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Leisure, Community Participation and Active Ageing: A Case Study in Porto

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ABSTRACT
The significant increase in life expectancy over recent decades, together with changes in older adults' life trajectories, has given rise to new social challenges, calling for a specific understanding of the contribution of community-based leisure to successful ageing. This article presents the findings of a study conducted in Porto that sought to explore the multifaceted realities of older adults' community participation and its potential relationship with well-being from a socio-educational perspective. Methodologically, the research adopted a qualitative approach based on semi-structured interviews with key informants (nine professionals and twenty-seven participating older adults), together with a focus group involving six professionals. The findings reveal a consensus among participants that community participation by older adults is positively associated with improvements in their quality of life, contributing to higher levels of personal and social well-being. The study also highlights the importance of education in promoting health awareness and health literacy, emphasising the need to safeguard the right to lifelong learning and to foster education for participation.

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1. Introduction

The present study—undertaken within the framework of the IACOBUS Programme for cultural, scientific and pedagogical cooperation between the universities and higher education institutions of the Galicia–Northern Portugal Euroregion, 2022 call—explored, from a socio-educational perspective, the relationship between the community participation of older adults in Porto (Portugal) and active and healthy ageing through the accounts of participants and professionals working in the field. The rationale for this research lies in the marked ageing of the Portuguese population over the past decade. In 2015, people aged 65 and over accounted for 20.9% of the population, whereas by 2023 they represented almost a quarter of the total population. During this period, the ageing index increased substantially as a result of low birth rates and rising longevity (Instituto Nacional de Estatística [INE], 2024). These figures are even more striking when viewed in the European context, with Portugal ranking among the most aged countries and having the second-highest median age in the European Union (Eurostat, 2023). Against this backdrop, it is important to generate knowledge on how to age in the best possible way by making the most of the opportunities offered by this new stage of life, while defining specific strategies that place the rights of older adults at the heart of public decision-making. To this end, the following theoretical framework, informed by recent literature, outlines the principal concepts and theories relating to active and healthy ageing.

1.1. Active and Healthy Ageing

Active and healthy ageing (AHA) is a model that, from a comprehensive and critical perspective, seeks to optimise people's opportunities and quality of life as they age. It is underpinned by four fundamental pillars: health, participation, security and lifelong learning (Limón, 2024). Since the 1990s, the World Health Organization (WHO) has broadened the notion of healthy ageing to encompass the practices and interventions associated with active ageing, understood as a process that extends beyond physical and mental health to address ageing from a more holistic and multidimensional perspective. This approach considers the personal and contextual (emotional, behavioural, cultural, economic and environmental) factors that influence the health of older adults, enabling them to remain—or become—active and engaged throughout their lives in a safe environment (Benítez-Ramírez & Navarro-Martín, 2016; Petretto et al., 2016). In 2002, the WHO defined active ageing as "the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age" (WHO, 2002, p. 12), establishing it as a cornerstone of positive ageing. This model draws on theories such as Activity Theory (Havighurst & Albrech, 1953), which links participation to health, self-esteem and well-being (Alphilippe & Bailly, 2013; Monteagudo, 2020).

To gain a fuller understanding of this model, particular attention must be paid to the concept of activity on which it is based, as well as to its implications for the ageing process. Limón (2024) argues that activity is a *sine qua non* condition for positive ageing and defines it as the civic participation of older adults across all areas of public life and their proactive role in the ageing process. In this regard, the same author also identifies a number of characteristics or requirements that the concept of activity must fulfil to be understood in these terms. These include personalisation, recognising that people can be active in many different ways; the need to guarantee the rights of older adults, with particular emphasis on the right to education understood as a lifelong learning process; an intergenerational focus; and a comprehensive approach that addresses all the dimensions and factors—outlined above—that influence the ageing process. Similarly, Rodríguez-Díez and Pérez de Guzmán (2015) emphasise the relationship between activity and satisfaction and pleasure, arguing that not every activity is equally valuable. Rather, they focus on activities that are genuinely meaningful to those who engage in them and that acknowledge not only their needs but also their rights. As already noted, AHA benefits not only older adults themselves but also the wider community.

The Pan American Health Organization (PAHO) (2023) defines AHA as making the most of opportunities for health, participation and security in order to promote and maintain functional ability as people age. Likewise, the Organization of American States (OAS) (2017) expands this definition by incorporating concepts such as quality of life and physical, mental and social well-

being, placing particular emphasis on participation across different areas of life and on the opportunity to continue contributing to their communities. These definitions once again demonstrate that AHA is not solely centred on the individual but also encompasses society as a whole. It is concerned not only with ageing in the best possible way but with doing so in an environment that facilitates inclusion, development and the participation of older adults in public life. Ultimately, AHA emerges as a multidimensional model that seeks to ensure a dignified and fulfilling later life by promoting autonomy, inclusion and the development of policies that enhance the well-being of both older adults and their communities.

Finally, it is worth highlighting the emphasis placed by Petretto et al. (2016) on the multidimensional nature of this approach, identifying six particularly significant determinants: those related to health and social services, behavioural factors, biological and genetic factors, environmental conditions, and economic factors. This enumeration once again underlines that the ageing process is not solely a matter concerning older adults themselves but rather a complex and multifaceted reality that must be addressed from both community and societal perspectives. It is also important to highlight three essential factors for achieving AHA (Petretto et al., 2016): autonomy (encompassing control, adaptation and decision-making power); independence (the ability to carry out activities of daily living independently); and quality of life (individual perceptions shaped by personal goals, expectations and concerns, while remaining culturally situated). In addition, and consistent with the community-oriented perspective of AHA, it would be appropriate to introduce a fourth pillar: interdependence, understood as the reciprocal social interactions that develop throughout the ageing process.

Health and Quality of Life

Alongside the preceding model, and in order to emphasise several key elements, successful ageing (SA) is presented as a complementary approach characterised by its focus on physical and cognitive well-being and on the active involvement of older adults in public life (Monteagudo, 2020). This perspective is closely aligned with Atchley's Continuity Theory, which highlights the importance of maintaining meaningful life patterns (Atchley, 1971), and with Baltes and Baltes' (1990) Selective Optimisation with Compensation (SOC) model, which proposes adaptive strategies for addressing age-related challenges by prioritising engagement in meaningful activities and maintaining social relationships. Both perspectives underpin this approach by emphasising the idea of purpose in life, highlighting that optimal ageing depends on preserving those activities, behaviours and relationships that provide individuals with a sense of purpose (Monteagudo, 2020). Following this introduction, it is necessary—just as in the previous section—to clarify what is meant by satisfaction in this context. Veloso (2015) associates satisfaction with older adults' own perceptions of their quality of life, while Moura et al. (2018) define it as the comparison between what individuals desire and what they achieve in meeting their needs, aspirations and wishes. Finally, Cuenca (2018), drawing together the ideas of these authors, offers the definition of successful ageing and satisfaction on which the present study is based:

> Successful ageing emphasises the meaning of the activities we engage in, which should be aligned with our needs, desires and abilities. The term satisfaction refers to the sense of well-being we experience when we do something meaningful and significant. This is something that depends on us, although it is, quite naturally, also strongly influenced by the environment and the circumstances in which we live (p. 33).

Returning to Monteagudo (2020), this author identifies three benefits of incorporating the successful ageing perspective into the process of active and healthy ageing: a reduced likelihood of illness or disability, effective physical and cognitive functioning, and engagement with life and the community. The latter is particularly relevant to the community-based perspective adopted in this article and is understood as the cultivation of close social relationships and the maintenance of activities that are highly meaningful and purposeful. This perspective reinforces the importance of understanding ageing holistically, highlights the significance of the social and community dimensions of the ageing process, and supports a conception of later life grounded in rights and active engagement, rather than passivity and a service-user approach.

Following this initial conceptualisation of ageing, the need to relate it to the concepts of health and well-being becomes evident, albeit from a multidimensional perspective that extends beyond physical and mental health alone. As Limón (2024) argues, "health is recognised as the fundamental principle of the population's quality of life and is understood as a complete state of physical, mental and social well-being" (p. 282). Similarly, Benítez-Ramírez and Navarro-Martín (2016) and Petretto et al. (2016) view ageing not solely from a healthcare perspective but also incorporate social and community, economic, cultural, educational and gender-related factors. From this relationship between health and ageing emerges the concept of quality of life. This is a multidimensional construct encompassing a range of indicators (Fernández-Ballesteros, 2011; Vilar et al., 2016), defined by Fernández-Ballesteros (2011) as:

> a multidimensional concept that integrates objective and subjective conditions relating to health, family and social relationships, independence, mobility and autonomy, social and leisure activities, finances and standard of living, emotional well-being, religion and spirituality, the health of others, and environmental conditions (p. 24)

There is therefore a range of determinants influencing the quality of life of older adults, which may be grouped according to whether they are contextual or individual, and objective or subjective. These dimensions are closely linked to the multidimensional conception of health outlined above. According to the categorisation proposed by Fernández-Ballesteros (2011), contextual determinants include demographic characteristics, economic and social conditions, health indicators—such as life expectancy—healthcare infrastructure and equity policies. In addition, collective perceptions of ageing, shaped by stereotypes and cultural values, also influence quality of life in later life. At the individual level, influential factors include demographic, economic and social characteristics, physical circumstances—such as housing conditions or the neighbourhood of residence—and physical functioning and health status. Alongside these objective factors, individuals' self-perceptions of well-being, life satisfaction and personal evaluations of contextual conditions also play a decisive role in determining the quality of life of older adults (Vilar et al., 2016). This categorisation therefore provides a detailed analytical framework for understanding how these determinants may affect people differently. Finally, Limón (2024), in her own synthesis of the determinants of ageing, places particular emphasis on culture and gender as cross-cutting factors that permeate every aspect of the ageing process, shaping norms, values, access to resources and patterns of socialisation, all of which, in turn, influence quality of life.

Lifelong Learning

As demonstrated in the preceding sections, education is a key determinant of active and healthy ageing (AHA) and of older adults' quality of life, and therefore warrants specific consideration. In this context, the concept of Lifelong Learning (LLL) emerges as a fundamental pillar of social inclusion and empowerment in later life (Martins, 2023; Rodríguez-Díez & Pérez de Guzmán, 2015). It extends beyond formal or continuing education by promoting active participation and strengthening older adults' self-esteem (Benítez-Ramírez & Navarro-Martín, 2016), while recognising not only their educational needs but also the full range of their rights (Limón, 2018; Martins, 2023). Lisboa and Durieux (2023) highlight the need for interdisciplinarity and accessibility within this approach to ensure learning opportunities for everyone throughout the life course, concluding that LLL "contributes to active and healthy ageing by fostering older adults' autonomy, motivation and capacity to adapt" (p. 581). According to these authors, some of the most significant contributions of LLL to AHA include preventing isolation and loneliness, increasing participation and social interaction, strengthening the sense of belonging, combating ageism, enhancing self-esteem and personal satisfaction, increasing self-confidence, improving decision-making and autonomy, and supporting cognitive functioning. Finally, it is important to emphasise the pivotal role of education for participation, as it is essential for promoting the community inclusion of older adults, strengthening social cohesion and facilitating intergenerational interaction (Benítez-Ramírez & Navarro-Martín, 2016).

1.2. Community Participation

Participation in community life is a fundamental pillar of active and healthy ageing (AHA), enabling older adults to play an active role in society, exercise their right to participate in decision-making, and contribute to—and benefit from—collective well-being (Martins, 2023; Iantzi-Vicente, 2024). Moving beyond capitalist market and production logics, participation and activity should be understood in a broad sense, encompassing cultural, social, sporting, leisure, educational and political initiatives, among others. In this regard, Subirats (2011) argues that participation is neither a homogeneous nor a one-dimensional concept but rather one that takes multiple forms and develops across a wide variety of settings, activities and levels of engagement.

From a conceptual perspective, participation can be understood in different ways. First, it can be viewed as part of everyday life, where personal and contextual factors influence older adults' capacity for inclusion and where the interaction between the individual and the collective shapes their daily experiences. Second, it can be understood as the development of social interactions, reflecting an active interest in the community and its dynamics. It should also be conceived as a practice of reciprocity through involvement in social life, enabling the construction of collaborative ecosystems based on mutual support. Finally, participation may take the form of organised associational activity, whereby individuals contribute their time and experience through organisations and associations (Subirats, 2011). This diversity of expressions requires strategies for promoting participation to be flexible and tailored to the realities and needs of each individual (Iantzi-Vicente, 2024).

This broad conceptualisation of participation also highlights the need to examine its different levels. To this end, Barba et al. (2021), drawing on the work of several authors, identify the following classification:

> simple participation, consisting of involvement in initiatives designed by others in the role of user; consultative participation, which allows individuals to express proposals and opinions; project-based participation, involving an active role throughout all phases of a project; and metaparticipation, whereby individuals independently create and shape their own spaces for participation (p. 80).

Building on the perspective advanced by these authors, it can be argued that engaging at one level of participation rather than another is not solely a personal decision but is mediated by factors such as individuals' degree of engagement, the information they receive or perceive, their capacity for decision-making, and their commitment and sense of responsibility. From the educational, social, critical and community-based perspective underpinning this article, efforts should focus on strengthening the factors that foster higher levels of participation while mitigating those that undermine older adults' capacity for proactive engagement.

Numerous studies have shown that active participation in the community contributes to reducing social isolation (Ejiri et al., 2019), promotes physical and psychological well-being (Lara et al., 2019), and improves perceived health (Carver et al., 2018). It also encourages mutual learning and social support, strengthening interpersonal networks that enhance social cohesion and solidarity (Benítez-Ramírez & Navarro-Martín, 2016). Participation within the framework of AHA therefore appears to have a positive impact on the health, well-being and quality of life of older adults (Martins et al., 2022; Martins, 2023).

Participation is not a phenomenon free from external influences. Rather, it is shaped by factors such as inequality and gender stereotypes, which have a cross-cutting influence on opportunities for, and forms of, engagement in social life. Consequently, participation must be approached from a pluralistic and horizontal perspective, ensuring that participation strategies respond to the specific needs and realities of those experiencing ageing, placing older adults at the centre of decision-making (Chaves-Carrillo et al., 2025) and progressing towards higher levels of metaparticipation. Ultimately, there is a need to rethink the design of ageing policies and interventions from a collaborative, horizontal and inclusive perspective, in which dialogue between the various community stakeholders and older adults lies at the heart of any transformative

initiative aimed at this population, recognising them not only as actors but also as authors of their own change.

Leisure, Participation and Ageing

Leisure emerges in this analysis as an experience that enables older adults to participate actively in the public life of their communities. This opening statement is far from trivial and is by no means without foundation. Drawing on the work of Limón (2024), it can be argued that participation in leisure activities, understood as an experience of personal development and social connectedness, plays a crucial role in active and healthy ageing (AHA), extending beyond the mere use of free time to create opportunities for recognition and a sense of belonging within the community. To further support the premise underpinning this section, the following paragraphs highlight some of the benefits of leisure for AHA identified by various authors.

Engagement in leisure activities enables older adults to maintain and strengthen their identities within the community while also enhancing their self-esteem (Monteagudo, 2020). These positive effects are mediated by the level of involvement, as those who participate more actively in leisure activities experience higher levels of well-being, perceive greater control over their lives, and develop new skills and knowledge (Massi et al., 2018). Moreover, leisure acts as a vehicle for socialisation, fostering interactions that enhance personal well-being while strengthening both the sense of community and intergenerational solidarity (Forner & Alves, 2019).

As previously noted, leisure is not merely a reflection of individual preferences but also an expression of the way in which each person relates to their environment—and vice versa. Consequently, participation in leisure activities is shaped by multiple factors. Among the individual determinants, health, social support and personal commitment stand out (Monteagudo, 2020). At the individual level, Cuenca-Amigo and San Salvador (2016) also argue that the way people experience leisure is influenced by the value they personally attribute to it. Those who regard leisure as an essential aspect of their lives are more inclined to participate and report greater benefits. At the social level, factors such as gender, age, income, marital status and life events may either facilitate participation or, conversely, act as barriers that restrict access to leisure opportunities (Monteagudo, 2020).

Building on the work of the latter author, two cross-cutting factors that permeate all of the above should also be highlighted. The first is cultural capital, which shapes leisure preferences and interests, as well as the decision to participate and the ability to derive its full benefits. Higher levels of cultural capital are associated with greater access to meaningful leisure experiences, whereas lower levels of educational attainment may restrict such opportunities, thereby reducing the perceived well-being derived from participation. The second is gender, which emerges as a key factor in shaping leisure practices through the roles and stereotypes socially assigned throughout the life course. The ways in which people learn to use their leisure time and prioritise particular forms of participation are often influenced by patterns of socialisation that may limit opportunities for enjoyment in later life. Breaking down these barriers and promoting inclusive and accessible leisure throughout the life course is essential to ensuring active and healthy ageing, regardless of individual circumstances.

Based on the considerations outlined above, the overall aim of this article is to examine the potential relationship between older adults' community participation in leisure experiences and their personal and social well-being. To this end, the following specific objectives were established: to examine the social representations of active ageing among older adults participating in community initiatives and professionals working in this field; to explore the perceptions of both groups regarding older adults' community participation; and to analyse the significance of, and the potential relationship between, community participation and active and healthy ageing.

2. Research Design and Method

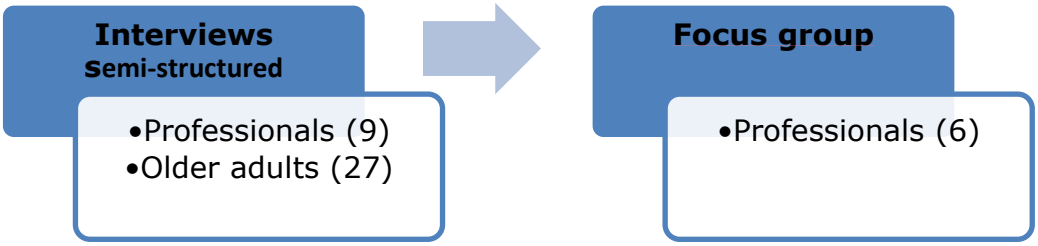
The study adopted a qualitative approach. A case study was conducted using a flexible design, making it possible both to gain an understanding of the reality within a specific area of Portugal

and to explore new variables associated with it, while addressing the research objectives through an epistemological framework combining exploratory and descriptive approaches (Vilelas, 2022). This approach also facilitated an in-depth understanding of socio-educational phenomena through the meanings and representations constructed by the individuals directly involved (Bisquerra, 2019; Delgado, 2023). The study is descriptive in scope and follows a sequential design (Creswell, 2022), allowing for adjustments and progressively greater refinement as the research progressed. The choice of this exploratory approach reflects the need to gradually uncover the different components of a previously unexplored reality, avoiding rigid adherence to predefined theories or procedures that may, at times, fail to accommodate the specific characteristics of each case (Delgado, 2023).

The research was conducted in the municipality of Porto, Portugal's second most populous city and the largest in the country's northern region. Porto is also a member of the WHO Global Network for Age-friendly Cities and Communities (Câmara Municipal do Porto, 2023). The study population comprised all socially oriented initiatives within the framework of community-based leisure that focused on older adults' participation and active and healthy ageing (AHA) in this context, including Senior Universities, municipal activities, volunteering initiatives, associations and similar organisations. A database of initiatives—and, consequently, of potential participants—was compiled using homogeneous sampling criteria (participation and AHA in Porto) together with heterogeneous sampling criteria (diverse types of initiatives), resulting in a final selection based on accessibility. Accordingly, the sampling strategy combined non-probability convenience sampling (Bisquerra, 2019) with snowball sampling (Vilelas, 2022). Although not statistically representative, this approach sought to gather information from particularly relevant and informative cases.

In case study research, it is especially important to draw on multiple sources of information and to ensure mechanisms for triangulation and cross-validation (Delgado, 2023). For this reason, more than one data collection technique was employed (interviews and a focus group), involving different categories of informants (older adults participating in the initiatives and professionals working in the field). As noted previously, the flexible and sequential design allowed the semi-structured interview guides to be progressively refined and, in particular, informed the design and implementation of the focus group (Figure 1).

Figure 1.
Sequence of data collection methods and informants



Source: Authors' own elaboration.

Initially, semi-structured interviews were conducted with professionals, for whom current involvement in the field under study was an essential requirement for participation. With regard to participant selection, the researchers chose not to restrict the sample exclusively to professionals working directly with older adults, but also to include academic researchers whose work focuses specifically on active and healthy ageing (AHA). In total, nine professionals participated in the study (six women and three men). Likewise, interviews were conducted with twenty-seven older adults involved in five different initiatives across the Porto Metropolitan Area (sixteen women and eleven men). For practical reasons, these comprised two individual interviews and three group interviews, depending on participants' availability. Overall, fourteen interviews were conducted, providing an opportunity to explore a range of socio-community initiatives promoting older adults' participation within the city of Porto (Table 1).

Table 1.
Experiences explored through the interviews

Interviews with professionals	
Experience	**ID**
Forum theatre with older adults	EP1
Research in Educational Sciences: senior volunteering	EP2
Psychology research: active and healthy ageing (AHA) and health literacy	EP3
International senior volunteering	EP4
Senior University	EP5
Local council activities for older adults	EP6
Active and healthy ageing (AHA) and health sciences: mental health nursing	EP7
Senior volunteering	EP8
Active and healthy ageing (AHA) in day centres	EP9
Interviews with participants	
Experience	**ID**
Senior University	ES1
Senior volunteering	ES2
Local council activities for older adults	ES3
International volunteering	ES4
Older adults' association	ES5

Note: EP denotes professional interview and ES denotes senior interview.

Finally, a focus group was conducted with six experts in the fields of intervention and research on active and healthy ageing (AHA) (four women and two men), all of whom had previously participated in the interviews. The purpose of the focus group was to generate collaborative knowledge around a series of thematic areas. For the purposes of data analysis, participants' contributions were coded using the following identifiers: GF1, GF2, GF3, GF4, GF5 and GF6. The final sample achieved the desired diversity, providing an overall view of different initiatives through the perspectives of the two groups directly involved in them.

2.1. Data Collection Techniques

The first data collection technique employed was the in-depth interview with key informants, distinguishing between interviews conducted with professionals and those conducted with older adults. In both cases, ad hoc semi-structured interview guides were developed to explore participants' accounts and perceptions of the initiatives in which they were involved, active and healthy ageing (AHA), and its potential relationship with participation within the context of community-based leisure. The interview guides underwent minor adaptations according to participants' profiles, while consistently addressing the same core thematic areas (Table 2). The interview framework was sufficiently flexible to accommodate the different informants, incorporating specific topics and subtopics as appropriate to each case.

Table 2.
Thematic areas covered in the interviews

Interview with professionals	**Interview with participants**
Description of the initiative and interpretation of the experience as a form of community participation among older adults	
Motivations for and barriers to older adults' community participation	
Perceptions of the potential relationship between community participation and improvements in older adults' quality of life	
Analysis of the role of socio-educational professionals in active and healthy ageing (AHA) in relation to participation	Assessment of participation opportunities: adequacy, accessibility and inclusion

Source: Authors' own elaboration.

The sequential design (Creswell, 2022) also enabled the planning and implementation of a focus group. The choice of methods was based on the premise that, whereas interviews provide an opportunity for participants to express opinions grounded in their personal and social experiences, the focus group facilitates the expansion and co-construction of knowledge through dialogic narratives (Benavides-Lara et al., 2022). During the focus group, the moderator followed a semi-

structured discussion guide organised around five thematic dimensions: conceptions of active and healthy ageing (AHA); conceptions of older adults' community participation; the relationship between AHA and older adults' community participation; strategies for promoting older adults' community participation (motivations and barriers); and perspectives on the Portuguese context in terms of older adults' community participation.

It is important to note that, prior to data collection, all participants were informed of the ethical considerations governing the study and agreed to participate by signing an informed consent form. The data obtained from the interviews and the focus group were subsequently reviewed with the participants themselves as a means of validating the findings and minimising potential errors of interpretation.

3. Fieldwork and Data Analysis

The fieldwork and data analysis phases were guided throughout by the principle of triangulation, with information being cross-validated through the use of multiple data collection techniques and different categories of informants (Delgado, 2023). Data collection began with the interviews in order to generate knowledge at the specific level—that is, from individual experiences and personal accounts—which subsequently informed the development of the focus group, where broader issues were discussed through the collaborative construction of knowledge around the topic under study. Data collection took place between May and July 2022, while data analysis was carried out subsequently.

During the planning stage of the fieldwork, the specific research objectives were established and, based on these, an initial interview guide for professionals was developed. At the same time, individuals associated with the various initiatives were contacted, informed about the study, provided with an explanation of the research plan, and invited to participate. Once they had agreed to participate, the interviews with professionals commenced. As nine professionals were interviewed, the interview guide underwent gradual minor adjustments to accommodate the different participant profiles and the specific characteristics of the initiatives under investigation. Simultaneously, the interviews were transcribed and analysed, providing the basis for developing the interview guide for the participating older adults. Similarly, this guide was refined according to participants' profiles and the characteristics of the initiatives. The findings from this stage also informed the design of the focus group, which constituted the final stage of data collection. Finally, all the findings were analysed collectively by integrating the data obtained from both the interviews and the focus group.

Regarding data collection, the fourteen interviews lasted between 30 minutes and one hour. Four were conducted online, while the remainder took place face to face. All interviews were held at locations familiar to the participants, depending on each case (community venues, university facilities or the premises of the participating organisations), thereby ensuring a calm and trusting environment for those interviewed. The focus group consisted of a single virtual session lasting one hour and forty-five minutes. In every case, the use of online formats reflected the participants' own requests, as various circumstances prevented them from participating in person, although they remained willing to contribute remotely. Following participants' explicit consent and the signing of informed consent forms, audio recordings were made during both the interviews and the focus group to facilitate transcription and the subsequent descriptive content analysis (Bisquerra, 2019). To ensure confidentiality and anonymity, each participant was assigned an identification code during data processing, as described in the previous section.

From May onwards, the content of the participants' accounts was analysed according to the five thematic dimensions addressed in the focus group, and these findings were systematically compared with those obtained from the interviews. The analysis followed a categorical framework developed in two stages. During the first, inductive stage, initial categories were established based on the interview and focus group guides. The second, deductive stage involved refining the coding framework in the light of participants' accounts and the theoretical framework. This process led to the emergence of two additional analytical codes relating to the role of society in promoting active and healthy ageing (AHA) and to potential community strategies for fostering the civic

participation of older adults. The present article presents an overview of the findings relating to the first three thematic dimensions, which address the research objectives, according to the content categorisation presented in Table 3.

Table 3.
Categories and codes used in the data analysis

Category I	**Active and healthy ageing**
Codes	Concept
	Multidimensionality
	Role of society
Category II	**Older adults' community participation**
Codes	Concept
	Heterogeneity
	Motivations
	Limitations
Category III	**The relationship between active and healthy ageing and community participation**
Codes	Indivisibility
	Benefits
	Health
	Community strategies
	Education

Source: Authors' own elaboration

4. Findings

This section presents the principal findings of the study, organised into three categories that reflect the perceptions of individuals involved in community-based leisure activities centred on ageing.

4.1. Active and Healthy Ageing

Concept

First, it is important to clarify what the public understands by active and healthy ageing (AHA). However, the findings reveal that defining the concept is far from straightforward. In this respect, there is a lack of semantic consensus regarding the appropriateness of the terminology used in this field.

> "Language is the means through which we assign value and meaning to our lived experiences. It is essential that we address the terminology surrounding senior, elderly, old… (…) Excluding the word old means excluding an essential stage of the life course: old age. Is childhood only made up of positive experiences? No. And is old age only made up of negative ones? Neither" (GF4)

> "It is a clear indicator of ageism and stereotypes. If we have no difficulty calling a child a child, or a young person a young person... why is there still no semantic consensus when referring to people over the age of 65? This shows that we still have a long way to go..." (GF1)

Beyond the terminology used in research and professional practice, the findings point to a broader lack of social consensus and to the uncertainty reflected in public discourse. The reasons underlying these semantic difficulties are primarily ageism as a form of discrimination, the myth of inactivity, and other age-related prejudices. In this respect, what matters most is not the terminology itself, but the underlying reasons for this debate:

> "It is essential to address issues such as ageism (…) because it affects how others perceive me as an older person, as well as the expectations and prejudices associated with people over the age of 65. But it also influences how I perceive myself and the stereotypes that I hold" (EP3)

> "We are talking about ageism, prejudice based on age. That is why we continue to think of older adults as dependent and frail (…) Being old is not synonymous with being ill." (EP2)

> "...it is a symptom of the myth of inactivity—the belief that older adults do not do things because they are no longer able to, that being old means being incapable. Thinking this way is a serious problem" (GF2)

Although perceptions of older adults have evolved over recent decades, they continue to be widely shaped by biased and unfair representations of older people as frail, ill or dependent. In reality, however, improvements in quality of life and increasing levels of autonomy have created countless opportunities during this stage of life. As with all forms of prejudice, these stereotypes are rooted in a lack of understanding and in an excessive focus on differences between people, while overlooking what they have in common:

> "Another problem is otherness, this constant division between us and them. It is a serious issue. I often say that growing old is everyone's future because, ultimately, none of us is going to become younger. Whatever we do now, regardless of our age, to improve the way we live throughout our lives, we are also doing it for ourselves. (…) We cannot continue reinforcing this dichotomy; it only creates greater distance and separation" (GF2)

All the factors outlined above contribute directly to the difficulty of defining AHA. In addition, two further aspects must be considered: heterogeneity and subjectivity. There is no single way of ageing; rather, there are as many ways of ageing as there are people. Each individual experiences this process differently, meaning that AHA may take different forms for each person:

> "What constitutes active and healthy ageing for one person cannot be the same for someone else with completely different characteristics, life experiences and circumstances" (GF2)

> "Well-being and quality of life are the main indicators of successful adaptation. Quality of life and well-being encompass dimensions such as personal satisfaction, emotions, sensitivity, feelings and aspirations, all of which are shaped by each individual's subjectivity" (EP7)

Despite these conceptual challenges, several key elements consistently emerge as central to AHA: quality of life, well-being, self-esteem, autonomy, personal fulfilment, decision-making capacity and participation.

> "Active ageing is linked to quality of life. I mean what people are able to achieve within their own circumstances, what provides them with well-being and satisfaction (…) I believe it must also be linked to autonomy. (…) Their participation and their ability to decide what they want to do are important. (…) This means giving them a voice, allowing them to participate, reflect and make decisions" (GF5)

> "The criterion for success essentially lies in physical, psychological and social autonomy (…) Quality of life and well-being include dimensions such as personal satisfaction, emotions, sensitivity and aspirations, according to each individual's subjectivity" (EP7)

Multidimensionality

The key elements identified above support a comprehensive understanding of active and healthy ageing (AHA). In the past, research on ageing and older adults' quality of life focused primarily on maintaining physical health, reflecting a limited and somewhat reductionist perspective. Today, however, the notion of health has moved beyond the mere absence of disease and can no longer be understood solely in terms of physical well-being. Consequently, AHA acquires its full meaning when viewed as a multidimensional phenomenon encompassing not only physical, mental and emotional health, but also dimensions such as participation.

> "Promoting successful ageing, where success is essentially defined by older adults' physical, psychological and social autonomy" (EP7)

> "Active ageing refers precisely to the fact that ageing requires people to have appropriate health conditions—those relating to physical health—but also active participation in society, a meaningful role within the community, security, and opportunities to access education" (EP1)

Nevertheless, it is important to note that, at the political and strategic levels, this multidimensional understanding of AHA is not reflected equally across all its dimensions. Considerable imbalances remain in public policy concerning the different dimensions of active and healthy ageing.

> "The WHO model of active ageing (…) is supposedly based on four areas that should be guaranteed: health, education, participation and security. The reality, however, is that although some policies have been implemented—which, in my opinion, remain far too focused on physical health—the other dimensions that should form part of the model are still not fully incorporated" (GF1)

Despite this imbalance, education and participation emerge as fundamental elements in participants' understanding of AHA. In particular, education is described as one of the most difficult dimensions to realise from a rights-based perspective. Participants argue that lifelong learning initiatives should be strengthened and expanded because, at present, they do not reach all older adults, resulting in substantial inequalities in how this stage of life is experienced.

> "The only effective formal response in terms of safeguarding lifelong learning is the Senior University. Beyond that, I do not believe there is any other formal provision. In fact, there is an enormous need for a paradigm shift in this area because this is genuinely a need expressed by older adults themselves" (GF1)

A similar situation applies to participation. According to the participants' accounts, there is a clear need to adapt existing approaches and to involve older adults more directly in community decision-making.

> "The area where improvement is really needed is community participation (...) in genuinely recognising the value that older adults bring to this sphere" (GF1)

> "We need to give older adults a stronger voice. (...) Too often we design strategies without involving them in the process. Active ageing is fundamentally about promoting a process of empowerment" (GF4)

Role of Society

All these particularities in the study of active and healthy ageing (AHA) point to the importance of social responsibility in several respects. The findings of the present study highlight the need to establish effective mechanisms for deconstructing prejudices and negative perceptions of ageing, adapting the social environment to individual subjectivities, and removing barriers to community participation.

> "It is necessary to challenge negative perceptions of ageing and convey the message that this is a stage of life in which new opportunities emerge" (GF3)

> "We devote too little attention to considering how society should be structured so that people who are ageing naturally can do so in the best possible way and with fulfilment. The reality is that if you try to navigate an environment full of barriers, it is inevitable that some people will be left behind" (EP2)

Table 4 presents the most significant findings relating to the analytical category of active and healthy ageing.

Table 4.
Summary of the findings relating to active and healthy ageing

Category I	Codes	Results
Active and healthy ageing	Concept	Lack of semantic consensus
		Determining factors: ageism, the myth of inactivity and other prejudices; otherness; heterogeneity and subjectivity
		Key elements: quality of life, well-being, autonomy, self-esteem, personal fulfilment, decision-making and participation
	Multidimensionality	Holistic understanding of health
		Dimensions: physical, psychological, emotional, etc.
		Policies focused primarily on physical health
		Education and participation
	Role of society	Deconstructing prejudices
		Adapting to individual subjectivities
		Removing barriers

Source: Authors' own elaboration.

4.2. Community Participation By Older People

Concept

As with active and healthy ageing (AHA), defining older adults' community participation is far from straightforward, as it depends greatly on the context, the circumstances and the characteristics of each individual:

> "Sometimes people ask me, 'Do you also hold meetings with people living with dementia?' Yes. People living with dementia are people. They are there, they listen, they understand what I am saying, they may forget it after 15 minutes, an hour or the following day, but at that moment they experienced the reality and participated. That is what matters" (EP9)

Similarly, participants' attempts to define community participation consistently emphasise empowerment and decision-making as fundamental elements of civic participation. Indeed, these are identified as clear goals towards which greater efforts should be directed, since, at present, the needs of older adults are still too often overlooked.

> "Giving people the opportunity to make decisions, to be heard, to be involved in processes, to be part of the community, to undertake activities alongside the community, to have their views taken into account, to be included and to participate in all decisions" (GF1)

In this respect, all the initiatives examined share—albeit to varying degrees—a commitment to involving citizens throughout every stage of their projects, aspiring to promote self-determination and empowerment. In practice, however, this aspiration is realised to varying degrees.

> "The project aims to promote a more critical approach to gerontology by fostering the empowerment of older adults. In this way, they are able to choose their own curriculum, feel actively involved, and shape both their own learning journey and their own experience" (EP5)

Heterogeneity

From another perspective, and returning to the diversity inherent in participation, it is important to recognise its different levels and dimensions. There are many ways of participating in community life. Indeed, as noted earlier, the initiatives examined reflect different levels of participation, a diversity that is also evident within society more broadly. Furthermore, it is essential to establish mechanisms and strategies that respond to individuals' particular characteristics and circumstances.

> "We might ask whether participation simply means voting in elections. Personally, I believe it is far more complex than that, although voting is certainly one dimension of participation" (GF2)

> "It is necessary to develop initiatives that are tailored to people's own characteristics and specific needs, and to create opportunities for participation. That is the key issue. Or to allow people themselves to create contexts and opportunities that reflect their own characteristics and specific circumstances" (EP2)

Consistent with this broad understanding of participation, most participants also emphasised the wide range of opportunities and activities available within their local communities. Indeed, they explicitly identified these as a potential strategy for challenging the myth of inactivity and recognising the value of initiatives that are already well established and actively led by older adults:

> "There are plenty of activities: exercise classes, the retired people's association, the day centre, numerous football teams, very active local festival committees, Sunday walking groups, the choir…." (ES5)

> "Community participation is also closely linked to visibility. I believe this is a responsibility that we must all assume: highlighting what is already being done and what is being done well. Moreover, participation is unquestionably connected to the openness of institutions, civic organisations and society as a whole" (GF4)

Motivations and Barriers

Regarding motivations for participation, participants identified a wide range of reasons. Among those most frequently mentioned were motivations related to social interaction—such as overcoming loneliness, making friends and enjoying social contact—together with an interest in learning new things and the desire to feel useful:

> "I came to make good use of my time: to socialise, to learn, to teach something and also to enjoy myself" (ES3)

> "I came because I didn't want to be alone or stay at home. This way I can make good use of my time and spend it with other people" (ES1)

> "For me, the greatest motivation is the challenge, the opportunity to develop new skills, the desire for change (…) Curiosity and the interest in learning something new" (ES4)

> "It is essential for people to feel useful, to feel that they still have a role in society and that they are recognised as someone who matters" (EP1)

Regarding barriers to participation, in addition to possible health-related limitations, participants repeatedly referred to the lack of available opportunities or awareness of them, barriers to participation (such as transport and financial constraints), and family and caring responsibilities.

> "Only illness or family and caring responsibilities can prevent us from participating" (ES5)

> "The lack of resources or opportunities in the local area can be a barrier. This may involve transport, and sometimes it is simply a lack of personal initiative (…) Sometimes people limit themselves" (EP6)

> "A lack of awareness is one of the barriers (…) Many people come here without really knowing what this is all about" (ES2)

> "I have a neighbour whom I am always encouraging to come along, but she cannot because she has to look after things at home (…), she has a great-granddaughter and other commitments" (ES1)

A recurring theme in participants' accounts is the recognition of a structural problem affecting participation. They emphasised that this issue is not confined to older adults but extends to other stages of life. Furthermore, they argued that, while the culture of participation is generally shaped by multiple factors, understanding this particular context also requires a historical perspective:

> "In Portugal, the kind of decision-making that we now encourage simply was not possible before 25 April. People had no decision-making power because we lived under a dictatorship (…) Asking those who lived through that period to make decisions and think about what they would like to improve is difficult. But it can be achieved" (EP9)

Table 5 presents the most significant findings relating to this analytical category.

Table 5.
Summary of the findings relating to older adults' community participation.

Category II	Codes	Findings
Older adults' community participation	Concept	Determining factor: diversity
		Key elements: concept of citizenship, empowerment/decision-making, autonomy/emancipation
	Heterogeneity	Dimensions: the need for adaptation
		Provision: raising awareness vs. the myth of inactivity, openness
	Motivations	Socialisation Learning Feeling useful
	Limitations	Poor health Lack of opportunities and lack of awareness Barriers (transport, finances, etc.) Family and caring responsibilitie Cultural capital: historical perspective

Source: Authors' own elaboration.

4.3. Relationship Between Active and Healthy Ageing and Community Participation

Indivisibility

There is broad consensus regarding the inseparable relationship between community participation and active and healthy ageing (AHA), with the former being regarded as an indispensable component of the latter. Based on the participants' accounts, it can be concluded that discussing AHA necessarily entails addressing the social participation of older adults:

> "They are inseparable, not least because the active ageing model inherently includes participation" (GF1)

> "Insofar as people themselves generate these processes, they ultimately become a way of promoting their own ageing. It is active ageing brought about by the individuals themselves" (EP4)

Benefits

One particularly noteworthy finding is the recognition that participation generates benefits in two directions: for older adults themselves and for the wider community. Among these, learning opportunities and social interaction emerge as the most significant.

> "As long as people are able to contribute something to the community, they are also giving something to themselves. Because this is not only about giving; we receive so much in return. The experience itself, these mutual exchanges, are incredibly rewarding" (EP4)

> "There are benefits at every level. We all benefit from building more inclusive societies, creating opportunities for everyone and fostering closer relationships. We also benefit when we encourage the participation of people of all ages, because each generation brings new ideas and different ways of seeing the world" (EP3)

As demonstrated in the preceding sections, the benefits arising from this relationship are diverse and are reflected in the accounts of the older participants, who unanimously encouraged others to become involved in these initiatives:

> "It was one of the best things I have ever done. I cannot imagine my life without being here now" (ES2)

> "I think that people, especially those who rarely leave home, should be encouraged to take part because this eventually becomes… a family. We spend time together, and it does us good" (ES1)

Health

Community participation by older adults therefore has a direct impact on both personal and social health and well-being. Participants highlighted the everyday benefits that such involvement brings to their lives:

> "This is good for both the body and the mind" (ES1)

> "We're here so we don't get rusty" (ES3)

> "I think it perfectly embodies what successful ageing is all about. All the ingredients are there!" (ES4)

In this respect, participants also emphasised the preventive role of community participation. Becoming involved in socio-community initiatives within one's local environment was viewed as a decisive factor in maintaining good health and, in some cases, even in recovering abilities that had previously been thought to be lost:

> "I had a stroke when I was 58. I needed a great deal of physiotherapy, but coming to the exercise classes helped me enormously… and cognitively too! We are people who read a great deal, attend cultural activities… and spend time together!" (ES5)

> "Without a doubt, older adults' participation clearly slows the ageing process. The literature tells us this, but I can also see it in practice (…); it helps to delay a process of ageing that would otherwise be rapid and abrupt" (EP6)

From the participants' perspective, there is an unequivocal relationship between participation and health. They also stressed that its benefits extend across different dimensions, helping to maintain good physical, cognitive and emotional health.

> "Participation stimulates so many things. It improves our motor abilities and makes us more agile. It may not seem like it, but it's true! If we keep walking and moving, it makes a huge difference compared with someone who sits on the sofa" (EP4)

> "It is clear that, in addition to the intellectual and cognitive stimulation I mentioned earlier, it also helps emotionally. It also strengthens social relationships. I have greatly expanded my social circle" (ES4)

> "It is crucial for mental health (…) Being part of something and feeling useful brings personal fulfilment and happiness. Moreover, anything that provides cognitive stimulation (…) is an added benefit for maintaining and promoting autonomy, while minimising or delaying the onset of dementia" (EP7)

Interestingly, in an increasingly hyperconnected world, one of the most pressing challenges is unwanted loneliness. In this regard, the findings describe community participation as an effective strategy for addressing this issue, insofar as it promotes greater social cohesion and the development of meaningful relationships. Participation may therefore be a crucial factor in supporting mental health:

> "Spending time with other people keeps our minds active. It's completely different from shutting ourselves away" (ES5)

> "I believe one of the greatest benefits is that people are able to remain involved in their communities and feel that they belong. Very often, what happens after retirement is that people lose their connection with their surroundings and become isolated" (EP2)

> "It is particularly important in reducing isolation, creating new social networks and developing secondary social support networks. (…) From my own direct experience over the past 17 years, I have no doubt that this is a protective factor" (EP5)

Continuing with the theme of mental health, another aspect repeatedly highlighted was personal fulfilment and enhanced self-esteem:

> "I feel really good; it's incredibly rewarding. Sometimes you meet someone who praises you so warmly that it makes your heart feel as though it could burst with happiness" (ES2)

> "I feel fulfilled. We are always happy here and in good spirits. Participation is especially important for our mental and psychological health" (ES6)

Community Strategies

Given the recognised benefits of older adults' participation, there is an urgent need to develop effective community strategies to promote and expand it.

> "Knowing that (participation) helps to maintain people's abilities (…) the community must find ways of supporting older adults. As long as they retain their autonomy and are able to meet their daily needs and overcome difficulties, their quality of life will improve. Without any doubt!" (EP9)

The findings therefore point to a clear social responsibility to encourage participation, which, in turn, contributes to improvements in both individual and community health. In this regard, one of the primary tasks of the various social stakeholders is to increase the visibility of successful initiatives that are already in place, facilitating their wider dissemination and the exchange of ideas while fostering collaborative networks in pursuit of a shared goal.

> "A key issue is the lack of visibility of what older adults are already doing, of their activities and of other ways of living that are not confined to illness and incapacity." (GF2)

> "Fortunately, we are coming together, reflecting collectively and developing collaborative strategies. (…) That is the way forward: expanding projects, sharing them more widely, developing collaborative strategies… that is how we will be able to broaden our responses." (GF4)

Based on the evidence gathered, fostering intergenerational contact may be an effective strategy for encouraging the participation of older adults. In addition to reducing the sense of otherness

discussed in previous sections, it may also encourage greater engagement among both younger and older people.

> "We have always aspired to be intergenerational. We are an association for older adults, but we have never wanted to become inward-looking. It is important not to organise activities only for older people because, in those cases, there is no real stimulus." (ES4)

> "I feel that these kinds of spaces simply do not exist. People are grouped together, as in Senior Universities, where only retired people take part. They are an excellent initiative, without any doubt! But they are not enough. There should be intergenerational initiatives, neighbourhood-based activities that currently do not exist—that whole idea of neighbourhood communities…." (EP3)

To coordinate all these strategies, there is a need for the systematic development of specific and effective public policies that promote active and healthy ageing (AHA), safeguard people's well-being and protect the different dimensions of life, always from a rights-based perspective.

> "It is essential to make a genuine commitment to public policies centred on people's rights. In Portugal, almost all responses relating to ageing have focused primarily on needs. What is required is precisely a shift from a needs-based paradigm to a rights-based paradigm. (…) In reality, we still have very few concrete policies" (GF2)

> "We need to listen much more carefully to those who work directly in the field. (…) There is little point in deciding what should be done without truly understanding the reality (…) Until that changes, we will unfortunately continue to have policies that fail to respond to people's real needs" (EP6)

Education

Building on the previous quotation, which highlights the role of practitioners, the study also explores the contribution of socio-educational professionals to active and healthy ageing (AHA). Participants' accounts point to their importance as agents of social change, with a particularly significant role in promoting older adults' community participation. Among their principal functions are encouraging participation, identifying older adults' interests and aspirations, supporting the creation of opportunities for participation, and establishing support networks or points of connection between initiatives and the social stakeholders involved.

> "They can play a very important role (…) by creating challenges and generating opportunities so that people feel motivated and perceive these spaces as safe environments" (EP6)

> "They should focus on strengthening social networks and developing social skills. Essentially, they should promote social interaction (…) They must validate participation and recognise it as a central element in fostering people's autonomy and dignity. A person who feels valued is a healthy person, regardless of any illnesses they may have" (EP3)

> "I believe the role of professionals here is precisely to enable people to participate, to understand what they perceive as a need and, from there, to co-construct an appropriate response" (EP1)

At the same time, extending this understanding of the role and potential of socio-educational professionals, participants also stressed their responsibility for fostering the inclusion of older adults and challenging age-related prejudices from a broader societal perspective.

> "The key is to deconstruct prejudices (…) to see older adults differently, as an added value. So let us include them, learn from them and give them the space they deserve" (EP9)

Addressing older adults' community participation necessarily entails embracing the concept of lifelong learning. An educational perspective runs throughout the study and emerges consistently in the accounts of both professionals and older adults, albeit in different forms. This final section focuses specifically on collaborative learning and health education. One of the main criticisms expressed by participants concerns the failure of public institutions to uphold and safeguard the right to lifelong learning.

> "It seems that the right to education is the only right that has an age limit. After the age of 64, there is nothing. Even the statistics are alarming, both nationally and across Europe. They are extremely limited or simply non-existent. It is not considered a priority. Education continues to be associated solely with employment, and that is a mistake" (GF2)

> "There should be educational opportunities throughout life. (…) The aim is to provide people with information that enables them to live well as they grow older. To acquire the knowledge (…) that helps them navigate this stage of life positively, with an understanding of the changes that occur throughout the ageing process" (GF3)

A recurring theme in participants' accounts was collaborative learning, with the initiatives under study being described as opportunities to learn alongside others. In this sense, experiences of participation provide valuable opportunities to acquire and generate knowledge through shared lived experiences.

> "There is enormous potential (…) Perhaps it is because of our age, but there is so much knowledge and experience. If I do not know something, there is always another volunteer who does, or we know someone who does. Or we find someone who does" (ES4)

Given the relationship between participation and improvements in quality of life, it is also important to reflect on the role of health education and participants' perceptions of health literacy.

> "There was, in a way, a low level of health knowledge among people over the age of 65. In other words, we do not know what we should do to maintain good health" (EP3)

> "In our society there are still many inequalities and significant shortcomings in terms of health literacy (…). Access to information remains limited for some groups of older adults" (EP5)

Several participants therefore pointed to low levels of health literacy, identifying this as a priority area for action if improvements in well-being and quality of life are to be achieved. Finally, from a socio-pedagogical perspective, participants emphasised the educational value of older adults' community participation as a powerful means of promoting social change.

> "If we understand education as a transformative process, in the sense of education for liberation (…), enabling me to overcome my difficulties and live in the way I choose, in what gives me comfort, rather than in what others choose for me... education is fundamental here" (EP9)

Table 6 presents the most significant findings relating to the analytical category concerning the relationship between active and healthy ageing and older adults' community participation.

Table 6.

Summary of findings regarding the relationship between active and healthy ageing and older adults' community participation.

Category III	Codes	Findings
Relationship between active and healthy ageing and	Indivisibility	Participation: a key element of active and healthy ageing
	Benefits	Individual and community benefits Encouraging participation

community participation	Health	Current health status and prevention Physical, cognitive and emotional health Unwanted loneliness and mental health Self-fulfilment and self-esteem
	Community strategies	Knowledge transfer and collaborative working Intergenerational contact Public policies
	Education	Role of socio-educational professionals
		Lifelong learning Collaborative learning Health education
		Education for social change

Source: Authors' own elaboration.

The principal findings emerging from the participants' accounts of leisure and older adults' community participation in Porto are as follows:

- Community participation is regarded as a fundamental component of the active and healthy ageing (AHA) model, to the extent that any discussion of AHA necessarily entails considering older adults' participation within their communities.

- A wide range of opportunities for older adults' community participation are recognised, generating direct benefits for both individuals and society as a whole.

- Understandings of both participation and ageing are inherently subjective; however, certain common elements shape how these concepts are experienced, particularly the health benefits associated with participation and the resulting improvements in quality of life. In this respect, there is broad consensus regarding the positive relationship between participation and health, which may lead to increased levels of well-being.

- Exploring the relationship between participation and active and healthy ageing reveals substantial differences in how, and to what extent, people participate, highlighting the need for effective strategies to promote these practices under conditions of equality and social justice.

- Older adults' participation within the framework of AHA naturally calls for an educational perspective and reinforces the concept of lifelong learning, with important implications for how ageing is understood and for the opportunities it may create. In this regard, ageing in the best possible way requires strengthening people's ties with their communities and eradicating age-related prejudices, which remain deeply embedded in our societies.

5. Discussion and Conclusions

Having analysed the participants' accounts and reviewed the literature on older adults' participation and its implications for active and healthy ageing (AHA) from a socio-educational perspective, this section discusses the principal findings in the light of previous research and the theoretical framework underpinning the study. It is important to acknowledge that, given the nature of the research, the study does not seek to provide an exhaustive account of the phenomenon of ageing, nor does it aim to produce generalisable findings. Nevertheless, it offers a number of considerations that may contribute to the study of older adults' participation within the context of community-based leisure. These findings are consistent with those of previous studies (Ferreira, 2016; Lirio et al., 2024; Pimentel et al., 2021) and with the European Commission's *Green Paper on Ageing: Fostering Solidarity and Responsibility between Generations* (2021), which explicitly highlights the importance of participation in society and lifelong learning. Despite the study's inherent limitations, its contribution is grounded in three main features: its commitment to generating knowledge grounded in the voices of older adults themselves; its interdisciplinary perspective, enriched by the range of professional profiles involved; and the innovative nature of examining these initiatives through a holistic understanding of health rooted in community-based leisure and social education.

First, it is necessary to emphasise the continuing demographic trend towards population ageing which, in the words of one participant, confirms that "ageing is everyone's future". Despite this reality, considerable difficulties remain in defining and reaching consensus on the concept of older adults' community participation, resulting in only limited exploration of community-based initiatives promoting AHA from a socio-educational perspective. The publication *Iniciativas de participação cidadã de idosos em Portugal: um estudo exploratório* (Ferreira, 2016) likewise identifies this limitation, arguing that, in Portugal:

> the participatory approach has gained increasing prominence within the field of ageing (…) yet this growing importance has not been accompanied by a corresponding development of the concept and of the associated practices, resulting in a loss of specificity, particularly with regard to the civic and political participation of older adults (Ferreira, 2016, p. 402)

The findings confirm the importance of older adults' community participation as a core component of AHA, demonstrating that this relationship necessarily entails the direct involvement of older adults in public decision-making and in the processes that affect both their own lives and their communities. In doing so, they assume an active role as full citizens and agents of social change, making a crucial contribution to the development of more equitable societies (Martins, 2023; Iantzi-Vicente, 2024). The findings also reinforce the notion that participation and AHA are inseparable, while recognising the wide range of opportunities associated both with this relationship and with later life itself. In this regard, Ribeiro et al. (2021) similarly argue that ageing should be viewed as an opportunity and that the active role of older adults should be strengthened, particularly given recent evidence showing that most older adults enjoy good health and retain the capacity to participate fully in community life (Fonseca, 2021), contrary to persistent age-related stereotypes. Indeed, from the participants' perspective, the very existence of community participation initiatives led by older adults constitutes a powerful strategy for challenging both ageism and otherness, particularly where such initiatives aspire to higher levels of participation, such as project-based participation or metaparticipation (Barba et al., 2021).

Although this study identifies a diverse range of initiatives across the area under investigation, it also reveals important differences in how participation is enacted and in the benefits that may result from it, in line with previous research of a similar nature (Ferreira, 2016). It is therefore important to recognise both the subjective nature of AHA and the influence of the many factors that shape ageing and quality of life (Fernández-Ballesteros, 2011; Ferreira, 2016), including demographic and social circumstances. Likewise, the findings highlight the influence of gender on older adults' participation (Limón, 2024), pointing to the need for approaches that address the disadvantages experienced by older women in comparison with men, recognise their contribution to socio-economic development through caring responsibilities, and support the development of their personal life projects through participation and the exercise of citizenship (Ramos, 2018). These inequalities, together with others identified in the preceding section, underline the need to develop strategies that promote active ageing under conditions of equality, consistent with the views expressed by the participants in this study, and with a decisive role for public policy. Promoting AHA requires recognising the right to both education and participation (Ferreira, 2016), and these aspirations should be translated into local participation initiatives and community programmes specifically designed to foster AHA (Pimentel et al., 2021). Achieving this also requires abandoning the paternalistic and service-oriented approaches of the past—which, unfortunately, continue to characterise many current practices—and engaging directly with older adults in order to understand their genuine needs and motivations.

What is beyond question is that participation constitutes a fundamental mechanism for promoting AHA and serves as a protective factor for health (Fonseca, 2021), a conclusion strongly supported by the consensus among participants regarding the positive relationship between participation and improvements in quality of life. This is consistent with the study conducted by Pimentel et al. (2021) in Bragança, which found that older adults who do not participate in community programmes promoting successful ageing face "a greater risk of social isolation, lower psychological well-being, higher levels of dependency and greater cognitive disadvantage" (p. 148). In this regard, particular attention should be paid to tackling unwanted loneliness, which has been associated with

poorer physical and mental health, unhealthy lifestyles, increased cognitive decline and dementia, and lower perceived quality of life (National Institute on Aging, 2019). Given the potential benefits of participation for well-being, and consistent with the findings of the present study, it is essential to promote the integration of older adults into society, improve levels of health literacy, and strengthen the training of healthcare professionals in line with this perspective, thereby enabling them to make decisions that reflect the principles of AHA and to promote health education (Morais, 2017; Regato, 2020). Furthermore, from a broader social perspective, it is important to recognise that the benefits of participation extend well beyond the individual, contributing to society as a whole through the principle of reciprocity (Subirats, 2011).

Furthermore, this study has highlighted the direct relationship between the concept of lifelong learning and its relevance to the study of social participation and community-based leisure (Rodríguez-Díez & Pérez de Guzmán, 2015). For this reason—in addition to the preceding discussion of health education—it is pertinent to reflect on the following aspects.

Limitations on education on the basis of age. It is particularly significant that, upon reaching a certain age, educational opportunities diminish to the point of sometimes disappearing altogether. In this regard, statistics also reveal a clear lack of interest in the educational reality of older adults. For example, the INE (2023) reported that 45.6% of the population aged 18 to 69 had participated in lifelong learning activities during the previous 12 months. Two significant conclusions may be drawn from this figure: first, it does not even include half of the population; and second, people over the age of 69 are no longer a focus of study. Or is it that people over 69 do not participate?

Education as a particularly valuable setting for participation. Educational opportunities for older adults, such as Senior Universities, given their importance in the Portuguese context, constitute a particularly valuable setting for raising older adults' awareness of community participation and could serve as a springboard towards diverse experiences in other community settings (Lisboa & Durieux, 2023). It would therefore be valuable to open up these spaces to the wider older population as part of a process of democratising education during this stage of life.

The decisive role of education for participation. Participation is a gradual process that develops throughout all stages of life and at different levels of intensity (Lirio et al., 2024). Participation, like many other skills, is learned. Bearing in mind the importance of social capital and the historical perspective as factors shaping participation among this group, it becomes even more necessary to promote education for participation among older adults. In addition to having a positive impact on individual and community health, older adults have the same right to continue exercising active citizenship, while also contributing to the construction of more equitable societies.

In conclusion, it should be emphasised that effectively addressing all these challenges requires consideration of two decisive and indispensable issues in the social understanding of older adults' community participation through the lens of AHA: on the one hand, the need to move from a needs-based paradigm to a rights-based paradigm and, on the other, the idea of shared responsibility. Based on the findings of the study, a genuine commitment to the empowerment of citizens is identified as essential, replacing the welfare-oriented and paternalistic role of past policies and strategies—and, unfortunately, in many cases, of present ones too. Likewise, there is an urgent need for collaboration and for the creation of spaces for dialogue among the initiatives and groups already working towards emancipatory community participation for older adults in society, an area in which socio-educational professionals play a fundamental role in fostering motivation and socialisation.

This article has sought to analyse the relationship between older adults' community participation in leisure experiences and their personal and social well-being from a socio-educational perspective. Although the study has contributed to the conceptualisation of AHA in ways that may inform socio-educational intervention in this field, it is important to stress the need for further research aimed at developing specific and effective strategies to promote older adults' meaningful participation in society: strategies that listen to their voices and recognise them as the authors of their own lives.

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