanthropies</p> <p><b>Applicable to UK? (if appropriate):</b> Yes</p> |
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|  |  | <p><b>For client views, were they all completers:</b></p> <p>33 of 49 people in the intervention group participated in at least one of two focus groups.</p> <p>34 of 46 volunteers participated in at least one of the four volunteer focus groups.</p> <p><b>Were there specific exclusion criteria:</b></p> <p>Peer volunteers: failing/ refusing the Police clearance process</p> <p><b>Were there specific inclusion criteria:</b></p> <p>Participants: People over the age of 60, community dwelling and with no significant memory problems who scored more than 3 on the De Jong Scale or answered Yes to item 5 on the Centre for Epidemiological Studies Depression Scale (CESD)</p> <p>Peer volunteers: At least 55, with no significant memory problems and having capacity and commitment to undergo the training required and a full understanding of confidentiality.</p> |  |  |
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|   |   | <p><b>Reason for referral of participants:</b></p> <p><b>Referred by:</b></p> <p>Potential participants identified by older people's services – they could then choose whether or not to participate in RCT.</p>   |  |   |
| <p><b>Author and year:</b></p> <p>Lester, 2012, UK</p> <p><b>Study design:</b></p> <p>Interview study</p> <p><b>Quality score: (inc external validity for surveys)</b></p> <p>-</p> | <p><b>What was/were the research questions:</b></p> <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b></p> <p>Grounded theory</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b></li> <li>Face to face interviews</li> <li>• <b>By whom:</b></li> <li>Research team</li> </ul> | <p><b>Description of study participants:</b></p> <p>25 adults 8 men 17 women; mean age 83.5 (range 55-92). Most had multiple morbidities and difficulty in leaving home. All without partners</p> <p><b>What population were the sample recruited from:</b></p> <p>The national policy unit of Age UK nominated two face-to-face and one telephone befriending service as examples of good practice. They purposively also recruited two non-Age UK services befriending people living in intermediate and residential care. These services were in four geographically diverse areas of England (Newcastle, Birmingham, Oxfordshire and the Mid-Mersey region).</p> | <p><b>Brief description of method and process of analysis:</b></p> <p>The topic guide was generated from a priori questions arising from systematic review, and modified as the study progressed. Interviews explored older adults' views of befriending and befrienders, including positive and failed relationships. No formal measures were used, but interviewees were asked about their health, including current and previous episodes of depression. Analyses combined deductive and inductive principles.</p> <p><b>Key themes relevant to this review:</b></p> <p><i>Participants</i></p> <p>Barriers:</p> <ul style="list-style-type: none"> <li>• Age/health restrictions</li> </ul> <p>Telephone befriending</p> | <p><b>Limitations (author):</b></p> <p>The majority of participating organisations were recruited through Age UK</p> <p>Interviewees were self-selected and small number. No ethnic minority participants.</p> <p><b>Limitations (review team):</b></p> <p>Population with more limitations on abilities than generally included in this review</p> <p><b>Funding Sources:</b> Not clearly stated, possible support from Age UK</p> |

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|  | <p>●<b>What setting(s):</b><br/>Place of residence</p> <p>● <b>When:</b><br/>March to October 2009</p> | <p><b>How were they recruited:</b><br/>We asked service coordinators to nominate people of different ages and genders who might want to participate.</p> <p><b>How many participants were recruited:</b><br/><b>25 adults – 8 men 17 women</b></p> <p><b>For client views, were they all completers:</b><br/>Only 8.7% participated in a non-degree educational programme</p> <p><b>Were there specific exclusion criteria:</b><br/>Older people living in long-term care institutions were not included.</p> <p><b>Were there specific inclusion criteria:</b><br/>Older adults aged 60 and 74, living in the community</p> <p><b>Reason for referral of participants:</b><br/><b>Contact with the befriending service had usually been initiated by a relative or professional, often following spousal bereavement or a period of</b></p> | <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Having ‘things in common’ with befrienders,</li> </ul> <p>Befrienders’ role perceived as ‘companionship’ not ‘help’</p> |  |
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|   |   | <p><b>hospitalisation</b></p> <p><b>Referred by:</b><br/>Not reported</p>  |   |   |
| <p><b>Author and year:</b><br/>Scharf et al. 2005</p> <p><b>Study design:</b><br/>Face-to-face interviews using a standard questionnaire</p> <p><b>Quality score: (inc external validity for surveys)</b><br/>-</p> | <p><b>What was/were the research questions:</b><br/>To examine the degree to which older people in disadvantaged neighbourhoods experience social exclusion; To establish if there are types of social exclusion which occur more often than others; To investigate the extent to which the different dimensions of social exclusion overlap; and to examine the characteristics of socially excluded older people.</p> <p><b>What theoretical approach (e.g. grounded theory, IPA)</b></p> | <p><b>Description of study participants:</b><br/>Older people between 60 and 96 years old (average age 71.6 years). 57% female for 65-74 age group, 63% female for 75 and over. 13% BME populations.</p> <p><b>What population were the sample recruited from:</b><br/>From the three most deprived English local authorities in the 1998 Index of Local Deprivation</p> <p><b>How were they recruited:</b><br/>Using two approaches: one group was randomly selected through local electoral registers, using a system which assigns people to age bands according to the likelihood that their first name belongs to a particular birth cohort.<br/>The other group was recruited from the largest minority ethnic group in each electoral ward, through the relevant community organisations and researchers' local contacts.</p> | <p><b>Brief description of method and process of analysis:</b><br/>Measures of exclusion:</p> <ul style="list-style-type: none"> <li>• Exclusion from material resources (this dimension was measured against a list of 19 material items such as two meals a day, home contents insurance, and the ability to replace worn-out furniture).</li> <li>• Exclusion from social relations (uses indicators of social isolation, loneliness and non-participation in social activities)<br/>A social isolation was assessed by the availability and frequency of contacts with family, friends and neighbours.<br/>Loneliness was measured using the 11-item De Jong Gierveld loneliness scale.<br/>Non-participation in common social activities was measured by seven common activities seen as necessities (e.g. having friends or family around for a meal and celebrating special occasions).</li> <li>• Exclusion from civic activities (two</li> </ul> | <p><b>Limitations (author):</b><br/>Use of non-purposive approach to recruit a sample of older people from the minority ethnic groups. Sample may not be representative of the population<br/>Low sample sizes from the ethnic groups</p> <p><b>Limitations (review team):</b><br/>Limited description of data collection</p> <p><b>Evidence gaps and/or recommendations for future research:</b><br/>To extend the analysis used here to a range of other residential settings in order to identify if similar patterns exist elsewhere.<br/>Future research would</p> |

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|  | <p><b>does the study take (if specified):</b><br/>Not specified</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Face-to-face interviews</li> <li>• <b>By whom:</b><br/>Not specified</li> <li>• <b>What setting(s):</b><br/>Not specified</li> <li>• <b>When:</b><br/>Not specified</li> </ul> | <p><b>How many participants were recruited:</b><br/>600 (501 respondents were recruited using the first approach; and 99 from four different minority groups (Black Caribbean, Indian, Pakistani and Somali) using the second selection method)</p> <p><b>For client views, were they all completers:</b><br/>Complete data was collected for 581 respondents out of 600</p> <p><b>Were there specific exclusion criteria:</b><br/>Not specified</p> <p><b>Were there specific inclusion criteria:</b></p> <p><b>Reason for referral of participants:</b><br/><b>Referred by:</b><br/>Not applicable</p> | <p>indicators were selected to reflect different types of civic participation: attendance of religious or community group meetings; and participation in a range of other civic activities).</p> <ul style="list-style-type: none"> <li>• Exclusion from basic services within and beyond the home.</li> <li>• Neighbourhood exclusion refers to persons' perceptions of their neighbourhoods, and their feelings of security in the neighbourhood.</li> </ul> <p>Data collected on age, gender, ethnicity and marital status, education level, length of residence in the neighbourhood, home ownership and conditions, experience of crime, health status and quality of life.</p> <p><b>Key themes relevant to this review:</b><br/><i>Participants</i><br/>Barriers:</p> <ul style="list-style-type: none"> <li>• Exclusion from social relations</li> <li>• Exclusion from material resources</li> <li>• Exclusion from basic services</li> <li>• Exclusion from civic activities and the neighbourhood</li> </ul> | <p>explore the degree to which older people in rural areas may experience similar forms of exclusions.</p> <p><b>Funding sources:</b><br/>Funded by the Economic and Social Research Council (ESRC) under the Growing Older Programme (grant no. L480254022).</p> <p><b>Applicable to UK?</b> (if appropriate):<br/>Yes, UK-based study</p> |
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|   |   |   | <ul style="list-style-type: none"> <li>• Multiple forms of social exclusion</li> <li>• Educational level and ethnicity related to exclusion</li> <li>• Renting accommodation from a social landlord and having two or more housing-related problems</li> <li>• Also, recent experience of crime, poor health and a long-term health problems were closely linked to the experience of multiple exclusion</li> </ul> <p>Facilitators:</p> <ul style="list-style-type: none"> <li>• Home ownership and good housing conditions</li> <li>• Not being a recent victim of crime, reporting good or very good health, and the absence of chronic health conditions</li> </ul> |   |
| <p><b>Author and year:</b><br/>Van Groenou &amp; Deeg, 2010</p> <p><b>Study design:</b><br/>Longitudinal study</p> <p><b>Quality score: (incl. external validity for surveys)</b><br/>(+)</p> | <p><b>What was/were the research questions:</b><br/>To examine whether and why the social participation rates of the people aged 60–69 years in 2002 were higher than those of the 60–69 years old in 1992.</p> | <p><b>Description of study participants:</b><br/>Data from the Longitudinal Aging Study Amsterdam (LASA): the cohort born between 1923 and 1932 (aged 60–69 years in 1992) and the cohort born between 1933 and 1942 (aged 60–69 in 2002)</p> <p><b>What population were the sample recruited from:</b></p> | <p><b>Brief description of method and process of analysis:</b><br/>Descriptive statistics used to examine the cohort differences in five types of social participation, four types of determinants, sex and age.</p> <p>Logistic regression analysis used to examine which independent variables affected cohort differences in social participation.</p>   | <p><b>Evidence gaps and/or recommendations for future research:</b><br/>To focus on increasing the social participation of the population with lower levels of education.</p> <p><b>Funding sources:</b><br/>The Longitudinal Aging</p> |

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|  | <p><b>What theoretical approach (e.g. grounded theory, IPA) does the study take (if specified):</b><br/>Not specified</p> <p><b>How were the data collected:</b></p> <ul style="list-style-type: none"> <li>• <b>What method(s):</b><br/>Face-to-face interviews; a medical interview with clinical measurements; and a self-completion questionnaire.</li> <li>• <b>By whom:</b><br/>Not reported</li> <li>• <b>What setting(s):</b><br/>Municipalities in the west, north-east and south of The Netherlands</li> <li>• <b>When:</b><br/>From 1992 to 2005/06</li> </ul> | <p>Population-based samples from municipalities in the west, north-east and south of The Netherlands</p> <p><b>How were they recruited:</b><br/>LASA study started in 1992 with a representative national survey of 3,107 people aged between 55 and 85 years. The respondents were selected from the registers of 11 municipalities in the west, north-east and south of The Netherlands. The response rate among 60 to 69-year-olds was around 62 per cent.</p> <p><b>How many participants were recruited:</b><br/>Data for the 1992 or earlier cohort were available for 1,008 respondents aged 60–69 years to the 1992/93 wave (birth years 1923–32).<br/>Data for the 2002 or recent cohort were available for 848 respondents aged 60–69 years to the 2001/02 wave (birth years 1933–42).</p> <p><b>For client views, were they all completers:</b><br/>No</p> | <p><b>Key themes relevant to this review:</b></p> <p>Differences between the two groups in formal participation (as members of organisations, in volunteer work and in religious organisations) and in informal participation (having a large social network, and in cultural and recreational activities) were found to be associated with cohort differences in individual characteristics including level of education, health, employment status and marital status.</p> <p>Overall, there were higher rates of both formal and informal social participation in 2002 than in 1992.</p> <p>The biggest differences between the two cohorts were for volunteering and least for participation in personal networks and in cultural and recreational activities.</p> <p>Whilst the findings indicated that part-time employment did not restrict social participation, a full-time employment restricted volunteering but not other forms of social participation.</p> <p>Educational level was found to be a robust</p> | <p>Study Amsterdam is financed in large part by the Netherlands Ministry of Health, Wellbeing and Sport. The reported analysis was supported by a grant from the Dutch Society for Scientific Research</p> <p><b>Applicable to UK? (if appropriate):</b><br/>Yes</p> |
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|  |  | <p><b>Were there specific exclusion criteria:</b><br/>Not specified</p> <p><b>Were there specific inclusion criteria:</b><br/>Not specified</p> <p><b>Reason for referral of participants:</b></p> <p><b>Referred by:</b><br/>Not applicable</p> | <p>and important determinant of social participation. The results suggested that lower levels of education are associated with less social participation.</p> |  |
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### Appendix 3: Qualitative study checklist

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| <b>Theoretical approach</b>  |       |         |       |        |                 |               |
| Is a qualitative approach appropriate  | +     | +       | +     | +      | NA              | +             |
| Is the study clear in what it seeks to do?                                     | +     | +       | +     | +      | +               | +             |
| <b>Study design</b>  |       |         |       |        |                 |               |
| How defensible/rigorous is the research design/methodology?                    | -     | -       | -     | -      | -               | -             |
| <b>Data collection</b>   |       |         |       |        |                 |               |
| How well was the data collection carried out?                                  | -     | -       | -     | ++     | +               | -             |
| <b>Trustworthiness</b>   |       |         |       |        |                 |               |
| Is the role of the researcher clearly described?                               | NR    | -       | NR    | NR     | NR              | +             |
| Is the context clearly described?  | NR    | -       | +     | +      | -               | -             |
| Were the methods reliable?   | -     | -       | -     | +      | -               | -             |
| <b>Analysis</b>  |       |         |       |        |                 |               |
| Is the data analysis sufficiently rigorous?                                    | -     | -       | -     | +      | +               | -             |
| Is the data 'rich'?  | -     | +       | -     | +      | -               | -             |
| Is the analysis reliable?  | +     | -       | -     | +      | -               | -             |
| Are the findings convincing?   | +     | -       | -     | +      | +               | -             |
| Are the findings relevant to the aims of the study?                            | +     | +       | +     | ++     | +               | +             |
| Conclusions  | +     | +       | +     | +      | -               | +             |
| <b>Ethics</b>  |       |         |       |        |                 |               |
| How clear and coherent is the reporting of ethics?                             | NR    | -       | NR    | ++     | -               | NR            |
| <b>Overall assessment</b>  |       |         |       |        |                 |               |
| As far as can be ascertained from the paper, how well was the study conducted? | -     | -       | -     | +      | -               | -             |

|  | Damodaran | Dwyer | Gonzalez | Goulding | Hallam | Heart |
|--|-----------|-------|----------|----------|--------|-------|
| <b>Theoretical approach</b>  |           |       |          |          |        |       |
| Is a qualitative approach appropriate  | ++        | +     | NA       | +        | +      | -     |
| Is the study clear in what it seeks to do?                                     | +         | +     | ++       | ++       | +      | ++    |
| <b>Study design</b>  |           |       |          |          |        |       |
| How defensible/rigorous is the research design/methodology?                    | NR        | +     | -        | -        | -      | -     |
| <b>Data collection</b>   |           |       |          |          |        |       |
| How well was the data collection carried out?                                  | -         | -     | -        | -        | -      | -     |
| <b>Trustworthiness</b>   |           |       |          |          |        |       |
| Is the role of the researcher clearly described?                               | -         | -     | NR       | NR       | NR     | NR    |
| Is the context clearly described?  | -         | +     | ++       | -        | -      | +     |
| Were the methods reliable?   | -         | -     | -        | -        | -      | +     |
| <b>Analysis</b>  |           |       |          |          |        |       |
| Is the data analysis sufficiently rigorous?                                    | -         | -     | -        | -        | -      | -     |
| Is the data 'rich'?  | NR        | +     | NR       | +        | +      | -     |
| Is the analysis reliable?  | NR        | -     | -        | -        | -      | -     |
| Are the findings convincing?   | +         | -     | ++       | +        | +      | +     |
| Are the findings relevant to the aims of the study?                            | ++        | +     | ++       | +        | +      | +     |
| Conclusions  | +         | +     | +        | +        | -      | +     |
| <b>Ethics</b>  |           |       |          |          |        |       |
| How clear and coherent is the reporting of ethics?                             | NR        | ?     | NR       | NR       | NR     | NR    |
| <b>Overall assessment</b>  |           |       |          |          |        |       |
| As far as can be ascertained from the paper, how well was the study conducted? | -         | -     | -        | -        | -      | -     |

|  | Helsper | Hoban 2011 | Hoban 2013 | Lambert | Lawlor | Lester |
|--|---------|------------|------------|---------|--------|--------|
| <b>Theoretical approach</b>  |         |            |            |         |        |        |
| Is a qualitative approach appropriate  | NA      | ++         | ++         | +       | +      | +      |
| Is the study clear in what it seeks to do?                                     | ++      | ++         | ++         | +       | -      | ?      |
| <b>Study design</b>  |         |            |            |         |        |        |
| How defensible/rigorous is the research design/methodology?                    | -       | +          | +          | +       | +      | -      |
| <b>Data collection</b>   |         |            |            |         |        |        |
| How well was the data collection carried out?                                  | -       | +          | +          | +       | +      | -      |
| <b>Trustworthiness</b>   |         |            |            |         |        |        |
| Is the role of the researcher clearly described?                               | NR      | +          | +          | NR      | -      | -      |
| Is the context clearly described?  | NR      | +          | +          | +       | +      | +      |
| Were the methods reliable?   | -       | +          | +          | -       | -      | -      |
| <b>Analysis</b>  |         |            |            |         |        |        |
| Is the data analysis sufficiently rigorous?                                    | NR      | -          | -          | -       | +      | -      |
| Is the data 'rich'?  | NR      | +          | +          | +       | +      | +      |
| Is the analysis reliable?  | NR      | +          | +          | -       | -      | -      |
| Are the findings convincing?   | +       | +          | +          | +       | -      | -      |
| Are the findings relevant to the aims of the study?                            | +       | +          | +          | +       | +      | +      |
| Conclusions  | +       | +          | +          | +       | +      | +      |
| <b>Ethics</b>  |         |            |            |         |        |        |
| How clear and coherent is the reporting of ethics?                             | NR      | +          | +          | ?       | ?      | ?      |
| <b>Overall assessment</b>  |         |            |            |         |        |        |
| As far as can be ascertained from the paper, how well was the study conducted? | -       | +          | +          | -       | -      | -      |

|  | Martin | Martinez | McBride | Ofcom | O'Shea | Raley |
|--|--------|----------|---------|-------|--------|-------|
| <b>Theoretical approach</b>  |        |          |         |       |        |       |
| Is a qualitative approach appropriate  | +      | NA       | NA      | ++    | +      | +     |
| Is the study clear in what it seeks to do?                                     | ++     | +        | ++      | ++    | ++     | +     |
| <b>Study design</b>  |        |          |         |       |        |       |
| How defensible/rigorous is the research design/methodology?                    | -      | +        | -       | NR    | +      | -     |
| <b>Data collection</b>   |        |          |         |       |        |       |
| How well was the data collection carried out?                                  | +      | ++       | -       | -     | +      | -     |
| <b>Trustworthiness</b>   |        |          |         |       |        |       |
| Is the role of the researcher clearly described?                               | +      | +        | NR      | NR    | +      | NR    |
| Is the context clearly described?  | NA     | +        | -       | -     | +      | -     |
| Were the methods reliable?   | NA     | +        | +       | -     | -      | -     |
| <b>Analysis</b>  |        |          |         |       |        |       |
| Is the data analysis sufficiently rigorous?                                    | -      | +        | +       | NR    | -      | -     |
| Is the data 'rich'?  | -      | +        | -       | NR    | -      | +     |
| Is the analysis reliable?  | -      | +        | -       | -     | +      | -     |
| Are the findings convincing?   | +      | +        | -       | +     | +      | +     |
| Are the findings relevant to the aims of the study?                            | +      | +        | +       | +     | ++     | +     |
| Conclusions  | +      | +        | -       | +     | +      | +     |
| <b>Ethics</b>  |        |          |         |       |        |       |
| How clear and coherent is the reporting of ethics?                             | NA     | NR       | NR      | NR    | ++     | NR    |
| <b>Overall assessment</b>  |        |          |         |       |        |       |
| As far as can be ascertained from the paper, how well was the study conducted? | -      | +        | -       | -     | +      | -     |

|  | Redsell | Scharf | Skingley | Slegers | Sloane-Seale | Tan |
|--|---------|--------|----------|---------|--------------|-----|
| <b>Theoretical approach</b>  |         |        |          |         |              |     |
| Is a qualitative approach appropriate  | +       | NA     | +        | NA      | NA           | NA  |
| Is the study clear in what it seeks to do?                                     | ++      | ++     | ++       | ++      | ++           | ++  |
| <b>Study design</b>  |         |        |          |         |              |     |
| How defensible/rigorous is the research design/methodology?                    | NA      | +      | -        | -       | +            | +   |
| <b>Data collection</b>   |         |        |          |         |              |     |
| How well was the data collection carried out?                                  | -       | -      | -        | +       | +            | +   |
| <b>Trustworthiness</b>   |         |        |          |         |              |     |
| Is the role of the researcher clearly described?                               | NR      | NR     | NR       | NR      | +            | +   |
| Is the context clearly described?  | -       | -      | +        | ++      | +            | -   |
| Were the methods reliable?   | -       | -      | -        | +       | +            | +   |
| <b>Analysis</b>  |         |        |          |         |              |     |
| Is the data analysis sufficiently rigorous?                                    | -       | +      | -        | +       | -            | +   |
| Is the data 'rich'?  | -       | -      | +        | -       | -            | -   |
| Is the analysis reliable?  | NA      | -      | -        | +       | -            | +   |
| Are the findings convincing?   | -       | +      | -        | +       | +            | +   |
| Are the findings relevant to the aims of the study?                            | ++      | +      | +        | ++      | +            | +   |
| Conclusions  | +       | +      | +        | +       | +            | +   |
| <b>Ethics</b>  |         |        |          |         |              |     |
| How clear and coherent is the reporting of ethics?                             | NR      | NR     | ++       | NR      | NR           | NR  |
| <b>Overall assessment</b>  |         |        |          |         |              |     |
| As far as can be ascertained from the paper, how well was the study conducted? | -       | -      | -        | +       | +            | +   |

|  | Tang | Teater | Van Groenou & Deeg | Van Weelden | Varvarigou | Villar 2010 |
|--|------|--------|--------------------|-------------|------------|-------------|
| <b>Theoretical approach</b>  |      |        |                    |             |            |             |
| Is a qualitative approach appropriate  | NA   | +      | NA                 | NA          | +          | +           |
| Is the study clear in what it seeks to do?                                     | +    | ++     | ++                 | ++          | ++         | +           |
| <b>Study design</b>  |      |        |                    |             |            |             |
| How defensible/rigorous is the research design/methodology?                    | -    | -      | +                  | +           | -          | -           |
| <b>Data collection</b>   |      |        |                    |             |            |             |
| How well was the data collection carried out?                                  | -    | +      | +                  | +           | -          | -           |
| <b>Trustworthiness</b>   |      |        |                    |             |            |             |
| Is the role of the researcher clearly described?                               | NR   | +      | NR                 | -           | -          | -           |
| Is the context clearly described?  | -    | +      | -                  | +           | +          | +           |
| Were the methods reliable?   | -    | -      | +                  | +           | -          | -           |
| <b>Analysis</b>  |      |        |                    |             |            |             |
| Is the data analysis sufficiently rigorous?                                    | -    | -      | +                  | -           | -          | -           |
| Is the data 'rich'?  | -    | -      | +                  | -           | ++         | +           |
| Is the analysis reliable?  | -    | -      | +                  | -           | -          | -           |
| Are the findings convincing?   | +    | +      | +                  | +           | -          | -           |
| Are the findings relevant to the aims of the study?                            | +    | +      | ++                 | +           | +          | +           |
| Conclusions  | -    | +      | +                  | +           | +          | +           |
| <b>Ethics</b>  |      |        |                    |             |            |             |
| How clear and coherent is the reporting of ethics?                             | NR   | +      | NR                 | -           | NR         | -           |
| <b>Overall assessment</b>  |      |        |                    |             |            |             |
| As far as can be ascertained from the paper, how well was the study conducted? | -    | -      | +                  | -           | -          | -           |

|  | Villar<br>2014 | Warren-<br>Peace |
|--|----------------|------------------|
| <b>Theoretical approach</b>  |                |                  |
| Is a qualitative approach appropriate  | NA             | +                |
| Is the study clear in what it seeks to do?                                     | +              | +                |
| <b>Study design</b>  |                |                  |
| How defensible/rigorous is the research design/methodology?                    | -              | NA               |
| <b>Data collection</b>   |                |                  |
| How well was the data collection carried out?                                  | -              | +                |
| <b>Trustworthiness</b>   |                |                  |
| Is the role of the researcher clearly described?                               | -              | NR               |
| Is the context clearly described?  | -              | -                |
| Were the methods reliable?   | +              | +                |
| <b>Analysis</b>  |                |                  |
| Is the data analysis sufficiently rigorous?                                    | -              | NA               |
| Is the data 'rich'?  | -              | +                |
| Is the analysis reliable?  | +              | -                |
| Are the findings convincing?   | -              | +                |
| Are the findings relevant to the aims of the study?                            | +              | +                |
| Conclusions  | +              | +                |
| <b>Ethics</b>  |                |                  |
| How clear and coherent is the reporting of ethics?                             | NA             | NR               |
| <b>Overall assessment</b>  |                |                  |
| As far as can be ascertained from the paper, how well was the study conducted? | -              | -                |

**++ Indicates that for that particular aspect of study design, the study has been conducted in an appropriate, clear and/or defensible manner; + Indicates that either the answer to the checklist question is not clear from the way the study is reported; - Indicates answer to question is unclear or not described. Not reported (NR); Not applicable (NA); ? Unclear**

## Appendix 4: Review strategies

Searches were run in July and August 2014.

### Review 2 Syntax search strategy Medline

1. Aged/
2. Retirement/
3. Elder\*.ti,ab
4. Frail\*.ti,ab
5. Geriatric\*.ti,ab
6. Gerontology.ti,ab
7. Seniors.ti,ab
8. Retire\*.ti,ab
9. Pensioner\$.ti,ab
10. (Later-life or later life) .ti,ab
11. (Late-life or late life) .ti,ab
12. Old age.ti,ab
13. "Old people" .ti,ab
14. "Older people".ti, ab
15. Old person.ti,ab
16. Older person.ti,ab
17. (Older man) .ti,ab
18. (Older men).ti,ab
19. (Older woman or Older women) .ti,ab
20. Older male\$.ti,ab
21. Older female\$.ti,ab
22. (Old old or old-old) OR (Oldest old or Oldest-old).ti,ab
23. Very old.ti
24. (Senior Citizen OR Senior Citizens).ti,ab
25. Older adult\*.ti,ab

26. 1 OR 2
27. 3-25/OR
28. 26 OR 27
29. Psychological Resilience/
30. Psychological Adaptation/
31. Social Support/
32. Community Networks/
33. Independent Living/
34. Quality of Life/
35. Social Identification/
36. Happiness/
37. Mental Health/
38. Personal Satisfaction/
39. Social Distance/
40. 29-39/OR
41. Mental health.ti
42. Quality of life.ti
43. Emotional health.ti
44. Emotional capital.ti
45. Mental capital.ti
46. Wellness.ti
47. Wellbeing or Well-being or Well being.ti
48. Sense of coherence.ti
49. Activities of daily living.ti
50. Independent living.ti
51. (healthy ageing or healthy aging) .ti
52. (active aging or active ageing) .ti
53. happiness .ti,
54. meaningfulness.ti
55. resilien\*.ti
56. loneliness.ti

57. mastery.ti
58. locus of control.ti
59. capabilit\*.ti
60. empower\* .ti
61. social capital.ti
62. participation.ti
63. social support.ti
64. social contact.ti
65. civic engagement.ti
66. civic involvement.ti
67. community engagement.ti
68. sense of belonging.ti
69. psychosocial.ti
70. social inclusion.ti
71. social exclusion.ti
72. independence.ti
73. dignity.ti
74. choice.ti
75. isolation.ti
76. ADL\$ .ti
77. social relation\*.ti
78. family relation\* .ti
79. social activit\*.ti
80. civic activit\* .ti
81. 41-80/OR
82. 40 OR 81
83. 27 AND 82
84. Elder\*.ti
85. Frail\*.ti
86. Geriatric\*.ti
87. Gerontology.ti

88. Seniors.ti
89. Retire\*.ti
90. Pensioner\$.ti
91. (Later-life or later life) .ti
92. (Late-life or late life) .ti
93. Old age.ti
94. Old people.ti
95. Older people .ti
96. Old person.ti
97. Older person.ti
98. Older men .ti
99. Older man.ti
100. (Older woman or Older women) .ti
101. Older male\$.ti
102. Older female\$.ti
103. (Old old or old-old) .ti
104. Very old.ti
105. Senior Citizen or Senior Citizens.ti
106. Older adult OR older adults.ti
107. 84-106/OR
108. Mental health.ti,ab
109. Quality of life.ti,ab
110. Emotional health.ti,ab
111. Emotional capital.ti,ab
112. Mental capital.ti,ab
113. Wellness.ti,ab
114. Wellbeing or Well-being or Well being.ti,ab
115. Sense of coherence.ti,ab
116. Activities of daily living.ti,ab
117. ADL\$.ti,ab
118. Independent living.ti,ab

119. (healthy ageing or healthy aging) .ti,ab
120. (active aging or active ageing) .ti,ab
121. happiness .ti,ab
122. meaningfulness.ti,ab
123. resilien\*.ti,ab
124. loneliness.ti,ab
125. mastery.ti,ab
126. locus of control.ti,ab
127. capabilit\*.ti,ab
128. empower\* .ti,ab
129. social capital.ti,ab
130. participation.ti
131. social support.ti,ab
132. social contact.ti,ab
133. civic engagement.ti,ab
134. civic involvement.ti,ab
135. community engagement.ti,ab
136. sense of belonging .ti,ab
137. psychosocial.ti,ab
138. social inclusion.ti,ab
139. social exclusion.ti,ab
140. independence.ti,ab
141. dignity. ti,ab
142. choice.ti
143. isolation.ti
144. social relation\*.ti,ab
145. family relation\* .ti,ab
146. social activit\*.ti,ab
147. civic activit\* .ti,ab
148. 108-147/OR
149. 107 AND 148

150. 83 OR 149
151. barrier\* .ti,ab
152. benefit\* .ti,ab
153. block\* . ti,ab
154. collabor\* .ti,ab
155. constrain\* . ti,ab
156. cost\* .ti,ab
157. delay\* . ti,ab
158. determinant\* .ti,ab
159. enabler\* .ti,ab
160. encourag\* ti,ab
161. engage\* .ti,ab
162. facilitat\* .ti,ab
163. hinder\* . ti,ab
164. hindrance .ti,ab.
165. imped\* . ti,ab
166. incentive\* .ti,ab
167. inhibit\* . ti,ab
168. involve\* .ti,ab
169. motivat\* . ti,ab
170. obstacle\* . ti,ab
171. obstruct\* . ti,ab
172. promot\* .ti,ab
173. restrain\* . ti,ab
174. restrict\* . ti,ab
175. (uptake or take-up). ti,ab
176. (uptake or take up). ti,ab
177. 151-176/OR
178. 150 AND 177
179. Limit 166 (English language, abstract, year = “2003-2014”)

## Review 2 Syntax search strategy Psychinfo

1. (ZG "aged (65 yrs & older)") ((Index) term
2. DE Retirement (Major Concept)
3. Elder\*.ti,ab
4. Frail\*.ti,ab
5. Geriatric\*.ti,ab
6. Gerontology.ti,ab
7. Seniors.ti,ab
8. Retire\*.ti,ab
9. Pensioner\$.ti,ab
10. (Later-life or later life) .ti,ab
11. (Late-life or late life) .ti,ab
12. Old age.ti,ab
13. "Old people" .ti,ab
14. "Older people".ti, ab
15. Old person.ti,ab
16. Older person.ti,ab
17. (Older man) .ti,ab
18. (Older men).ti,ab
19. (Older woman or Older women) .ti,ab
20. Older male\$.ti,ab
21. Older female\$.ti,ab
22. (Old old or old-old) OR (Oldest old or Oldest-old).ti,ab
23. Very old.ti
24. (Senior Citizen OR Senior Citizens).ti,ab
25. Older adult\*.ti,ab
26. 1 OR 2
27. 3-25/OR
28. 26 OR 27
29. DE "Resilience (Psychological)" (Major Concept)

30. DE "Emotional Adjustment" OR DE "Emotional Control" OR DE "Identity Crisis" (Emotional Adjustment Major Concept Exploded)
31. Social Support (Major Concept)
32. DE "Social Networks" OR DE "Online Social Networks"
33. DE "Self Care Skills"
34. DE "Quality of Life"
35. DE "Social Identity"
36. DE Happiness
37. DE "Mental Health" OR "Community Mental Health"
38. DE "Satisfaction" (Not exploded)
39. DE "Social Isolation"
40. 29-39/OR
41. Mental health.ti
42. Quality of life.ti
43. Emotional health.ti
44. Emotional capital.ti
45. Mental capital.ti
46. Wellness.ti
47. Wellbeing or Well-being or Well being.ti
48. Sense of coherence.ti
49. (Activities of daily living or ADL\$) .ti
50. Independent living.ti
51. (healthy ageing or healthy aging) .ti
52. (active aging or active ageing) .ti
53. happiness .ti,
54. meaningfulness.ti
55. resilien\*.ti
56. loneliness.ti
57. mastery.ti
58. locus of control.ti
59. capabilit\*.ti
60. empower\* .ti

61. social capital.ti
62. participation.ti
63. social support.ti
64. social contact.ti
65. civic engagement.ti
66. civic involvement.ti
67. community engagement.ti
68. sense of belonging.ti
69. psychosocial.ti
70. social inclusion.ti
71. social exclusion.ti
72. independence.ti
73. dignity.ti
74. choice.ti
75. isolation.ti
76. adl\$.ti
77. social n1 relation\*.ti
78. family n1 relation\* .ti
79. social n1 activit\*.ti
80. civic n1 activit\* .ti
81. 41-80/OR
82. 40 OR 81
83. 27 AND 82
84. Elder\*.ti
85. Frail\*.ti
86. Geriatric\*.ti
87. Gerontology.ti
88. Seniors.ti
89. Retire\*.ti
90. Pensioner\$.ti
91. (Later-life or later life) .ti

92. (Late-life or late life) .ti
93. Old age.ti
94. Old people.ti
95. Older people.ti
96. Old person.ti
97. Older person.ti
98. Older man.ti
99. Older men.ti
100. (Older woman or Older women) .ti
101. Older male.ti
102. Older female.ti
103. (Old old OR Oldest old).ti
104. Very old.ti
105. (Senior Citizen OR senior citizens).ti
106. (Older adult OR Older adults).ti
107. 84-106/OR
108. Mental health.ti,ab
109. Quality of life.ti,ab
110. Emotional health.ti,ab
111. Emotional capital.ti,ab
112. Mental capital.ti,ab
113. Wellness.ti,ab
114. Wellbeing or Well-being or Well being.ti,ab
115. Sense of coherence.ti,ab
116. (Activities of daily living or ADL\$) .ti,ab
117. Independent living.ti,ab
118. (healthy ageing or healthy aging) .ti,ab
119. (active aging or active ageing) .ti,ab
120. happiness .ti,ab
121. meaningfulness.ti,ab
122. resilien\*.ti,ab

123. loneliness.ti,ab
124. mastery.ti,ab
125. locus of control.ti,ab
126. capabilit\*.ti,ab
127. empower\* .ti,ab
128. social capital.ti,ab
129. social relation\*.ti,ab
130. family relation\* .ti,ab
131. participation.ti
132. social support.ti,ab
133. social contact.ti,ab
134. social activit\*.ti,ab
135. civic activit\* .ti,ab
136. civic engagement.ti,ab
137. civic involvement.ti,ab
138. community engagement.ti,ab
139. sense of belonging .ti,ab
140. psychosocial.ti,ab
141. social inclusion.ti,ab
142. social exclusion.ti,ab
143. independence.ti,ab
144. dignity. ti,ab
145. choice.ti
146. isolation.ti
147. 108-146/OR
148. 107 AND 147
149. 82 OR 148
150. barrier\* .ti,ab
151. benefit\*.ti,ab
152. block\*. ti,ab
153. collabor\*.ti,ab

154. constrain\*. ti,ab
155. cost\*.ti,ab
156. delay\*. ti,ab
157. determinant\*.ti,ab
158. enabler\*.ti,ab
159. encourag\* ti,ab
160. engage\*.ti,ab
161. facilitat\*.ti,ab
162. hinder\*. ti,ab
163. hindrance .ti,ab.
164. imped\*. ti,ab
165. incentive\*.ti,ab
166. inhibit\*. ti,ab
167. involve\*.ti,ab
168. motivat\*. ti,ab
169. obstacle\*. ti,ab
170. obstruct\*. ti,ab
171. promot\*.ti,ab
172. restrain\*. ti,ab
173. restrict\*. ti,ab
174. (uptake or take-up). ti,ab
175. (uptake or take up). ti,ab
176. 150-175/OR
177. 149 AND 176
178. editorials, comments, case reports, letters
179. 177 NOT 178
180. Limit 179 (English language, year = “2003-2014”)

Similar strategies were run for Ageline, ASSIA and ERIC.

## **Review 2 Syntax search strategy DARE**

Searches of the Database of Abstracts of Reviews of Effectiveness at the University of York were run looking for key terms wellbeing, independence AND older people, or loneliness in any field. This also included searches of the NHS Economic Evaluation Database for these terms. This search strategy was the same as that for Review 1, no specific barriers terms were added because of the small number of records identified.

### **Review 2 Syntax search strategy Social Care Online**

1. Older people [Subject Term]
2. Ageing [Subject Term]
3. Age Discrimination [Subject Term]
4. 1 OR 2 OR 3
5. Wellbeing [Subject Term]
6. Psychosocial Intervention [Subject Term]
7. Psychology [Subject Term]
8. Psychosocial approach [Subject Term]
9. Resilience [Subject Term]
10. Social Networks [Subject Term]
11. Independent Living [Subject Term]
12. Independence [Subject Term]
13. Quality of Life [Subject Term]
14. Happiness [Subject Term]
15. Mental Health [Subject Term]
16. Emotions [Subject Term]
17. Social Capital
18. Activities of Daily Living
19. Loneliness

20. Empowerment
21. Participation
22. Social Inclusion
23. Social Exclusion
24. Dignity
25. Choice
26. Isolated People
27. 5-26/OR
28. Internet
29. Computers
30. Befriending schemes
31. Social Media
32. Communication
33. Intervention
34. Intergenerational Relationships
35. 28-34/OR
36. 4 AND 27
37. 4 AND 36
38. 36 OR 37
39. Limit 38 2003-2014

Note: The Social Care Online strategy had to be run separately one year at a time due to the limit of 500 records that can be retrieved from this database. No specific barriers or facilitators terms were added because of the limited functionality of this database and the de facto the same results were found as for review 1 – the only difference was that this search was run later in 2014 compared to that for Review 1.

## **Review 2 Syntax search strategy Google Scholar and Google**

**Limited search for terms (“mental wellbeing” OR “loneliness” OR “isolation”) AND “older people” AND (“barriers” OR “facilitators” OR “motivation” ). First 20 pages of search results only examined for Google and Google Scholar**

## **Appendix 5 – Studies excluded from review**

Studies that were excluded from analysis of barriers and facilitators to the use of interventions and services to promote mental wellbeing and independence in older people are listed. Note: some studies appear in more than one of the exclusion categories that follow.

### **No substantive discussion of barriers and facilitators to use/uptake of relevant interventions**

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