Development of the Guernsey Community Participation and Leisure Assessment – Revised (GCPLA-R)

Abstract

A sufficiently psychometrically robust measure of community and leisure participation of adults with intellectual disabilities was not in existence, despite research identifying this as an important outcome and a key contributor to quality of life. The current study aimed to update the Guernsey Community Participation and Leisure Assessment (GCPLA). Adults with intellectual disabilities, carers and experts were consulted in creating a revised pool of 46 items. These were then tested and data from 326 adults with intellectual disabilities were analysed for their component structure and psychometric properties. Principal Component analysis discovered a stable set of components describing seven different clusters. This revised measure (the GCPLA-R) was demonstrated to have satisfactory reliability, and scores were related to challenging behaviour and adaptive behaviour in theoretically consistent ways and were correlated with scores on comparable measures.

Introduction

The World Health Organization's (2001) International Classification of Disability and Health (ICF) is a framework for describing and organising information on functioning and disability. It provides a standard language and a conceptual basis for the definition and measurement of health and disability. In the ICF, functioning and disability are multi-dimensional concepts, relating to body functions and structures (impairments), activities, participation or involvement and environmental factors. The ICF definition of participation includes involvement in life situations. Implicit in the ICF framework is that the person may experience activity limitations and participation restrictions that are as a result of an interaction between the impairment and a range of contextual and personal factors. In the ICF, participation is categorised into: learning and applying knowledge; general task and demands; communication; mobility; self-care; domestic life; interpersonal interactions and relationships; major life areas such as work or school; and community, social, and civic life. Hence participation would encompass both involvement in community and leisure activities. Community and leisure participation are considered separate but overlapping constructs, i.e. community activities can either be leisure or utilitarian based and leisure activities can either be community or indoor based.

It is acknowledged that over time community participation in particular has been a contested and ambiguous concept (Bigby, Anderson & Cameron, 2018), with a range of caveats such as presence, integration, exposure and inclusion being used to reflect these different perspectives. In addition, current conceptualisations of the broader concept of quality of life increasingly

emphasise the individual's perception of satisfaction and enjoyment (McDougall, Wright, Schmidt, Miller & Lowry, 2011). However, participation is a fundamental precursor of inclusion and a prerequisite for subjective evaluation of enjoyment/satisfaction or otherwise. Furthermore, participation as defined by the ICF faces fewer challenges in terms of assessment. Thus, community and leisure participation in the context of this study is considered a multidimensional construct that can be measured by frequency, level and enjoyment.

Research has shown that participation in community and leisure activities by people with intellectual disabilities encourages their inclusion in the community, improves their perception of quality of life (Cummins & Lau 2003) and contributes to the acquisition of adaptive skills (Law 2002). Conversely, restricted participation creates a barrier to empowerment and self-determination, and results in decreased quality of life (e.g. McVilley, Stancliffe, Parmenter & Burton-Smith, 2006). Moreover, there is consistent evidence that people with intellectual disabilities participate in community and leisure activities less than non-disabled and other disability groups (Verdonschot, de Witte, Reichrath, Buntinx & Curfs, 2009; Law, 2002, Baker 2007; Ratti et al 2016).

It is generally accepted that policies and procedures should include the facilitation of participation in the daily lives of people with intellectual disabilities (Verdonschot et al., 2009). Taylor-Roberts, Strohmaier, Jones & Baker (2019), in a systematic review of community participation measures designed for

people with intellectual disabilities, argued that if services are to be held accountable for the community participation of the people they serve, it is difficult to imagine how this be could be achieved or monitored without an accurate measure. Worryingly, they concluded that all of the measures in their review suffered from concerns in terms of quality and that no valid psychometrically robust measure of level of community participation existed for adults with intellectual disabilities, highlighting the need for the development of such a measure.

The current study was driven by the need to develop an up to date, comprehensive and psychometrically robust measure of the frequency and variety of community participation and leisure activity of people with intellectual disabilities. In particular, it focused on updating and revalidating the Guernsey Community Participation and Leisure Assessment (GCPLA; Baker, 2000). This measure was selected for updating over other measures as it is a broad measure encompassing both community and leisure participation, with Taylor-Roberts et al. (2019) finding that the GCPLA had the strongest psychometric properties of the measures they reviewed.

Participation scales can be split into two clusters, with one cluster measuring the frequency and variety of participation, and the other cluster measuring the experience, satisfaction with and impact on wellbeing of participation. Whilst the latter can provide insight into meaning and internal experience, the former can provide quantifiable, standardized information to detect change or compare with other settings/populations (Chang, et al., 2013). The GCPLA was

intentionally designed to be used as either a structured interview or a by-proxy questionnaire of involvement in community and leisure activities. Whilst the need for measures to account for personal experience of the individuals being assessed was recognised, it was considered vital that a measure be produced that could be used on behalf of a population of individuals whose degree of cognitive impairment would result in them not being able to give an account of their personal experience (Baker, 2000). The GCPLA produces scores in relation to frequency of access and independence. Despite having acceptable internal consistency, reliability, and convergent validity, Taylor-Roberts et al. (2019) reported that no factor analysis was conducted and three of the nine domains of community participation (based on Chang et al.'s, 2013 interpretation of the ICF) were not covered (Assisting Others, Work and Employment, and Political Life and Citizenship). Whilst experts in the field of intellectual disabilities were consulted in its development, people with intellectual disabilities were not. Additionally, the GCPLA was published over 20 years ago at the time of writing and some of the items were considered to be outdated and did not reflect recent innovations and changes in lifestyle, in particular use of the internet and social media.

Aims

This study aimed to revise the GCPLA to create a measure of community participation and leisure activity that could be used in a variety of contexts with a diverse range of people (adults) with intellectual disabilities. The revised measure would need to be designed as a by proxy measure primarily, in order to also accommodate the needs of individuals with moderate to profound

intellectual disabilities. The scale would need to demonstrate sufficient reliability and validity.

It was intended that the development of the Guernsey Community Participation and Leisure Assessment – Revised (GCPLA-R) would involve consultation with focus groups, before conducting exploratory analyses of a large pool of items with no predictions or limitations regarding the number or contents of factors that would emerge. Item inclusion in the initial pool would be guided by themes that emerged from the focus groups, as well as the Chang et al (2013) participation domains based on the ICF.

The authors sought to create a measure that would demonstrate: a) good face and content validity through thoughtful consultation and good domain coverage; b) adequate test-retest and inter-rater reliability, along with internal consistency; and c) good construct validity, including multiple reliable factors reflecting distinct aspects of community participation, and a theoretically consistent relationship with measures of adaptive and challenging behaviour. Regarding the latter, it was expected that higher levels of perceived challenging behaviour would be associated with lower scores on the new measure (e.g. Baker, 2000; and as highlighted by Emerson's (1995) definition of challenging behaviour which explicitly refers to denial of access to ordinary community facilities), and that higher levels of adaptive functioning would correlate with higher scores (e.g. Baker, 2000; Chou, Lin, Pu, Lee & Chang, 2008, Heller, Miller & Factor, 1998).

Methods

Design

Measure revision and revalidation proceeded in stages broadly following the framework of Boateng, Neilands, Frongillo, Melgar-Quiñonez & Young (2018). In the first phase, items are generated and the validity of their content is assessed. In the second phase, the scale is constructed. In the third phase, scale evaluation, the number of dimensions is tested, reliability is tested, and validity is assessed. This study however combined their second and third stages; i.e. item selection (and hence final scale construction) took place on the same dataset as that on which validation of the measure occurred. As detailed in the discussion, this will need to be consolidated by future research.

Initially, a focus group consultation stage used qualitative methods, taking a discovery-oriented approach to support the revision of existing GCPLA items and the generation of new items. Principal component analysis was then conducted on the pool of items generated in the previous phase to ascertain a component structure and appropriate items for inclusion in a revised GCPLA, and the reliability and validity of the revised measures was examined.

Participants

The focus group stage included two groups, one for family members, care staff and professionals (n=6) and one for people with intellectual disabilities (n=9). For the psychometric evaluation, 153 individuals with intellectual disabilities (87 men, 66 women) with a mean age of 45.18 years (SD = 13.35, range = 18-74) comprised the preliminary sample; see Table 1 for additional demographic

information. The supported accommodation services were based across three counties in the south of England and included both rural and urban locations. The services supported individuals with intellectual disabilities ranging from mild to profound. It was not possible to record individuals' levels of intellectual disabilities as this information was not readily available to support staff. A measure developed from the new item pool and was distributed via service managers to keyworkers of the participants in order to fill in on their behalf. Additionally, 30 staff working with people with intellectual disabilities were recruited from five of the services within the supported accommodation provision and asked to volunteer to complete the draft revised version of the GCPLA on themselves, to form a comparison sample. Demographics for this sample were as follows: 15 men and 15 women; mean age of 38.81 years (SD=11.24, range 21-62, missing data *n*=4); 24 White British, 2 White European, 1 White Asian, and 2 missing ethnicity data.

---Table 1, about here please. ---

A further 173 individuals with intellectual disabilities were recruited from national and local independent sector providers of supported living services for adults with intellectual disabilities as part of an extended sample to enable exploration of component structure. A senior service manager in each organisation distributed the measure to key workers in 32 individual service environments within the organisation. In order to ensure anonymity of the participants, no demographic data were collected for this extended sample.

Ethics

Canterbury Christ Church University's Salomons Centre research ethics committee granted ethical approval for the initial study, while the University of Kent's Tizard Centre research ethics committee approved data collection for the extended sample. Ethics approval for the initial sample required consent, and an information sheet was given to all participants. Staff members were asked to assess the capacity of the individual with an intellectual disability to give their own informed consent, and to either read through the information sheet (an adapted version) with them and seek their signed consent, or to fill out a consent form on their behalf (if the decision was taken that they did not have the capacity to give their informed consent). Written informed consent was obtained in all cases. Demographic data was unavailable for the second group, thus none of the participants could be identified in order to give individual consent, with the data completely anonymous.

Procedure

In order to assist the generation of items for the revised measure, two separate focus groups were convened, one with people with intellectual disabilities and one with family members, care staff and professionals. The family members, care staff and professionals were all familiar with using the GCPLA. In this group, participants completed the GCPLA in regard to their own community participation and leisure activities, to aid familiarity and so support a discussion of the GCPLA's shortcomings and ideas for improvement. This focus group was transcribed and key themes were drawn out. The focus group for people with intellectual disabilities took place at a day service and the group consisted of service users. The day service supported a large number of service users

coming from a variety of different locations in the southeast (rural, urban and suburban). This focus group comprised 9 volunteer participants who were present on the day and was conducted in a room in the day service. In order to get the widest possible representation, the focus group was conducted in an informal manner with an open-door policy. A slide show of picture prompts aided the discussion of each activity covered by the GCPLA. Group members were asked if they did each activity or knew other people who did and if they enjoyed it. When activities did not seem relevant, participants were asked whether this was due to lack of interest or a lack of opportunity. Participants were also asked if any activities were missing. The audio recording of this focus group was unfortunately not clear enough to transcribe. However, the structured nature of the discussion meant that key themes could be extrapolated from the written notes taken during the group.

Following the focus groups, a revised pool of items were drafted and sent to staff and carers for comments. This draft was then further revised before its use during the testing stage of the project. The end result was 46 items that were intended to capture community participation and leisure activities in the general population, as well as in adults with intellectual disabilities. This revision retained 15 of the original items from the GCLPA, with 8 receiving minor amendments in wording (e.g. Attend…….), 8 had additional clarification added (e.g. Adult Education/College), a further 5 combined the original items into one category (e.g. public transport) and nine new items were added. (Table 2).

------Table 2 about here please-------

The 46-item measure and other standardised measures were administered by sending questionnaire packs to staff who worked closely with the 153 people with intellectual disabilities in the initial sample detailed in the participant section. It was emphasised that the informant must know the person well and be able to make the judgements necessary in regard to the participants participation in community and leisure activities. A number of staff meetings were attended by a member of the research team in order to ensure integrity of implementation and by providing further explanation and answering questions. Managers of each service coordinated the dispersal of questionnaire packs amongst their staff and allocated a service user to each member of staff (to ensure the measures were not completed twice for the same individual). A member of the research team attended two services so as to facilitate inter-rater reliability testing and oversee test-retest reliability testing. Inter-rater reliability testing was conducted by asking staff to complete the core data pack and then give an additional revised 46-item form to a colleague who also worked closely with the service user in question. Test-retest data were captured by asking a sub-sample of staff to complete the 46-item form again, in relation to the same service-user as before, after at least 6 days had elapsed.

A further 173 participants were recruited where only data in relation to the 46-item form was collected, in order to enable a sufficient number of participants for investigation of the component structure.

Measures

Seven-day diary

In order to assess convergent validity, a simple diary was constructed containing a checklist of all 46 items., An opportunistic sample of 14 members of staff, who were designated keyworkers for the participants from five of the services within the supported accommodation service, were asked to record their participant's frequency of engagement in each activity as they occurred over a seven-day period.

The Shortened Adaptive Behaviour Scale

The Shortened Adaptive Behaviour Scale (SABS; Hatton et al., 2001) is a 24-item short form of the 73-item Adaptive Behaviour Scale Residential and Community (Part 1) (ABS-RC2; Nihira, Leland & Lambert, 1993a; 1993b). Part 1 of the longer form of the measure is "designed to evaluate coping skills considered important to personal independence and responsibility in daily living" (Nihira et al., 1993b, pp. 2-3). The SABS splits the 24 items into three factors: Factor A (personal self-sufficiency), Factor B (community self-sufficiency) and Factor C (personal-social responsibility). Hatton et al. (2001) report good internal consistency (alphas of 0.89 - 0.98), high correlation with full ABS-RC2 Part 1 equivalents (r=0.97 - 0.99), and high levels of agreement between predicted quartile scores and actual full ABS-RC2 Part 1 quartile scores (Kappa 0.75-0.89; percentage agreement 82%-92%).

The Aberrant Behaviour Checklist

The Aberrant Behaviour Checklist (ABC; Aman, Singh, Stewart & Field, 1985a) was developed to assess treatment effects in people with intellectual disabilities. Since its original publication, the ABC has been used in over 325 studies, and has been translated into more than 30 languages (Aman 2012). The 58-item questionnaire is graded on a four-point scale (0: the behaviour is

not at all a problem; to 3: it is a very significant problem). Aman et al.'s (1985b) factor analysis yielded five sub-scales (irritability, lethargy, stereotyped behaviour, hyperactivity and inappropriate speech). Aman et al. (1985b) originally reported good internal consistency for each factor (alphas of 0.86 - 0.94), acceptable inter-rater reliability for each factor (mean = .63), high test-retest reliability (rs = 0.96 - 0.99), and moderate agreements between ABC subscales and relevant ABS Part 2 ('Problem Behaviors') domains (rs = 0.42 - 0.69). Additionally, many researchers have reported satisfactory psychometric properties in more recent years (e.g. Aman et al. 1985b; Rojahn & Helsel 1991; Marshburn & Aman 1992; Richman et al. 2013).

The Index of Community Involvement

The Index of Community Involvement (ICI; Raynes, Pratt and Roses, 1979) is a simple informant-report Yes/No checklist of whether 14 activities have been undertaken in the past month. The final item asks whether the person has been on holiday in the past year. Higher total scores indicate greater community participation. The ICI has good face validity and 5/9 ICF domains of community participation are covered (Taylor-Roberts et al. 2019). Reported Cronbach's alphas vary between 0.85 (Raynes & Sumpton, 1986) and 0.59 (Beadle-Brown, Hutchinson & Whelton, 2012). The ICI is simple to use, has been widely reported in research, and has good face validity.

Data Analysis

Initially, themes from the two focus groups were examined in order to construct a draft pool of items to be used in the next stage of the project. With regard to the subsequently collected, quantitative questionnaire data, for participants with 20% or more overall missing data, data packs were examined and

subsequently discarded if two or more filled-out questionnaires contained sub-scales with 20% or more missing data (Mazza, Enders & Ruehlman, 2015). Where only one questionnaire in a data pack contained a sub-scale with more than 20% missing data, individual questionnaires were excluded from further analysis. Where a questionnaire contained missing data that did not amount to 20% of a sub-scale, pro-rating was used. Specifically, following the guidance of Taylor and Amir (1994), for the ICI an intermediate value of 0.5 was assigned where data were missing, as each completed item is either one or zero. For the ABC and the sABS, mean scores were calculated and imputed per participant and per sub-scale (Mazza et al., 2015). For missing data in the draft GCPLA item pool, principal component analysis SPSS's mean substitution procedure was employed. All items bar two had had between 0.6 – 5.8% missing items. With play games/computer games (with others), and spectator sport both having 39.3% missing, this was due to a poorly copied assessment document that was filled in on behalf of 127 participants in one of the provider organisations. See table SI in the online supplementary material for missing item data.

To examine the structure of the newly generated item pool and attempt to create a revised version of the measure, following Fabrigar, Wegener, Strahan's (1999) guidance, a principal component analysis was conducted on the pool items. The components were expected to be related, so an oblique (direct oblimin) rotation was performed. The Kaiser-Meyer-Olkin (KMO) measure exceeded 0.5 and Bartlett's test of sphericity was significant, as required (Field, 2013). Components were retained if they (i) met the Kaiser-Guttman criterion of having an eigenvalue greater than 1.00, and (ii) had at

least three items with a loading greater than 0.4 in magnitude, which loaded with a magnitude less than 0.4 onto all other components. Only items that loaded in this manner onto retained components were themselves retained for the GCPLA-R

Internal consistency was examined using Cronbach's alpha, and test-re-test reliability and inter-rater-reliability examined using Pearson's correlations. On occasion, some of the variables included in these analyses had a skewness or kurtosis of magnitude greater than two. Therefore, all these analyses were repeated using Spearman's correlations. Where the Spearman's and Pearson's correlations reached the same significance level and were similar in magnitude, the latter have been reported. The one occasion where there was a material disagreement, has been highlighted in the results. For all measures except the diary, construct validity was examined using Spearman's correlations because the concerns about deviations from normality were more marked, and the two types of correlations more frequently differed. For the diary, Pearson's correlations appeared robust and so were employed. All significance levels are reported two-tailed.

Results

Focus Groups

From the two focus, groups three superordinate themes were identified. These were: conceptual discussion points, ease of use of the measure and specific suggestions for items that should be changed, added or deleted from the

measure. See Table S2 in the online supplementary material for a detailed breakdown of the content of these three themes.

Drawing on these findings from the focus groups, a 46-item pool was developed to explore a range of possible community participation and leisure activities. For each item a definition was provided to aid the raters' understanding of the item; for example, the item 'doctor (GP)' was accompanied by the definition: 'A medical doctor working in the community as distinct from a consultant or specialist based in a hospital'. Items were scored according to the frequency with which they were participated in, on the following scale: 0 = Never, 1 = Very occasionally, 2 = Quarterly or more frequently, 3 = Monthly or more frequently, 4 = Weekly or more frequently, 5 = Daily or more frequently. Feedback from the family members, care staff and professionals was that the scoring of the GCPLA should be simplified and that the rating of independence of access was rarely used. Thus, the GCPLA-R scores was derived from simply summating the scores from each item and the supervision rating removed.

Principal component analysis

The principal component analysis was conducted on the full sample (*N*=326) and produced 16 components that exceeded the Kaiser-Guttman criterion of eigenvalues greater than 1.00, and that together explained 63.6% of the variance. Of these, seven components were retained by virtue of having at least three items with a loading greater than 0.4 in magnitude, and whose loading onto all other components was below this threshold. The retained components and the final set of items, and their loadings, are shown in Table

3, while the variance explained by retained component is provided in Table 4. Note that the negative item loadings in the principal components 4 and 5 ran in the opposite direction to the total score, but since the contributing items ran in the same direction as the total score and all the included items have a response scale that operates in the same direction, they did not need to be reverse scored. As such, there were no implications of the negative loadings for calculating the subscale scores or total score.

---Tables 3 and 4, about here please. ---

Component Structure

The seven retained components were interpretable as follows. Component 1 contained items relating to *enrichment,* for example 'attend museum/art gallery'. Component 2 comprised items concerning *active leisure* pursuits, such as 'swimming' and 'exercise class'. Component 3 concerned *social engagement* and included items such as 'social networking via the internet' and 'spend time with family'. Component 4 contained items relating to *indoor leisure,* for example 'look at books / magazines etc.'. Component 5 was made up of items describing *social leisure* activities, for instance 'disco / nightclub'. Component 6 concerned *health* related activities, with items such as 'hospital' and 'dentist'. Finally, Component 11 captured *retail* activities, such as 'high street store'. Components 7 to 10, and 12 to 16, did not meet the item loading requirements for inclusion, detailed above.

The items that were excluded from the item pool were omitted on the basis that they did not meet the criteria of loading greater than 0.4 in magnitude on a

retained component, while loaded with a magnitude less than 0.4 onto all other components. This was generally because items had loadings of less than 0.4 or loaded onto components that were not retained because they had insufficient items.

Internal Consistency

The GCPLA-R demonstrated satisfactory internal consistency (α=.75, *n*=164). As can be seen from Table 2, the values of alpha for the seven sub-scales all bar one were 0.6 or above. The lower alphas for the subscales are unsurprising, given that alpha is influenced by the number of items in a scale/sub-scale (Field, 2013).

Test-Retest and Inter-Rater Reliability

Test-retest reliability was based on a sub-sample of 16 participants and was calculated after an interval of between six days and six weeks, with a mean interval of 15 days. For the same 16 participants, a second rater also completed the GCPLA-R. The test-retest and inter-rater correlation coefficients are provided in Table 4. As can be seen from this table, test-retest reliability was , with overall scores for the majority of the sub-scales. The inter-rater reliability for the overall scores was very close to .7, but varied from poor to good levels across the sub-scales.

---Table 5, about here please. ---

Construct Validity

The correlations between the GCPLA-R overall mean scores and the measures used for validation can be seen in Table 6. From this it can be seen that the GCPLA-R had large, significant, positive correlations with the ICI and with the equivalent overall mean score from the seven-day diary. In addition, the GCPLA-R showed significant, negative correlations with all bar one of the sub-scales of the Aberrant Behaviour Checklist. Finally, the correlations between the Shortened Adaptive Behaviour Scale's scores were significant and positive, except for one sub-scale that did not achieve significance.

---Table 6, about here please. ---

Comparing GCPLA-R scores for people with and without intellectual disabilities

The GCPLA-R overall and sub-scale scores for the participants with intellectual disabilities were compared to the scores of a sample of staff members who completed the GCPLA-R on themselves. As can be seen from Table 7, the staff had significantly higher overall means scores, and significantly higher scores on the sub-scales *social engagement*, *indoor leisure*, *social leisure* and *retail*. The two groups did not significantly differ in their scores on the sub-scales *enrichment*, *active leisure* and *health*.

---Table 7, about here please. ---

Demographic Analyses

There were no significant differences between male and female participants for the overall mean scores and across all the sub-scale scores ($t(151)<1$,

p>.37). However, there was a significant negative correlation between participant age and both the overall mean scores (: *r*= -.47, *p*<0.001, *n*=151). This significant, negative correlation with age was found across all the sub-scales, except for *enrichment* and *health* (enrichment*: r*= -.02, p=.81, *n*=151; health: *r*= -.07, p=.43, *n*=150).

Discussion

No sufficiently psychometrically robust measure of level of participation in community and leisure activity was in existence for adults with intellectual disabilities. The current research aimed to revise and revalidate the GCPLA. A preliminary stage involved consulting adults with intellectual disabilities, carers and relevant experts, before creating the revised 46-item pool. The 46-item scale was then tested and the data relating to 326 adults with intellectual disabilities were analysed to determine its component structure as well as psychometric properties. A stable set of components was uncovered, describing seven different clusters of community participation activities, namely *enrichment, active leisure*, *social engagement*, *indoor leisure, social leisure*, *health* and *retail*. The GCPLA-R was produced, containing these seven components and 23 items that loaded on to them. The 23-item scale was tested for its psychometric properties.

The GCPLA-R showed good construct validity, with mean overall scores correlating with other psychological constructs (challenging behaviour and adaptive behaviour) in theoretically consistent ways. Their validity was also supported by the large, significant, positive correlations with the ICI and seven-

day diary. As would be expected, individuals who did not have an intellectual disability scored significantly higher on the total scores. Furthermore, test-retest reliabilities were satisfactory, as was internal consistency. Inter-rater reliability was more varied, ranging from good to poor. In many cases it was difficult to recruit two independent informants who knew the person sufficiently well and, where there was lack of agreement, this may well have been the cause. This does however underline the importance of informants knowing the person's routines well. No significant differences were found between scores for men and women, and age was negatively correlated with community participation, as might be expected.

The GCPLA-R was assessed using the adapted version of Straus et al.'s (2016) quality assessment framework proposed by Taylor-Roberts et al. (2017). The measure scored one for face validity, one for content validity, one for factor structure, two for internal consistency, two for convergent and discriminant validity, two for floor and ceiling effect, and two for interpretability, generating a total score of 13. This compares favourably to the rating of 11 earned by the GCPLA, with improvement in scores concerning factor structures and internal consistency, and would make this the highest scoring measure of the scales assessed in Taylor-Roberts et al.'s (2017) systematic review of community participation measures. However, in terms of content validity, GCPLA-R did not include all ICF domains, with *Assisting Others, Religion & Spirituality*, *Work & Employment* and *Political Life & Citizenship* no longer covered.

It is recommended that the GCPLA-R be used in research and service evaluation, where the focus is on comparison of community and leisure participation amongst groups, or in circumstances where the individual factor scores might prove to be useful. For example, the indoor leisure items could be included or removed to enable a discrete focus on community participation.

Limitations

Whilst the results of the study are sufficiently robust to encourage further use of the GCPLA-R, there are a number of imitations to this study which need to be considered by potential users of the measure. Only two small focus groups were used in this study suggesting a degree of caution be used in regard to consideration of representativeness. However, the measures of community participation reviewed by Taylor-Roberts et al. (2019) found that relevant experts were rarely consulted in the process of measure development, and people with intellectual disability were only consulted in one case. In addition, the feedback from the participants in the focus group in this study was in general accord with feedback received by other focus groups of people with intellectual disabilities concerned with participation. For example, community and leisure participation (Beart et al., 2001; García Iriarte et al. 2014), educational and vocational participation (Hamilton et al, 2017; García Iriarte et al. 2014) and citizenship (García Iriarte et al. 2014) were all valued by people with intellectual disabilities. The significance of internet and social media use has also been highlighted by individual participants with intellectual disabilities in a study by Chadwick & Fullwood (2018) who also emphasised the

relationship between societal and digital exclusion of people with intellectual disabilities.

Whilst the sample of 326 adults with intellectual disabilities was considered to be adequate for the purposes of statistical analysis, a question remains in regard to representativeness, as these individuals were in supported living services and not living at home. In the future, it would be prudent to add participants living at home to the current sample in order to answer questions in regard to representativeness and robustness of the factor structures.

This study combined Boateng et al's (2018) second and third stages; i.e. item selection (and hence final scale construction) took place on the same dataset as that on which validation of the measure occurred. This is not ideal, but is frequently done in studies, especially where there are limited resources. The item 'play games/computer games (with others)' was included in the GCPLA-R, this particular item had a large percentage of missing data (39.3%) this was due to a measurement error on behalf of the service collecting the data and not a reflection of the relevance of that particular item, however, the n was still substantial (198). As such, in future research it would be helpful for the factor structure of the GCPLA-R to be tested in a new sample of data using confirmatory factor analysis.

As with the GCPLA, the GCPLA-R were specifically designed to be used with adults. This was a matter of expediency and the community and leisure activities for adults and children were considered to be significantly different to

warrant being treated separately, and the development of a similar measure designed for children would be welcome.

This study solely focused on proxy administration and did not attempt to evaluate the use of the GCPLA-R as a self-report measure. Thus, its use in this context remains untested and any data generated by such use be treated with caution, and an additional evaluation of the psychometric properties of the measure when used in this manner is required.

Finally, the GCPLA-R is not meant to be used as a surrogate measure of quality of life. Whilst there are strong arguments that participation in community and leisure activities are important, they are not synonymous with quality of life. Bigby, Anderson & Cameron (2018) argue in regard to community participation that it is not ‘unambiguously virtuous” (Bates & Davis, 2004; p. 201) and more attention needs to be given to choice and the subjective aspects of participation.

Conclusion

A psychometrically robust measure of the level of community and leisure participation was needed in order that services could identify individuals requiring further support, and so that needs did not go unmet. The GCPLA-R has emerged as psychometrically a strong measure of community and leisure participation. Comprising 23 items identified in collaboration with service users and relevant experts, it has been demonstrated to have strong face validity and satisfactory internal consistency and reliability. Scores on the GCPLA-R relate to other psychological constructs in ways that are consistent with theory and

are correlated with scores on comparable measures along with seven components that emerged from a principal component analysis. Content validity was adequate, covering five of Chang's (2013) domains of community participation. Future clinicians and researchers will be enabled to interpret GCPLA-R subscale scores as well as a total score, allowing a richer understanding of individual profiles of community and leisure participation and their contribution to quality of life.

Copies of the scale can be obtained directly from the corresponding author.

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Table 1: Gender, ethnicity and age information of preliminary sample (n=153)

Variable	**n (%)**
Gender	
Female	66 (43.1)
Male	87 (56.9)
Self-Reported Ethnicity	
White British	147 (96.1)
White European	4 (2.6)
Mixed White/Asian	2 (1.3)
Age	
18-24	8 (5.3)
25-44	66 (43.7)
45-64	62 (41.1)
65+	15 (9.9)

Original GCPLA items	46 item Pool
Doctor (GP)	Doctor (GP)*
Dentist	Dentist*
Hospital	Hospital*
Police	Work (paid or voluntary)
Bus	Adult education/College
Train	Look at books/magazines etc*
Taxi	Play games/computer games (with others)*
Boat	Play games/computer games (solitary)*
Aeroplane	Watch TV
Craft	Watch DVD
Games	Browse internet*
T.V.	Interact with pets/animals
Videos	Participate in sports*
Music (Listen)	Spectator sport
Music (Play)	Exercise class*
Pets	Cycling
Fair/Fete/Festival	Listen to music/radio
Museum/Art Gallery	Participate in performing arts/music
Sport (Participation)	Create art/activity
Sport (Spectator)	Attend museum/art gallery*
Exercise/Aerobic Class	Attend live performing arts*
Cycling	Attend cinema*
Cinema	Go for a walk (local)
Theatre	Outdoor pursuits
Concert	Holiday or daytrip*
Park	Swimming*
Beach	DIY
Walking	Gardening
Holiday	Disco/nightclub*
Swimming	Pub
Sailing	Restaurant/Café*
DIY	Go to a friend's house*
Gardening	Spend time with family*
Disco	Social club/ society*
Pub	Social networking via internet*
Party	Help others
Restaurant/Cafe	Citizenship/Political activity
Friend's House	Public transport
Neighbour's Home	Local shop/Post office*
Social Club (Integrated)	High Street store*
Social Club (Segregated)	Supermarket/Large retail outlet*
Local Shop	Car boot/Jumble sale
High Street Store	Hairdresser/Beauty salon
Post Office	Bank/Building Society
Hairdresser	Place of worship
Supermarket	Library
Chemist	
Bank/Building Society	
Place of Worship	
Large Retail Outlet	
Jumble/Car Boot Sale	
Library	
Adult Education	

Table 2 GCPLA and the 46 pool items

** Items included in the GCPLA-R*

Table 3. The component loading from the principal component analysis, for the components that were retained, and the associated Cronbach's alphas (n =326).

Component, Items	1	2	3	4	5	6	11
Component 1: Enrichment (α =.58)							
Attend museum/art gallery	0.80						
Attend live performing arts	0.63						
Holiday or daytrip	0.50						
Component 2: Active leisure (α = .68)							
Swimming		0.80					
Participate in sport		0.69					
Exercise class		0.59					
Participate in performing arts/music		0.50					
Component 3: Social engagement (α = .60)							
Social networking via the internet			0.74				
Browse internet			0.69				
Spend time with family			0.54				
Component 4: Indoor leisure (α = .60) *							
Play games with others				-0.73			
Play solitary games				-0.70			
Look at books / magazines etc.				-0.64			
Component 5: Social leisure (α = .63) *							
Social club / society					-0.84		
Disco / nightclub					-0.80		
Go to a friend's house					-0.46		
Component 6: Health (α = .60)							
Hospital						0.82	
Doctor (GP)						0.78	
Dentist						0.53	
Component 11: Retail (α = .80)							
High street store							0.89

Supermarket / large retail outlet	0.77
Local shop / post office	0.77
Restaurant / café	0.49

** The negative item loadings indicate that in the statistical model, principle components 4 and 5 ran in the opposite direction to the total score, but since the contributing items ran in the same direction as the total score, they did not need to be reverse scored.*

Table 4. Variance explained by retained components (n=326)

Component	*Initial Eigenvalues and Extraction Sums of Squared Loadings*		
Number	*Total*	*% of Variance*	*Cumulative %*
1	5.737	12.472	12.472
2	3.379	7.345	19.818
3	2.562	5.570	25.388
4	1.894	4.117	29.506
5	1.747	3.797	33.302
6	1.646	3.579	36.881
11	1.202	2.612	39.493

Table 5: Test re-test and inter-rater reliability correlation coefficients (Pearson's r) (n=16).

Scale / sub-scale	Test retest *r*	Inter-rater *r*
Enrichment	.61*	.24
Active leisure	.95**	.63**
Social engagement	.93**	.85**
Indoor leisure	.69**	.54*
Social leisure	.94**	.67**
Health	.76**	.13
Retail	.85**	.80†
Mean score	.91**	.69**

* p<0.05, **p<0.01, †this Pearson's correlation should be treated with caution as the equivalent Spearman's correlation was substantially different in terms of magnitude and significance.

Table 6: Correlations between the overall mean scores on the GCPLA-R and the other measures given. For the diary, Pearson's correlation was employed. For the other measures, Spearman's was used.

Measure (*n*)	
Seven day diary (*n*=14)	.638*
ICI (*n*=79)	.634**
ABC Irritability (*n*=153)	-.101
ABC Lethargy (*n*=153)	-.259**
ABC Stereotyped Behaviour (*n*=153)	-.111
ABC Hyperactivity (*n*=153)	-.087
ABC Inappropriate Speech (*n*=153)	-.108
SABS Personal Self-Sufficiency (*n*=149)	.115
SABS Community Self-Sufficiency (*n*=149)	.179*
SABS Personal Social Responsibility (*n*=149)	.252**
SABS Total (*n*=153)	.155

* $p<0.05$, **$p<0.01$, ICI = Index of Community Involvement, ABC = Aberrant Behaviour Checklist, SABS = Shortened Adaptive Behaviour Scale

Table7: A comparison of the GCPLA-R overall and sub-scale scores for the participants with intellectual disabilities with a sample of care staff without intellectual disabilities.

Scale / sub-scale	ID Sample (*n*=326^) Mean (SD)	Staff Sample (*n*=30) Mean (SD)	*t*-test
Enrichment	1.18 (0.83)	1.42 (0.75)	*t*(353)=1.49
Active leisure	1.34 (1.28)	1.58 (0.98)	*t*(353)=0.97
Social engagement	2.06 (1.38)	4.28 (0.70)	*t*(354)=8.67**
Indoor leisure	2.56 (1.61)	3.38 (0.95)	*t*(353)=2.74**
Social leisure	1.24 (1.19)	1.77 (0.95)	*t*(353)=2.33*
Health	1.02 (0.49)	0.96 (0.38)	*t*(350)=0.69
Retail	3.19 (1.18)	3.53 (0.68)	*t*(47.14)=2.46†
Mean score	1.83 (0.58)	2.43 (0.42)	*t*(354)=5.58**

*p<0.05, **p<0.01, ^due to missing data, some of the sub-scales had a slightly smaller *n*, but the lowest was *n*=322, †this significant t-test should be treated with caution as the equivalent non-parametric test was not significant.

Online Supplementary Material

Table S1: The mean, SD, range, sample size and percentage of missing data (out of the total sample of 326 participants) for all 46 candidate GCPLA-R items. Items marked with an asterisk were included in the final 23 item version of the GCPLA-R.

Item	n (not missing)	% missing	Mean	SD	Minimum	Maximum
Doctor (GP)*	319	2.1	1.23	0.72	0	3
Dentist*	313	4.0	1.07	0.54	0	3
Hospital*	307	5.8	0.75	0.67	0	4
Work (paid or voluntary)	315	3.4	1.09	1.84	0	5
Adult education/College	313	4.0	1.01	1.77	0	5
Look at books/magazines etc*	320	1.8	3.05	1.93	0	5
Play games/computer games (with others)*	198	39.3	2.40	1.96	0	5
Play games/computer games (solitary)*	316	3.1	2.09	2.20	0	5
Watch TV	324	0.6	4.42	1.40	0	5
Watch DVD	324	0.6	3.68	1.56	0	5
Browse internet*	320	1.8	2.22	2.25	0	5
Interact with pets/animals	320	1.8	1.95	2.05	0	5
Participate in sports*	322	1.2	1.17	1.75	0	5
Spectator sport	198	39.3	0.67	1.27	0	5
Exercise/aerobic class*	315	3.4	1.22	1.83	0	5
Cycling	317	2.8	0.55	1.21	0	5
Listen to music/radio	320	1.8	4.04	1.57	0	5
Participate in performing arts/music	321	1.5	1.25	1.72	0	5
Create art/activity	319	2.1	2.20	1.86	0	5
Attend museum/art gallery*	321	1.5	0.83	1.06	0	5
Attend live performing arts*	319	2.1	1.11	1.08	0	5
Attend cinema*	323	0.9	1.43	1.21	0	5
Go for a walk (local)	323	0.9	3.77	1.46	0	5
Outdoor pursuits	306	6.1	1.48	1.76	0	5

Holiday or daytrip*	314	3.7	1.60	1.14	0	5
Swimming*	317	2.8	1.67	1.75	0	5
DIY	317	2.8	0.27	0.83	0	4
Gardening	323	0.9	1.25	1.58	0	5
Disco/nightclub*	315	3.4	1.02	1.40	0	5
Pub	321	1.5	2.18	1.61	0	5
Restaurant/Café*	313	4.0	3.19	1.33	0	5
Go to a friend's house*	323	0.9	1.07	1.37	0	5
Spend time with family*	321	1.5	3.21	1.52	0	5
Social club/ society*	314	3.7	1.58	1.82	0	5
Social networking via internet*	323	0.9	0.77	1.65	0	5
Help others	315	3.4	1.76	1.99	0	5
Citizenship/Political activity	318	2.5	0.16	0.64	0	5
Public transport	324	0.6	2.73	1.78	0	5
Local shop/Post office*	321	1.5	3.22	1.68	0	5
High Street store*	320	1.8	2.99	1.51	0	5
Supermarket/Large retail outlet*	322	1.2	3.38	1.35	0	5
Car boot/Jumble sale	318	2.5	0.50	0.95	0	5
Hairdresser/Beauty salon	320	1.8	1.61	1.21	0	5
Bank/Building Society	322	1.2	1.38	1.78	0	5
Place of worship	323	0.9	0.54	1.14	0	4
Library	322	1.2	0.80	1.30	0	5

Table S2: Content of the two focus group discussions divided into three superordinate themes

Item specifics	Ease of use	Conceptual
Include internet access, e.g. online banking, mobile phone/laptop use, social networking, online gaming	Drop boxes for each total to make scoring easier	Discussion around supervised activities not being applicable to people with severe ID
Include looking at books/magazines	Consider re-wording frequencies. E.g. use "fortnightly" or "very infrequently"	Include internet access and computer use but don't let technical aspects take over
Include photography?	Lots of empty space – condense form	Is it important to distinguish whether indoor leisure activities take place at home or in the community?
Remove wording of 'cassettes', 'videos' and 'disco'. Discussion around continuing use of the word 'disco'	Bottom of page notes are helpful	Expand travel to include own vehicles? – discussion around 'going for a drive' in a vehicle belonging to a residential or day service. Mixed opinions – can be helpful but can be over-used for some people who may not be benefitting from it.
Expand public transport items to include air travel - or consider amalgamating use of all public transport into one item	'Support' column doesn't have to be filled in. Provide instructions on how to decide? Or delete it? Discussion around people not using it/ not finding it useful	Inclusion of solitary activities – consider excluding entirely and making measure solely about community participation. Mixed views – general consensus that solitary activities lead to "richness of life" which the GCPLA-R should be trying to capture
Include walking in the countryside as separate from walking to the local shop.	Include definition of community participation in final version	
Include day trip as well as holiday		
Include DIY?		
Expand on adult education - Include participation in music and drama and attending college		
Include employment, either paid or voluntary		
Include political activity such as advocacy		

involvement or fundraising	Discussion around including engagement in household tasks – shift towards general measure of engagement?
Include assisting others	
Include social club	
Discussion around need for equilibrium and not increasing the measure to include too many items.	It would be helpful to measure 'active involvement' and not just 'passivity'
Consider including a box for 'Other'	Discussion around whether it matters if participation is with the general public or exclusively with other service users. General feeling that 'segregated' activities are of worth as well as unsegregated.
Include nightclub.	
Discussion around possible out datedness of word 'disco' – service users expressed the view that this word is still current and should be included.	Have space on the GCPLA-R to record what an individual's favourite activities are in order to measure participation in these
Where would 'music festival' fit? Consider re-wording 'Concert' item.	Consider incorporating a 'choice' box to indicate whether an activity was participated in by choice.
Remove 'go to neighbour's house'	
Remove interaction with police.	Discussion around current measures used to measure choice alongside GCPLA and possible over-complication of GCPLA-R.
Include 'Attend reviews'? Mixed views on this	
	Discussion around subjective nature of measuring somebody's choice by proxy and subsequent validity of this
Consider including	Discussion around whether some staff and

‘Contact with professionals’ such as social workers, osteopaths and chiropodists. Mixed views on this.	service users may consider the GCPLA a test rather than a measure. Consider including a small explanation of the GCPLA-R as a measure and not a test Consider developing a parallel measure to be used by individuals with ID rather than by proxy Include a ‘Planning’ box for clinical needs – to bridge the gap between the GCPLA-R and action points GCPLA is a useful tool for facilitating reflective practice Discussion around whether it should ‘count’ when a hairdresser or doctor visits the home. Mixed views. Consider rewording and combining items to create “accessing medical professionals”? Discussion around whether it should be recorded how many activities were accessed through day services. Mixed views on this.

The Guernsey Community Participation and Leisure Assessment – Revised

Baker, Taylor-Roberts & Jones (2020)

Please indicate, by a tick in the appropriate box, the frequency with which the focal person does the following activities. See definitions. Upon completion summate the scores on each item and record in the scoring box

ACTIVITY	Never	Less than every 3 months	At least every 3 months	Monthly or more frequently	Weekly or more frequently	Daily or more frequently
	0	1	2	3	4	5
Enrichment						
Attend museum/art gallery						
Attend live performing arts						
Holiday or daytrip						
Active Leisure						
Swimming						
Participate in Sport						
Exercise/Areobics class						
Participate performing arts/music						
Social Engagement						
Social networking via the internet						
Browse internet						
Spend time with family						
Indoor leisure						
Play games with others						
Look at books/magazines						
Social Leisure						
Social club/society						
Disco/nightclub						
Go to a friends house						
Health						
Hosptial						
Doctor (GP)						
Dentist						
Retail						
High Street store						
Supermarket/large retail outlet						
Local shop/post office						
Restaurant/café						

Name of Focal Person:
Date:
Who is completing this form:

Subscale	Score
Enrichment	
Active Leisure	
Social Engagement	
Indoor Leisure	
Social Leisure	
Health	
Retail	
Total	

Enrichment	
Attend museum/art gallery	To attend by choice a display of objects for historic, cultural, scientific or artistic interest
Attend live performing arts	To visit by choice a public site to actively watch an organised music/ drama/ comedy performance.
Holiday or daytrip	To experience an extended period of recreation away from home.
Active Leisure	
Swimming	To swim in a pool or the sea.
Participate in Sport	To actively participate in a team game or competitive activity either indoors or outdoors. Not including swimming.
Exercise/Aerobics class	To actively participate by choice in an organised exercise session involving physical exercise to sustain health or improve fitness.
Participate performing arts/music	To actively participate in a music/ drama/ live comedy either for recreational or educational purposes.
Social Engagement	
Social networking via the internet	To purposefully use the internet for socialising, e.g. Facebook, Twitter, Instagram or dating websites
Browse internet	To purposefully use the internet to shop/ research topics/ access services/ look at images or videos. Not including social networking.
Spend time with family	To spend time with family members.
Indoor leisure	
Play games with others	To actively participate in a game with formal rules, including online gaming. Not including sport or informal ball games.
Look at books/magazines	To actively spend time looking at books or magazines.
Social Leisure	
Social club/society	To attend by choice a venue used for a formal association/gathering of people with similar interests.
Nightclub	To attend by choice a public or organised event at a site used to dance/listen to recorded music (not including live concerts).
Go to a friend's house	To go to the home of a person liked by the individual who is not a relative or current paid staff.
Health	
Hospital	To visit a hospital either as a patient or visitor.
Doctor (GP)	A medical doctor working in the community.
Dentist	A dentist or hygienist in the community.
Retail	
High Street store	To go by choice to a department store or other shops in a town centre or shopping complex.
Supermarket/large retail outlet	To go by choice to a large retail outlet (e.g. out of town store, garden centre) or a large store selling household goods and groceries.
Local shop/post office	To go by choice to a local shop or post office