STRENGTHENING RURAL SOCIAL WORK PRACTICE
WITH OLDER PERSONS:
THE RELEVANCE OF INTERMEDIATE RESOURCES
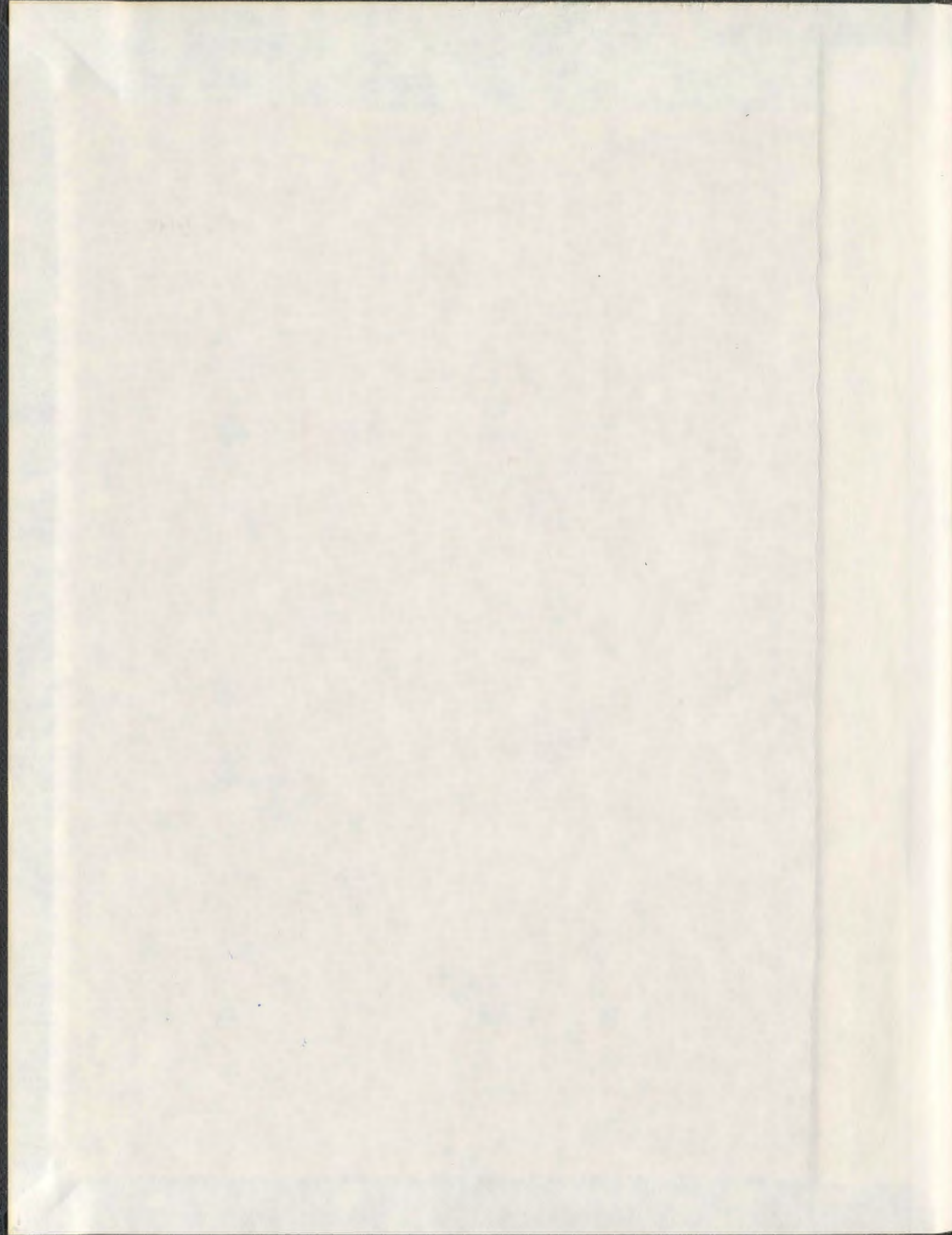# IN ONE NEWFOUNDLAND COMMUNITY

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STRENGTHENING RURAL SOCIAL WORK PRACTICE WITH OLDER PERSONS:

THE RELEVANCE OF INTERMEDIATE RESOURCES

IN ONE NEWFOUNDLAND COMMUNITY

by

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Abstract

The capacity for older residents to age in place in rural Newfoundland and Labrador has been profoundly affected by out-migration and the resultant dismantling of traditional networks of support. Using a case study design, this qualitative research project asked what we can learn from residents in one rural community that will strengthen rural social work practice and policy with older persons. More specifically, the research asked about the intermediate resources needed to age in place, their maintenance in the context of depopulation, and about the role of social work policy and practice with older persons in supporting intermediate resources.

Described as an emerging construct, intermediate resources are defined as non-intimate, non-professional helping encounters that assist older persons to maintain or restore their capacity to remain in their homes and communities despite health or mobility restrictions. Intermediate resources are operationalized as activities that are provided by local organizations, that are user-driven, and that provide assistance with Instrumental or Advanced Activities of Daily Living.

The theoretical framework links key principles of community development and critical gerontology – the support and strengthening of existing resources, the creation and facilitation of associations among resources, and the empowerment of individuals and communities to identify their own needs and to define solutions. The data from Leary Harbour demonstrate the relevance of these theoretical constructs, and the

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corresponding concepts of partnership, participation and self-organization, to the development and maintenance of intermediate resources.

The study contributes to strengthening social work practice and policy with older persons by providing a framework for assessing the availability and effectiveness of intermediate resources and by bringing forward information about the benefits of, and challenges to, the provision of intermediate resources. The study also identifies social work practices relevant to the development and maintenance of this level of support in rural communities. The practices themselves are not new but are foundational principles of community development in general, and of locality development theory in particular. This research highlights the need to return these considerations to the forefront of professional social work education and practice.

Acknowledgements

I first want to thank the people of Leary Harbour for welcoming me into their community and their homes and for being willing to tell their story one more time. Key informants for the research provided unfailing support to me throughout the process despite some of their neighbours'sentiments that Leary Harbour had been "researched to death!"

I also wish to thank my supervisor Dr. Leslie Bella for her patient guidance and support throughout a circuitous and lengthy dissertation journey. My other committee members Dr. Lan Gien, Dr. Anne Martin Matthews and Dr. Adje van de Sande, provided supportive and constructive feedback at critical junctures throughout the process. I would also like to acknowledge the financial support of the Social Sciences and Humanities Research Council of Canada (SSHRC) during the first 3 years of my dissertation work through a student fellowship with the Natural Resource Depletion and Health project under the supervision of Dr. Lan Gien and Dr. Maureen Laryea.

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There are many, many more who have lent their support along the way, too many to mention here; all of you have my heartfelt appreciation and gratitude.

- Gail

List of Acronyms

CHHA	Canadian Hard of Hearing Association
CNIB	Canadian National Institute for the Blind
S.M.A.R.T.	Seniors Maintaining Active Roles Together
SRC	Seniors Resource Centre of Newfoundland and Labrador
VON	Victorian Order of Nurses

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Chapter One

Introduction

The goal of this research is to enhance social work practice in support of older persons who live in rural communities in Newfoundland and Labrador. The study's particular focus is "intermediate" assistance provided by locally derived alternatives to informal and formal sources of support. The term "intermediate" is used throughout the thesis to refer to activities that are produced by local organizations, are user-driven and are associated with the standardized categories of Instrumental or Advanced Activities of Daily Living. A fuller definition and description of this fundamental concept is provided later in this chapter.

This study investigates the relevance of intermediate support to rural older persons by asking the question:

What can we learn from residents in one rural community in Newfoundland about intermediate resources that will strengthen rural social work practice and policy with and for older persons?

More specifically:

- What are the intermediate resources necessary to aging in place?

- How are intermediate resources developed and maintained in the context of depopulation?

- What is the relevance of the presence and organization of intermediate resources or lack thereof to social work policy and practice?

The chapter begins with a description of Leary Harbour, a pseudonym for the rural Newfoundland community that is the unit of analysis of this study. The discussion then moves to the broader context in which the research question is situated; that is, the context of population aging and rural out-migration. Next, I put forward my definition of "intermediate" resources, the central concept and focus of this study. In the fourth section, the significance of the research question is outlined more specifically as it applies to the unique circumstances of rural Newfoundland and Labrador in general and Leary Harbour in particular. A description of the research approach is provided in the fifth section of the chapter. The chapter concludes with an outline of the structure of the thesis.

1.1. Leary Harbour: A Rural Newfoundland Community

Leary Harbour was first settled in the early 1600s. Due to its sheltered harbour and proximity to the Grand Banks, Leary Harbour became a major port of call for fishing fleets from Portugal, Spain, England, Ireland and France (Southern Avalon Development Association, 1999). As in most of Newfoundland and Labrador in these early years, life in Leary Harbour was characterized by hard times and subsistence living, but the fishery

remained a constant (Sutton, 2003, p. 6).

In 1954 Fishery Products International (FPI) built a processing plant in Leary Harbour thus establishing the community as the region's centre of growth. It became known as "one of the richest fishing towns on the Avalon" (Southern Avalon Development Association, 1992, p. 2). At the time of Premier Joey Smallwood's resettlement program in the 1960s, it was a destination community.

By the early 1980s Leary Harbour had begun to feel the effects of the general decline in the fishing industry. Nevertheless, workers were confident that their strategic location would enable them to survive. Such optimism is not surprising. In 1989 the payroll for the Leary Harbour plant remained at $13,000,000.00 (Sutton, 2003). Their optimism was short-lived, however, when on January 5, 1990 (thirty months prior to the federal government's implementation of the cod moratorium in July of 1992) the president of FPI announced the permanent closure of the Leary Harbour fish plant. Overnight, 724 workers—more than half the community—lost their jobs. Many others employed in spin off industries were also affected (Southern Avalon Development Association, 1999, p. 2). Residents were simply "not ready for it" (Sutton, 2003, p. 13). Leary Harbour was one of the earliest communities in rural Newfoundland and Labrador to be affected by the collapse of the cod stock and closure of Newfoundland's cod fishery.

Subsequent to the cod moratorium, Leary Harbour has experienced two peaks of out-migration, the first occurring immediately following the closure of the fish plant in 1990. Those who chose to stay, did so based on the assumption that it was just a matter of time before the cod stocks were restored. Indeed, a series of federally funded income

support programs were put in place initially to assist fishers to "wait the moratorium out" (Sider, 2003). By 1995, however, it was clear that the depletion of the cod stocks was not going to be short term. Rural Newfoundlanders were encouraged to leave the fishery and adjustment programs were introduced to provide funding assistance for early retirement, skills training, assisted relocation and community diversification. Despite this substantial investment and strong community leadership, efforts to restore the economic base of Leary Harbour met with only limited success. Hence a second wave of out-migration occurred in 1998 following the termination of the Atlantic Groundfish Strategy program (TAGS), the final chapter of the federal income support programs directed to former fishers and fishing communities. The end result for Leary Harbour was a decline in its population of almost 50%. The 1986 census lists the population of Leary Harbour at 2,210. In 2001, the population had decreased to 1,355. At the time of the 2006 census this figure had decreased to 1,165.

Throughout the course of my research in Leary Harbour participants expressed strong sentiments about a community dramatically changed by the loss of the fish plant and subsequent out-migration. A community leader and activist who compiled the "story" of Leary Harbour in 2003 wrote:

> As a former displaced plant worker and as someone interested and concerned for our community/outport survival, I feel a need to record some of my thoughts simply for personal reference and indeed, for the therapeutic benefits (Sutton, 2003, p. 5).

The tone of his report reveals the intensely personal impact of the closure of the plant:

> As one of Canada's oldest European settlements, and having been a fishing port for nearly five hundred years, the shock waves were gut wrenching and immobilizing. All residents from the area were shocked and people stood in a

trance of disbelief. There were no thank you letters, no golden watches, there were few severance packages and the blow was direct and painful (p. 13).

For the people of Leary Harbour the day the fish plant closed marked the beginning of seemingly irreparable losses to their community, not the least of these being the shifts they observed in their capacity to care for the most vulnerable among them.

In this research I am undertaking to ask the question: What can we learn from residents in one rural community in Newfoundland about intermediate resources that will strengthen rural social work practice and policy with older persons? Leary Harbour was selected on the basis of its accessibility as a research site. However, its experiences of out-migration, rurality, employment, and population patterns were carefully considered with respect to the transferability and limitations of the research findings.

1.2. Broad Context of the Study

Two distinct but related emerging trends have significant repercussions for social work in rural areas of Canada, namely population aging and rural out-migration. The leading edge of the population surge described as the "baby boom" is now over 65 years of age. This factor combined with fertility rates below replacement levels and improved life expectancy, have accelerated the growth of the population of persons over the age of 65 (Moore & Pacey, 2003). Although the population category "persons over the age of 65" is an overly broad approach for examining the micro and macro processes that constitute this kind of demographic shift, age 65 remains a conventional marker of entry into old age (Chappell, Gee, McDonald & Stones, 2003; Cheal, 2002). Using this marker, it is projected that the proportion of the seniors population of Canada will almost

double over the next three decades from 13.2% of the population in 2006 to 24.5% by the

year 2036 (Turcotte & Schellenberg, 2007). This shift is portrayed in Table 1.1:

Table 1.1: Persons over the age of 65 as a proportion of the total population in Canada
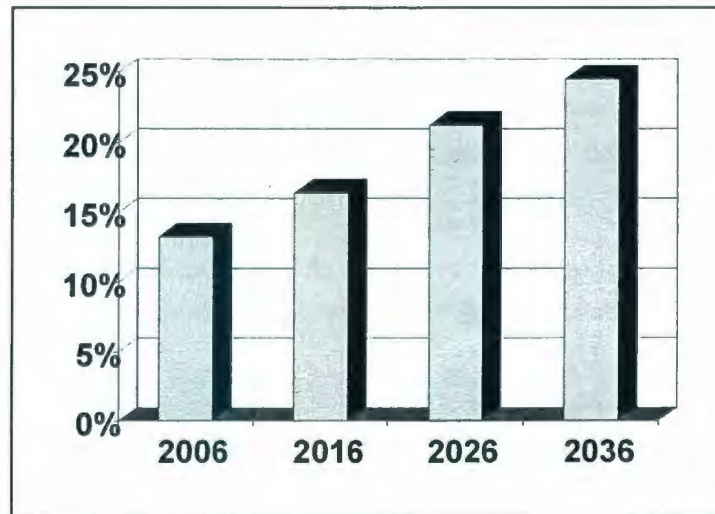
Source: Statistics Canada, Population Projections for Canada, Provinces and Territories,
2005

Along with general population aging, the shift from rural to urban dwelling is a

global phenomenon. Modern industry and commerce patterns have created widespread

migration to urban centres. In Canada over the last 150 years, the proportion of rural

dwellers has gone down from 87% in 1851 to 20% in 2006 (Statistics Canada, 2006). As

of May 23, 2007 the world was declared to be more urban than rural ("Mayday 23",

2007). The impact of depopulation on rural communities has been profound in terms of a

dramatically reduced populace. Moreover, the increasing integration of economic,

cultural, political, and social systems has magnified the impact of population loss as local

community identities are "subsumed" under the weight of global influences (Midgley, 2000, p. 15).

The combined elements of population aging, urbanization and out-migration, in the context of resource depletion and globalization, have placed intense pressures on rural communities. Nevertheless rural life remains a choice for many and a necessity for some. Social workers who practice amidst these new realities require a repertoire of knowledge and skills that reflects not only the opportunities and challenges of modern rural life, but also takes into account the resultant shifts taking place in formal and informal networks of care.

Throughout history and across cultures, people have developed ways of helping each other in times of trouble (Cossum, 2005). Before the development of social work and social welfare, communities in Canada, as in other countries, were characterized by an interdependent "communal matrix" of relationships, a natural outcome of the economic, social, and political reality of resource dependency typical of both forager and agrarian societies (Collier, 1993). Social work and social welfare emerged to address the gaps resulting from the dissolution of the extended family and other informal networks caused by urbanization and industrialization. The bureaucracy that evolved when government assumed the primary responsibility for social and health care became known as the welfare state (Chappell & Prince, 1994).

In the 1980s, in Canada and elsewhere, health and welfare programs underwent another shift with regard to the question of who should be responsible for meeting the needs of older persons (Neysmith & MacAdam, 1999). A renewed focus on the family

and other informal networks was held up as the "cornerstone" of health care (Chappell & Prince, 1994; Skinner & Rosenberg, 2002). In this context the demands on health and social care associated with an aging population and the rural urban shift elicited a multi-tiered response addressed within a model of "continuing care." That model consists of a web of informal supports and formal community services delivered to clients in their homes, and emphasizes "care, support and enablement" as opposed to "cure" (Hollander & Prince, 2002).

A positive consequence of this model of care is the enhancement of older persons' capacity to remain active and independent in their homes and communities. However, gaps in the web of continuing care have been identified that require the development of locally generated resources that are distinct from formal or informal support. These options of care and support have been described as "intermediate" (Joseph & Martin Matthews, 1993). Building on the work of Joseph and Martin Matthews, I develop the notion of intermediate resources in this thesis as an important addition to the model of continuing care in circumstances where informal or formal supports are absent or are not the preferred choice. In the day-to-day lives of older persons, intermediate resources offer a broad range of assistance and are not a precisely defined instrument of support. Indeed, it is the mutability of intermediate resources that provides their greatest advantage. Nevertheless, it is essential to have a better understanding of the features of intermediate resources, their benefits and limitations, in order to determine the role that social work practice and policy might play in their development.

1.3. Defining Intermediate Resources

The clarity with which researchers are able to identify and define key concepts, the relationships between them, and the way they contribute to the form and content of the study enables them to move the question or concept from the abstract to the knowable (Sartori, 1984). In this thesis considering the notion of "intermediate" as a descriptor of helping relationships and resources was the point of departure. For research purposes it was necessary to more clearly delineate the markers by which the concept could be identified. Applying Sartori's (1984) tool for concept analysis, I constructed a definition of intermediate helping that distinguished it from other resources and thereby facilitated the discussion of its potential as well as its challenges in rural places.

Conceptualizing a particular category of helping resources as "intermediate" identifies their place on the continuum of support to older persons with respect to both their capacities and limitations. Family and friends comprise what is described as the informal portion of the continuum and have traditionally been the "first resort" for assistance (Ward, 1983). At the other end of the spectrum, formal supports are considered to be those provided by social or other professional services and therapies and include social welfare and assistance programs (Cossom, 2005). Intermediate resources fall between informal, kin relations on the one hand, and formal, institutional and professional service providers on the other. To more fully develop the concept of intermediate resources I draw upon Sartori's (1984) model of concept definition that considers both the "intensional" and "extensional" characteristics of key terms.

The intensional characteristics of the concept are the list of attributes or properties that give it meaning. Thus in this study, "intermediate" resources, support, or assistance[1] connotes non-intimate, non-professional helping encounters which assist older persons to maintain or restore their capacity to remain in their homes and communities despite health or mobility restrictions, or other age related conditions such as declines in vision and hearing.

The extension or denotation of the concept then is the description of the class or set of objects to which the conceptual term applies. The denotational definition, according to Sartori, addresses issues related to the boundaries, membership and measurability of the concept. These distinctions serve to operationalize the term and are further developed in the following analysis of the concept of intermediate resources.

Boundaries: Intermediate resources are organized. This feature distinguishes intermediate assistance from spontaneous helping activities most likely to be found in informal relations. The organizing body may be governmental or non-governmental and it could be single- or multi-service. Funding could, in turn, include a variety of sources including donations and user-fees.

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[1] The terms 'resources', 'support' and 'assistance' each connote distinctive patterns of helping encounters. Nevertheless, in keeping with the critical gerontological approach of the research, these terms are used interchangeably throughout the study to convey the diversity of helping relationships that may be required to facilitate aging in place.

<u>Membership</u>: Intermediate resources emphasize choice and control by the user. Eligibility is determined by self-identified need. That is, the user controls if, when and how he or she will use the service or aid provided by the program.

<u>Measurability</u>: While assessment tools remain blunt instruments in the evaluation of individual needs and preferences, the Activities of Daily Living (ADL)[2] scale provides a useful framework for understanding the place of intermediate resources on a continuum of care. The ADL scale is a tool used in standard functional assessments. The three levels of ADLs are 1) Basic (ADLs), 2) Instrumental (IADLs) and 3) Advanced (AADLs). Table 1.2 provides a description of the kinds of assistance required for each level. For the purpose of defining the concept of intermediate resources for this research, it can be said that intermediate resources provide assistance in the categories of Instrumental and Advanced activities.

Activities in the categories of IADLs and AADLs (e.g. cooking, cleaning, laundry, shopping, managing money, managing medication, socialization, and recreation) are described as activities of "social support" (Chappell, 1992). Although assistance in these areas is not necessary for survival, Chappell argues they are essential for independent living (p.3). Social supports related to IADLs and AADLs are those most affected by the migration of younger residents from rural communities. Activities which

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[2] Adapted from Department of Geriatrics, School of Medicine, Queens University (www.sergp.org)

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require assistance in the area of basic ADLs (personal care) are generally considered to require formal intervention (e.g. nursing) and are thus beyond the scope of this project.

Table 1.2: Levels of functional assessment

Level of Functional Assessment	Activities
Basic Activities of Daily Living (ADLs)	Feeding, Toileting, Dressing, Bathing, Transferring
Instrumental Activities of Daily Living (IADLs)	Cooking, Cleaning, Laundry Shopping, Transportation Managing money, Managing medication
Advanced Activities of Daily Living (AADLs)	Socialization, Recreation

Continuing with Sartori's denotational distinctions related to boundaries, membership and measurability, I operationalize the concept of intermediate resources by declaring that these are organized activities (boundaries) which are user-driven (membership) and which belong to the standardized categories of Instrumental or Advanced Activities of Daily Living (measurability). Given this definition, one example of an intermediate resource would be home maintenance provided to frail older residents by a service club such as the Lions Club. The Lions Club provides oversight and administration to the program and older persons opt in or out of the program as needed. Activities are determined by the user, but include only those that fall in to the categories of IADLs or AADLs.

For the purpose of this research, it is not the service or organization itself that necessarily defines it as intermediate. Rather, it is the way in which the service is delivered that designates it as an intermediate level of support. To use the previous example, home-making might be provided by Lions Club volunteers as well as by home care workers from a formal agency. However, the agency is likely to have regulations about the amount and type of service allotted. To be considered "intermediate" a home-making service would allow greater flexibility for the user to negotiate how often and for how long the service is required and what tasks will be completed.

The provision of low and high tech assistive devices such as hearing, vision or mobility aids and environmental adaptations such as bath rails and wheelchair accommodations has a significant impact on the capacity of older persons to function in their homes. Although assistive and adaptive aids cannot be described as "activities" of assistance, I include them in the study because of their important contribution to independent functioning. Support for the provision of assistive and/or adaptive devices is not consistently applied across the provinces, yet they have been identified as directly associated with reduced dependence and avoidance of premature institutionalization (Canadian Association on Gerontology [CAG], 2000). It will be helpful to have a better understanding of how these types of resources contribute to the capacity to age in place.

In addition to my examples of intermediate support, in this research older persons had the opportunity to identify other resources that they believed to be critical to their ability to age in place. In rural Newfoundland, for example, it is often important to secure assistance with tasks such as snow shoveling, wood cutting, or gardening. Again,

this is the kind of assistance most often provided by family members or close neighbours who may now have moved to other regions or to the mainland in order to find employment.

In summary, intermediate resources thus defined typically require partnerships between and among various local and regional levels of government and non-governmental organizations; they rely on the active membership of local people including users of service; and they facilitate self-organization whereby consumers themselves decide the services they wish to receive (related to activities listed as IADLs and AADLs). The themes of partnership, participation and self-organization will be addressed throughout the thesis. Building on these themes, the role of the social worker is considered in the context of the development, maintenance, administration, and/or support of intermediate resources while the *delivery* of this level of service is provided by local people.

1.4. Significance of the Research

Over the longer term, population aging and out-migration will have even greater impact in Newfoundland and Labrador than in the rest of Canada. In the next twenty years these trends will have the effect of doubling the proportion of persons over 65 in this province. In 2005 the proportion of persons over the age of 65 in Newfoundland and Labrador was equivalent to that of Canada at 13.1% (Turcotte & Schellenberg, 2007), and slightly lower than in the rest of the Atlantic provinces (Nova Scotia and New Brunswick at 14.1% and 14.2% respectively). However, with the lowest fertility rates

and highest levels of out migration in the country, it is projected that by year 2026

Newfoundland and Labrador will become the oldest province in Canada with persons

over the age of 65 increasing from 13.1% of the population in 2005, to 26.6% in 2026, an

increase of 13.5 percentage points (Turcotte & Schellenberg, 2007). By way of contrast,

the proportion of seniors in Ontario and Manitoba are projected to increase during this

time by only 7.1 and 6.4 percentage points respectively (p. 14). Table 1.3 depicts the

comparative growth of the population over 65 in Canada over the next decades in

Canada, in Newfoundland and Labrador, in Saskatchewan (with the highest proportion of

population over the age of 65 in 2006), and in Alberta (with the lowest proportion of

population over the age of 65 in 2006).

Table 1.3: Population projections of persons over the age of 65 as a proportion of the
total population
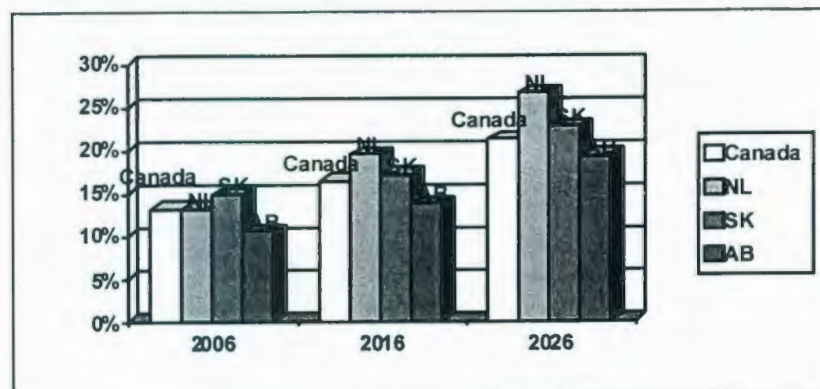
Source: Statistics Canada, Population Projections for Canada, Provinces and Territories,
2005

Newfoundland and Labrador also has a higher than average percentage of seniors

residing in rural areas. The 2001 census reported 55% of population in rural areas over

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the age of 65, compared to 9% in Ontario and 13% in British Columbia (Turcotte & Schellenberg, 2007, p. 17). See Table 1.4. Population aging and the migration of people to larger urban centres will have a significant impact on social workers practicing with those residents who choose to stay behind in rural communities.

Table 1.4: Percentage of persons over the age of 65 living in areas with moderate, weak or no metropolitan influence[3] compared with other provinces
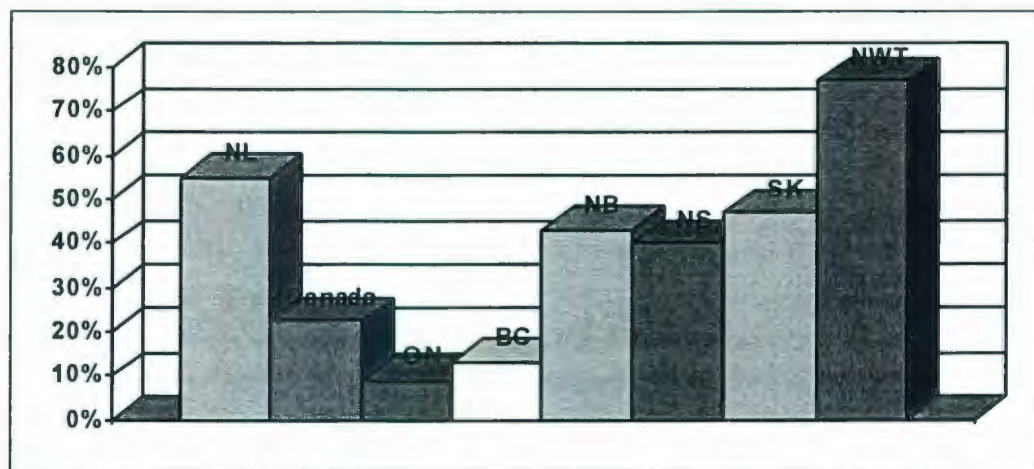
Source: Statistics Canada, Population Projections for Canada, Provinces and Territories, 2005

As with many resource based economies, employment in rural Newfoundland and Labrador has been unpredictable and sporadic for generations. Periods of substantive out-migration have also been a reality in these areas over the years. However, when the moratorium on the cod fishery occurred in 1992, approximately 40,000 jobs were eliminated virtually overnight. The suddenness of the loss meant that many residents had

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[3] Statistics are based on commuting flow – 'rural' here is defined as communities with metropolitan influence zones in the moderate, weak or no metropolitan influence (less than 29% commute to larger centre)

no alternative but to leave their communities in search of employment. Between 1992 and 2002, out-migration resulted in a net loss for the province of approximately 56,000 people (Strategic Social Plan and the Newfoundland and Labrador Statistics Agency, 2003). While the pace of migration to the mainland has slowed since 2002, rural communities in the province continue to experience a decline in population, in part due to the reality that choosing urban over rural living is a global trend. As in other parts of the world, many younger rural Newfoundlanders and Labradorians simply prefer the amenities of urban life.

While there is no quick fix to the multi-layered problem of the sustainability of outport Newfoundland and Labrador (and other rural regions of Canada), the capacity to choose where we live is of fundamental importance and a critical variable in the quality of our lives, especially in later life. Older persons choose to age in place because it facilitates choice and control, because of the meaning and identity associated with familiar people and spaces, and also because this is often the most cost-effective option. Most rural residents in Newfoundland and Labrador own their homes, usually with clear title but little resale value (Lilley & Campbell, 1999). Many of these residents who are now "retired" from the fishery are young seniors for whom the cost and consequence of pulling up stakes outweighs the benefits.

In addition to the practical implications of rural depopulation in Newfoundland and Labrador, it must be noted that the meaning and identity associated with outport Newfoundland resonates deeply for residents from across the province. Newfoundlanders and Labradorians have a unique attachment to "place" that is

particularly evident to one who is "come from away" (see for example Pocius, 2001; and Bella, 2002). Newfoundland and Labrador music, art, theatre, and literature are permeated with references to this attachment. At the same time, Newfoundlanders and Labradorians are passionate in their resolve to leave behind their stereotypical depiction as a "have-not" province. An inquiry into the challenges of aging in place in rural Newfoundland, and the resources required to do so, is likely to evoke profound emotions.

For the next several decades rural communities will continue to be home for aging residents for whom it is both most affordable and more desirable to age in place. Thus it can be said that there is both an economic and philosophical imperative for practitioners and policy developers to understand the realities and priorities of rural aging as identified by older residents and by the people who support them. These realities necessitate a re-evaluation of public investment in rural places. It is anticipated that this study's findings will have relevance both in and outside the province in rural locales where flexible, responsive, cost-effective and locally derived models of support are sought to ensure that rural options remain viable.

1.5. Research Approach

The underlying premise of the thesis is that intermediate resources cohere with rural gerontological community social work practice in three important areas. First, intermediate resources are developed from existing local assets which provide the foundation for community development strategies. Second, the organization of intermediate resources requires a configuration of associations within the community

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which themselves contribute to community capacity building. Third, intermediate resources are built on elements of partnership, participation and self-organization which, it will be argued, are related to optimal aging in place as well as to community development best practices. Thus, this study combines what we know about community development practices and aging in place, with what rural older persons and care providers describe as the local "intermediate" assets available or which ought to be available in their communities.

Conceptually, the inquiry is grounded in my professional social work identity as both a gerontologist and community developer. As a gerontologist my views on the importance of older persons' choice and control in decisions related to their lives plays a key role in the design and methodology of the research. My community orientation to social work practice emphasizes the strategies of capacity development featured in locality development models, of which intermediate resources are an example. Transformative social work strategies, whether they are aimed at individual or community capacity building, require that practitioners recognize the influence of structural and environmental factors on individual lives and on communities. Thus, a critical approach to gerontology and to community development provides the theoretical platform for this investigation (see Chapter Two).

To integrate these conceptual themes and to situate the relevance of intermediate resources within social work practice the study develops two additional elements in the literature review: aging in place and rural social work practice (see Chapter Three). I begin by reviewing studies that contribute to our understanding of older persons' views

about aging in place, specifically those related to beliefs about environmental fit, independence, autonomy and social support. In this section I also provide evidence of the unique aspects of aging in rural places. The second element of the literature review considers scholarly views on the challenges and opportunities of rural social work practice. Building on this knowledge, I contend that the theoretical influences of critical gerontology and community development/locality development converge in practice goals related to partnerships, participation and self-organization; all of these are key elements in the development and maintenance of intermediate assistance.

Methodologically, a case study design was most congruent with the goals of this inquiry, namely to explore and describe the relevance of intermediate resources in rural social work practice with older persons. Support to older persons, including intermediate support, is by definition contextual. That is to say that a full appreciation of the nuances of support is not possible if the study is decoupled from the environment in which it is experienced. A case study provides the opportunity to answer questions about phenomena in a real life context when the distinction between the phenomenon and its context are blurred (Yin, 2003).

The primary source of data for this case study is Leary Harbour, a rural Newfoundland community that has experienced the impact of rapid depopulation resulting from the closure of the cod fishery. The data collected consist of perceptions obtained through in-depth interviews with 20 individuals who either resided in, or have provided support to older residents of this community. Older persons were interviewed as well as individuals engaged in activities of formal, informal or intermediate support.

Two focus groups were also held; one with members of the Fifty-Plus club of the community and another with intermediate service providers of the community.

The respondents were engaged through a series of questions about their experiences or observations of the changing nature of aging in place in this rural community, and shared their views on the development and maintenance of intermediate assistance. Key informant responses were supplemented with member check interviews, and information from locally produced documents depicting the "story" of the community. Descriptive statistics from census data and from the Newfoundland and Labrador's Statistics Agency's Community Accounts database provided contextual demographic data. [4]

Strengths Focus

When I began to think about the issue of aging in place as the focus of my doctoral research, I was thinking in terms of the "problems" of rural aging in Newfoundland. However, as I proceeded to develop the project, to read more widely in the literature, and to converse with individuals who have grown up in such rural communities it became clear that in many cases individuals and communities have

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[4] Based on a model designed by Dr. Doug May of Memorial University Community Accounts is an initiative of the Newfoundland and Labrador Statistics Agency. It is the first Internet-based data retrieval and exchange system in Canada with unrestricted access to view and analyze data down to the community level. Using this database, information about Newfoundland and Labrador can be retrieved according to 400 communities, 80 census consolidated subdivisions (local areas), 20 economic development zones, and the province. Information can also be retrieved at the level of Rural Secretariat Regions, Health Authorities, School Districts, and Human Resources Development Canada Regions (www.communityaccounts.ca).

developed strategies to manage deficits in formal and informal assistance, and in so doing have achieved a satisfactory quality of life. Thus, I shifted my focus away from a "problem-based" to a "strengths-based" approach.

The move toward recognition of the strengths and resilience of individuals and communities, and away from disease and disorder based thinking, took shape in social work literature beginning with the work of Ann Weick (1983) and others in the early 1980s. Dennis Saleebey (1997), a more recent proponent of the strengths perspective, describes it as a way of "mobilizing clients' strengths (talents, knowledge, capacities, resources) in the service of achieving their goals and visions" with the objective of enabling clients to "have a better quality of life on their terms" (p. 4).

A related concept frequently discussed in conjunction with the strengths perspective is the notion of resilience. Resilience is defined as: "the continuing growth and articulation of capacities, knowledge, insight, and virtues derived through meeting the demands and challenges of one's world, however chastening" (Saleebey, 1997, p. 9). Norman (2000) suggests in fact that the attribute of 'resiliency' "epitomizes and operationalizes" the strengths perspective (p. 3). The concepts of strengths and resilience are particularly suitable for work with older persons, who because of their stage in life, are experiencing complex and converging challenges. At the same time, from the vantage point of their advanced years, older individuals are likely to have knowledge of an array of strategies for solving problems in their daily lives. Thus, while the prevailing view of older people is one of frailty and vulnerability, Gutheil and Congress (2000) contend that, in fact, older persons could be seen as "role models" for resilience (p. 41).

While the language of 'strengths' and 'resilience' was initially used to describe individual adaptability and coping capacity the strengths focus has since evolved to include work with families, organizations and communities and is reminiscent of earlier work on social vitality in communities.

Social vitality plays a central role for example in the work of Ralph Matthews (1976). In *There's No Better Place Than Here*, Matthews examined the challenges of three Newfoundland communities faced with the prospect of resettlement. In considering the markers that determine a community's viability, Matthews argues that economic measures alone are inadequate. Equally important, he suggests, are factors related to the social vitality of a community. These factors are characterized, according to Matthews, in terms of formal and informal dimensions. Formal support includes the institutions and organizations that structure social life. The informal level of community social vitality, on the other hand, is captured in the involvement, commitment and values of community members. Bowles (1981) used the language of "vital" communities in his work on social impact assessment. In particular, he notes that a vital community with established social networks has the capacity to react to events that have consequences for the community. It is argued that these measures of social vitality are particularly salient in rural communities where concentrations of elderly residents are high (Joseph & Martin Matthews, 1993).

It is the primary contention of this thesis that the strengths and resilience oriented principles of community development practice, and of locality development in particular, have the potential to build the capacities of rural communities to enable residents to age

in place successfully and on their own terms. This approach emphasizes the diversity of older persons' ideas about home, autonomy and social support. Thus, while community development and critical gerontology constitute the theoretical orientation for this research, the strengths approach contributes significantly to its philosophical point of reference.

1.6. Structure of Thesis

The remainder of the thesis is organized into five chapters. Chapter Two situates the research within key debates about transformative critical gerontology and community development. Chapter Three reviews literature that applies these lenses to considerations of aging in place and rural social work practice. Chapter Four describes the research design and details, and justifies the qualitative case study methodology. Chapter Five summarizes the key findings of the research. The sixth and final chapter discusses the results with attention to their implications for rural social work education, policy and practice and provides reflections on both the limitations of the thesis and opportunities for further research.

Chapter Two

Theoretical Framework

This thesis advances our understanding of ways in which social work practice can contribute to the capacity to age in rural places. By describing one community's view of the relevance of intermediate resources we can begin to understand what is needed for their development and maintenance. The conceptual foundations of the research derive from the integration of two broad strands of thinking, namely critical gerontology and community development. This chapter begins by describing how the theoretical and conceptual stance of critical gerontology contributes to our thinking about the experience of aging. The second half of the chapter offers a description of community/locality development as a theoretical model that lends itself to the particular challenges related to the development of intermediate resources in rural places.

2.1. Critical Gerontology

The term gerontology was coined in 1908 by immunologist Elie Metchnikoff, then director of the Pasteur Institute. By better understanding the processes of aging, Metchnikoff hoped to "bring about great modifications in the course of the last period of life" (Aechenbaum, 1995, p. 23). Metchnikoff, and many of his contemporaries, sought to advance understanding of human senescence through scientific research, primarily with a view to prolonging human life (p. 24). Although trained as a biologist and

scientist, Metchnikoff advocated a broad approach to an understanding of aging both in theory and in practice. However Metchinikoff, like other researchers of his time, yielded to the pressure of the dominant positivist view that only "scientific problems" were worth investigating (Aechenbaum, 1995, p. 50). Nevertheless, Mechnikoff is cited by Aechenbaum as among the first to distinguish between physiological and pathological images of old age (p. 25). Despite later efforts on the part of Nascher (1909, 1919) and Hall (1921) to encourage psychosocial studies of aging, a biomedical view of aging persisted. This was especially the case in North America where resources for social science researchers lagged far behind that of their contemporaries in Europe and Russia (Aechenbaum, 1995, p. 51).

In 1930, at the request of the "President's Research Committee on Social Trends", Warren Thompson and P.K. Whelpton were assigned to project population growth from 1930-1980 and to identify significant trends that were likely to occur in the U.S. during this period. [5] As a result of their work the implications of an aging population began to be considered in terms of various social, economic, and political problems and possibilities that might arise (Morgan & Kunkel, 2001, p. 16). These efforts to understand aging as a social category led to the integration of a broad range of multi-disciplinary perspectives on the topic. It is out of this milieu that social gerontology, described as a sub-field of gerontology, emerged in the 1950s (Atchley, 1980; Morgan & Kunkel, 2001).

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[5] Their results were published in: Thompson, W.S. & Whelpton, P.K. (1933). Population trends in the United States. New York: McGraw-Hill.

Social gerontology is differentiated from 'sociology of aging' in that the latter is the study of aspects of aging with the goal of better understanding society in general (Morgan & Kunkel, 2001, p. 21). The theoretical base of social gerontology on the other hand took a more interpretive stance and sought to develop knowledge of how people experience and manage aging from a variety of perspectives. Social gerontologists considered a range of variables in their research, including issues of rights and resources, with the goal of resolving long-standing policy and program issues (p. 21). Scholars of social gerontology have made an immense contribution to our knowledge about the influence and confluence of social, behavioral, and environmental factors on the aging process. Nevertheless, there has been an increasing recognition of social gerontology's limits.

Moody (1988) critiqued social (or what he called "instrumental") gerontology as being the "domain of conventional social science research." In his view this approach served to "reify the status quo" and simply provided tools to predict and control human behaviour (p. 33). Other critics of social gerontology contended that this orientation accepted at face value the conditions of being old and the legitimacy of policies that reinforced ageist notions of dependency and the inevitability of decline (Estes, Biggs, & Phillipson, 2003, p. 224). While social gerontology assisted in the move away from the biomedicalization of aging, it continued the tendency of "microfication" of issues related to aging (Hagestad & Dannefer, 2001). That is, there remained a concentration on the interactions between individuals to the neglect of consideration of the impact of macro level changes.

Beginning in the 1970s, the notion of aging as socially constructed was further advanced with the growing influence of postmodern thought. Gerontological scholars and practitioners became increasingly aware of how theory and policy based on a medicalized model of aging, intersected in ways that contradicted and limited the social and self- development of older persons. Estes et al. (2003) referred to this recognition as the "new politics of ageing", where consideration began to be given to the "unreflective acceptance" of the structural inequalities that shape the lives of older people (p. 3). Using this more critical lens, the experience of old age came to be viewed as indivisible from the micro, meso and macro social contexts of one's life (Estes et al., 2003). Thus a framework of "critical gerontology" emerged that emphasized the variability of the aging process, and worked to make transparent the ways in which the aging process was both socially and politically constructed (Katz, 2003). The goal of this new understanding of aging was to provide transformative knowledge about the structures that produce and reproduce social inequality and injustice, and to recognize the social value of addressing human needs across generations, gender, race and social class (Estes et al., 2003, p. 237).

From this earlier work two further distinctions have emerged in contemporary critical gerontology that emphasize respectively the humanistic and structural factors related to the experience of aging (Bengtson, Putney, & Johnson, 2005). From the humanistic perspective Moody (1988), for example, states that critical gerontology "must begin by challenging the dichotomy between fact and value, interpretation and explanation" (p. 28) theorizing subjective and interpretive dimensions of aging (Moody, 1993, p. 15). Powell, on the other hand, contends that the primary consideration ought to

be "the symptomatic deep manifestation of underlying relations of power and inequality that cuts across and through age, class, gender, disability, and sexuality" (Powell, 2006, p. 34).

Powell observed that in spite of the significant developments in critical gerontology, the biomedical model still carried significant weight in gerontological study and discourse. This orientation continued to influence not only how aging itself was viewed, but shaped an understanding of how political and social structures "create and sanction social policies" (p. 18). According to Powell, this biomedical and homogenized view of old age depicted aging as an experience of adaptation to a "universal, natural and inevitable" process of physical and mental decline and of preparation for death (p. 28). These assumptions, he contended, support powerful messages that reinforce ageist social prejudices both among health and social professionals and in the wider community as well.

Baars (2006) suggested that current gerontological issues require a combination of these approaches, integrating narrative as well as structural analyses thereby approaching participants as experts about their own lives and experiences while at the same time exploring why problems of aging occur and how they might be structurally improved (p. 39). Both Powell (2006) and Estes et al. (2003) suggested that a critical gerontological approach is disadvantaged by the debate between the need for collective action to address macro issues and postmodern calls for individualization. It can be said, however, that despite these variations, the key elements of both streams included the concepts of power, social action, and social meanings. The relevance of these considerations to rural aging

has been most recently recognized by Norah Keating (2008) in *Rural Ageing: A Good Place to Grow Old?* As editor, Norah Keating includes several chapters that exemplify a critically reflective approach to aging that take into account the diversity of rural environments and experiences.

In summary, a critical perspective on gerontology is distinguished from prior theoretical development in gerontology in three important ways. First, a critical approach to theory about aging explores the ways in which the experience of aging is both socially constructed and individually diverse. As such, it requires a commitment to giving voice to the personal experience of aging, thus recognizing and valuing the inherent diversity of the aging experience. Second, a critical approach to aging takes into account the ways in which broader social, political and economic factors (e.g. the collapse of a primary resource industry such as the fishery) affect an aging population. This is of particular importance to the study of rural aging, as the dominant feature of many rural communities is economic decline and the resulting social and political upheaval.

Finally, critical gerontology calls for an "emancipatory praxis" that challenges prescriptive social structures and ideas that confine human development at all ages (Moody, 1988, p. 35). In a later work, in reference to what he describes as the "maturing" of critical gerontology, Moody (2008) suggests that these emancipatory ideals are to be found in an examination of "everydayness" (p. 205). In addition to exposing oppressive structures and ideologies, emancipatory praxis aims to recognize physical and personal losses in old age as "essential elements in the life course" while integrating and exploiting these realities as sources of "wisdom, strength, growth and learning"

(Dannefer, 2006, p. 115). A critical conceptual approach works to dismantle ways of thinking about aging that "further marginalize the already marginalized", including the notion that disabling conditions are evidence of one's failure to age "successfully" (Holstein & Minkler, 2003, p. 793).

Critical gerontology seeks to achieve its ends outside of academe, in the form of "social policies and practices as well as inside academe in the form of teaching" (Ray, 2003, p.38). It does so by drawing on values related to critical thinking and social responsibility in order to develop knowledge and construct theories with a particular view to the "practical horizon of their validation and application in human affairs" (Moody, 1988, p. 26). The capacity to age in the place of one's own choosing enhanced by locally developed and delivered intermediate supports can be thought of as one such practical horizon.

2.1.1. Application to Research Focus on Intermediate Support

This research uses critical gerontology as a platform to understand rural aging in place through the experiences of residents of one Newfoundland and Labrador community. It then uses this knowledge to promote change in the way social work is practiced, particularly in relation to the development and maintenance of intermediate assistance through locality development strategies. The qualitative exploratory goals of this research are consistent with the fundamental principles of critical gerontology in the following ways.

Voice: Critical gerontology emphasizes personal accounts of the experience of old age and considers the ways in which social policy is built on particular assumptions about aging that may or may not reflect actual experiences of aging. This critical subjective dimension makes visible the diversity of later life experiences at the same time as situating those experiences in more or less generalizeable social contexts. In this way, critical gerontology exposes the social construction of problems and remedies related to aging. At the same time, it identifies the political and social effects of the resulting policies and program developments in the context of cultural, historical and individual life dynamics. In this research, the inclusion of both providers and receivers of a range of levels of support was essential to understand where gaps existed. While rural older persons, like their urban counterparts, are most likely to turn to their families when support is needed (Connidis, 1989), they may also attempt to balance family care by turning to formal providers in an attempt to maintain a measure of privacy and independence. Thus, perceptions may vary as to where or even whether gaps exist.

Social, Political, Economic Factors: Also relevant to this research is the contention that "aging cannot be considered or analyzed in isolation from other societal forces and phenomena" (Estes et al., 2003, p. 19). The particular societal forces to be considered in this research are rural out-migration, urbanization and population aging as they have occurred in the context of globalization and resource depletion. Throughout the thesis I have attempted to situate participants' stories in the context of these broader provincial, national and global trends.

Emancipatory Praxis: Foundational to critical gerontological theory is the idea of choice unbounded by social or political constructions about what old age ought to be. A critical approach to aging studies aims to expose the contradictions, limitations, and political impacts related to societal organization. Ideally it will also point to alternative structures that emphasize self development and social enhancement of older people within established structures (Powell, 2006). The development of intermediate resources, as introduced and discussed throughout this thesis, can be considered to be one such alternative structure. A transformative or emancipatory goal is sought by way of using the research findings to advance rural social work practices in relation to the support of rural older persons. This can be accomplished by way of innovative partnerships, non-traditional configurations of care, and an expanded understanding of independence and autonomy.

Of significance to this research is the observation that these elements are highly compatible with the founding principles of community development. That is to say that, just as critical gerontology considers factors related to aging in place that go beyond conventional parameters of health and social care, community/locality development provides a transformative practice framework that brings to the foreground participative principles promoting choice and control for individuals and communities.

2.2. Community Development

Throughout the research I have focused on three elements of social work practice I believe are linked to the development of intermediate resources and are aligned with the

goals of critical gerontological objectives. Participation, partnership and self-organization are long standing principles of community development and more specifically, of locality development practice. Intermediate assistance that facilitates aging in place will benefit from multi-level partnerships and from the development of a broad base of community and individual participation. This section provides an overview of the development of these principles within community social work theory and practice and demonstrates their relevance to practice with older persons in rural contexts.

All of social work practice is premised on the notion that "change is necessary and possible" (Collier, 1993, p. 94). However, the profession has evolved in two complementary but separate categories of practice, namely clinical or micro practice on the one hand, and community development or macro practice on the other. While this is an oversimplification of the myriad of social work practice approaches and emphases, it can be said that the primary distinction between micro and macro practice lies in their orientation to the location of change. Broadly speaking, clinical therapeutic or micro approaches, originating in the work of Mary Richmond and the Charity Organization Societies of the 19th and early 20th centuries, focus on the individual and the family. Conversely, community development or macro practice strategies look to the community and society for the context and resources for change.

Community development's origins lie in the early settlement house work of Toynbee Hall in Britain, Jane Addams' Hull House in Chicago and, in Canada, Evanglia, founded in Toronto by Sara Libby Carson in 1902. With industrialization and urbanization in the early 19th century came increased concentrations of poor people in

cities. Settlement houses undertook a form of community development to address conditions in the poorer and immigrant neighbourhoods. These efforts were typically led by university students from the middle and upper classes who lived and worked with the poor in these areas, and advocated better social and working conditions (Hick, 2006).

Community development was not restricted to urban settings in Canada. In the prairies and the maritime provinces localized community development initiatives modeled after adult education and cooperative movements, emerged in response to the particular economic and environmental hardships of existence in isolated communities (Hick, 2006). In Newfoundland, for example, during the period between 1934-1942 the cooperative land settlement schemes of the Commission of Government were designed to address the problems of the urban unemployed (Handcock, 1994).

Although these community development efforts played an important role in the early evolution of the profession, community development came to be viewed as "peripheral" to the more mainstream social work activities of case and group work, especially in developed countries (Payne, 2005, p. 216). The domination of the profession by clinical or micro practice was largely due to the combined influences of Mary Richmond's *Social Diagnosis* in 1917 and of the work of Sigmund Freud (Goldstein, 1973). As a result, a diagnostic or "cause" approach to social work prevailed in which the individual was understood in relation to the causal events that had occurred early in life (Hick, 2006, p. 58).

Nevertheless, the emphasis and impact of community development continued to evolve over time and across regions. The term community development came to be used

to describe a variety of efforts and a range of settings. Its primary goal remained directed at the advancement of communities; its underlying objectives and values focused on participation in planning, collective engagement for the common good, and empowerment.

Biddle and Biddle (1965), for example, defined community development as "a social process by which human beings can become more competent to live with and gain some control over local aspects of a frustrating and changing world" with "personality growth through group responsibility for the local common good" as the primary focus (p. 78). Ross and Lappin (1967) distinguished community development from community organization with the later being concerned primarily with social welfare needs and resources. Community development on the other hand, according to Ross and Lappin, related to work in communities in developing countries or in the "backward" parts of developed countries (p. 7). Bregha (1970) described the role of community development in post-industrial Canada as offering the opportunity to "bring consumers of social utilities into both the planning and the bargaining processes" (p. 33). Community development, in Bregha's view, was distinguished from other social work practices by its goal of transforming the "causes and conditions" that had an impact on quality of life (p. 34) primarily through the fostering of strong voluntary associations on the local level.

More recently, Henderson and Thomas (2002) cited the definition of community development as simply "the process of change and development that takes place in communities" (p. 3). Others emphasized a more radical orientation for community development based largely on the work of Paulo Freire: to "create the context for

questioning that helps local people to make critical connections between their lives and the structures of society that shape their world" (Ledwith, 2005, p. 31).

Throughout the progression of these ideas, community development remained relevant to the everyday lives of people. Although as a practice orientation community development tended to be marginalized within the profession, its commitment to issues of sustainable change and social justice across realms of practice allowed it to retain its legitimacy. It has been noted that the priorities of community development are especially important today, in the context of "rampant individualism, a diminishing middle class, demonization of the poor, social retrenchment, and categorical pathologizing of the diversity of human behaviour" (Hardcastle, Wenocur & Powers, 1997, preface). Community development strategies are increasingly being viewed as a remedy to the social fragmentation, alienation, and political disengagement of a post modern society (Midgley, 2000; see also Banks & Mangan, 1999; Campfens, 1997; Caragata, 1997; Drover, 2000; Ife, 2000; Saleebey, 1997).

This research reflects the broad community development principles and emphases reflected in these early definitions. More specifically it employs their conceptualization in the widely cited typology of Rothman and Tropman (1987). Rothman and Tropman described three 'ideal types' of community organization: social planning, social action and locality development. Their typologies were organized on the basis of a comparison of practice variables related to assumptions about the nature of the community situation, of the client population, of problem conditions, of goals and strategies for action and of the orientation toward power structures, among others. The ideas of Ross (1955), Biddle

and Biddle (1965), and Henderson and Thomas (1980) contributed significantly to Rothman and Tropman's typologies.

Because of its emphasis on spatial contexts, locality development is of particular interest in thinking about rural social work practice in the context of population aging and out-migration. It is also therefore an ideal framework in which to consider critical approaches to aging in place. Locality development seeks to involve a wide variety of participants in the planning, implementation and evaluation of change efforts with subsidiary goals of local leadership development, self-help, and cooperation (Rothman & Tropman, 1987). In particular, locality development's process oriented goals are aimed at "creating self-maintaining community problem-solving structures, stimulating wide interest and participation in community affairs, fostering collaborative attitudes and practices, and increasing indigenous leadership" (p. 8).

The notion of community capacity building has been cited in a more recent work by Henderson and Thomas (2002) as a key goal orientation of community development. The term capacity building reflects the principles of empowerment and equality in development work that emphasize the strengthening of community organizations, groups and individuals so that they are able to define and achieve objectives (Henderson & Thomas, 2002). Kretzmann and McKnight (1993) have contributed to conceptual work in this area with the development of a participative and capacity focused model of community development. Their "Asset Based Community Development" begins by mapping a community's unique assets, capacities and abilities. The model is "relationship driven" (p. 8) and emphasizes the process of building and rebuilding

relationships between and among residents and with the informal and formal organizations which inhabit their daily lives.

Each of these elements of locality development through community capacity building - the support and strengthening of local structures (participation), the creation or facilitation of local associations (partnerships) and the empowerment of local individuals to identify their own needs and to define solutions (self-organization) – have also been identified as necessary for the development and maintenance of intermediate assistance (section 1.3).

2.2.1. Application to the Research Focus on Intermediate Support

There are several ways in which a community development approach, and locality development in particular, helps to orient our thinking with regard to social work practice with rural older persons. Henderson and Thomas (2002) distinguish locality development as a community development intervention that implies the "emergence of a range of networks, alliances and groups and organizations that have a variety of interests ranging from providing services or care, organizing leisure or employment facilities to action and campaigns about issues that affect people's livelihood" (p. 21). Intermediate resources are constituted by configurations and partnerships that involve both informal and formal supports.

Given the reality that the world of older persons is often limited by mobility and health restrictions, these local associations have an important impact on their daily lives. By the same token, older persons especially in rural places where they have long histories

have highly developed social networks and understandings of the community and are well positioned to contribute to narratives that aim to address the well-being of their communities.

When residents are viewed as active participants in the planning and delivery of local solutions to community problems, practitioners serve as "enabler-catalysts" and "encouragers" (Rothman & Tropman, 1987, p. 12). As defined in this research, the organization and delivery of intermediate resources will involve local participation in varying degrees. Thus, the emphasis in locality development on the purposeful and meaningful engagement of local volunteers is also of significance in this research. Locality development is a "an intervention that helps people to develop and expand the roles which they have been accustomed to taking or not taking – in life, exercising their rights as citizens and support them to take on responsibilities as community members" (Henderson & Thomas, 2002, p. 22).

The development and support of voluntary services has been demonstrated to be a viable alternative to public and institutional services, especially with regard to older persons living at home (Panet-Raymond, 1992). [6] Panet-Raymond stresses, however, that these voluntary efforts are most successful if partnerships with the public sector are based on "real" rather than "paternalistic" relationships (p. 161). Real partnerships, he contends, recognize the quality as well as the competence of locally based efforts. Clear understanding of mutual roles and responsibilities is another advantage of these

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[6] Panet-Raymond's work is based on an evaluation of neighbourhood voluntary organizations in Quebec.

partnerships, respecting and engaging each other's differing views and organizational cultures (p. 163).

By emphasizing older persons' rights and obligations to participate in solving community problems, we are provided with a better representation of what they need and want. Moreover, stereotypes associated with ageism both "other" and "self" directed (McPherson, 1998) are confronted when older persons' capacities are strengthened through participation in problem solving. Perceptions of later life as a time of isolation and vulnerability are thereby reduced. This in turn contributes to a more positive image of aging.

The potential of the development and maintenance of intermediate resources using locality development strategies has the dual promise of serving individuals as well as their communities. On the one hand, a locality development approach emphasizes an understanding of the ways in which societal forces may disadvantage older persons and moves us away from "blaming of the aged" for challenges they experience in daily life (Kam, 1996, p. 231). On the other hand, the locality development approach has been described as a response to the demise of mutual support and community that has resulted from the displacement of local support structures (Hardcastle, Wenocur & Powers, 1997) such as has occurred in Leary Harbour.

In so far as intermediate resources facilitate aging in place, the primary benefits are experienced by older residents and others requiring this level of support. A significant secondary development, however, is the fact that the provision of intermediate resources may be a potent factor in community resilience and well-being. Communities

that come together in various ways to provide intermediate support to older residents are also likely to benefit from the enhanced communication and reciprocity such associations engender.

This chapter has illustrated the linkages between critical gerontology and community development principles. Building on this conceptual groundwork, the next chapter outlines the possibilities that intermediate assistance offers to social workers and to older persons in the context of rural aging in place.

Chapter Three

Literature Review

The purpose of the literature review is to explore existing knowledge in an area of research interest. In a thesis, the literature review provides an overview of what is known about a topic and how this knowledge contributes to decisions about the research question and how to approach it. As described in Chapter Two, critical gerontology and community development theories provide the conceptual stance that informs the research question, design and analysis. A critical perspective also provides the point of departure for a review of the substantive bodies of literature that underpin the research question at hand namely, aging in place and rural social work practice.

Evidence is presented in this chapter from studies that have explored older persons' views about the nature of the environmental resources required to age in rural places. The second half of the chapter provides an overview of the unique challenges and opportunities presented by social work practice in rural settings. Each of these bodies of literature is examined in the context of their relevance to what I have presented in Chapter One (section 1.3) as among the defining elements of intermediate assistance: partnerships, participation and self-organization.

3.1. Aging in Place

The focus of this research is aging in rural places. 'Aging in place' relates to the ability of individuals to age well in their homes and communities despite the changing

needs associated with later life (Pastalan, 1990). The desire to age in place is related to practical ties such as home ownership, the presence of social relationships and formal participation such as church membership (Oldakowski & Roseman, 1986). Ties to place are derived from identity and the search for meaning (Rowles, 1987) and invoke powerful sentiments of well-being (Kearns & Andrews, 2005). Rowles and Ravdal (2002), for example, noted that "the environment(s) one inhabits remain as a testament to one's life" (p. 87). Krasner (2005) contended that the determination of older persons to remain at home as long as possible despite inherent risks reflects the extent to which home represents identity: "the power of accumulation to embody our past selves just when they seem most vulnerable makes us willing to risk a great deal to be in its midst" (p. 228).

A critical gerontological approach to aging in place requires two fundamental considerations. First, to age in place 'successfully' is a highly individual matter and ought to be determined and managed by older persons on their own terms. Second, although independence is an elemental aspect of aging in place, managing on their own terms may in reality be an interdependence; albeit one that features choice and control. As such it is a purposeful configuring and reconfiguring of requirements and resources including one's personal capacities, and supplemented by informal, formal and intermediate resources. Understanding the nature of aging 'well' and the circumstances that have an impact on choices about aging in place thus requires an appreciation for the diversity of meanings that older persons attach to the related constructs of home, independence, autonomy and support.

3.1.1. Significance of Home

It has been suggested that an understanding of the meaning of home as it pertains to individuals in later life may be the first step in reorienting our attention away from the common emphasis on individual decline and frailties to focus instead on the relationship between a person and his or her environment (Oswald & Wahl, 2005). This is important firstly because the majority of older persons continue to live independently in the community. Secondly, older persons typically spend most of their time at home. Thus, older persons tend to structure home spaces in such a way as to afford maximum comfort and accessibility, often including an arrangement of seating near windows that affords their "surveillance" of the immediate neighbourhood enabling vicarious participation in community life (Rowles, 1987).

Growing old in familiar surroundings is a key factor in one's ability to negotiate and adapt to declines associated with later life (Kontos, 1998; Wagnild, 2001). The environment in general and particularly the way in which the built environment influences the aging process have been studied from a number of perspectives. Gubrium (1972) proposed a socio-environmental theory of aging that suggests that the environment of later life includes individual and social contexts that influence behaviour and behavioural expectations. Building on Gubrium's work, Powell Lawton and associates developed what they called a press-competence model, an ecological approach to adaptation to aging (Lawton & Nahemow, 1973). This model suggests that changes in both macro and micro environments of older people interact with changes in functional competence.

Lawton (1980) later went on to specify five components of the environment that affect adaptation in later years: the personal (parents, spouse, children); the group (social interactions); the suprapersonal (similarities or differences among individuals in the immediate neighbourhood); the social (cultural, political, economic); and, the objective physical environment (actual space in which one resides). Each of these environments interacts with an individual's personal competency exerting what Lawton described as "environmental press."

In response to criticisms that his model wrongly assumes that older persons simply adapt to demands of the environment, Lawton later proposed the environmental proactivity hypothesis which describes older persons actively making adjustments in response to personal or environmental changes (McPherson, 1998). Lawton (1985) described ways, for example, in which older persons set up their home spaces as "control centres" with important adaptive functions that compensate for reduced capacity in other areas of one's life. In a later work, Lawton (1990) emphasized the multi-dimensionality of the relationship between aging and place as changes in both the person and the residential environment converge.

By the end of the 1980s, the discipline of environmental gerontology was "languishing" (Parmelee & Lawton, 1990); there has been little theoretical development in recent years (Wahl & Weisman, 2003). Nevertheless, Lawton's work has been applied broadly across disciplines and affirms that growing old in a familiar environment is associated with well-being in later life even when that environment has become difficult to maintain and/or navigate safely due to health or mobility restrictions. Thus, aging in

place is increasingly understood as a "mediated" process (Cutchin, 2003) involving a range of facilities and services.

Even if one is not able to age at home, the opportunity to age in place in a familiar community is of tremendous significance, especially in smaller homogeneous communities in which late life losses and changes can be experienced "safely and in a psychologically healthy way" (Norris-Baker & Scheidt, 2005, p. 283). According to Rosel (2003), the value of "knowing where one is" based on shared knowledge and memories of home, neighbourhoods and communities, provides an "anchor point for the contextualization of a richly meaningful aging in place" (p. 89). Norris-Baker and Scheidt (2005) argue that these cultural components of place can be thought of as "community covenants" (p. 284) that serve to validate individuals' membership in a group identity. In turn, they contend, older residents contribute significantly to the community covenant as "culture bearers." Thus it can be said that familiarity with one's immediate environment enhances independence and autonomy even in the context of limited personal resources.

3.1.2. Significance of Independence and Autonomy

Research indicates that seniors consider independence to be a primary factor influencing their quality of life (Rosenberg, 1998). Furthermore, seniors have challenged the view that quality of life and independence can only be maintained with an arbitrary standard of social, physical, financial or emotional competency (Bland, 1999; Moody, 1988; Baltes, 1996). Rather, the state of dependence/independence can be described as

fluid and variable, relative to the presence and application of supplementary resources

and to individual choice and preferences about the utilization of services:

> Independence allows a person to maintain a measure of control over the events of
> his or her life and the decisions and choices that must be made. It means being
> able to care for oneself or recognize that care is needed. Independence further
> implies that one has the right to refuse services (Ivry, 1995, p. 83).

In all stages of life, individuals value choice and control in managing their

environment. It is increasingly recognized that giving people a voice in their own care,

thus integrating autonomy and control over the kind of assistance one receives, is both an

ethical and legal obligation (Zarit & Braungart, 2007). Where age-related conditions

have resulted in limited mobility, choice and control over aspects of the immediate

environment becomes even more pertinent. In contrast to early theories of aging that

posited that the relinquishing of control was both necessary and appropriate in old age,

later views suggest that in the presence of multiple illnesses and disabilities, older

persons make choices about giving up control in some areas in order to maintain primary

control of other areas.

An example is provided by Baltes and Baltes' (1990) theory of "selective

optimization", which they describe as a lifelong process whereby individuals take an

active role in adapting their behaviour (selection) in order to promote positive self-

development (optimization). Similarly, Johnson and Barer (1997) found that older

persons conserved their energy by cutting back on some activities (e.g. going out to

socialize) so that they were able to complete activities of daily life that supported their

independence (e.g. managing personal care or light housekeeping). The notion of older

persons taking a proactive stance on matters relating to the management of their independence is of particular relevance in the conceptualization of intermediate resources.

3.1.3. Significance of the Organization of Social Support

Although the value of independence and autonomy are now well recognized as important to the process of healthy aging in place, in actuality these values are often achieved in the context of interdependence. While such interdependence ideally is actively constructed and reconstructed by older persons themselves, some form of external assistance is often required. As noted in Chapter One in describing the context of the study (section 1.2), social cooperation and informal helping has likely existed since the beginning of time. Throughout history, more structured or formal approaches to helping have evolved alongside informal or natural networks of caring. Taken together, these helping relationships form a continuum of support that has been the subject of substantive investigation by health and social researchers.

In the language of assessment criteria, Chappell (1992) described social support as help with instrumental and advanced activities of daily living (as defined in Chapter One). Chappell, along with Warren (1981, 1992), Litwin (1996), Antonucci (2001), Connidis (2001), and others provided strong evidence for the direct links between the quantitative availability of social support (numbers of people available in one's network) and successful aging. Others have considered the qualitative aspects of helping networks; that is, how support networks are constituted and by whom.

Studies show variability in people's preferences for informal over formal care. Just as they arrange their home environments, as Lawton's environmental proactivity model suggests, older persons adapt strategies to manage their support environments. Where family relationships are conflictual for example, or even where supportive families exist but caregiving responsibilities are perceived to create a burden, older persons prefer to rely on formal care plans (Zarit & Braungart, 2007). In her exploration of aging in rural New Zealand Keeling (2001) noted that social networks were continually regenerated by older persons themselves in order to manage vulnerability as their resources changed over time. Connidis (2002) proposed that in the face of concurrent and colliding demographic trends such as population aging and increased participation by women in the work force, older persons simply continue to exercise agency over their lives and renegotiate their relationships. Similarly, Bella (2005) described an emerging model of "family-making" whereby "caring, enduring, and intimate" relationships transcend bounds of traditional family units.

In addition to understanding who provides support, Keating (1991) distinguished between support as aid and support as affirmation. The distinction is further explored by Stevernik (2001) who noted that aid or comfort (in the sense of comfort from pain) is provided by formal carers while affirmation or affection is provided by informal carers (Stevernik, 2001). Stevernik's study on the determinants of institutionalization demonstrated that the provision of formal care alone only prevents premature institutionalization if the provision of informal care is also adequate. For some older seniors for whom dependence on family is not an option, or when dependence on family

is even less appealing than dependence on formal supports, intermediate assistance offers a creative alternative.

Literature on the subject of the "geography" of aging considered spatial aspects of support to older persons (see for example Hodge, 2008) and the particular challenges presented when older persons choose to age in place despite the exodus of their children and younger neighbours (Joseph & Hallman, 1998). Informal assistance under these circumstances may be separated into tasks which require proximity such as physical activities like shoveling snow and driving to medical appointments, and those which may be carried out by more distant caregivers such as telephone visits that provide emotional support and company (Fast, Keating, Otfinowski & Derksen, 2004; Joseph & Hallman, 1998). Long distance relationships are an important feature of rural aging in the context of out migration such as has occurred in rural Newfoundland and Labrador. The presence of support that is local and intermediate can supplement the types of support that can be provided by telephone, email and in occasional visits.

It is important to note that both extremes on the continuum of care may afford limited opportunities to exercise autonomy and independence. On the one hand informal supports are generally dependent on the availability and good will of family and friends and are thus often available only at their convenience. On the other hand formal supports tend to be highly structured; their availability and delivery is often restricted by a variety of organizational criteria. By way of contrast intermediate supports, as introduced in Chapter One, are flexible in terms of both delivery and design and thus have the potential

to optimize opportunities for autonomy and independence and may provide an important option on this spectrum.

These various perspectives regarding the components of social support speak to the modern realities involved in providing, receiving and managing such support. Although informal care has been cited as a pillar of health care reform, it is also noted that it is not enough to encourage community care without "solid knowledge" about "who in society are likely to have what types of support" (Chappell & Prince, 1994, p. 85). The transformation of social support in the context of modern rural life has significance for the nature and utilization of intermediate resources. Intermediate resources are defined according to users' preferences and as such are congruent with models of aging that emphasize a proactive and individualized response to age-related challenges. Intermediate assistance is located in community and thus is well situated to support familial relationships and, when required, to fill in the gaps. However, until they are developed and operationalized, they may not be available where and when required.

3.2. Rural Aging in Place

While it must be said that there is no universal experience of either aging or of rurality, it can be conceded that aging in rural places presents some general challenges. In 1992, in recognition of the high concentrations of older persons in rural communities, the Intergovernmental Committee on Urban and Regional research undertook a study to examine the impact of aging populations on rural municipalities in Canada (Hodge, 1993). Using a "supportive environment" matrix of 31 elements of support under the

headings healthcare, housing, home support, social/recreation and transportation, Hodge (1993) found that support levels in rural environments were far below those of larger centres (p.18).

Rural communities may be disadvantaged by policies and programs that are developed under the assumption that services can only be provided on the basis of cost efficiency and in the context of high density populations (Kelley & MacLean, 1997; Keating & Phillips, 2008). As rural areas become increasingly depopulated and thus more difficult and costly to serve, even basic services have been down-graded or eliminated all together. It is difficult for rural communities to recruit health care personnel in general, and in particular, those specialists providing services related to chronic non-acute care such as mental health, rehabilitation and palliation (Martin-Matthews, 2002). Supportive housing for the rural aged, particularly for levels one and two care, is similarly complicated by lack of concentration of numbers (Hallman & Joseph, 1997). Moreover, it was noted that attempts to resolve such gaps in rural areas are often derived from urban models that are based on the presumption of infrastructures that are absent or irrelevant in rural communities (Krout, 1998).

The availability of services provided to older persons in their homes is a major factor in enabling aging in place. In rural places, where the distance to acute and post acute care is an important consideration and a major concern for older persons experiencing health and mobility limitations, home support is critical (Sims-Gould & Martin-Matthews, 2008). In a qualitative review of the perspectives of rural home support providers and older residents, Sims-Gould and Martin-Matthews found that the

provision of rural home support presents unique challenges. In addition to the cost and feasibility of delivering services, they found that there is often a decided lack of privacy in small communities, and a disconnect between older rural residents' views of the services they need and the types of services actually offered.

This study includes assistive devices as examples of intermediate resources (see Chapter One). Rural residence is also cited as a major factor related to lack of access to assistive devices such as vision, hearing and mobility aids (CAG, 2000). While some provinces do provide subsidies for purchase of such devices, there is no consistent federal policy on financial assistance despite the fact that such supports play a central role in maintaining independence.

In addition to the overall weakening of supportive services and programs, and lack of access to assistive devices, rural older persons are also affected by the decline in availability of general goods and services such as building supplies, clothing, furniture, road and water maintenance, and postal and banking outlets (Bruce & Black, 2000). A position paper for the Canadian Rural Partnership supported these findings in identifying several specific areas in which rural and remote seniors in Canada experienced challenges that were different from their urban counterparts: higher costs of basic goods and services such as food, utilities, and transportation, reduced access to services, reliance on family and friends, shortage of appropriate housing and formal transportation systems, and the cumulative effects of these challenges (McCracken et al., 2005). In consultations undertaken with older persons living in rural areas of the UK, the spatial challenge of service delivery and accessibility was emphasized, combined with the centralization of

health and social services and the downsizing of local infrastructures (Manthorpe, Iliffe, Clough, Cornes, Bright & Moriarty, 2008).

Such gaps in the provision of formal or informal elements of support and in the provision of basic necessities and services compromise rural seniors' capacity to optimize their independence. Stevernik (2001) examined the circumstances under which frail older persons expressed the need to give up independent living, and theorized that people have goals that they attempt to attain by accommodating ever changing resources and constraints. A "critical phase" is reached when a person exhausts possibilities for substituting resources to maintain a minimum level of physical and social well-being. At that point the move to residential care is considered an "act of safety." In rural areas where access to intermediate services is inadequate and when age-related changes occur in health or mobility the decision to surrender independence may be made prematurely and in some cases unnecessarily.

In summary, rural aging is referred to as a situation of "double jeopardy" whereby individuals experiencing typical age-related changes also must cope with the relative lack of resources, opportunities and services that characterize rural life (Coward & Krout, 1998). The logic of economies of scale indicates that services provided to rural places are not likely to be extensive or of high quality. Research has found that rural dwellers including older people may take ownership of the challenges and consider this to be the tradeoff made in exchange for what they perceive to be the benefits of derived in life outside cityscapes (MacKenzie, 2001). Nevertheless these tradeoffs may be increasingly unrealistic and the goals of aging in rural places more tenuous. In a paper examining the

restructuring of long term care services in New Zealand, Joseph and Chalmers (1996) describe a shift in the balance between "the preference of the elderly to stay in familiar surroundings and the ability of communities to support [them]" (p. 895).

In addition to helping us to contextualize the meaning of home, independence and social support in relation to aging in place, a critical gerontology approach calls for a consideration of the deep attachment to rural places that is present despite shortfalls in basic services. An important benefit for older people in rural areas for example is their deep integration into neighbour and community networks relative to the aged residents of more urban locales (Wenger, 2001). Planning for programs and services in rural places requires a consideration of the "elusive" qualities of rural life that appear to compensate for conditions that are less than ideal (Kivett, 1988). The next and final section of the literature review outlines social work principles and practices that may be uniquely suited to addressing the challenges and opportunities of rural practice in general and of rural aging in place in particular.

3.3. Rural Social Work Practice

This research asks how social work practice can strengthen intermediate resources to facilitate aging in place. To demonstrate the relevance of locality development principles as a social work strategy, it is important to consider the nature of rural social work practice and the conditions that distinguish it in theory and application. In Canada, for example, within 'rural' there is a further distinction to be made that recognizes the social, economic, and political factors that characterize many northern and remote

environments (Delaney, 1997). Under these conditions, power relations related to exploitation, underdevelopment and colonialism will have an impact on rural social work development and approaches.

This distinction plays a major role in the series of texts on Northern Social Work Practice by Delaney and Brownlee (1997), Delaney, Brownlee, and Graham (1997) and Zapf, Delaney, and Brownlee (1997). These authors contend that social work approaches that are adapted to meet the needs of 'southern' rural places may be irrelevant to the realities of the north. Citing Coates and Morrison (1992), Delaney (1997) argued that Canada has two 'norths' – that of its territories, as well as of its provincial norths (p. 6). Despite these more nuanced distinctions, some generalizations can be made about rural social work with respect to general deficiencies in services and resources.

Ginsberg (1993) identified several special characteristics of rural places that influenced social work practice in these areas. Although his evidence was drawn from an American rural context, they also apply to rural Canada. These included social and recreational limits (albeit enhanced by advances in technology), social welfare as an economic factor, one-industry employment, and church as a central feature. Delaney (1997) added features of remoteness, environmental stress, and inability to influence social, economic and public policies because of geographical distances and increasingly transient communities (p. 11). These additional features are of particular relevance in rural Newfoundland and Labrador. Nevertheless in his comparative study of rural social work models in Scotland, Nova Scotia and Western Newfoundland Turbett (2006) described a marked lack of community oriented practice or training in the Newfoundland

site. Compared to the other two regions, practice in the Newfoundland area under study was "specialized, predominantly statutory, reactive and oriented to individual welfare" (p. 591).

It is generally acknowledged that rural social work practitioners are required to demonstrate skill in a range of services to individuals, to families, to small groups and to communities (Ginsberg, 1993). The rural social worker may be called upon to "provide direct counseling or casework services, community development skills, administrative ability and research competence" as well as the ability to "analyze, develop, and implement social policy of all kinds" (p. 6). This approach to rural social work is predominantly described as "generalist" (Ginsberg, 1993; see also Collier, 1993, Martinez-Brawley, 1990; Carlton-LaNey, Edwards, & Reid, 1999). Collier (1993) described the generalist approach as one of "informed flexibility" and "working from a broad conceptual basis" (p. 35).

In addition to these skills, and of particular interest to a study of intermediate assistance, rural social workers are required to understand the nature of networks of informal support in rural communities. As described above, traditional helping networks in rural communities have been altered by out-migration and population aging, necessitating a re-examination of roles both in terms of professional interventions and of informal helping. For example, rural case managers working with older clients and their families may find themselves heavily involved in the construction and maintenance of informal helping networks, unlike their urban counterparts who are more likely to be able to make a referral to organized programs or services with a single phone call (Kelley &

MacLean, 1997). Thus, an important component in understanding the contribution of social work practice to the development and maintenance of intermediate resources is consideration of the nature of existing 'systemic' ties in rural communities, both informal and formal.

Systemic ties in communities have been described as vertical or horizontal in nature (Warren, 1981). Vertical ties are external to the local unit. Health and social services or other formal resources that are delivered from a centralized location would be considered vertical (formal resources). Horizontal ties, on the other hand, are locally based and are typically delivered with the expectation of reciprocity (informal resources). Horizontal ties are particularly salient in rural areas where a good portion of care is provided to each other by members of the community (Martinez-Brawley, 1990). In a later work, Martinez-Brawley (1993) proposed that the work of rural social workers actually begins at the intersection of vertical and horizontal ties (p. 13) implying that the community context of rural social work practice requires a particular and complementary balancing and assessment of the parameters of formal and informal support. As detailed in the opening chapter, intermediate resources denote a particular set of characteristics related to boundaries, membership and measurability. The development of intermediate supports as a supplementary resource will require that rural social workers have a particular appreciation of the opportunities and the limits of these community-based resources in the context of the demographic shifts brought about by population aging and out-migration.

The complexity of systemic ties was first examined in Granovetter's influential work on social networks. In 1973 Granovetter described the "strength of weak ties." Strong ties, typifying informal support and stemming from long term relationships and frequent interactions contribute to localized social cohesion. However, the intimacy and intensity of strong ties may also lead to fragmentation and possibly isolation. Weak ties on the other hand, such as those provided by an intermediate level of support as described here, provide bridges that facilitate problem solving and the gathering of information from new sources. In contrast to strong ties, weak ties are relatively easy both to maintain and sustain. Ideally, Granovetter concludes, one's network would include a small number of strong intimate connections and a more extensive collection of weaker ones on the periphery. Building on Granovetter's work, Connidis (2002) notes that relationships with acquaintances and members of voluntary associations are typically described in the language of social support as "weak" in contrast to the "strong" ties of family and close friends (p. 127).

Horizontal ties were also identified by Barter (2000) as a necessary dimension in "reclaiming community" and thus lend themselves to community capacity building. Working together in communities for a common purpose, Barter contended, is a collaborative process and one in which social work practitioners must assume a leadership role (p.14). In an earlier work Barter (1997) argued that collaboration was particularly fitting in addressing the characteristics of rural environments, including geographic isolation and a traditional reliance on mutual problem-solving and informal helping processes. Moreover, he suggested, rural practitioners are required to assume

diverse roles in management as well as in direct practice and are thus well positioned to advance collaborative work (pp. 82-83).

An important contribution to our understanding of rural social work practice with older persons is also found in the work of Cynthia Bisman (2004). Bisman calls for a practice framework that incorporates "person *and* environment" (p.39, her emphasis). The confluence of individual change and social reform that is the distinctive commitment and expertise of social work practice, Bisman suggests, serves to address the "diversity and rapid change" experienced by modern rural communities (p.55).

The work of Ginsberg, Collier, Martinez-Brawley, Delaney, Barter, Bisman and others suggests that the crux of effective rural social work with older persons lies in a commitment to community both in philosophy and practice. More specifically, and from the standpoint of critical gerontology, their work underlines the notion that rural social workers regard local people as partners in planning and participating in the provision of care in their communities, and older persons themselves as experts on matters related to their capacity to age in the place of their own choosing. These orientations to community and individual capacity building provide the guiding principles for the methodology and analysis outlined in the next three chapters.

Chapter Four

Methodology

This chapter sets out the methodological strategy used to understand the relevance of intermediate resources in the lives of rural seniors. The first section provides a rationale for the qualitative case study approach. From there the chapter is organized into sections using the five phase framework of Denzin and Lincoln (2005). Denzin and Lincoln's work was selected to structure this chapter because of their emphasis on the "biographically situated" researcher (p. 21). Their contention that the researcher's interpretive view permeates every phase of the research process is consistent with the critical gerontological framework of the research. Knowledge building about the experience of aging that includes an examination of the social relations that construct that experience requires clarity with regard to the research stance (Aronson, 1999).

4.1. Framework of the Research Design

Given the critical gerontological orientation of this study, the interpretive lens of the researcher is a central feature of this work. Using Denzin and Lincoln's framework, then, section two "the Researcher", locates me in relation to the questions asked, the place and people studied, and the methods used for data collection and analysis. Section three, "the Interpretive Paradigm", describes the conceptual foundations of the research and makes the linkages to the methodological design. The fourth section, "the Strategy of the Inquiry", describes the sampling strategy and units of analysis. Section five,

"Methods of Collecting and Analyzing Empirical Materials", outlines the methods of data collection which include individual interviews, focus groups, and a review of locally produced documents, census statistics and related social surveys. In section six, "the Art of Interpretation", I describe how the data were organized and sorted to construct the narrative that is presented in the next chapter.

In qualitative research "showing the workings" of each stage enables readers to evaluate the credibility of the analytic process (Holliday, 2002). This entails providing details about the rationale for a) the choice of social setting; b) the choice of research activities; and, c) the choice of themes and emphases, including how they emerged, why they are significant and the degree to which they are representative of the setting (Holliday, 2002, p. 8). Lincoln and Guba (1985) invoke the notion of "trustworthiness" in qualitative research. Using the conventional paradigm for the evaluation of quantitative analysis – internal and external validity, reliability and objectivity – Lincoln and Guba substitute four analogous criteria: credibility, transferability, dependability, and confirmability. Attending to these alternative considerations, the authors suggest, enables the qualitative researcher to persuade her audience that "the findings of an inquiry are worth paying attention to" (p. 290). The final section of this chapter outlines my efforts to demonstrate the "trustworthiness" of the data.

Statement of Ethical Issues

The research proposal was reviewed and approved by Memorial's Interdisciplinary Committee on Ethics in Human Research (ICEHR). The Statement of

Ethical Issues section of the research proposal can be found in Appendix A. Appendix A also includes the letter of approval received from ICEHR in response to the initial application, the request for approval regarding the change in methodology, the revised interview guide, and the letter of approval in response to that request.

4.1.1. Rationale for the Qualitative Research Design

Research in social work aims to expand and validate the knowledge base from which action can be taken in both policy and practice. This process may involve quantitative or qualitative research methods or a combination of these. Quantitative and deductive approaches provide powerful information about client needs in the context of established models and theories. Cresswell (1998) describes qualitative inquiry as a complex narrative addressing multiple variables of a few cases in contrast to quantitative inquiry which generally deals with few variables and many cases. Data collected in qualitative research are generally "thick" and idiographic in nature – that is, it can provide depth of information about individual situations and experiences (Gilgun, 1994).

Ideally the two methods operate dialectically. That is, qualitative methods provide exploratory information when not much is known about a problem (Tutty, Rothery & Grinnell, 1996). Quantitative methods then test whether or not this highly contextualized information is generalizeable to a broader reality. Where a researcher inserts herself in this process depends on the nature of the problem to be studied.

While the concept of intermediate support is embedded in the theory and language of informal and formal caring as described in Chapter One, it remains an emerging

construct. Thus, the research question at hand, namely the nature and utilization of intermediate resources, requires an exploratory and in-depth approach. Such a qualitative approach also upholds the interpretive goals of critical gerontology. Descriptive statistics from quantitative survey data are presented to contextualize the qualitative findings.

4.1.2. Case Study Design

Within the qualitative tradition Cresswell (1998) identifies the five most frequently used strategies of inquiry – biography, phenomenology, grounded theory, ethnography and case study. Each of these, according to Cresswell, adheres to the central tenets of qualitative research: an evolving design, the presentation of multiple realities, the researcher as an instrument of data collection, and a focus on participants' views (p. 21). They are distinguished from each other by their central purpose or focus. Thus the researcher's choice of strategy involves a consideration of the object of inquiry as defined in the research question. Does the study focus on an individual or phenomenon, the generation of a theory, a culture-sharing group, or an in-depth study of a single case? In this research the case study design was selected as most consistent with its goal of providing an in-depth exploration and description of a broad range of views about aging in place in Leary Harbour, past, present and future.

Case study designs are distinguished by their focus on a particular case as well as their use of multiple sources of evidence enabling a deep knowledge of the factors that influence the experience and circumstances of the people and places studied (Gilham,

2000). The chief function of this approach is description (Rubin & Babbie, 2008), rather than to demonstrate statistically the application of the findings to the wider population.

Finally, the case study method grounds observations in natural settings and provides the opportunity to answer questions about phenomena in a real life context when the distinction between the phenomenon and its context are often blurred (Yin, 2003). Social support, including intermediate support, is by definition contextual. The nuances of social support cannot be studied apart from the environment in which it is experienced. Thus, the case study method is also consistent with the epistemological and ontological goals of the research which are to facilitate the quantitative-qualitative dialectic, and to tell the story from the participants' perspectives.

4.2. The Researcher

We undertake a form of qualitative research every day as we make decisions about how to interpret and respond to both familiar and uncommon events and behaviours based on our previous observations and experience (Holliday, 2002). These observations help us to develop informal theories by which to understand the probabilities that under a particular set of circumstances a certain behaviour is likely to occur. This strategy provides us with a certain competency we call "common sense", a largely unconscious process by which we engage the social world.

Social work practice is undertaken in a similar way. That is, in addition to rigourously debated and tested theories, decisions about practice directions and goals are influenced by our own ideas and values about the way things are or ought to be. Social

work theory itself is constructed by forces related to the profession as well as in the wider political, social, and ideological arenas (Payne, 2005). A well reasoned approach to practice thus requires that we take into account the ways in which our choices about the theories we use represent aspects of our own belief systems. According to Howe (1987):

> For different people, the world around just looks different – physically, psychologically and socially. Ways of viewing the world and explaining how objects, people and situations work is the province of theory. In this way competing theories lead to contrasting explanations of the same phenomena (p. 8).

Research, and the policies and programs it supports, must be regarded as value-laden and interpretive (Estes et al., 2003) and as requiring a dialogical, reflexive and transparent approach. In so far as research is shaped by our understanding of social reality and contributes to the way that social reality is constructed, in addition to providing a clear statement of the methodology, trustworthy research requires the disclosure of the researcher's own professional and personal location. In social science in particular, where the units of analysis are often abstract constructions rather than concrete objects, researchers must strive to make explicit the values that guide their exploration.

Padgett (1998) contends that in qualitative research, the researcher is the primary instrument of data collection. She describes qualitative research as a "voyage of discovery" with the researcher as "the captain and the navigator of the ship" (p. 28). The centrality of the researcher's views combined with the conceptual fluidity and lack of explicit structure in qualitative research requires that researchers apply "ongoing vigilance" in making transparent their personal beliefs and biases, and the theoretical

orientation that frames and guides their work (p. 29). The researcher's failure to disclose his or her own social location becomes methodologically problematic.

Furthermore, in qualitative research the meaning attributed by participants to phenomena or behaviour is considered to have "explanatory primacy over the theoretical knowledge of the researcher" (Wainwright, 1997, p. 1). Thus, "[q]ualitative research must avoid [a] prescriptive view of culture because it implies how things are before the research begins and does not allow meaning to emerge" (Holliday, 2002, p. 12). Maintaining a "critical awareness" requires a "bracketing" of one's normal view of the world (p. 12).

As a white, heterosexual, middle-class and able-bodied woman I cannot speak for the disenfranchised. Even more pertinent to this research, as a middle aged 'townie' and 'come-from-away' I have little in common with an older person who has spent a lifetime in outport Newfoundland. My academic and professional experiences in gerontology and community development have also contributed in important ways to my views of aging and of social work practice in rural communities. These views have influenced the research process at all levels. This situated me somewhere – to borrow Holliday's words – in between the "familiar" and the "strange" where the challenge was to bracket my own expectations about the findings I'd anticipated and hoped for in order to remain open to the unexpected.

My critical gerontological framework and community development orientation led me to believe that the stories of aging in place in Leary Harbour would be about how older persons, in the face of shrinking family support, now relied on reorganized but

robust networks of intermediate resources. In fact, my study was stalled at one point as I sorted out the dissonance between what people said and what I had expected to hear, given my theory base and professional and personal location. Gergen (1999) contends that the "ability to get into the world of someone who does not share one's own lenses requires an ability to first recognize and then suspend one's own cultural assumptions long enough to see and understand another's" (p. 50). Understanding and making transparent one's biographical location is only the point of departure. The examination of the underlying interpretive paradigm, the next phase of this process, moves the explication from biographical to philosophical disclosure.

4.3. The Interpretive Paradigm

Denzin and Lincoln (2005) describe the philosophical principles underlying the research act as being comprised of our ideas about methodology, ontology, and epistemology. The researcher's beliefs about how we gather knowledge about the world (methodology), about the nature of reality (ontology), and about the theory of knowledge (epistemology), have an impact on all aspects of research strategies from the study design, to methods of collection and analysis, to interpretation and presentation.

Methodology: Qualitative research methodologies embrace a basic set of assumptions in each of these areas (Padgett, 1998). The first is that qualitative methods are inductive, seeking to develop rather than to test theories. Secondly, qualitative research favours naturalistic settings which result in an absence of controlled conditions. Reality is viewed as subjective and multiple, resulting in "thick" rather than

"particularistic" description. Finally, as described previously, in qualitative research the researcher is thought of as an instrument of data collection in contrast to the more standardized data collection instruments used in quantitative methodologies. These are generalities. Qualitative methodologies consist of multiple paradigms and methodologies and emphasize a "complex, holistic picture" (Cresswell, 1998, p.15) and are used when the purpose of the research is to explore social or human problems in natural settings. In this thesis, the research purpose (exploratory and descriptive) and the emerging nature of the key constructs (intermediate resources) provide the rationale for a dialectic approach that is primarily qualitative but includes quantitative evidence.

Ontology: Describing the approach as qualitative provides only the most general information about where the research is situated. Denzin & Lincoln (2005) suggest that an understanding of the ontological and epistemological values and assumptions on which our theoretical orientations are based is also essential in positioning ourselves with respect to important questions such as: What are social problems? What do I believe about the nature of human beings and society? How are social problems resolved? Who should I ask to find out more about social problems?

Our ontological assumptions about human behaviour and about the nature of human relations, for example, will impact our views of the experience of aging as a time of disease and decline, of meaningful activity and productivity, or as an experience so diverse and individualistic as to render generalizations irrelevant. Like most social work researchers, the motivation for my research derives from my commitment to social justice and my desire to work toward change that results in more equitable opportunities for all

persons despite socially and politically constructed barriers. I argued in the introduction that the intersection of urbanism and out-migration is particularly problematic for older residents of rural Newfoundland. The research question is based on my ontological assumptions about the efficacy of the community development principles of partnership, participation and self-determination to resolve the challenges faced by individuals and communities in times of change.

Epistemology: Our epistemological orientation determines the ways by which we attempt to build knowledge about the experience of aging. As noted above this orientation exists on a continuum with rigorous measurement and experimentation as is typical in traditional scientific or positivist research situated at one end of the continuum, and the more detailed and interpretive stance of qualitative methods at the other. In Chapter Two I outlined a critical approach to working with older persons that contests biological or psychological reductionism of the experience of aging that in Moody's (1988) words "leaves social causes of age-related deficits unexamined and therefore unchallenged" (p. 21). In my view, in so far as the research question seeks to envision new possibilities and models of support to older persons that privilege rural perspectives and realities, the research (although still exploratory in nature) is oriented toward change through the articulation and affirmation of residents' voices about intermediate resources in rural communities. Thus the qualitative interpretive paradigm is further instructed by an epistemological set of questions aligned with critical theory that has as its end goal the transformation of social structures.

Telling the story from the participants' view requires the ability to distinguish

between the voices of the participants and that of the researcher. By actively

acknowledging the impact of their own sociocultural experience and perspectives,

researchers engage in a reflexive process that enables them to better hear what

participants are saying (Lietz, Langer, & Furman, 2006) calling for a critical appraisal of

the values and beliefs that comprise the researcher's reality and implicitly underpin the

inquiry. Thus, in addition to providing a rationale for the methodological principles, it is

necessary for the researcher to think critically about the biographical, philosophical and

theoretical factors that have contributed to the research design and process. Moreover,

this information must be made transparent in the written component of the inquiry. The

first two elements of Denzin and Lincoln's (2005) framework facilitate this task.

4.4. The Strategy of Inquiry

Having identified my own social location and the interpretive perspective in

which the research design resides, I move to the strategy of the inquiry or research

design. Here the researcher demonstrates the conceptual links to the methodology,

essentially moving from "paradigm to the empirical world" (Denzin & Lincoln, 2005, p.

25) in relation to who has been studied and the strategies of inquiry used. I describe next

the units and sub-units of sampling and analysis strategies.

4.4.1. Sampling

The question of sampling asks what we want to observe and how observations

will contribute useful information about an issue (Luborsky & Rubinstein, 1995).

Quantitative methods typically depend on larger samples selected randomly, with the goal of generalization from the sample to a population to determine incidence and prevalence. On the other hand qualitative inquiry focuses on relatively small samples, purposively selected with the goal of yielding insights and in-depth understanding rather than empirical generalizations (Patton, 2002). Thus sampling strategies for qualitative research include a consideration of the components that need to be included to provide a valid representation of the scope and nature of the "universe" to be sampled (Luborsky & Rubinstein, 1995, p. 92).

The sampling process described above can be further refined through the logic of "sampling for meaning" whereby participants are selected with the goal of understanding naturalistic perceptions of self, society and the environment (Luborsky & Rubinstein, 1995, p. 98). The referential meaning and context provided in sampling for meaning is especially important to research about older persons, given that much of gerontology has been biased by a "medicalization of social aging" (p. 98). Luborsky and Rubinstein outline three sampling contexts from which participants may be selected: as representatives of experiential types, as representatives of individuals in a defined social process, or as individuals in a fixed social setting determined according to the specific aims and methods of study. The next sections describe the sampling process with regard to the units and sub-units of analysis.

4.4.2. Unit of Analysis

Single case research designs help us understand a phenomenon in its real-life context. The specification of the 'case' to be studied requires some sense of "boundedness" (Stake, 2005) or delineation of relevant factors. As a general guide the markers that delineate the unit or units of analysis can be derived specifically from the primary research question (Yin, 2003, p. 23). While the goal of case study research is not to apply findings to a larger population, the lessons learned from case studies are assumed to provide information about the "typical" experiences of the "average" person or other entity (Yin, 2003, p. 41).

This research calls for an examination of intermediate support in a rural Newfoundland community. The selection of Leary Harbour as the unit of analysis for this case study was a non-probability convenience sample, made on the basis of its proximity to St. John's and the fact that I had become acquainted with several community leaders there as a result of my student fellowship with the Natural Resource Depletion and Health research project. [7] Convenience or availability sampling, while limited in its ability to produce representativeness, is nonetheless frequently used in qualitative research (Yegidis & Weinbach, 2009).

Even though generalizeablility is not a goal of qualitative research, experts in this methodology do call for rigor in establishing 'fittingness' or 'transferability' (Lincoln &

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[7] This project was a community university collaboration based in Memorial University's Centre for International Nursing, funded by the Social Sciences and Humanities Research Council of Canada (SSHRC) and the Canadian Institutes of Health Research (CIHR). Its purpose was to see how the health of people in coastal communities had been affected by the fishery crisis. The principal investigator was Dr.Lan Gien. For more information see http:/www.mun.ca/cin/Past_Projects/NRDH/news.php.

Guba, 1985). Thus, an explanation of key characteristics of the case or unit of analysis to be studied is critical in order to determine the relevance of the inquiry to a broader body of knowledge.

This research asked the question "What can we learn from residents in one rural community in Newfoundland about intermediate resources that will strengthen rural social work practice and policy with older persons?" To achieve an understanding of the "boundedness" of the selected case, I used the Community Accounts definition of Local Areas. Local Areas are based on Statistics Canada's Census Consolidated Subdivisions; Statistics Canada defines a Census Consolidated Subdivision (CCS) as a grouping of small census subdivisions, created for convenience and ease of geographic referencing (www.communityaccounts.ca). Because of this grouping, some CCSs in Newfoundland and Labrador have more urban characteristics. To further increase the 'transferability' of the data, I selected only those Local Areas with a population of less than 5000. This left 57 of the 80 Local Areas for comparison.

Prior research has established that out-migration, high unemployment and an aging population are patterns experienced by a majority of rural Newfoundland communities. Delineation of the unit of analysis therefore requires clarity with respect to rurality, levels of out-migration, employment, and population patterns (especially age structures). The Community Accounts data were reviewed for information about Leary Harbour in relation to these factors. This information is portrayed in Table 4.1. With information about the selected unit of analysis on those features most relevant to the

research question, the fittingness or transferability of the study's findings to other

situations can be determined.

Table 4.1: Comparative data for Leary Harbour and other Local Areas

Rurality	Leary Harbour is one of 80 Local Areas in NL. To enhance comparability, I selected only Local Areas with a 2001 population of 5000 or less - a total of 57 Local Areas.
Out-migration	I compared population change in the 57 selected Local Areas using census data from 1991 and 2001. Leary Harbour had lost 34% of its population from 1991-2001compared to an average 18% loss in the other Local Areas considered.
Employment	Employment refers to the number of people employed ages 18-64 divided by the population in that age group. Using employment figures from 2002 census data Leary Harbour had a slightly higher than average level of employment: 77.2% compared to an average of 74% in the 57 Local Areas.
Age Distribution of persons 65+	The change in the percentage of the population of Local Areas who were over the age of 65 was also considered. In 1991 Leary Harbour had a significantly younger population (8%) than was typical of Local Areas (10.3%). By 2001, its population of 65+ was comparable to that of all Local Areas (13% in Leary Harbour compared to 13.7% average for all Local Areas).

Source: Compiled from Community Accounts

4.4.3. Sub-Units of Analysis

In an embedded case design sub-units provide a further level of analysis (Yin, 2003). Utilizing the sampling principle of "representation of types" (Luborsky & Rubinstein 1995), sub-units of analysis for this study were purposively selected on the basis of participants' particular experience of aging in place in this community as either providers or receivers of care. Participants were selected from five categories: older

seniors 75 years and older, young seniors 55-74, and service providers in the categories

of formal, informal and intermediate support. Care providers – informal, intermediate or

formal – were categorized on the basis of who provides the care, and what type of care is

provided in relation to the activities of daily living functional assessment scale. A

participant profile chart (Table 4.2) provides a demographic summary of each participant

listed according to the experiential type he or she represents. The participant profile chart

is also provided in Appendix F listing participants alphabetically.

Table 4.2: Participant profile listed by experiential type

Experiential Type	Pseudonym	Participant Profile
Intermediate Service Providers	Amy	Amy is an intermediate provider. She is a staff member of CHHA.
	Beth	Beth is an intermediate provider. She is a staff member with CNIB.
	Enid	Enid is an intermediate provider. She is a staff member with the Elder Abuse Strategy program.
	Jane	Jane is an intermediate provider. She is a staff member of the S.M.A.R.T. program, VON.
Formal Service Providers	Edith	Edith is a formal care provider. She is a home care worker.
	Jerome	Jerome is a formal care provider. He is a social worker with the regional health authority.
	Rhonda	Rhonda is a formal care provider. Her role is in the area of agency policy and planning.
	Sarah	Sarah is a formal care provider. She is a senior policy analyst with the government of NL.
Informal Service Providers	Jessica	Jessica is an informal caregiver. She moved to the community 24 years ago when she was married. She cares for her elderly mother in law.

	Mary	Mary is an informal caregiver. She is retired and lives in the community with her disabled husband. She is his primary caregiver.
	Sandra	Sandra is an informal caregiver. She lives in the community with her husband. She has been a caregiver for her parents. Just prior to being interviewed, her parents were moved to a nursing home in the city.
	Walter	Walter is an informal caregiver. He has lived and worked in the community all his life. He is married. His mother lives in the seniors' apartment complex. Walter spends some time every day with his mother. He has a brother in the community who assists with his mother's care (transportation, socialization).
Younger Seniors	Carla	Carla is in the category of younger seniors 55-74. She moved to her community thirty years ago. She is a long time member of the Women's Institutes.
	Dave	Dave is in the category of younger seniors 55-74. He worked for many years in the community and is now retired.
	Jennifer	Jennifer is in the category of younger seniors 55-74. She is a key community leader, and engaged in many activities related to the older seniors.
	June	June is in the category of younger seniors 55-74. She works in the community and lives with her husband.
Older Seniors (75+)	Bonnie	Bonnie is in the category of 75+. She is a widow. She is in good health and lives alone in her home. She has two sons living in the community with their families.
	Brigid	Brigid is in the category of 75+. She is a widow. She is in good health and lives with her elderly mother in her home.
	Margaret	Margaret is in the category of 75+. She is a widow. She is in fair health, and lives in a seniors' apartment complex in the community.
	Norma	Norma is in the category of 75+. She is a widow. She is in good health and lives alone in her home. Her son and daughter-in-law live next door.

Participants were recruited with the assistance of key informants from Leary

Harbour. Key informants included health and social service providers, regional planners,

service organizations as well as community leaders. Once informed in detail of the

nature and methodology of the research, they were asked to identify and contact

candidates from the target subunits (see Appendix B). Key informants then provided a

list of individuals who had agreed to receive additional information about the research.

When consent for further contact was obtained from the key informants, individuals on the list received a letter or phone call which introduced me as researcher, and identified the purpose of the research (see Appendix C). At this time I extended an invitation to attend a focus group or to participate in an individual interview at a specified time and place. Prior to being interviewed participants received a package that contained an information sheet outlining the goals of the research and a consent form outlining the research conditions which required their signature confirming their voluntary participation (see Appendices D and E).

In qualitative research sample size is determined in reference to the specific goals and aims of the study in addition to considerations of resources, timelines and reporting requirements (Luborsky & Rubinstein, 1995). Luborsky and Rubinstein suggest as a guideline regarding sample size in qualitative research that "anywhere from 12 to 26" people is acceptable (p. 105). For this research four individuals in each category (young seniors; older seniors; formal, informal and intermediate service providers), were interviewed for a total of twenty individual interviews. All of the young- and older-seniors were residents of Leary Harbour, as were two of the intermediate service providers. The remaining six participants (intermediate and formal service providers) reside outside of Leary Harbour, the community is either included in their catchment area or is an area in which outreach is being implemented.

4.5. The Data Collection

In the data collection phase the researcher creates "those realities and representations that are the subject matter of inquiry" (Denzin & Lincoln, 2005, p.641). The particular collection tool or tools employed depends on the research question. As noted above, qualitative case study research may involve multiple practices and methods of data collection. The use of several sub-methods of data collection is a key characteristic of case study research (Gilham, 2000).

Data collection strategies for this study included individual interviews, focus groups, a review of quantitative data from Statistics Canada, Community Accounts and a review of published and unpublished reports about Leary Harbour. The rationale for the inclusion of each of these strategies is described in more detail below.

4.5.1. Individual Interviews

Disclosure of information about the provision of and need for care and support may be an emotional and sensitive area of discussion for some individuals. Moreover, it may be a source of conflict in families. Individual interviewing provides in-depth data that might not come forward in a group setting (Gilham, 2000). The individual interviews for this research were conducted face-to-face and usually one-on-one, although participants were invited to have a family member or friend close by if they preferred. Two participants of the twenty chose to be interviewed in the presence of family members. Interviews were semi-structured and lasted one hour to one and a half hours.

4.5.2. Interview Guide

The interview guide for both the individual interviews and the focus groups employed a semi structured format. Semi structured interviewing provides the flexibility to follow emergent lines of conversation while ensuring that the pertinent topic areas are covered (Rubin & Babbie, 2008). Merton, Fiske and Kendall (1990) provided guidance on the technical aspects of the research interview. Their four criteria for interview protocol include range, specificity, depth and personal context. The range of topics covered in the group or individual interviews sought to guide but not limit the discussion at hand. The specificity and depth of the structured interview protocol or guide invited personal context and storytelling, but also kept the content on track (adhering to the primary elements of the research questions) and maintained consistency throughout the data collection methods.

For further assistance in developing the content of the interview guide I used the work of Gilham (2000) who describes two levels of questioning in social science research. The first level is the question or questions the researcher asks herself and which frame the themes that are central to the analysis. That is to say that in considering the research question: what can we learn from residents in one rural community in Newfoundland about intermediate resources that will strengthen rural social work practice and policy with and for older persons, it is necessary to first reflect on the questions that need to be asked to achieve this broader aim. Cresswell (1998) makes a similar distinction identifying the first level of questioning as "issue" questions and the

second level as "topical" questions. In this inquiry the first or issue level of questioning was comprised of the following questions:

- How do older residents in rural Newfoundland manage independence on their own terms?

- How has their access to (and use of) informal support been changed by out-migration and resource depletion? What do they predict for the future?

- How has their access to (and use of) formal services been changed by out-migration and resource depletion? What do they predict for the future?

- How are they negotiating access to intermediate services? What resources are they finding difficult to negotiate access to? What do they predict for the future?

- What do informal, formal and intermediate care providers say about their capacity to ensure that residents can age in place?

The second or "topical" level of questioning is made up of the actual questions or probes used to conduct the interview. For this level of questions I applied Patton's (1990) "dimensions of experience." The dimensions of experience are comprised of the categories of 'knowledge and facts', 'experience and behaviours,' 'feelings and emotions' and 'opinions and values.' The dimensions of experience categories served to organize the flow of the interview and provided a preliminary schema for coding. The interview guide can be found in Appendix G.

4.5.3. Focus Groups

The habitual nature of care provided in the community is such that individuals may not be aware of the extent to which their experience is similar to or varies from that of others. Focus groups have a capacity to evoke breadth of information on topics which are "not well thought out" (Morgan, 1998, p. 11). The discussion and dialogue that emerges from focus groups provides information about group norms and shared meanings of a particular setting or activity (Bloor, Frankland, Thomas, & Robson, 2001). Moreover, focus groups provide an opportunity to explore participants' knowledge and experience in a setting of familiarity and mutual support. This is an important consideration in working with vulnerable populations.

For these reasons, I had intended to include focus groups of each participant group in the data collection strategy. However, it became apparent that this would not be feasible. Formal providers could not come together due to time constraints and scheduling conflicts. More importantly however, as I came to understand, it was not desirable methodologically. Participants in the categories of older seniors and informal caregivers chose to be interviewed individually rather than in groups. A key informant suggested that this may be partly due to respondents' desire to preserve the traditional image of their community as one of caring, sharing and survival in the face of adversity. The focus group venue may not have been an inappropriate tool if residents were concerned about confidentiality in the group setting or felt they were at risk of appearing disloyal to the community at large by disclosing information about the "problems" of aging in place.

In the end, only two focus groups were conducted: the first of younger seniors (n=14) and the second of intermediate service providers (n=8). All of the first focus group members were residents of Leary Harbour and met at the local seniors' meeting place. The intermediate service providers who took part in the second focus group were based in St. John's but provided service to Leary Harbour. This latter group met at a location in St. John's. In adapting to this shift in data collection methods, I applied for and received approval from the university research ethics board to conduct five individual member check interviews using a slightly revised interview guide (see Appendix A).

All the interviews and the two focus groups were audiotaped, with participants' consent, and subsequently transcribed. I took notes during each interview. The first focus group interview was not transcribed due to a malfunction of the microphone. For this interview I relied on the notes I had made during the interview and from memory later that day, when I realized that the taping had not been successful. Two professional transcribers were hired to transcribe the interviews. Both were provided with a list of transcription guidelines to facilitate consistency in the transcripts as well as to ensure steps were taken to ensure the confidentiality of the data. The transcribers were also required to sign a confidentiality agreement. Once transcribed, the tapes were secured in a locked filing cabinet.

4.5.4. Other Evidence

Although the case study approach is predominantly qualitative, it uses quantitative information to extend the researcher's capacity to make comparisons and

identify the potential for generalizability (Gilham, 2000). As described above, the qualitative-quantitative dialectic serves to enhance both the applicability and the validity of a research effort. That is, quantitative information establishes the parameters of possible generalizeability (external validity). At the same time, when undertaken in conjunction with other data collection methods, it serves as a means of triangulation (internal validity). Bearing in mind the limitations imposed by the small sample size, in this research project descriptive quantitative statistics are included to provide clarity and comparability about patterns of out-migration, unemployment, and age structure in Leary Harbour.

Other written records about Leary Harbour, both published and unpublished, further contextualize the research question. Leary Harbour was one of the first communities to experience the impact of the closure of the fishery. It became a pilot site and research destination for academics and policy analysts from many disciplines. These efforts resulted in the publication of many government and academic documents aimed primarily at questions around economic development. After numerous studies over a relatively short period of time, some residents of this community exhibited a marked level of research fatigue as evidenced in one resident's response to my recruitment invitation: "Leary Harbour has been researched to death!"

Despite some residents' apparent frustration with this scrutiny, a review of these published reports provides something of an outsider's view of the community-wide impact of the closure of the fish plant and a chronology of interventions that had been undertaken to ameliorate the effects. An examination of some unpublished works of

members of the community, also created over a period of time, offered a poignant insider's view into the impacts of the closure as well as the repeated failure of efforts to restore the community. Two of the participants talked about how they turned to poetry to reflect on the events of the recent past in Leary Harbour. Another had written a document titled *The Story of [Leary Harbour]* which he described as a kind of "therapy" in dealing with the devastating changes. Inasmuch as the success of intermediate support presupposes the presence of substantive local participation, these very personal narratives of loss and lost hope illustrate how profoundly and irrevocably residents themselves have been changed. In some cases it is apparent that their energy and will to invest in their community has all but vanished. Evidence of a shift in attitudes regarding community involvement is a significant factor in considering the development and maintenance of intermediate support.

4.5.5. Member Checking

Member checking takes place when researchers go back to the site of the research to confirm or disconfirm the accuracy of their observations and interpretations (Rubin & Babbie, 2008). This remains one of the most important ways to attain trustworthiness in qualitative research (Padgett, 1998). The member checking process was critical in the case of this research for two reasons. First, as noted previously, the inability to complete the focus groups with informal and formal caregivers and with older seniors required that I find other means to secure data. Secondly, and more importantly, my informal hypotheses that older persons in rural communities were struggling to age in place, and

that intermediate organizations had thus emerged to fill the gaps, were not supported by the data. I went back to key informants to ask them if this perception was correct. [8] I also revised the interview guide slightly for the member check interviews to focus on their vision for the future of aging in place in their community.

4.6. The Art of Interpretation

The goal of qualitative gerontology is to discern patterns of behaviour and experience, and to examine the meanings that older persons attribute to these patterns. The overriding goal of the analysis of data is to produce interpretations that may then be integrated into a theory or put forward as policy recommendations. Ultimately the goal is to demonstrate "how the discourses of qualitative research can be used to help create and imagine a free and democratic society" (Denzin & Lincoln, 2005, p. 909). Toward this end, a set of analytic procedures is undertaken to produce an understanding of the data. This is then integrated into a narrative that is presented as the findings of the research.

Analysis of these data began with reading through the text of the interviews. Auerbach and Silverstein (2003) describe this first phase of analysis as like being "adrift in a sea of data." "Swimming to shore" involves a step by step process that begins with 'raw text' and ends with a 'theoretical narrative' that summarizes what has been learned from the data that is related to the research concerns.

In qualitative research, coding is the mechanism that moves the analysis from raw text to the research concerns. Coding assigns labels to both concrete and more abstract

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[8] Member check interviews took place with Enid, Jennifer, June, Walter and Jerome.

segments of information (Tutty et al., 1996). Each label identifies the unique qualities of

that particular segment. Data are deconstructed, categorized and reconstructed for the

purpose of building a theoretical framework of the deeper meanings associated with a

concept (Strauss & Corbin, 1990). The initial plan had been to use the interview guide

that governed the data collection (dimensions of experience) as the preliminary coding

schema. However, early into the analysis it became apparent that a more extensive

development was necessary in order to provide the best description of the use and

development of intermediate resources. Here I drew upon Auerbach and Silverstein

(2003) using a series of steps that include the categorization of: relevant text, repeating

ideas, themes, theoretical constructs, and concluding with the theoretical narrative. Table

4.3. depicts this progression.

Table 4.3.: Steps in coding sequence[9]

Raw text	Reviewed transcribed data from individual interviews and focus groups; interview guides were developed using Patton's (1990) dimensions of experience and therefore provided a preliminary coding schema
Relevant text	Considered: Does it relate to the research concern? Does it help me to understand the participants' perspectives? Does it seem important, even though I can't say why (orphan text)
Repeating ideas	Identified repeating ideas about dimensions of experience and re-considered "orphan" text
Themes	Data reorganized based on two primary themes: 1) the passage of time and 2) the presence of informal, formal and intermediate resources (findings chapter)
Theoretical Constructs	Data reconsidered as a new consolidated whole drawing upon insights and interpretations that emerged about the research concerns: the alignment of community development and critical gerontological principles of partnership, participation and self-organizing
Theoretical Narrative	The resulting narrative retells the participants' stories in terms of the relevant theoretical constructs (discussion chapter).

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[9] Adapted from Auerbach and Silverstein (2003)

4.6.1. Relevant Text

To make the data more manageable, I first organized the data in broad categories according to the schema that had guided the interview using Patton's (1990) dimensions of experience. Auerbach and Silverstein refer to this phase as finding text that is relevant to the research concerns. As the sample was relatively small and the accumulated data was not overwhelming (approximately 800 double spaced pages of transcribed text), rather than using a computer program as had been my initial intent, I worked on the data by hand. This enabled me to develop a feel for the processes involved.

As I read through each transcript I marked off sections of text that corresponded to Auerbach and Silverstein's broad guidelines for this first phase of analysis: Does it relate to the research concern? Does it help me to understand the participants' perspectives? Does it seem important, even though I can't say why? For this stage I wrote a brief memo in the margin for each selection to identify why that particular segment was important and/or other thoughts related to the text. Using very broad guidelines at this stage ensured that I would not exclude relevant data or limit the analysis by being overly tied to the pre-existing dimensions of experience framework that governed the data collection. At the same time the analysis remained rooted in the research concern.

4.6.2. Repeating Ideas

Within the text selected as 'relevant', I then looked for instances where participants seemed to be expressing similar thoughts or ideas about the dimensions of

experience. "Orphan text" (Auerbach & Silverstein, 2003, p. 58) that did not fit the dimensions of experience was put in a separate file. After reviewing each of the transcripts in this way, all of the "orphan" text was reviewed and then either included as a new code or discarded. In some cases it was important to include orphan text as it revealed a unique but related concept.

4.6.3. Themes

The process of arriving at a thematic treatment of these codes or repeating ideas was more problematic. I had expected to find that older persons were having difficulty aging in this rural community and that local organizations were thus poised to fill the gaps created with the exit of informal supporters. It was at this point that a disconnect developed between what I expected to find and the more complex and complicated story that I found in the data. For a while the analysis languished in what Holliday (2002) describes as "the dark night of the soul" (p. 101) as I left behind the "dimensions of experience" that had organized my thinking thus far and that I had anticipated would provide the framework for analysis. In consultation with my supervisor, a new storyline eventually took hold that found what Holliday (2002) describes as the balance between the "preoccupations" that the researcher takes in to the setting on the one hand, and being faithful to the social setting as the participants described it on the other hand (p. 103). The themes that emerged from this new thinking were organized according to 1) the passage of time and 2) the presence of informal, formal and intermediate resources. This revised framework provided the outline and headings for the findings chapter as well as

the foundation for the theoretical constructs that support the narrative outlined in the discussion chapter.

4.6.4. Theoretical Constructs

Theoretical constructs link the subjective experience of the participants with the more abstract theoretical concepts that have provided the conceptual framework for the research project (Auerbach & Silverstein, 2003). As described above, the interview guide for this study was developed using Patton's (1990) dimensions of experience, which also served as a preliminary coding schema in the first step of the analysis by locating relevant text. Data collected and sorted in this way are reconsidered as a "consolidated whole" drawing upon new insights and interpretations that emerge (Holliday, 2002, p. 106). The resulting narrative retells the participants' stories in terms of the relevant theoretical constructs. Thus, the thematic issues that frame the analysis and discussion are partly governed by the interview questions and are partly emergent (Holliday, 2002, p. 108). The bridge from the raw data and research concerns is thereby made complete.

Chapter Two referred to literature about critical gerontology and community development that made the link between a critical gerontological orientation to aging in place and community development practice goals as they pertain to the development of intermediate resources. The theoretical constructs emphasized in that discussion were partnership, participation and self-organization. The importance of these elements in relation to intermediate resources was supported by the findings. However, it was also

clear that these elements need to be considered and understood in relation to many intersecting narratives.

4.7. Attaining Trustworthiness

"[R]igor is essential to all forms of empirical research, whether quantitative or qualitative" (Padgett, 1998, p. 88). The qualitative interpretation of data is the researcher's attempt to make sense of what she has learned; it is a political and artistic process that emerges from "multiple interpretive communities" (Denzin & Lincoln, 2005, p. 26). Patton further suggests that the criteria for the evaluation of quality and credibility of research will depend on the audience as well as on the goals of the research (Patton, 2002). The emphasis in this research is to provide an in-depth understanding of the relevance of intermediate resources in one rural community. Data collected in qualitative inquiry capture multiple subjective realities. Thus, an appropriate set of criteria for evaluation is the model developed by Lincoln and Guba (1985). While the work of Lincoln and Guba is constructivist in orientation, it remains an often used framework for the evaluation of quality and credibility of social science research (Padgett, 1998). One of the benefits of this model is that it provides a set of terms that correspond to those commonly used in quantitative research. Table 4.2 sets out these terms and introduces the steps I took to achieve trustworthiness in each area. In the final section of this chapter each of these steps is described in more detail.

4.7.1. Credibility

In establishing credibility or the "truth value" of the research, researchers must demonstrate that they have represented the multiple realities present in the findings (Lincoln & Guba, 1985, p. 296). Negative case analysis is one strategy used to demonstrate that the data have been searched for evidence that disconfirms or refutes an emerging interpretation (Padgett, 1998). In this research there were two primary response areas that contradicted my preliminary hypotheses about the experience of older residents of rural communities. First, some participants indicated that it was in fact not difficult to age in place in Leary Harbour and that from their perspective things had actually changed for the better. Second, I had assumed that the dismantling of family networks through out-migration had resulted in the emergence of strong organizational networks of support. Instead I found that it was in fact the organizations that had fallen first and that individuals had filled the gaps. These reflections caused me to consider alternative explanations and implications of my findings. This resulted in a shift in focus to the experience of younger residents who were bearing the responsibility of support for increasing numbers of their isolated neighbors and relatives in the face of greatly diminished support from local organizations.

Another strategy to ensure credibility is member checking. Member checks involve returning to the research site to seek verification for interpretations (Padgett, 1998). Honoring and valuing respondents' authority in this way is a "logical extension of the trusting relationship between the researcher and the respondent" (p. 100). As described in section 4.5.5., I turned to member checking partly because of my difficulty

in recruiting participants to the focus groups. Also, given the negative cases described above, I wanted to confirm that my revised interpretation was accurate. In Fall of 2008 I conducted five member check interviews. Four were residents of the community while the fifth was a formal service provider who was responsible for the area of Leary Harbour.

4.7.2. Transferabililty

External validity or generalizeability in quantitative research justifies the inference that findings from a sample can be applied to a population as a whole (Rubin & Babbie, 2008). The notion of generalizability is a fundamental contradiction to the qualitative paradigm. Nevertheless, the "burden of proof" lies with the researcher in providing sufficient descriptive data to allow for judgments to be made about the "transferability" of the data to other settings or situations (Lincoln & Guba, 1985, p. 298). Leary Harbour was selected because of it its typicality in relation to salient issues drawn from the research questions – rurality, employment, population structure and rates of out-migration. In Chapter One, using both qualitative and quantitative evidence, I described the characteristics of the physical setting of Leary Harbour, the participants interviewed, the process undertaken and the particular conceptual viewpoints that underpinned the inquiry. However, it is the abstract patterns or theoretical constructs that are meant to be transferable, not specific content (Auerbach & Silverstein, 2003, (p. 91). Details about the research setting are provided in order for the reader to determine the extent to which the research is transferable to other settings.

4.7.3. Dependability

Reliability is traditionally established by replicability. Lincoln and Guba (1985) suggest that in the qualitative process, the dependability of the data relates to the ability of the researcher to make the steps of the inquiry transparent and "auditable" (p. 318). Securing permission from participants to audiotape interviews and focus groups significantly enhanced the auditability of the research. Throughout the analysis I was able to refer to both the hard copy and electronic versions of the transcripts to assist in the organization and analysis of the data. The use of participants' own words contributed significantly to the construction of the narrative. To ensure additional transparency throughout the coding process I used Strauss and Corbin's (1990) strategy of memoing. This strategy involves the organization of notes into three kinds of memos: coding notes, theoretical notes, and operational notes.

4.7.4. Confirmability

In addition to the provisions taken to "show the workings" of the research I employed Kronick's (1989) framework to attain confirmability in the research. Kronick suggests four guidelines that assist the researcher in establishing and confirming the links between the data and the findings:

- Interpretation is consistent with the story

- Interpretation is complete and takes all evidence into account

- Interpretation is most compelling given the evidence

- Interpretations makes sense and expands our understanding of the evidence

Rubin and Babbie (2008) caution that while these criteria are useful they must be accompanied by sufficient transparency in all other aspects of the process. Auerbach and Silverstein (2003) for example use considerations of "communicability" and "coherence" to distinguish between "justified" and "unjustified" application of findings (p. 85). Justifiable research makes clear the researcher's subjective biases and coding decisions.

Finally, to ensure that the data is not left to "speak for itself" (Holliday, 2002, p. 12) I continued to work toward communicability and coherence in the findings chapter by making explicit the linkage between the data and the research question at the same time as keeping the data separate from the commentary. Embedded data are indented and verbatim. Where words are omitted because they are irrelevant to the text I have enclosed three ellipses in brackets. Pauses are indicated with three unbracketed ellipses. Substitutions were made for identifying words or phrases and enclosed in square brackets. The pseudonym of the speaker begins the quotation. The participants' stories are thereby more clearly understood and made more meaningful in relation to the research concern. The next chapter reveals the depth and richness of participants' views of aging in place in Leary Harbour and the possibilities that the development of intermediate resources holds for those who continue to call it "home."

Table 4.4: Means used to attain trustworthiness

Quantitative Criteria	Qualitative Criteria	Means used to attain trustworthiness
Internal Validity	Credibility	Negative case analysis Member checks
External Validity	Transferability	Selection of 'typical' community based on markers relevant to the research question Presentation of additional contextual information in tables
Reliability	Dependability	Auditability Memoing Transparency
Objectivity	Confirmability	Interpretation of parts of the text are consistent with the whole text Interpretation takes all evidence into account Interpretation is the most compelling in light of evidence Interpretation is meaningful (Kronick, 1989) Communicability and Coherence (Auerbach & Silverstein, 2003)

Chapter Five

Findings

This study investigates the relevance of intermediate support to rural older persons by asking the question: What can we learn from residents in one rural community in Newfoundland about intermediate resources that will strengthen rural social work practice and policy with and for older persons? An overriding principle of rural social work practice is the requirement that practice must be "contextualized and embedded within the particular community" (Cheers, Darracott & Lane, 2005, p. 234). Similarly critical qualitative analysis that aims to influence the practices of social work ought to be anchored in the complex structures that comprise everyday life. At the same time such analysis ought to acknowledge the variety of ways in which individuals and communities respond to change. The data presented here help us to understand the factors that have influenced residents' capacity to age in place in Leary Harbour. When large scale and pervasive changes occur in communities, the milieu of support is irrevocably transformed. The research question is examined in the context of these transformations.

This chapter is divided into five sections. The first section (5.1.), the 'Impact of the Loss', provides a brief overview of Leary Harbour today, and participants' rendering of the long term consequences of the closure of the fishery in their community. In the second section (5.2.), the 'Experience of Aging in Place in Leary Harbour', I draw on participants' stories to learn about what it was like to age in place in the past in Leary

Harbour (5.2.1.), about their current experience of aging in Leary Harbour (5.2.2.), and about their concerns for the future (5.2.3.). A third section (5.3.), 'Decisions about Aging in Place' describes participants' views about aging in place: what factors contribute to people's decisions to stay (5.3.1.) or to leave (5.3.2.), and why aging in place is important to individuals as well as to communities (5.3.3.). The fourth section (5.4.), 'Intermediate Resources: Benefits and Challenges', directly addresses concerns about intermediate resources raised in the research question. Participants describe the intermediate resources that exist locally (5.4.1.), those that are organized externally and that might be developed in Leary Harbour with sufficient investment (5.4.2.), and two additional intermediate resources that although they are organized externally have contributed in important ways to the community (5.4.3.). Section 5.5. concludes the chapter with a summary of participants' views of the challenges Leary Harbour faces around the further development of such resources.

Organizing the data in this way enables the reader to appreciate the potential of intermediate resources in the context of the historical, political, environmental and cultural domains that shape the experience of aging in place in Leary Harbour. Taken together these data complete the 'thick' description that lays the groundwork for the following interpretive chapter. Chapter Six describes what we can learn from the research that will contribute to social work practice with older persons in the context of restructured and restructuring rural communities.

As described in the methodology chapter, the participants for this study were selected from five categories: older seniors 75 years and older, young seniors 55-74, and

service providers in the categories of formal, informal and intermediate support. There

are many challenges in attempting to compartmentalize supportive interactions and

relations. This is especially true in smaller communities where familiarity and multiple

roles blur boundaries between levels of support. Nevertheless, broadly categorizing

levels of support will enable us to think about where and how social work interventions

will be most relevant. Although participants were purposefully selected according to

their age category as young or older seniors, or by the type of support they provided, it

became apparent that they responded from multiple perspectives: a young senior who is

an informal caregiver, a formal caregiver who cares for her elderly parents, an older

senior who volunteers in an intermediate support program. At times participants' views

converged and at other times they appeared to collide. Thus, we are provided with an

overview of the shifts that have affected residents' ability to age in place in Leary

Harbour as well as the diversity with which the shifts have been experienced.

5.1.   The Impact of the Loss

"... I miss the lights"

Although there was variation among respondents' views of aging in place in Leary

Harbour, they were in agreement that the impact of the closure of the fish plant in their

community was devastating:

> Jessica: When I came here, the fish plant was going. I started work in the
> bank and, you know, it was... everybody had money and everybody who
> wanted to work was working and... yes. Young men and women were like
> building houses before they were married because, you know, they were

putting their money in the houses; and then after a few years, bang. It was all gone.

June relayed a recent conversation she had with an acquaintance with whom she had reminisced "about years ago" in Leary Harbour:

> June: Yeah. I mean, my god, we had a man come to the school today and he was talking about years ago. It's so funny because I knew [this interview] was coming up. And he said to me... he said, June, when I used to come here on the truck – he used to deliver the food to the stores and that – he said, there was so many stores in Leary Harbour then. He said, my mother used to phone and say, what time are you getting home and I'd tell her, I haven't got a clue because I had so many stores to serve, right? And we had three clubs at one time running here, right; and, like I said, the grocery stores – god, it was unbelievable.

At the time the data were collected, according to its business directory, Leary Harbour had two small grocery/convenience stores, a pub, two restaurants, two gas and auto repair stations, a beauty salon, a post office, a pharmacy and a hardware store. The high school and elementary schools had been recently amalgamated due to declining enrolment. For the 2007-2008 school year the school held classes for Kindergarten to Grade Twelve with an enrolment of 137 students. This is down from 539 students in the 1989-1990 school year. The Kindergarten class, down to three children (2007-2008) from thirty-seven (1989-1990) was a particularly distressing signal of the demographic shifts in Leary Harbour.

Two key resources were mentioned by all participants: the medical clinic and the church, along with their dedicated personnel. In terms of medical services, relative to other rural communities, Leary Harbour was relatively well served having both x-ray and laboratory facilities. The provision and maintenance of these services is largely due to

the lobbying efforts of the community's long serving local physician. Although the church in Leary Harbour has undergone major shifts in its sphere of influence in the community, the local parish priest also continues to play a central role in the life and support of the community. Being principally of Irish descent, this area of the province has always been predominantly Roman Catholic. The visible presence of the priest in their community is considered to be a significant resource.

Housing and transportation options were available in Leary Harbour but limited, given its growing population of older persons. Supportive housing is provided by a seniors' apartment complex and a personal care home that provides up to Level II care. [10] Persons requiring more than Level II care are required to move to St. John's. Transportation to and from St. John's is offered twice daily by a private taxi operator for a cost of $45.00 for a one way trip. The ambulance service is privately owned and is subsidized. Patients pay $150.00 for a one way trip. For both of these services, the price fluctuates depending on the price of gas (Key informant, personal communication, October 2008). There are 19 volunteer associations listed on the community's website, including a 4H club, Stadium Committee, Chamber of Commerce, Senior Citizen's Housing Committee, and the Fifty Plus Friendship Club.

The demands of life in the fishery had always imposed hardships and a measure of uncertainty in rural communities and Leary Harbour was no exception. Nevertheless, adverse conditions were at least partly alleviated by the close community ties that

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[10] In Newfoundland and Labrador Level II care equals 2-3.5 hours of nursing care per day and needing help with at least one basic ADL.

evolved as a requirement of the way the fishery was organized (Sider, 2003). The closure

of the fish plant and the resulting de-population created a "dismemberment" of social

relations that had not been a factor in previous periods of hard times in the fishery (p. 3).

In Leary Harbour, the evidence that almost half of the community had 'gone

away' was painfully prominent and visual for the residents left behind. Participants

described darkened homes and streets, boarded windows, and empty school buses and

churches as stark, daily reminders what had been lost:

> Margaret: I miss the lights in the houses of people that have left, but our street
> lights too, you know, were cut. Yeah, cut out a lot of the street lights, yeah.

At the time of the closure, Rhonda was working in the community to develop a

peer support program for seniors. She recounts one of her program participants

describing their children's suddenly vacant homes with windows boarded up:

> Rhonda: I remember visiting one of them down there, and she said – just look,
> she said, these are the houses where children lived and their grandchildren lived,
> and they're all boarded up. And she said, you know, just imagine what that feels
> like. And then she went on to say how their generation built the community, and
> they built it into a surviving, you know, community; and they've just seen all that
> taken away (…) I always remember that story about looking out from your
> window at the house where your children used to live.

In so far as the presence of children in the community is associated with growth

and hope for the future, the rapid and continuing decline in school enrollment evidenced

in the shift from "busloads" to a single car load is a constant signal of its demise:

> June: I must tell you now – when I started… I'm 28 years in the school, and
> when I started 28 years ago, we had 365 students in K to six and 367 from grade
> seven to twelve. (...) Because you can see Leary Harbour was dwindling so fast,
> right, and it's so sad because like we had such a booming community, you know,
> and the bus loads of children coming from [the neighbouring community] and, oh

my god... and now they're brought up in a car, right? There's so few.

As in many rural communities the church was the hub around which much of community life was organized. For many older residents changes are most evident when the community gathers in church:

Margaret: You can miss them in the church.
Interviewer: Because that's where you go where you see everybody.
Margaret: Right. Yeah. You see everybody, right, yeah. That's right, yeah.
Interviewer: So tell me about the changes in the church. At one time, was it full of people and...
Margaret: One time it was full of people, yes. Now there's not.

While global trends related to the increasing mobility of families have contributed to the dismantling of informal and family support systems worldwide, in rural communities these trends interlock with the centralization of services in larger centres. In Leary Harbour, the impact on both the quality and substance of older residents' support networks when their families were "wiped away from them", in the context of the general reduction in basic services, was dramatic and extreme.

Brigid: Well, one of the things that I consider is the fact that they have had their children and their grandchildren wiped away from them. You know, the relationships are severed. That is very, very difficult for Leary Harbour. And without these – you know, people of all ages – you don't have a true community...It changes the whole dimension of community. In other words, it influences and has so many negative effects upon the way those who are left behind – the older people – how they are going to live and, you know, the quality of life that they will have to experience.

Over and above the loss in terms of numbers of people available to help, participants described how community values related to "helping" had shifted. A more nuanced image of informal support is described by one participant who believed that the

motivation to provide neighbourly care had been affected by retraining programs that

emerged to provide work following the cod moratorium. In her view the "projects"

contributed directly to the devolution of "helping" from something everybody took

responsibility for, to a paid activity. This new attitude, combined with reduced numbers

of family members on whom to rely, made the availability of formal home care a

necessity:

> Carla: There's very little informal family support because we went through a
> period where everybody got paid for doing everything. There were all these
> projects. So one of the good things that's happened is the availability of home
> care to allow seniors to stay in their home; but families, who really could look
> after families, now seek home care, and that's partly paid for by the government,
> and it does provide jobs for a huge number of middle-aged women, you know,
> and that's a wonderful service but it's not a free service.

As a further impediment to resilience, respondents referred to their perception that

the provincial government was intentionally forcing Leary Harbour "off the map":

> June: Yeah. But, see, if in long term that the government had planned, say, to put
> this place off the map because I think that's what it's coming to, I really do.

As a formal service provider, Jerome visited Leary Harbour once a week. Even as

an outsider and relative newcomer, he agreed that the troubles of Leary Harbour appear to

have been forgotten by the province:

> Jerome: Yeah. Okay. Leary Harbour, from my perspective, has been wrote off. I
> mean, just think going through Leary Harbour like, I mean literally, what message
> is that giving people. Like you have to literally as playing checkers, darting in
> and out trying to get in and out of the potholes. You know what, so your basic
> infrastructure the road in Leary Harbour was horrible. I cracked off like a wheel
> in my car.

A secondary and even more devastating effect of this neglect, Jerome suggested,

was the depletion of the energies and optimism of its residents and lack of trust in

outsiders like himself who had chosen to work in the community:

> Jerome: The money is not getting put in because the reputation is – well, what's
> left in Leary Harbour? (...) And, you know what, I think it's tapping into their
> strength, but what's happened in Leary Harbour: people have become jaded and
> cynical. (....) It was interesting. Like when I started in Leary Harbour I went
> there and like this woman came in one day and she sat down and she said, 'so
> you're not very old. How long are you going to be here for?' She said, 'I'll give
> you six months'. (...) She said, 'you're not staying here.' She said, 'this is a
> stepping stone for you.' She said, 'that's all we are for people is a stepping stone.'

Among some of the seniors with whom he worked, Jerome perceived a level of

despair that he felt reflected the general mood of the community:

> Jerome: Yeah, because you know what – for a lot of seniors, like over time,
> they've become disempowered; and that could be a reflection of like the
> consciousness level at the community, in the sense that, you know, if you live in a
> place of despair, you expect despair. If your family are not there, you get used to
> living in isolation. And, you know what [for] a lot of people, there's like… you
> can easily get… you can get down. You can have like severe bouts of loneliness.

However, other participants described taking these losses in stride. When asked if

it was harder to age in place in Leary Harbour than it would be in the city, this older

senior felt that the challenges of aging were not worse, only different:

> Bonnie: No. No, honey. I think it's all the same. (...) Wherever you are and
> you're old, the same things are happening, you know; and circumstances around
> you might change, like I just said, you know. If we get sick here, you know, we
> got to get in an ambulance and go to St. John's, you know, but as long as we have
> a doctor here.

Dave observed what he believed to be strong coping skills among the older people

he knows in Leary Harbour, albeit with a reliance on technology, on their faith and, as

Bonnie noted, the presence of the doctor in the community:

Dave: Well, I think there is a sense of loneliness can come over people you know. I've experienced loneliness myself in communities you know, where I've stationed. So, I think some do experience loneliness; but today, of course, they're in touch by technology and that helps and then people of course visit a lot. Loneliness would be one of the problems; but then, a lot of the older people I know are very prayerful, and their faith keeps them attached you know. They're able to cope with many, many difficulties I think. Medical situation is important. Like, in Leary Harbour, they have a doctor who's there, you know.

Despite these variations in attitudes, all agreed that beginning in 1990 Leary Harbour underwent a significant decline with respect to the services and support they had come to take for granted. June recalled that her father likened the impact to that of the Great Depression:

June: But, you know, we had so much and the seniors have to see some difference. See, but my father used to always say to me and [my brother] – he'd say, 'I won't be around to see it happen, but ye will be' – he said, 'going back to the Depression.'

The decline of the cod stock and subsequent closure of the fish plant, Leary Harbour's single industry, marked the beginning of a time of large-scale change and loss. This is not an unexpected finding and, as described in the introduction to the thesis, typifies similar experiences across Newfoundland and Labrador and all of rural Canada for that matter. It is significant however to consider the fact that in Leary Harbour the changes were sudden and to a certain degree unexpected. The data above provide participants' experiential perspective of a near past of which they have visual and not just historical memories. This insight provides a unique comparative context in which to consider the ways in which political, economic, and social shifts affect aging in rural places. The next section summarizes participants' experiences of aging in place in Leary

Harbour, both past and present and their thoughts on the future, deepening our understanding of the specific ways in which helping relationships have been altered and of the opportunities and challenges that would be involved in their reconstitution.

5.2. Experiences of Aging in Place

5.2.1. Reflections from the Past

"...families took care of one another"

Participants' descriptions of aging in place in Leary Harbour in the past supported typical assumptions about rural communities where culture, traditions, and proximity to helping networks lend themselves to intersecting systems of care (see for example Li & Blaser, 2003). Aging in Leary Harbour in the past was depicted as deeply situated in robust family and community connections. This connectedness was reflected in a seamless informal culture of care:

> Brigid: Well, families took care of one another. As our guest speaker on Thursday said, there was no such word as volunteering. People took care of one another.

> Bonnie: Years ago, the mother and father in a family... you know, the grandparents, really – they stayed. They lived with the son or the daughter, you know. (...) The last one who got married usually stayed with the parents; and, as the parents grew older, they lived with the youngest son or daughter, (...) and they died at home. They lived... they were taken care of by their family members.

Leary Harbour was a staunch Catholic community. Next to family, the church played a central role in the life and organization of the community. In addition to

providing moral and spiritual anchors, the church was the hub of most community

activities:

> Bonnie: We had religion, for one thing (...) there was a closeness that drew people together. You congregated for mass; you congregated for... you know, you had social gatherings as a result of your church committees and all the rest of it, you know; but that's not there today. (...) Prayer was part of living years ago. Prayer and church was part of living. It went hand in hand. I know when we were going to school as youngsters, we got up every morning and we went to mass before we went to school. You know, we went to church before we went to school, you know. And, you know, every religious thing that went on you were involved in it, you know.

In addition to providing tangible space and opportunity for gathering, the church

contributed in important ways to the rhythm of community life. Bonnie attributed the

wellbeing of Leary Harbour and its residents to the fact that prayer was "part of living"

there:

> Bonnie: It was part of our community and, you know, when you look back on it, you thank God because we didn't have any major catastrophes; and, if you were down at that beach where we had our fishermen fishing and see that rough sea, that it's after cleaning that road, and know that our fishermen fished there... out there, and we didn't have one loss of life. You know, so I think there had to be a guiding spirit or a... you know. I think prayer was a lot of it. Prayer meant an awful lot, and it gave you consolation, yes, right, and it was a great help. It was part of living, part of our life, purpose – you know, couldn't separate it.

Given the abundance and ethic of informal care that permeated the community in

the past and the overarching community order provided by the church, it is not surprising

that the level of care that I have conceptualized as 'intermediate' was not perceived to

have played a big role in the life of the community. As Brigid noted above "there was no

such word as volunteering." Nevertheless, participants did identify some associations

and clubs that were present in Leary Harbour in its early days. These groups tended to

provide opportunities for socializing rather than 'care' in the community.

An example is the Women's Institutes. Originating as the Jubilee Guilds of Newfoundland, the objective of the Women's Institutes was to help improve the quality of rural life in Newfoundland and Labrador through education, crafts and service. However, they came to be perceived by rural women as an opportunity for respite from the hard work of the fishery and as a source of companionship and outreach (Cullum, 1997). Participants' references to the Women's Institutes supported Cullum's analysis:

> Norma: Well, we were all friends, and that; and you helped the next one. If she couldn't do her crochet, you helped her with it and so on.

> Jessica: We used to go too to other communities, right, and, have meals and fellowship in that way, you know. It kept you connected with, you know, your neighbouring communities.

As a provincial representative of the Women's Institutes, Carla spoke to its past importance with regard to education and leadership training. She also noted that a new role of mutual support had emerged, largely as a result of the aging of its members:

> Carla: Well, the Women's Institute did leadership training for years, and the church groups have certainly done that too.
> Interviewer: Right. And has that been successful?
> Carla: It was for a long period of time, but now like we're all elderly. I see us more as organizations for mutual support...

Although these community ties were strong, amenities were few. It wasn't until the 1960s and 1970s that Leary Harbour had hydro and paved roads. The following lengthy quotation reveals the hardships of daily life that would have been experienced by individuals who are now the older residents of Leary Harbour. This interview was one of several that reminded me of the importance of bracketing my own experience and

assumptions. Services that I would have considered necessities are relatively recent

memories for many:

> June: Well, when you think about... when you're talking about the last generation, we'll say, and what they expected from their later years, (...) and back in [my mother's] time – we'll say 50... 60 years ago, right, or even less than that – there was no communications whatsoever like as to phones, the fax machines, the answering machines. They didn't have electricity like we have now, and they didn't... like I used to witness my mother washing... there were 14 of us in the family. I used to witness her washing clothes in an old ringer-style washer, right, and then they'd be hung all over the place. An old oil stove in the kitchen and everything belong to you hung up trying to dry them, because if it wasn't a nice day. There was no such thing as electricity, right, so they were dried probably hard as a rock. And the conveniences of toilet facilities – they didn't have that, right? There was no running water, right, so... garbage disposal – you know, we have our trucks going around picking up the garbage and snow clearing – the roads, you know, cleared from snow. So it's quite different than what we're used to, you know, and like means of transportation... back then, they only had a horse and cart. There was very few cars around. (...) I remember my mother telling me one time – if there was... people lived on, say, [the point] and needed to get to church or school, they had to come by dory across the harbour, right? That was their only means of transportation if they didn't have a horse and cart. It's amazing.

From that point of view, some older seniors describe Leary Harbour as a much

easier place in which to grow old now, than it had been in the past. While these

revelations came as a surprise to me, they also highlighted the risks of romanticizing rural

life when undertaking social research. In hearing the stories of Leary Harbour I came to

understand that memories of those early day to day struggles enabled participants,

especially those of the older cohort, to take the recent community losses in stride:

> Interviewer: I just want you to tell me what it's been like to grow older in Leary Harbour. Have things changed for you over the years?
> Margaret: Well, I'd say, yes, it's changed a good luck with regard [to] when I was younger. Now, you know, we have everything now compared to when I was younger. We didn't have no television, no radio. (...) You know, [now] you have running water. You have electricity. You know, all that we didn't have years ago.

(...) Now in our young days the roads would be blocked in winter, you'd never get to town; but now you'll see the roads are taken care of. They're cleared.

Margaret's observations about present day Leary Harbour as a good place to grow old compared to previous harder times, serves as a natural transition to a discussion about views of aging in place today in this community.

5.2.2. Perspectives on the Present

"...you can depend on them, you know...well, the few that's here, right?"

The general optimism with which older persons responded to the question about aging in place today in Leary Harbour did not support my original expectations that aging in place in rural Newfoundland and Labrador was generally experienced as a challenge. One reason for the disconnect may be that, as described in the introduction to this chapter, Leary Harbour is unique among rural communities in that it offers a range of health care services including a pharmacy, lab and x-ray facilities. Residents felt relatively confident that their moderate health care needs would be met:

> Interviewer: So does it seem like there's enough services in town for older people here in Leary Harbour?
> Margaret: You mean who are here in Leary Harbour now? (...) It's very good because like... you see, and we have the doctor and we have... [have] a nurse and, you know what I mean... and we have ambulances here. And we have a good clinic over there – oh, a wonderful clinic.
> Interviewer: What about if you needed to go into town for a medical appointment, say, for example, and one of your sons wasn't available to take you?
> Margaret: I don't know what I'd do. I'd have to call them on the ambulance. The ambulance go often, you know, with people that have no other way to go; but, see, every time I go, [my son] is there. If not [him], [my older son] is there.

Margaret was well supported with two married sons in the community but she

didn't think anyone had trouble with transportation in Leary Harbour:

> Interviewer: Yeah. Now do you know of people who have more difficulty with that kind of thing, who don't have children in town?
> Margaret: No, I wouldn't know, honey, really. No, they usually go out and come back the same day, yeah, with... for their appointments.
> Interviewer: So they're pretty much able to find their way in there if they need it.
> Margaret: Well, the ambulance driver takes care of that.

Other older participants, as well as informal caregivers expressed similar

confidence in their ability to access basic services. Moreover, they described locally

based formal services as being particularly accommodating to their clientele:

> Norma: The ones come to my mind now are the drugstore. We get our pills, and they're all...
> Interviewer: Like in a blister pack.
> Norma: Yes, girl, that's the name of it. Yeah.

> Jessica: You know, sometimes it's only little things (...) make life just a little bit more, you know, easier to handle.

The parish priest and local physician were mentioned many times in the

interviews. Although neither was born in Newfoundland, they are now long time

residents of Leary Harbour. These individuals have been well integrated into the

community and play an important supportive role to its aging residents. Participants

described these individuals as more than community leaders; they brought to their

positions a salient devotion to individuals and to the community. For example,

respondents expressed certainty that their priest would find a way to stay in their

community even though parishes across the province are amalgamating due to

diminishing congregations and fewer numbers of priests. It is unlikely that the parish at

Leary Harbour would manage to elude such directives from the diocese to restructure but

participants were convinced that Father would find a way to stay:

> Jessica: Yes. Yes. He told the crowd out in [St. John's] as long as they'll keep
> him here, he'll keep... as soon as they move him, he's retiring.
> Interviewer: Are you worried about losing him, if they move him?
> Jessica: He won't go.

The profound value of the comfort offered by their association with this dedicated

priest is vividly captured in this older senior's comment:

> Norma: If you miss Mass, he'll come to you [and ask] – 'where were you to last
> Sunday?'

The local physician is also seen to be a community hero. When I commented on

how often throughout the interviews I had heard about him June agreed that he was the

"backbone" of the community, one who "pure loves seniors", and who is "some

dedicated." The nature of the support provided by these two individuals played a

singularly important role in the way older persons assessed their capacity to age in place:

> June: So the seniors feel so safe in [the doctor's] care, you know, and in Father's
> care too, even though probably someone my age and younger, religion is not the
> big thing...but for seniors it is, you know, and it's not just religion. He's their
> friend. I mean, he'll go there and chat with them and, god, if they're in need at all
> of anything, he'll get it for them.

In addition to the assistance and security provided by these formal services,

participants also described what they viewed to be a satisfactory amount of informal

support. They described Leary Harbour as a close-knit community that recognized the

need to step in where family was not present. Jessica's family worked outside the fishery

and had been able to remain in place to support her elderly mother-in-law but noted the

impact on other families:

> Jessica: You know, if your family is still around you, well then it doesn't really affect you quite as much. It's sad to see it now for other families, but you're not directly impacted, I guess, right?

The relationship between familiarity and functioning is well documented in

literature on aging in place. This was demonstrated in Norma's absolute confidence that

even beyond her family support she would have no trouble finding help:

> Norma: And... well now, I'm just thinking about... I told [my son], you're going to have to bring me to church every Sunday morning, I said. I'm not going to wander down to church [on my own]. So, without fail, he's bringing me for years like.
> Interviewer: And what if [your son] wasn't here to bring you down to church. Would there be somebody else in the community that you would call?
> Norma: Oh gosh, yes. There would be someone here, you know.

and,

> Norma: If I go down to [the hair dresser] to get my hair done, somebody up there will bring me home.
> Interviewer: You don't worry even about getting home from the hairdresser.
> Norma: No, not even from the hairdresser.

Jessica, an informal caregiver, also relayed confidence in the informal resources

that were available to call on to assist her in providing support to her mother-in-law:

> Jessica: Well, I'll tell you a little story now. There was... awhile ago, there was a funeral, and I had to go to St. John's and [my sister] had to go. So it was down in [a neighbouring community] ... And [mother-in-law] wanted to go to the funeral. So, without hesitation, I just phoned a friend and, well, they were going down getting a ride with so-and-so, but I'm sure it would be alright. So I phoned so-and-so. (...) Yes, no problem!

In Leary Harbour, as in most rural systems of support, simply knowing who to

call is a primary advantage, and was described as a critical element in accessing

assistance:

> Interviewer: So do you think anybody goes without support here in the
> community? Is there anybody that you can think of that isn't getting the help they
> need to stay here?
> Norma: I don't think.
> Interviewer: No? Because would they know who to call if they needed a window
> fixed or a...
> Norma: Oh gosh, yes.

Edith, a formal care provider, agreed that older people in Leary Harbour could

depend on their neighbours:

> Interviewer: Well, it sounds like if older people do need something, there's
> always somebody there to help them out.
> Edith: Well, I think all it takes is a phone call, right? (...) The right person and
> then you. (...) You can depend on them, you know (...) well, the few that's
> here, right?

Carla agrees that people seem to find ways to get the help they need. In her view,

as a younger senior, it was a mutual relationship:

> Interviewer: So what do people do - for example, an elderly person who is living
> there who couldn't drive and was living there?
> Carla: Well, they depend on their neighbours and friends to take them.
> Interviewer: And does that happen – the neighbours and friends take that up.
> Carla: Oh yes. For each other, they're still... I mean, I have my neighbour who's
> widowed. She doesn't drive. She has a brother-in-law who's [lives nearby] who
> still does drive. He's 79. And a sister-in-law who's widowed – she has a son and,
> you know, they all get together and go to the bank or... that's what I'm talking
> about. It's kind of mutual support. It's not anybody doing something for
> somebody else.

June agreed that for the people that chose to stay, friends and neighbours

continued to provide a safety net:

Interviewer: Do you think people have left because of those things not being here for them – the bank and transportation? Do you think people... seniors have just given up and said – I can't stay here anymore because I don't have those things. June: Well, that could be to a certain percentage. Maybe some have, but then there's others that they know they can rely on their neighbours because it is such a close-knit community. You have a lot of friends and neighbours who are willing to do... go all out for you, you know, so I don't think a lot of them have left through the means of that, right?

June felt that despite the loss of so many families in Leary Harbour informal, neighbourly care was still a fundamental element of her community. In response to my question about whether volunteers who provided transportation ought to be subsidized in some way, she responded that while it would be a benefit it wouldn't affect their willingness to help:

June: Yeah, that could be a benefit to them for sure, if it was provided; but, you know, you still find that you got your friends and neighbours who will not even accept... like I have a brother who will go all out for anybody who'll call him, okay, and they want to pay him. He won't accept anything, you know, and you'll find... not just with him – that's with a lot of people. I would do the same thing. I wouldn't [ask for any money] if someone called and said, I really need a drive to the clinic or... well, I can't shovel snow for them but, you know, to get their drugs. I mean I do that with a heart and a half and I think the majority of people here would. So, you know, it would be nice to have, say, a grant or whatever to provide that, but I think they can manage without it.

Opportunities for socialization play an important role in achieving quality of life at any age. In Jessica's view people of Leary Harbour are intentional about including more vulnerable and isolated residents in the community's social events:

Jessica: That's another thing about a small community, right? You know, there's a great rapport, I suppose, between... you know, especially toward seniors. I mean, you know, they will. (...) Whoever is there... well, not only seniors, I should say – just single people, if they're there, you know...They'll give you a dance, no problem.

Her 89 year old mother-in-law confirms this:

> Norma: There was a 50th anniversary the weekend. Do you know that I was on the floor all night. Dancing is very important.

In a member check interview, Jennifer concurred that there did exist a culture of helping in Leary Harbour that she felt had become even more apparent when younger families left Leary Harbour, as friends and neighbours moved quickly to fill the gaps in support.

> Jennifer: I think [helping] has been the trend down through the years. Like years and years ago, it has been the trend, but I think that even more so now. People know that families have moved away and left parents behind; and so the caring people that they are, you know, they tend to drop in and see if they can help out in any way.

In another member check interview, Walter agreed that the positive attitudes toward aging in place in Leary Harbour did reflect the current conditions for most older persons.

> Walter: Yes, I think that would be, you know, an observation that I would think would be correct. Like, from my experience and looking around and talking to people, people that are trying to stay like, I think, feel that they have the support they need; and like the support, again, like goes back to the fact that there's still a fair number of family around, if not all of them. Like there's some semblance of the family structure around where people live, and like the doctors and the x-ray lab and the nursing staff and the ambulance staff.

However it was also clear that participants also had some concerns about the community's capacity to meet the day to day needs of seniors:

> June: The first thing that I would think of would be the difficulty now… was a few years ago we had a bank and it was so convenient for the seniors to be able to just go to the bank or get their relative or whatever to go, and right now it's… to them it's gone and they have to wait probably either for a storekeeper, which is

not very many anymore, to change their cheque or they have to wait for someone to go to St. John's or the nearest place to get their cheque changed, so that's one big... that's one way of... their difficulty – you know, to have their bills and everything paid (...) and where like the families have moved, as well you find their daily living, say, in the wintertime – the snow clearing, you know – and like would always be there son, daughter, whoever would do that for them and then they have to kind of rely on a friend or a neighbour, right - the same thing, going back and forth to the doctor, to the pharmacy, even to get their groceries. You know, so their daily living activities have changed big time in that way, right?

Speaking more generally about rural Newfoundland Jane, a service provider, observed in her practice that seniors struggle to find supports in the absence of family.

Jane: They don't have, you know, their son dropping by to shovel the driveway or to mow the lawn, or their daughter to drop by with supper when they're sick, or someone to pick up their groceries or to actually take them out to get groceries. So they have to find the services, you know, to get the things that they need, or find friends who are still independent enough to be able to do those things, you know.

Even where substitute support is available, shifts in patterns of helping and in asking for help may not be easily made and may be a barrier to accessing support when needed. One senior described a resistance to calling on friends and neighbours that she believed was the result of old patterns, as well as of the expectation that their children would be there to help. She described a cohort of older seniors, herself included, who are struggling with the 'basics' but are not in the habit of relying on people outside of their family and who had not cultivated those links:

Brigid: There are people in the community who, I am sure, they're alright with their family members gone. [But] they're having difficulty with the very basics. They're having difficulty obtaining food; they have difficulty with transportation, I mean, under these two things I could list a lot of, you know, sub-issues that can be dealt with. Getting to the store, even within their own community – you know, there is not a shuttle service, and some of them are people who lived alone, raised 10 or 12 children and didn't call up on anyone else in the community and, really,

had no links to anybody else in the community and now will not pick up a phone to phone anybody for help.

The shortfall of home care programs is a challenge that has been experienced across the province. In the absence of shopping and banking amenities and in the context of isolation and out-migration of young families, its impact is even more keenly felt in rural communities like Leary Harbour:

> Brigid: We have people who get home care but are not getting sufficient home care and some of them are left overnight and their condition is such that it is criminal, in my opinion, to have them left with Pampers on and not able to walk, not able to get out of… you know, not able maybe to call an alert…

Participants also described gaps in specialized areas of support. The lack of audiologists in the province, for example, is problematic in rural areas for two reasons. First, audiology services are not widely available in rural places. Second, although private hearing aid dealers do travel throughout the province they don't typically offer the subsidized program provided by provincial audiologists. Rural residents then choose between paying full price for the hearing devices they require or driving two and a half hours into town.

> Amy: There is a provincial government hearing aid program that is very limited, which involves a very… well, it's very scattered. The program is not really set in stone, but it's administered through provincial audiology first of all, which… there is only audiologists in St. John's; one or two in Central; and one or two on the west coast. So private hearing aid dealers, who often do these visits to the rural community, don't distribute that program, first of all. So someone would have to make a trip to an audiologist. So a lot of rural people, we find, don't benefit from that, and it's very limited funding.

Rhonda agreed that the community's support of isolated seniors might not be as

broadly experienced as some residents have described. In particular, with regard to concerns about potential elder abuse, she feared that isolation has increased seniors' vulnerability and provided an example of such a circumstance:

> Rhonda: I think it's changed. I think... because people, who [will be] preying on old people when they know there are no family around... and an example was, you know, a neighbour who sort of became very helpful and, eventually, ended up being given just about all this person's possessions, including the car. A family came back from the mainland and realized what was happening. By this time, the older person had dementia and couldn't be a reliable witness, and so there was no proof that she hadn't given [away the car]...

Another service provider offered a second disturbing example of the potential for abuse of isolated seniors:

> Jerome: I guess some of the biggest barriers for seniors in Leary Harbour are issues with geographical disparity, like transportation, poverty, elder abuse, not only from family and friends but from sometimes from community members. Like I'll give you an example. I worked with someone in the past, and this man would, basically, like charge her like every time she wanted to go to a convenience store, which is probably eight... ten minutes away from her home, he would charge her $25.

Despite a generally optimistic view of aging in place in Leary Harbour, it became clear that gaps did exist in the provision of both formal and informal care. Younger seniors and providers of care expressed deep concern for their ability to sustain Leary Harbour's capacity for its residents to age in place:

> Walter: I guess the fear and the reality is what happens to support the aging in place like as people get older and, you know, some of the supports we have now because the people who are providing the supports – like the doctor, like the nurses, like the x-ray lab technologists – they get old themselves and nobody comes in to take their place, then like I think... in my opinion, like the situation and to be able to age in place will change for people probably [who are now in] their mid-50's. (...) I'm fearful that we'll see it happening like it happened with the physiotherapist and with the dentist – as they go, they won't be replaced. (...)

Those things all point to, you know, tougher times ahead, in my mind.

In-migration may also negatively affect support structures. Familiarity is an important factor in the provision of support - the knowledge of who one can call on for support but also of who may require support. In an earlier passage above, Jessica expressed her confidence that no one goes without the help they need because "everyone is known to everyone else." This confidence may be compromised by an influx of newcomers taking advantage of low priced housing stock made available by the exodus of young families from this picturesque community. Jessica described how the addition of newcomers who are part time and temporary may compromise the benefits of familiarity.

> Jessica: Well, actually, what happened here was a lot of those houses were bought up by Americans, you know, and they use them for summer homes.
> Interviewer: Oh yeah. So how does that work out?
> Jessica: Well, they... like there's an artist living here now from the States, and there's... I don't know, there's another fellow down on the lower coast. I'm not sure what he does but, you know, they come and they go, you know.

Participants expressed a further concern that transient residents may have little interest in investing personal or financial resources into community based programs and supports they are unlikely to use themselves:

> Amy: And I also wonder sometimes about these communities that I see because I see it... that are being populated by seniors and, you know, people who are building huge homes who might only live there for two weeks out of the years, and how do you make that survive or involve those people in your community...

For many participants the transformations in the role of the church and religion in their lives was a marker of the broader community changes that had taken place. While I

was of the view that the organized church holds possibilities for local intermediate

programming such as meals on wheels, palliative care, friendly visiting etc., I came to

realize that my views were based on my own experience of formal religion (Mennonite)

that emphasized lay ministry. Once again I had to bracket my views, understanding that

they did not translate to the more structured Catholic orientation. I had underestimated

the comfort people drew from the security of the long established hierarchical

organization of the Catholic Church. This was not easily transferred to lay personnel.

When I asked Bonnie about the use of volunteers to expand the activities of the Priest,

she informed me that while this was already happening and did provide some consolation

and comfort to house bound seniors, she felt it would take awhile for older people to

accept.

> Bonnie: And I'm thinking myself down the road that, you know, we're
> going to have... there will be lay people who will have to take up the job,
> you know; and I don't know how that would be... I don't know if that would
> be accepted by the... you know, because we have even older people, you
> know. We have older people. They respect you. Like I, for the past two or
> three years, I've been... what was called a Eucharistic minister. I could go to
> older folks and give them Holy Communion, you know; and so I brought
> Holy Communion to two older folks. (...) But you'd be surprised, honey,
> what a consolation that was, and the way they looked forward to that, you
> know – it wasn't only you were bringing them Holy Communion. You were
> paying them a special visit. You could sit and chat with them for awhile, and
> they looked forward to it, you know.

Dave described the role of the priest in the community activities as essential, not

because of his administrative efforts and activities, but primarily because of the

power and security his presence conveyed:

> Interviewer: And why is it important to have the priest in the community?
> What are the things that he provides?

Dave: Well, I think spirituality I guess; encouragement and, you know, a pat on the back, you know, you're doing great and don't be worrying. You know, it's kind of counseling and everything like that. Yeah. And they appreciate. I think when the priest is moved away then, there's, at least for Catholic communities, they feel that immensely. They feel, then let down by the official church.

Dave agreed with Bonnie that it would be some time before Catholic communities like Leary Harbour would accept lay leadership in place of a parish priest.

Dave: Well, I think we have lay people now who are prepared to celebrate in the communities. (...) But for Catholics, you know, I still hear them say oh we miss Mass and the Eucharist. Now they can have Holy Communion in their little churches with lay people presiding, but it will take a while to say it's better.

Dave described the significant role played by the church in many rural communities, and the impact of its decline. In his view, in Catholic communities such as Leary Harbour, the closing of a church was a portent of their abandonment and a trigger for further out-migration:

Dave: It's like losing a school I think. It's like losing a cornerstone. And sometimes they feel abandoned. And then they say my gosh we have to move, you know. Will our little place be sustained? Will government keep up the roads, you know. And quite often that's not going to happen, you know, in some of the smaller communities. And the churches won't be kept up. They will for a while. The people of great faith will sweep and tidy and paint on their own. But gradually it will not happen you know.

5.2.3. Worries about the Future

"... I think we have to really tackle this head on"

Participants such as Rhonda, Sarah, Walter, and Dave, having a 'big picture'
perspective due to their work in the community, were clearly worried about the
vulnerability of older persons in the not too distant future in communities like Leary
Harbour:

> Rhonda: So, you know, it does leave very vulnerable people sort of exposed,
> really, so I think it's very, very... it's imperative that we start to put the right
> services... but even if, you know, as I've said, if the community is... you know,
> for people who are 50-plus, I mean, that... most of them are fine and they'll be
> the council and they'll be everybody else; they'll be the Lions Club; they'll be
> everybody, but there's no young people coming up behind them. You know, if we
> don't start to act now, what's going to happen when they become 70 or 80 and
> they're not able to do all these things, and there'll be nobody doing it. So what...
> you know, I think we have to really tackle this head on, I think.

The question of what will happen as existing informal and formal supports
diminish even further due to retirement or out-migration or simply because aging
volunteers can no longer "do it all" on their own, looms large.

5.3. Decisions about Aging in Place in Leary Harbour

5.3.1. Why People Stay

"...their heart and soul is home"

Two underlying assumptions of this research are first, that older people prefer to
age in familiar places and settings, and second, that younger people believe that enabling

residents to age in place is to the overall benefit of their community. I anticipated that this would be the case for residents of Leary Harbour but wanted to explore the depth and breadth of that commitment, especially in light of the fact that intermediate resources rely on local participation for their development and delivery.

Research indicates that rural communities typically do provide stronger levels of support to seniors than their urban counterparts (University of Alberta, 2006). Related factors include being small in size, having more long term residents, more seniors and a culture of helping. Rural Newfoundland appears to be no exception. Sarah, a senior policy analyst, attributed the 'culture of helping' to the island environment, albeit one that was in transition:

> Sarah: I think we believe... and I hope we are... we believe that we are generous in terms of caring about each other. And if you lived on an island... you know, we've lived on an island for generations and you can't... you have to help each other. So it's a culture of helping that has evolved. It's changing. You know, there's no question about that.

However, participants described a will and desire to age in place that seemed to surpass the rationale that rural places are simply better places to grow old. Providers of all levels of support observed that even in circumstances where the health or mobility of older persons was compromised, the comfort and security of familiarity overrode most other limitations:

> Edith: It's their home town honey – that's all they knows, right? And they have their own homes and they don't want to leave. (...) Until somebody goes in and takes them out of it, right?

In the introduction I referred to the sense of attachment to place that permeates

discussions about rural Newfoundland life. The power of 'place' and its capacity to invoke well-being has been a long standing theme of sociological research (Kearns & Andrews, 2005). At the same time, place attachment in the context of the struggle to maintain even basic levels of service has raised questions about whether it is more rhetoric than reality (Mackenzie, 2001) and has been described in some cases as "pathological" (Fried, 2000). Nevertheless it was frequently cited by participants in response to the question "why stay?" Younger and older participants described a sense of place so deeply rooted that they remained connected to the place long past the time they've been able to accurately refer to it as home:

> Interviewer: So what do you think it is that brings people home?
> Brigid: What brings them home – a sense of place, a rootedness – that this is their place. (...) It's like... I suppose when you take the purple flags or the Iris plants down on the beach that grows so beautifully or you take the Tuckamore, that little bush that grows out of the rocks almost – well, you take them and try to transplant them in your garden; you have difficulty.

and,

> Bonnie: So that's the reason. There's that closeness. And why wouldn't you want to come back, you know. You know, even though people are going now, their heart and soul, like that ... their heart and soul is home and... you know.

Although not a resident of Leary Harbour, Sarah was quick to recognize and identify with that deep sense of place and history that she felt characterized older Newfoundlanders in particular. I asked her why she felt older seniors chose to stay in rural communities:

> Sarah: Because that's where their heart and soul is. That's the... you know, older Newfoundlanders, you know, have a culture of feeling that this is where my parents were born; this is where my grandparents were born; this is where my great-great-great-great grandfather came over from England and what he saw

first, and this is our land. (...) Oh, I think that exists for sure, and we have a sense of being, a sense of who we are as a people...

Amy, an intermediate provider, described how this rural sense of place resonated with her own attachment to Newfoundland. She recognized the depth of the sentiment as well as its ambiguity:

> Amy: I, personally, have a very strong attachment, which I find difficult to explain to other people, and I have a lot of friends who have just, you know, without thought, packed up and moved to Ontario – almost all of them. When I graduated from university, like almost everyone is gone.

June felt that, particularly for older residents, attachment was related to the security of familiar faces and places in the community:

> June: Another thing too with the seniors that keeps them here is the closeness they have to the church, right? Like I said, it doesn't matter to the younger people because they don't go anymore, but the seniors love that closeness and they have their doctor, going back to that again, right? They have their post office, their grocery store...

Jessica agreed but felt that there was a distinction between simply the familiarity of neighbours as in the city, and the deeper knowledge of neighbours that she experienced in Leary Harbour:

> Interviewer: What's different about it?
> Jessica: The peace and the quiet and the... you know, your neighbours; and you're in St. John's and, you know, your neighbours there and there but, sure, you don't know them. (...) You do know who they are now, but they're just not... it's a different atmosphere completely. The friendliness is not in town that you have home.

On the other hand, the desire to age in place was also described as a simple practicality related to home ownership and life style choice:

June: The attachment to their homes, number one, right, and… because they worked and brought themselves… they paid for their homes. That's their place now. You know, this is their hometown, right, and the peace and quiet, for sure.

Carla is a young senior and not a Newfoundlander by birth. She viewed the choice to age in rural place as a lifestyle choice, partly related to home ownership but also to a "pattern of life" that was important to them:

Interviewer: So what makes people stay then in rural Newfoundland, do you think?
Carla: Well, for one thing people own their own homes. (…) Yeah, and they're comfortable there. They've lived their life there. They love being able to be free to go on the sea or in the woods or… particularly the men. (…) You know, I mean, rural people have very good lives. You know, in the system we've got now, they can… and I think they have a pattern of life. They get their wood and they get their moose and they pick their berries; and, you know, for the people who are used to that lifestyle, that's satisfying for a man particularly.

Irrespective of whether the choice related to ideals or practicalities either real or imagined, participants were of the view that the option to stay in one's community was the preferred one. Rhonda has been involved in extensive research and programming for older persons in Newfoundland and Labrador and with national and international partners. In her experience, leaving one's home is considered by older persons as a last resort. She felt that if it just wasn't possible to stay in one's home, staying in the community was the next best option; one that she worried is not well supported in smaller communities such as Leary Harbour:

Rhonda: I mean, all the consultations we've done… not just on this project, with other projects, people want to stay in their homes for as long as they can. If they can't stay in their own homes, they want to stay somewhere nearby with supports, and that's a problem because you can't build a complex in every small community. So it goes back to, you know, more home support – more support for people where they are…

5.3.2. Why People Leave

"...they got no choice"

The convergence of age-related limitations and the under-servicing and depopulation of rural places will inevitably trigger some residents' decisions to leave. In so far as the goal of this research is to contribute to the development of social work practices that sustain and expand older persons' independence in rural Newfoundland, it was important to understand the circumstances that activated these triggers. This section summarizes participants' responses to the question "why do people leave?"

Most participants felt that if older people chose to leave Leary Harbour it was primarily due to concerns about their ability to access health services. While a moderate level of health care is provided in Leary Harbour, the reality is that when health and or mobility deteriorates to a point where acute care is required, or when extensive and ongoing testing is needed, people simply have to be close to services, or have access to transportation to those services:

> Jessica: Well, like just next door now, which is [my mother-in-law's] husband's brother and his wife, and they got into some serious medical issues, you know, and I guess… well, their son, who was the last relative around here, lived next door and [he] moved away. And so they were left alone, say, with no family and they moved to St. John's.

and,

> Jane: We have several clients who have left rural Newfoundland, who would love to be there and retire there because it's their home … and it's cheaper to live there; but they can't, for health reasons, mostly. (…) They'd be closer to a hospital that they can afford to transport themselves in a taxicab or a Wheelway bus or whatever they need, you know.

The decision to leave was not made easily or without cost. Dave felt that as long as people were in "fairly good health" they would consider the two hour drive to the city to be relatively easy access but if there was a major health problem they would have some hesitation at staying in Leary Harbour; but the cost of leaving was deeply felt:

> Dave: But again, when there's easy access to hospital facilities like here in St. John's, you know, they prefer to stay home and come in when there is an emergency.
> Interviewer: Do you think people consider that drive, an hour and a half or two hours, do you think they consider that easy access to medical facilities?
> Dave: I think they do generally if they're in fairly good health. (...) If they have some kind of a major problem, like if their heart is really giving them trouble, they may hesitate to stay home. (...) But it's very hard leaving home and letting go your property which you spent your life building and, then, you have to let it go for little or no money.

Participants also described examples where the lack of higher levels of health care in Leary Harbour had forced well individuals to leave in order to be closer to their frail partners or family members:

> June: Yeah, I've seen that too and that's so sad. (...) Because I've also seen where the husband had to go and the wife is home. (...) And that's really sad, you know, and like there's... it's not the place for, say, the person in good health, right, whereas if they could go, say, to a seniors' complex where two of them could be together... but if she can't provide the care for them, they got no choice.

Although providers agreed that access to health care was an important factor, they also noted that people may also have been compelled to move because of an absence of more basic assistance with activities of daily living such as home maintenance, transportation, and snow shoveling. Moreover, as Rhonda notes below, the few people who were available to provide support required assistance themselves. The absence of support for the caregivers in the community may further compromise the ability of

residents to age in place:

> Rhonda: Sometimes it's just... it's the stress of trying to keep the house going and pay the bills and, you know, the house is falling down around you and... that's one of the things. Caregiver stress is another. You know, looking after a spouse, you know, with no help until you just... you know, you... also looking after an adult child with a disability, that's another big issue so... or your own health... health is usually the overriding factor. You know, that's the biggest deciding factor, I think.
>
> Enid: Well, their mobility issues would be number one. You know, can they get in and out of their own house and be housebound. Also, transportation – the ability to have some sort of transit system in which they could, you know, hop aboard a bus and travel inexpensively to wherever they need to go, and access their services and... I would say those are the big ones. And the other things they would need would be support with little things that get you through, for example, (...) things like Snow Busters: you know, somebody to drop by and help them shovel their driveway, that sort of thing, you know, in lieu of their own children and family to do it.

> Carla: Well, you know, there are several things, I think, that we do need. (...) Some sort of local transportation - I think some sort of local business - it doesn't have to be a volunteer - that can do the household repairs and maintenance and lawn mowing and snow clearing. That's what causes people to move.

In addition to a shortfall in amenities and services in rural places, expenses were

also described as a challenge to rural living:

> Sarah: No question. Access to... well, the banking machines - the banks no longer exist in their communities, so they have to go long distances to access money. Their grocery stores are closing up. So now it's really expensive to be able to access food that's even reasonably priced; and if you're on a fixed income, that's difficult. And so you've got food; you've got your banking; and then you got your transportation issues. Gas is expensive; maintaining cars is expensive, and difficult, you know.

and,

> June: Well, you've got to try to support your own, right? So, naturally, you know... like I'm the type... I don't go what you call grocery shopping for two or three hundred dollars worth of groceries. I pick up what I need when I need, and in the community I'll do it; but if I'm in St. John's... and we will pick up a

certain amount of groceries there, right, you know. It's convenient, you know, because you're out there; and I have to say it's hard to live by the means of the prices here. I mean, you will find that… I'll give you an example. I bought a box of cereal at Wal-Mart a long time ago. I was blown away by the difference in the price than I would've had to pay home here for the exact same size, which home here… it was $5.99; I got it for $1.99.

Participants also expressed the view that older residents were realistic about their capacities to age in place. Rhonda believed that most people had reasonable expectations of the level of service that could be provided to remote communities. When their health or mobility had deteriorated to the point where extensive and acute medical assistance was required, people accepted that they had to move even if it meant leaving their community. However, she felt that they resented having to leave because these basic services are unavailable:

Rhonda: I don't think most people will fight the move when it's absolutely necessary. I think what they don't like is the moving when they don't feel they should have to, you know. I think if you need a high level of nursing care, you're not going to be too bothered by that stage. You know, you'd like to stay in your community; but, if you can't, then you've got to go where the services are. But to be sort of forced out because you can't get a few hours of home support just to… you know, you got the snow cleared so you can get out of your house in winter, and these sort of basic…

Others accepted out-migration as part of a broader global shift to urbanization and the values of a new generation that simply "wanted different things:"

Carla: [The stores have closed] – one in the last year, one in the last five years – but they say it's because we have no major businesses, but we never really did have any major businesses so, you know, (…) More people left the island to do other things – to go to school and to shop and to see a bit more of the world, and they had enough money for holidays and they saw different things. They wanted different things and…

For June and Margaret the answer to the question why do people leave is less complex:

> June: Loneliness. (...) I know seniors who have left because all their family is gone. Maybe out of six they have in the family, probably there's three living in St. John's area, you know, and the rest are on the mainland. So they decided they're going to go out to be close to them. I think that's the big thing.

and,

> Margaret: I was just going to say, you know, if all your children were gone and you had nobody, you know, you'd find it hard to stay then.

The foregoing information about why people stay and what compels them to leave contextualizes the environmental elements for aging in place in Leary Harbour. Respondents from all categories recognized the attachment to place that underpinned residents' desire to stay, combined with home ownership and the security of familiarity. They accepted the reality that where acute health care services were required, a move may be unavoidable. Respondents were aware of the impact of loneliness on older persons left behind, and understood decisions to relocate to be closer to children. They were less tolerant of circumstances that seemed to force a move unnecessarily, for example because of the lack of or cost of the most basic amenities. The next section summarizes participants' ideas about the importance of aging in place as a cultural and philosophical ideal for themselves and for their community.

5.3.3. Why Aging in Place is Important

"...they like home the best"

Intermediate resources rely upon commitment and participation from individuals and associations at the local level. To adequately assess the relevance of intermediate resources it was necessary to consider the degree to which residents themselves believed in aging in place as a desirable outcome. As described in Chapter Two, gerontological research indicates that the ability to age in familiar settings where one's knowledge about people and places is substantial and detailed is by far the preferred option. The competence and emotional security that is derived from living in a familiar environment is critical when competence in sensory abilities declines due to age related losses in vision and hearing, for example (O'Bryant, 1982). Participants in this research expressed support for these aspects of the value of aging in place:

> Interviewer: Now why do you think it's important for people to be able to stay in their own place?
> Margaret: I suppose because they like it best. You know, they like home the best.

> June: Yes, I do because peace of mind, number one. I really do. And they need... like when we're talking about the older people, we'll say, like up in their 80's, whatever, their surroundings – they need to have familiar surroundings. You know, they want to be in their own home.

More importantly they felt that there were benefits for their community of the presence of older persons. Once again participants provided both philosophical and practical rationales. There was a sense of obligation to seniors as community builders, but there was also the recognition of the very tangible supports older persons provide to communities:

Bonnie: I'd like to see those things happening, you know, to make life a bit... and to appreciate those old people. I don't want any appreciation. I mean, I'm getting satisfaction out of what I'm doing; but, you know, to let people know that they're... they are special. They were the background of these communities, you know. (...) I'm almost reluctant to say it, but the older people are the people who really keep the community alive, because it's their contribution, you know. If you have a garden party in the summertime, you go to your community for monies to buy the meat. We are all seniors. So the seniors are the contributors – the big contributors. They are the only people with money in this community.

and,

June: Oh yeah, another thing is... about the importance of... for our community that the residents can age in place is they still pay their taxes. We need them, right? That's another... and the businesses need them, you know, even though a lot of us probably do, like we said earlier, go to St. John's and buy bulk groceries, whatever, those seniors don't do that. They need them. You know, the businesses need them for their income and everything else, right?

Other participants indicated that older persons were important to their community

because they provided positive role models about aging and about survival in difficult

times:

June: Well, they are the backbone of the community, number one, and like they're the ones who strived to build this community, right? (...) Well, I mean, they can tell us stories that we can never even imagine, you know, and my grandmother, who's dead now what – my glory, I don't know how long she's dead – it was almost 20 years, I'd say, and I would glory in sitting, listening to her telling me stories about how her father was a mailman, how he had to travel here and there, how she was... her sister was a midwife and how they had to go by horse and cart to deliver a baby and... I mean, that doesn't happen now and it's so hard... it's amazing to be able to imagine what they did years ago. And that's why I think it's so important that was... should be taped – and stories like that, you know.

and,

Interviewer: But why do you think it's important for communities to have older people in them?
Rhonda: Well, it gives a sense of continuation and a historical perspective, you know, on where... you know – especially if there's young people in the

community – where they came from. (...) Yeah, learning from experience.

For Jane, the knowledge that seniors provide has meaning beyond its practical value. The importance of hearing about where the best fishing grounds are, about how to knit and cross-stitch and make a blanket, was about "knowing where I come from":

> Interviewer: It sounds to me like if those stories are important to you and I wonder why you think that is, because you don't fish and you don't...
> Jane: No, I just want to know where I... I want to know more about where I come from. I think that's really important, you know, our history so we can move forward and know who we are.

The benefits of this knowledge sharing were mutually experienced. In this next passage Norma described her ongoing participation in the local school's projects. As I conducted the interview, her sense of pride in this connection was evident:

> Norma: Well, now if they have an assignment down the school and they want to know something about old times, all they have to do is come up here.
> Interviewer: A lot of history that would be lost if they didn't have your stories.
> Norma: Yes, absolutely, yeah. (...) Now that's the way I feel. If they have a get-together down there, I'm always asked to go down. (...) Well, if they want to know, they can ask me. If they have a question, about old times or something, all they'll do is come up here, you know. (...) You can't let everything go and nobody remember.

From a policy perspective, and from her experience talking to people around the province about issues related to aging, Sarah felt that age-friendly programs contributed to a broader good that ideally would benefit the whole community:

> Sarah: And I think too that, provincially... I mean, yes, we want to be age friendly but age friendly also means friendly for young people too. You know, there's certainly... you know, younger people certainly do have obstacles in life and there's lots of older people who have to be challenged because they, basically, are [prejudiced] towards younger people, right?

Notwithstanding the importance of the desire of a society or community to enable

aging in place, as noted above, the reality is that aging in aging places can be thought of

as a dual vulnerability whereby residents may be placed at risk because of their age as

well as because of where they live (Joseph & Cloutier Fisher, 2005). Nevertheless,

Rhonda felt that older persons ought to be able to choose to meet that challenge, and

determine for themselves the level of risk they are prepared to accept; and that they ought

to be able to make that decision based on their own needs and wants and not based on

environmental constraints.

> Rhonda: So I think the big thing… the overriding thing about this is choice.
> People need to be able to make choices to suit them, and it shouldn't be… you
> know, it shouldn't be imposed on you by circumstances. It should be something
> that you can decide what's best for you, you know, and take it from there.

Local, regional and global shifts have affected social structures in Leary

Harbour, but the idea of aging in place remains important. Nevertheless people are

realistic about what their community can provide. From their responses to the

question: "Is aging in place important?" we can begin to understand the significance

of the idea of aging in place for individuals as well as for the community. These

stories tell us that people do want to age in place in Leary Harbour, and that they

want their community to include older persons. While changes have occurred in the

community as a result of the closure of the fish plant as well as due to broader global

shifts, Leary Harbour remains a relatively good place to grow old. Informal support

is available to some degree for those who are connected, but for others isolation is an

issue. The medical services that currently exist in the community are superior to

many other rural places. They, along with the role played by the parish priest, are
viewed as important markers of the community's well-being. Nevertheless
participants also spoke of their concern about the tenuous nature of those markers
given the reality that key providers are aging themselves and as they retire are not
replaced.

5.4. Intermediate Resources: Benefits and Challenges

"...you got to be the link between the volunteer and the formal system"

The focus of the research question was intermediate resources. In Chapter One I
defined the concept of 'intermediate' resources using Sartori's 1984 model which
delineated the intension or connotation, and extension or denotation of its properties. The
connotational properties of intermediate resources are that they are helping encounters
that are considered neither informal (family) nor formal (professional) in nature. The
denotational properties are related to, as Sartori outlines, aspects of boundaries,
membership and measurability. I described the *boundaries* of intermediate resources to
be determined by some level of organization either governmental or non-governmental.
Membership is determined by the user. That is, choice and control of the service is
managed by the older person. Access is not determined by eligibility, and the nature of
the service provided is developed according to the individual's needs and wishes. To
attain *measurability*, I furthered defined intermediate resources to be limited to
instrumental and advanced ADLs, as identified in standard functional assessment scales.
This section summarizes participants' responses about what they viewed to be the

primary benefits and challenges of the provision of intermediate resources in their community that support aging in place.

I purposively selected for interviews, representatives from each of four sponsors of intermediate resources who had worked in or were hoping to provide outreach to Leary Harbour. Their perspectives highlight both the challenges and opportunities of providing intermediate resources in the context of the experience of out-migration and resource depletion as described by other participants in the above sections. The four selected agencies were the Seniors Resource Centre (SRC)'s Elder Abuse Community Response Model, the Canadian Hard of Hearing Association (CHHA), the Canadian National Institute for the Blind (CNIB), and the Victorian Order of Nurses exercise program for frail older persons (called S.M.A.R.T. – Seniors Maintaining Active Roles Together). Each of these meets the definitional standards for intermediate support outlined above.

In addition to these organizations, participants identified two locally organized groups, the Fifty Plus Seniors Club and the local chapter of the Knights of Columbus, that provided intermediate support according to the definition above. I will begin this final section of the findings chapter by summarizing what participants said about the opportunities and challenges experienced by these local groups.

5.4.1. Local Intermediate Resources

The Fifty Plus Club is a group of senior volunteers who organize regular opportunities for socialization including card games, dances, day trips, and dinners. This group also serves as an important partner for intermediate and formal providers outside

the community

> Jessica: Yeah, there's a Fifty-Plus group here...which, you know, is great for the
> social aspect of it, right? (...)Yeah, they have their own building and, yeah, great
> support in that way, I have to say, yeah.
> Interviewer: So what kinds of things do they do that...
> Jessica: They... well, Saturday night... they have a card game every Saturday
> night... Sunday night, sorry. And they have... you know, they have exercise
> programs and they have meetings and get speakers in. I think they had one about
> diabetes and one about hearing and, you know, that kind of thing.(...) [it's] great, I
> must say.

The Knights of Columbus, the Catholic men's group, was spoken of several times

as an important resource to older persons in Leary Harbour. However, at the time of the

data collection its future was uncertain due to difficulties finding voluntary personnel.

> June: We had for years a group called the Knights of Columbus, who were a
> wonderful group and would do... you know, they're there for bereavement
> support; they're there for shoveling snow, whatever, you know. So that's one
> group what we call... there in past – say, no time ago but now...(...)Yeah, they
> folded. That's the word. I was trying to think on that. And they... but now
> they're talking about bringing it back in because they were such a good group that
> they find it's a shame not to have it anymore.
> Interviewer: Yeah. So why did they fold?
> June: Because, see... okay, I'll tell you why. They had 42 members in name
> only. You probably had 6 to 10 at the most who were active members, which...
> after awhile, when you're volunteering your time and you see people who are
> there with... their name is on a committee - I mean I'm witness to that; I know
> that – and sitting back and doing nothing, that's no good. If you can't be an
> active member on a committee, don't do it; (...) But with the Knights of
> Columbus, I think that's what happened. They could not get people to take over,
> say, the Grand Knight position or the secretary part or whatever, right? And,
> unfortunately, it's all men because most times you'll find that there's a lot of
> women who volunteer their time, but Knights of Columbus is men, see?

Central to the provision of intermediate support is a reliance on volunteers. So on

the one hand it was not surprising to hear that out-migration had significantly affected

this level of support. There are just too few people left to do too many things:

Walter: Like if you have the Knights of Columbus, which has folded in the past twelve months, by the way... or if you have like the Fifty Plus association or the Lions Club... like, usually, you'll find those groups are made up of the same volunteers and they're trying to be everything to everybody like, you know, doing the best they can with it all. That's the other fear like – is the fear that [people] are trying to do so much getting burnt out, and then the other people are not there to fill in.

In addition to the issue of fewer people left to volunteer, participants expressed a concern that in the ongoing struggle to overcome the changes, Leary Harbour residents were less likely to invest further in their community. Jerome described the community as having been "let down" in the past and having become disillusioned as a result of unmet expectations and, moreover, the sense that their community's misfortune had been exploited:

Jerome: You know what, and so... but they're so used to loss and I think because like they're so... [tired of] so many false promises; and, you know what, they've seen that 'we've been a stepping stone. We've been walked on, so we don't want to hear anymore.' Like 'we want something so we want to see something now and we want to see something that, we can actually say, yeah, this is what happened because so-and-so was here.(...) And, I think, you know, Leary Harbour is like... they've seen this before and before and before, so now it's like... kind of [a] learned behavior reaction – 'okay, what's this person bringing this time?'

It was as a result of this cynicism, Jerome suggested, that people did not come forward to volunteer. They believed that their community has been abandoned:

Jerome: But, Gail, up in Leary Harbour people have given commitment and time before, and what has happened: their fish plant closes, their supermarket closes; you know, they lose their bank. And, you know what... so there's only so much that, you know, a door gets slammed – how much you can take that; and so what happens is you become cynical. You become resistant, and this is what people are seeing.

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Throughout the data collection process, participants talked about the difficulty

recruiting volunteers for intermediate programs, both in terms of the delivery of programs

but also with respect to their leadership and organization. The gap had been moderated,

to some degree, by individuals filling in where groups were no longer available. Jessica

described how she and her husband picked up the Christmas hamper campaign that the

Knights of Columbus was no longer able to deliver. Jessica and her husband ran the

campaign with the help from the social worker who had been responsible for the area.

When the social worker was moved and seemingly not replaced, they carried on as best

they could just by word of mouth. She noted that the challenge wasn't to get the

donations. Rather it was to find someone willing to take the lead for the program:

> Jessica: Because I know we do a Christmas hamper campaign. It started through
> the Knights of Columbus; but when they closed, well, we just kept it on anyway.
> Interviewer: So who's "we" – just…
> Jessica: Well, my husband was [involved in] the Knights of Columbus. So when
> it folded, well, we decided – me and him – that we'd keep it going anyway (…)
> we just kind of went from… we had the list from the year before and like the
> word was and every… you know, people would call in and, you know, that's a
> small town again, right, you know.
> Interviewer: So do you just do that out of your own pocket?
> Jessica: Well, we just always look for donations from different organizations in
> the communities here. (…) And like, yeah, we put boxes in the church for food
> banks kind of - you know, not exactly, but they donate for the month of
> December, you know, and we just get the word out, and put one down in the post.
> (…) My personal opinion is, they… the services that they provided as the
> Knights of Columbus, they're still getting done. It's just that they're not a part of
> that organization anymore because I guess maybe nobody felt that they could do
> the job, or maybe they were intimidated by the Knights of Columbus, you know.
> But they provided… they did perform the rosary for when someone died, and they
> looked after… you know, helped out in the church and they're still doing all that,
> right? It still gets done. It's just not under that banner anymore.

Bonnie also found that leadership was an issue when she tried to find someone to

take over the a little craft group she had started:

> Bonnie: Like last year I got a little group going – I got a program going, and this was all a part of it too – when… we went to the hall on Wednesday afternoon. We had knitting, sewing, quilting, matting, crocheting and we had… and painting, so we had somebody do… help with all those, and they loved it; but that was a crushed when I wasn't there, you know. See, you know. They love to do things, but they haven't got the leadership qualities, you know. It's easier to give up on it…

Bonnie felt that people saw the need but were simply reluctant to take on responsibility and preferred others to take the lead:

> Interviewer: Now why don't other people see that, do you think?
> Bonnie: They see it, honey, but they're not willing to take the responsibility. There's the… you know, we have a lot… we have a few volunteers, a few good volunteers, but we have no leadership. They're inclined to sit back and let somebody else take the responsibility. There's that fear. There's a fear of responsibility.

June, who has organized many events in Leary Harbour, tried to pinpoint what it was people needed to be motivated to become involved. She did identify support and personal contact as ways of engaging people in activities around which they felt confident:

> June: Oh, that's a lot that they need because a lot of the residents, we'll say, are withdrawn to the fact that they feel they can't do it as good as the next person, right, and… (…) They're very shy to the fact that they're afraid they mightn't do it as good as the person who has been doing it for years, you know, so you're right – a little bit of encouragement and praise and thanks goes a long way to keep a committee running.

In addition to lack of personnel, the lack of resources for supervision and training of volunteers was also identified as important, especially with younger volunteers:

> Bonnie: It can very easily deteriorate, you know, when it's not being supervised;

and kids – you put grade twelves in the museum, but they're kids, because they haven't learned... the kids today don't know how to work. They haven't learned it. They don't learn it in bed, and that's where they spend most of their time, you know, right? From that to the phone to their computer to the television, you know, to school. (...) They have to... you know, if we're trying to build a bit of tourism, you're not doing it by giving people a bad experience first time around; and first impressions are lasting impressions, you know.

Bonnie also viewed the increasing concern about liability as hindering community based programs. Here she described a program that provided seniors in the community with a bit of help around their homes but that was undermined by insurance concerns:

> Bonnie: So I had a group of [students] one year, and this was the program that I had helping seniors, you know, so they visited the seniors. They went shopping with them. They cleaned out their cupboards. They mowed their lawns – boys and girls, you know – and they sat and chat with them, you know, and it was a wonderful, wonderful program. You know, it was a wonderful program, but then comes the situation where, you know, now they're not allowed to mow lawns anymore. Apparently, none of mine ever got hurt or anything, I mean, you know, but insurance...(...) You know, so there's all these technicalities come in and destroy what you... you know, that... you know, years ago we volunteered. If we hurt our foot, we hurt our foot; but today, you know, sue this one, sue that one, sue somebody else, you know.

Where volunteers were available, participants talked about needing to take into account individual strengths and the extent and type of support they could provide:

> Jessica: I think probably that's a lot of it, you know, because like younger people, generally speaking, they're more involved if their children are involved or, you know, they have... when you get older, maybe you lose a bit of confidence in the fact that... you know, I can't be the leader. I'm a good follower, but I'm not going to take it over kind of thing; and maybe, you know, that is... maybe if they had some... if there was support there in the leadership role, sure. I don't see why not. Yeah. And those that are may be a bit of a leader, I mean, they get burnt out after awhile when you're doing the same thing year after year and year, you know. There's only so far you can go. (...) And some of us are followers, you know, and some of it, you know... but you need... an organization is only as good as the leader, really – the one who, you know... they can't operate without followers too, mind you, but...

Thus, while the depletion of the volunteer pool was an issue for those who were trying to develop intermediate resources from within the community, participants also described the need for a typical volunteer management approach that included recruitment, screening, training, supervision and support and evaluation.

5.4.2. Externally Organized Intermediate Resources

The importance of volunteer development was key to the success of externally organized intermediate programs as noted by the intermediate providers who were described above as purposively selected for the interviews. All of them have outreach models that, while not currently in operation in Leary Harbour, have been developed to adapt to the particular needs and resources of similar rural communities and if funding permitted, clearly see a role for their organizations in Leary Harbour.

The Elder Abuse Community Response model, for example, is a program currently being developed by the SRC in partnership with the provincial and federal government. This is a five year plan aimed at developing a "coordinated, seamless, community response to meet the needs of abused seniors and those that support them, regardless of the time, location, or nature of their circumstances" (Seniors Resource Centre, 2005, p. 8). One of the entry points to the response model is through the Senior's Navigator who is a local community person who has received training on recognizing and responding to potential signs of elder abuse. Rhonda emphasized that volunteer training and support was critical in this model:

Rhonda: Well, what we're proposing – you have those options. You see, you could remain anonymous and call the line…or, well, you can go [to the senior's navigator]…[who are] well supported by regional elder abuse consultants. So they would be screened and trained and given all the information, and they'd have a place they could… you know, so they wouldn't just be out there thrown to the wolves sort of thing, right? It would be very much supervised and managed.

In addition to training and support, the Elder Abuse Community Response model featured the development of partnerships with local and regional formal service providers which was described as additional sources of support for local volunteers:

Rhonda: Yeah, I think it should take a load off the people who work in… at the community level. Well, hopefully, it will give… there'll be one or two people employed, who have the expertise and they'll know and they'll know that they're there to support them because… and the other thing that we are suggesting are these multi-disciplinary teams, both at the regional and the provincial level. So that would give them a whole other… you know, there's a whole other group of experts there that could be drawn on if they need them. So it gives them a lot more support, and it gives them a very clear way that they have to go about dealing with these situations, which is certainly… they don't have now.

In developing the Elder Abuse Community Response model, Enid found that there were people in the community trying to provide support but who were struggling due to lack of education and support about the sensitive issue of elder abuse:

Interviewer: So what do you think is the key difference between what they've always done and what this model provides?
Enid: Well, most of them have very little knowledge about elder abuse: what it is and what forms [it might take]. So, you know, they're not… right now, most of them would not be naming it or seeing it for what it is. They'd just be trying to help with, you know, a specific problem that the person might have. So I think that would be the difference, but we'd also be looking

to do a lot more in the way of education awareness through these people... you know, through the elder abuse consultants and the volunteers.

Remembering Jerome's concern that people might not be willing to disclose 'problems' to members of the community, I wondered how the idea of the "Seniors' Navigator" had been received:

> Rhonda: Well, funny enough, because of that, when we first developed the model, we didn't have [the senior navigator] role in it with the community because we thought, well, no one will go for, you know, that because in small communities no one is going to want people to know their business; but it came right back to us from the seniors themselves that they didn't like a 1-800 number. (...) They like to have someone on the ground they can trust.

Canadian Hard of Hearing (CHHA) staff agreed that it was essential to have some sort of trusted local personal contact to encourage, and also to clarify misconceptions.

> Amy: Yeah. Access to information is kind of the biggest thing because people... if people know that we exist, they can contact us; but I think kind of the first step... for a lot of people who are hard of hearing, they can know we exist all they want, but they might not do anything about it; but a lot of times the personal contact encourages people to do something about it. (...) People can know that we're there; people can know what we do, but a lot of people don't know what we do. So that is a very important step as well. People have all kinds of misconceptions about us.

Staff of the Canadian National Institute for the Blind (CNIB) felt that similar misconceptions existed about their services, and that personal contact in the community was important to address these so that seniors get the help they need to remain independent.

> Beth: And there's the other aspect too, Gail, in that we're trying to reach out - and, you know, when [my colleague] just spoke, it triggered me to think - we're

trying to target areas where adults or anyone living with vision loss can know about us because, also, people don't come looking for us because they simply don't realize that we're here for people long before they're blind.

This local contact was also felt by CNIB staff to be a factor in the use of assistive devices such as CD players that play recorded books. They described a developing program with retired Aliant employees aimed at very basic support for their clients in rural and remote areas.

> Beth: That's one of the reasons why we're looking at the Aliant Pioneers to do these things, because sometimes you go visit a person and you ask them are they using their [talking book] player, and it's still in a box. They haven't even taken it out, or they've opened it up and looked at it and said, oh no, I don't know anything about that; I'm not touching it or, you know... so those are the... where the problems are coming in.

The success of the Aliant Pioneers program they felt hinged on resources targeted to volunteer development:

> Beth: And that's also a goal. Like in our request to government, we're looking for a position as volunteer coordinator because we see the opportunity but, without the appropriate resources, it's a very difficult thing to build for the province. Now on the upside, the province does have a focus now on volunteer sectors, so we're optimistic; but, you know, we think we could do a lot of everything, and more of, if we had a good volunteer program.

The VON's S.M.A.R.T. program utilizes trained volunteers to provide weekly in-home exercise sessions to house-bound seniors. The goal of the program is to maintain or increase mobility for isolated older adults. The program relies on volunteers who receive extensive training and certification developed by the Canadian Centre for Activity and Aging, the Home Support Exercise Program (HSEP) as well as an in-depth orientation and ongoing follow-up and support. The

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program coordinator described key elements of the program including extensive

volunteer training and support, and its benefit to isolated seniors:

> Jane: So part of that process is… you know, I do check-ins regularly once the
> volunteer gets going. We train them in the HSEP. Then we do a VON
> orientation, which is all the basic, standard practices for infection control; and
> hand-washing; and conflict of interest; privacy, and all that stuff; the rights of the
> client; and the rights of the volunteer; and responsibilities and that sort of thing.
> Then we do first-aid training with CPR. It's a requirement. We do criminal
> record checks. We do interviews … in terms of support, once they're trained, we
> do a mentoring meeting with the client, with the volunteer and we explain to them
> about their client, and then we do an interim visit; and within the visit, we do an
> assessment of the volunteer to make sure they're comfortable and make sure that
> the match works, and we're there to make any adaptations that, you know, we've
> come across that maybe the doctor didn't pick up when he did the clinics for the
> client. So, you know, we can adapt to make it a little more comfortable for the
> senior and make it more specific for their living environment and that sort of
> thing.

She agreed with the reports from the informal providers that the culture of

volunteering has changed but like Bonnie, felt that an added challenge for her program

was the perception of risk and liability that prevents volunteers from coming forward:

> Jane: However, [in our program] we deal with a frail population, so people are a
> bit more nervous about volunteering in our organization. So, you know, to get
> started we've actually gone to students at colleges to volunteer. We have had a lot
> of difficulty [recruiting] volunteers. It's been our biggest obstacle to starting our
> program.

Regarding volunteer support, the S.M.A.R.T. program coordinator felt strongly

that her role was to "make it as easy as possible" for people to volunteer:

> Jane: So the volunteer doesn't have to do the heavy-duty stuff. We try to make it
> as easy as possible for them, so that they're very supported so they don't have to
> make those decisions, and they reach me by cell phone. If there's any concern
> that comes up, I told them just to leave off [the exercise] for the day; and then
> [until] I can come out with an assessment.

The SRC staff agreed that that in addition to recruitment and training, adequate screening and support was also required to ensure the safety of both the senior and the volunteer especially in rural programs. Rhonda felt that the staffing and administration required to provide these elements was moderate and cost effective and could easily be integrated into existing community resources:

> Rhonda: Well, you need to have a structure. The program has to operate within a structure, and somebody has to be responsible for the program, so that adequate screening and support is there for both the seniors and the volunteers in the program. So, again, it requires a person, you know – the cost of a person, essentially; but not a big cost if you think of what... you know, what you could... the support you could mobilize; but that... and, really, that's all you need. (...) So it probably would need to be housed in the community health office or the Lions Club or, you know, if you had a seniors club that could take it on, but you do need to have a coordinator. (...) You know, you do because you've got to troubleshoot; you've got to... you got to be the link between the volunteer and the formal system. You know, [without it] you just [are] exposing everyone to a lot of risk.

In addition to local volunteer development, intermediate providers described what they viewed as opportunities to maximize cost-effectiveness as well as accessibility by consistently seeking out ways of utilizing existing community resources. In thinking about an outreach office for her program in Leary Harbour the coordinator of the S.M.A.R.T. program envisioned working with the personal care home as the most logical choice but was confident that the program could easily adapt itself to whatever local resources permitted, even something as simple as a home office:

> Jane: But, you know, actually, this program could run from your home very easily. You know, you just need a place to lock your files and keep those private, and just a home base to operate from; and the VON can provide all the resources because they're standardized materials, and we adapt them

slightly – you know, locally – and so we could, you know, pre-package and have anything provided.

She felt there were many ways to integrate her program into existing resources to address typical barriers to participation like transportation. For example, she identified the church as having a good system for getting older people back and forth:

> Jane: The goal would be, once they graduate from the in-home [exercise sessions], to give them a little bit more of a challenge, and now they're a little bit more mobile. They're able to get out of their house a little bit more. You know, if they can get to church, then we organize an exercise session just after church. So, you know, a lot of churches have transportation to pick up seniors to take them to church. So if we could link a program around that, that's another goal.

Using local resources, they felt, also ensures greater flexibility both in terms of the timeliness or response and in terms of what kind of support is provided.

> Rhonda: It just depends on your level of ability or disability but, you know, some time or other you're going to need all of those things. You need a system that can respond to the needs as they arise, you know. And it might be temporary.

She describes a more "caring system" that "doesn't just shut down on Friday at five until Monday at nine." Locally developed programs and trained volunteers, in her view, provide an ideal response mechanism:

> Rhonda: Yeah. Yeah. If… I mean, if you had these volunteers and you knew they were there, it would be wonderful. You'd just be able to sort of call someone and say… just pop out and help this person, you know, until we get something in there for them.

This level of flexibility was described as important in relation to policy development as well. Sarah works from a broad definition of independence that emphasizes the kind of choice and control described above as the most important factor in seniors' services. She emphasized that independence ought to be thought of as more than functional ability. The "bigger picture" she felt was "independence in terms of decision-making":

> Sarah: And I guess, you know, having worked for many years in long-term care, I've seen actually how people's souls can be eroded by people taking... by well-meaning family and friends, and even our system, robbing people of their independence. (...) I look at it as a continuum because, if I have a choice, I can continue to live in my own home and, you know, direct my own care. (...) You know, I might need a lot of care. I might need to have somebody come in and help me get a bath, you know, twice a week or three times a week or every day, I'd prefer it, but... it's still me making that decision.

In addition to the development of local resources, all providers talked about the importance of partnerships between and among government agencies, organizations and communities. As a policy analyst, Sarah has been involved in extensive consultation with rural Newfoundlanders and Labradorians on issues related to healthy aging. In her experience communities have good ideas about how to solve problems aging in rural places; some of which only required creative linking between existing resources:

> Sarah: Consistently, transportation was the issue everybody came out with. There were suggestions, lots of suggestions. One gentleman stood up and said – every day I look out the window, and those school buses are parked across the road. He said, they're parked there from 9 o'clock in the morning until 2 o'clock in the afternoon. He said, why can't we from 9 o'clock to 1 o'clock go up to [another community], you know, and do our grocery

shopping, go to the drugstore, maybe, you know, have a bit of fun, whatever, and then we're back home again 2 o'clock.

She was clearly interested in hearing about the variety of supports required beyond standard health and social services including space for meetings, assistance with communication and skill sharing, as well as grant writing:

> Sarah: You know, I think we've got to engage these kinds of groups in discussions in terms of - okay, what is it you really need to help you – because don't think money is always the answer. (…) It might be space. It could be helping with communicating messages. (…) Helping boards to… you know, everybody has those kinds of skills. You know, there's all those kinds of things (…) but they've said to me, we don't know how to write a grant, or we didn't know it was there.

Multi level partnerships were also described as having the potential to contribute to an information loop that would facilitate referral and follow-up to ensure that the services are available and accessible. The S.M.A.R.T. program coordinator described how her program depends on these partnerships:

> Jane: Yeah. Well, I think this program works best when we keep everything in… keep all aspects in the loop, you know. (…) We… a lot of our referrals come from community organizations like the Senior Resource Centre and nursing and that sort of thing. So we want to get back to them about how the client is doing, so we have a referral form which we send off to them to let them know and keep them in the loop as to how so-and-so is doing; but, you know, they support us and we support them, because if we see that loneliness is a big issue, we might refer a client also to the Seniors Resource Centre for the Friendly Visitor Program or… so that they can an extra contact because they may be really suffering if they're family is all away.

In addition to providing information and referral, this information loop was seen to be a valuable tool in providing locally derived statistics about the incidence of elder abuse which is regarded as vastly underreported:

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Rhonda: Well, one [benefit] obviously – it'll provide statistics, which we don't have now because everything will be recorded; and our meetings with the police officers, you know, they would still investigate a case if it came to them, but they would… if it wasn't a criminal case, they would send it on. If it was, they would send on the paperwork that said, this happened, you know. So we would… everything would be recorded, and that would… that's something that government definitely needs to know. That's the obvious one.

Rhonda felt that, in fact, outreach programs like the Elder Abuse Awareness

strategy could *only* succeed with the inclusion of partners at all levels federal,

provincial, regional and local:

Rhonda: I think we need partnerships at the highest level. We were talking about that. It probably won't work unless we have appropriate legislation to back it up. One of the pieces is a seniors' advocate office and, honestly, that needs the government's support to set up and do. Then there's the health authorities, and they've been very supportive so far, but they would need, you know, official agreement because there would be some staffing and cost to them as well. And then there's outside agencies like the RCMP and the RNC. They would have to agree to feed into the system, as well as long-term care because the whole point is that everything goes into that system. They could still take care of their cases but at least, you know, the reporting and the follow-up and that sort of thing still goes into it. So, really, it's from every single level, I think; and then it goes then right down to the community where you're talking about churches being aware of it so they know where to send somebody and…

In a previous section I referred to what I found to be a robust sense of place

that is unique to rural Newfoundland and Labrador. This sentiment is a marker of

resilience. However it may create resistance to efforts of collaboration and

partnerships. Amy recognizes this challenge in her work:

Amy: I also have seen… this is only kind of my own personal opinion – is that I feel like communities need to work as a region, and I see… I've been involved in groups related to community, like conferences and things like that, where people talk a lot about how their community wants to make it on

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its own, and not work with the other ten communities that are within, you know, ten minutes of each other, that they don't want to work together

She is cognizant of the difficulty associated with deciding which areas will be regional hubs. Areas which are most populated may not have the community leaders that are needed for local development of services. Amy searches for people to match her program and relies on them to do further outreach:

> Amy: We tend to, in outreach just everything else, go towards the areas that have... I don't want to say the larger population, but (better)?... either the center of an area of population or, you know, that have the largest population that people can come to. It's very tricky, you know (...) my goal in outreach is always to find or try to find – I'm not always successful on the first try – but to find that person, because there's usually a couple of people, I find, in every community someone that will wear 50 hats and that are connected in many ways to everything that I need, right, that are connected to help seniors, you know, professionals, public, everything, and that are very enthusiastic, and I always try to find those people [who will provide] outreach within the outreach. You know, visit people in their homes or whatever.

5.4.3. Additional Intermediate Resources

Two additional sources of intermediate support should be mentioned here that were identified as providing a more 'arms length' but none the less significant contribution to the experience of aging in place Leary Harbour. Although these resources benefited programs rather than individuals in the community, they do fit within the parameters of intermediate support. These included two provincial programs, the Peer Support Program (a program of the Seniors Resource Centre); and the Museum Association of Newfoundland and Labrador, a program developed for the support of local preservation projects.

The Seniors Resource Centre, based in St. John's, has a Peer Advocate program.

This is one of its many programs aimed at "promoting the independence and well being of older adults" across the province. The Peer Advocate program operates in more than twenty communities including Leary Harbour. The goal of this program is to train and support seniors to provide information and assistance to other seniors in their local community. The benefits of the connection to "a bigger organization" are demonstrated in this quotation from Rhonda, who oversees the program. She described what one volunteer said about her involvement in the peer advocate program:

> Rhonda: Well, one of the peer advocates... who eventually... who became a board member with us, ... she said [being a peer advocate] just changed her life because she had been doing... ever since the [local seniors centre] closed she continued to do the work, but she said she didn't have... she wasn't connected to anything; and she said, now I can say I'm a peer advocate with the Seniors Resource Center, and she said it just opened doors for her and made all the difference.

Moreover, as her colleague describes here, communities became familiar with the title and role of peer advocate, and understood their association to the SRC. In this way a certain level of credibility was achieved:

> Enid: I think [that association] gives the public permission to go to them too, you know what I mean, because some people always will, but some people are more shy; and, if they know that that person is there to help them, they don't feel so funny, you know, talking about it.

In addition to supporting individual seniors through the peer advocates, the SRC also provides important information to rural residents about federal or provincial initiatives that might be of benefit to them. One senior described how with the help of the SRC she was able to access funding for the local seniors' centre.

> Bonnie: Oh yes! So I got [an application for federal funding]. It came to me in

the mail [from] the Seniors Resource Centre in St. John's. So I brought it to the president of the Fifty Plus association here in our area, and I filled it in, sent in, got the money and we got a new stereo system for our hall for the seniors. We got a TV. We got recreational equipment. We got lovely dishes so they can have their banquet. We got cutlery. Oh, you know, we got... I think it was eight or ten thousand dollars for the stuff, you know, and it was great, honey; it was great.

Another external intermediate program Bonnie found very helpful was the Museum Association of Newfoundland and Labrador (MANL). This is a non-profit charitable organization designed "to promote the protection and preservation of objects, specimens, records and sites of significance to the natural and human history of Newfoundland and Labrador."[11] Bonnie described the benefit this program provided to her in her efforts to develop an historical site for the community:

> Interviewer: Now when you went MANL for the courses about the museum, was that good information for you in terms of how to set up this kind of thing?
> Bonnie: Oh yes, that was great, honey. Well, that's why I went because I... you know, I just wanted to do things right. So that was great, you know, and...
> Interviewer: Well, it gives you a bit of confidence...
> Bonnie: Yes! ... Well, you know, I would do it anyway, even if I never went to MANL. I think it was all there anyway, you know. I always had a love of, you know, preserving and... I'm... sometimes I think I'm too far back in the past, you know; but I don't want to lose our past. It's very important. I don't think we have a future without a past.

Bonnie's reflection on her involvement in the museum revealed that, in addition to the important work of preserving history, participation in the development of local museums and interpretation sites may be considered to be a coping strategy for both individuals and communities:

> Bonnie: Well, I suppose, you know, you don't have much choice. I don't know if everybody is like me. I can accept the fact that, you know... I can accept the fact

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[11] Museum Association of Newfoundland and Labrador, 2008 [http://www.manl.nf.ca/], ¶ 1

of what's happening, because you can't stop it. So I suppose it is difficult for older people, because what you're... you're watching your town that you helped build and put things in... like such as the museum, such as an interpretation site, such as history boards, you know, and you see those things and you see the things you have done to build up and help keep your town alive, and it does hurt, you know. Now I suppose there are people whom it wouldn't bother, you know, but these are the few and far between. If the old... the seniors are the ones, honey, who built those towns and built those communities from scratch. You know, they had their gardens. They had their fish. They had their stores. They had their sheds. They had their cellars with their vegetables down in it, you know – their root cellars – and, you know, they grew these communities. They grew them, and it is difficult. It is difficult for seniors to sit back and watch it just disappear before their eyes, you know, and it's not easy. It's not easy at all, you know – not easy, but what can you do about it, you know. You keep going as long as you can.

5.5. Summary of the Findings

It has been more than a decade since the closure of the cod fishery and the population of Leary Harbour has declined by almost one half. Although the findings of this qualitative case study cannot be overgeneralized, the people of Leary Harbour have much to tell us about the impact of depopulation on support to older persons, and about how an intermediate level of services might serve to strengthen or restore those systems of support.

While all participants marked the evidence of loss in Leary Harbour, they experienced the changes in their community in different ways. For some, the dramatic declines in school and church attendance and other community events were nostalgic and painful reminders of happier days in the community. Their observations of a community that had shifted from a culture of caring where "there was no such thing as volunteering" to one in which the perception was that caring had become a paid activity, was

particularly notable. Others seemed to take the changes in stride, especially those who remembered a not too distant past without the basic amenities they currently enjoyed.

Younger seniors and care providers confirmed that for most older residents Leary Harbour remained a good place to grow old. Nevertheless they expressed their concerns about the tenuousness of care provided in the community and about the welfare of a few older persons who were more isolated. Participants expressed deep convictions about the importance of being able to age in place, and about having older persons in their communities. There was also the awareness that for some residents with multiple health and mobility issues, this was not a realistic option. What was important, they stressed, was the opportunity to have a reasonable choice.

A review of their reflections on the challenges and opportunities of intermediate resources in Leary Harbour suggests that outreach models do exist and that their priorities – volunteer recruitment, training, supervision and support – can provide assistance that residents of Leary Harbour say they need by way of volunteer management. Moreover, intermediate providers described potential secondary benefits of their presence in the communities including enhanced communication and partnerships, and the more efficient and effective use of their services and programs (e.g. access to information about assistive devices and instruction about their use).

Thus, the data support the contention that the alignment of community development and critical gerontological principles of partnership, participation and self-organizing will underpin development of intermediate assistance. Moreover, there is evidence that these models may offer the ancillary community capacity building benefits

of the development of local resources, and the formation of important multi-level and multi-functional partnerships. In the next and concluding chapter, the discussion turns to ways in which rural social work practice and policy development can be strengthened by this knowledge.

Chapter Six

Discussion

The focus of this research has been intermediate resources, that spectrum of services and supports for aging in place that fall between the informal care provided by family and friends, and the formal, state sponsored services that are provided through various institutional structures. Intermediate resources are not novel, such services and supports have been provided historically through various community, church and volunteer agencies as needs have been identified. However, despite the vital role intermediate resources have played in ensuring that individuals are better able to age in place, the elements of this level of support are generally underdeveloped in the social work literature. A key contribution of the present study is that it provides a formal characterization of intermediate resources while at the same time outlining a framework (partnership, participation, self-organization) by which to assess their availability and effectiveness and thereby determine the role of social work practitioners in their development and maintenance.

The conceptual approaches of critical gerontology and community development inform this thesis. By way of summary, I argue here that the key principles of partnerships, participation, and self-organization are common to both approaches and form the basis for conceptualizing an intermediate level of care. The provision of intermediate support fosters individual choices about aging in place. Moreover, because

intermediate support relies on the development of local resources, it also contributes to locality development as defined by Biddle and Biddle (1965) and Rothman and Tropman (1987).

Most significantly, intermediate resources provide an important option beyond traditional notions of care and support. Informal care often depends upon the good graces of those who provide it. Thus it is vulnerable to the ups and downs that are typical of intimate relationships. Formal services generally require substantial state bureaucracy to organize and deliver them and access is often contingent upon the user's ability to meet eligibility criteria. Intermediate resources, by way of contrast, are much more under the control of the end-users, namely aging individuals who want to stay in their own homes and communities but who may require an intermediate level of support to do so. Characterizing intermediate resources in terms of partnerships, participation, and self-organization emphasizes individual autonomy and personal choice with regard to how those who choose to age in place access such services. At the same time this characterization acknowledges that intermediate resources require a moderate level of organization and/or sponsorship in order to ensure that their provision is effective and efficient. Even as the potential of intermediate resources is recognized, it is equally important to appreciate its limitations.

It is my contention that the social work profession has a vital role in helping to develop our understanding about intermediate support, and working in partnership with communities like Leary Harbour toward its development. In so doing we can ensure not only that a greater proportion of rural aging seniors are able to age in place more

effectively, but we may also contribute to the longer term stability of communities like Leary Harbour.

The goal of this research was to better understand how intermediate resources might support aging in place in rural communities like Leary Harbour. The research question asked *what we can learn about intermediate resources from residents in one rural Newfoundland community that will strengthen rural social work practice and policy with older persons.* Answering this question required a retelling of the participants' stories in terms of theoretical constructs. In the qualitative research process this is the final stage in the "swim to shore" from raw text to narrative (Auerbach & Silverstein, 2003). Toward this end, this chapter begins with a summary of the key contributions of the research, focusing on what participants said about how they have experienced the shifts that occurred in Leary Harbour's support structure as a result of depopulation and resource depletion, and how these contributions relate to theoretical constructs from both community development and critical gerontological literatures.

More specifically, this research asked *what intermediate resources are identified as necessary to the process of aging in place, how are intermediate resources maintained and developed in the context of depopulation,* and *what is the relationship of the presence and organization of intermediate resources to social work policy and practice?* The chapter continues with a discussion of how these changes relate to critical issues in the development and maintenance of intermediate resources, and the implications for rural social work practice and policy development. The discussion is anchored throughout in community development theory, in critical gerontology, and in the key principles of

partnerships, participation, and self-organization. The chapter concludes with reflections concerning the limitations of this study, and possibilities for future research.

6.1.   What We Can Learn from the Experience of Leary Harbour?

The experience of Leary Harbour helps us to understand the transformations that occur in a community's support structure when it experiences a sudden and severe downturn in its economic base. Demographic data from Leary Harbour demonstrate the extent of population aging and out-migration, from which we can extrapolate the relevance of these shifts to aging in place – fewer people to offer informal care, to participate in community organizations, and to ensure economies of scale in relation in the provision of more costly health and social services.

The practice of social work, however, requires an integrative approach that encompasses "the various elements of the human encounter" (Martinez-Brawley, 2002, p 296). Integrative thinking "looks backwards and forwards every step of the way" (Martinez-Brawley, 2002, p. 295), incorporating the tangible and intangible components of relationships. Thus, integrative thinking requires that we attend not only to the physical changes that have occurred and that are demonstrated by statistical analysis, but consider as well the historical and cultural aspects of community life. The interpretive qualitative exploration utilized in this study, facilitates an integrative approach by taking into account the "gestalt" of phenomena (Martinez-Brawley, 2002, p. 297). The goal is a "credible inquiry" that while "imprecise in defining boundaries" is "rich in providing depth and understanding" (Erlandson, Harris, Skipper & Allen, 1993, p. 30). This thesis

takes an in-depth qualitative look at how the combined impacts of population aging, resource depletion and out-migration affected one community's capacity to enable its residents to age in place. In the case of Leary Harbour this required attending to both the expected and unexpected narratives that comprised the constructed realities of Leary Harbour residents.

All participants expressed regret for what had been lost. Their experiences were manifested both explicitly (e.g. darkened homes and streets, the absence of children, boarded up stores) and in more nuanced ways (e.g. the perception that the community had been written off). However there were unexpected differences of opinion about how these shifts affected those who were left, or who chose, to age in place.

The first unexpected finding was the confidence with which older participants described their ability to access the support they needed to age in place. Of all participants, those in the category of older seniors expressed the most satisfaction with day to day life in Leary Harbour. These long time residents, who had memories of the distant past in Leary Harbour, recalled a time when even basic services and amenities had been absent. There had been no electricity or indoor plumbing, and the nearest health facilities had been several hours away over barely passable roads. Thus, even in the face of declining amenities such as the loss of local banking facilities and the post office, older participants felt that the basic services they continued to enjoy far surpassed those available to their parents and grandparents. So while they expressed nostalgia for the social and cultural rhythm of the past, they remained optimistic that Leary Harbour was still a good and viable place in which to grow older.

Formal care providers who participated in this study acknowledged that many older persons in Leary Harbour do manage to fare well with the support still available to them. They were clear, however, that in their experience as care providers, isolation was a problem for some older persons. They were of the view that the ability to successfully age in place was indeed compromised by the lack of basic services as well as by the lack of access to nutritious and affordable food. They confirmed that these limitations have an impact on all residents of Leary Harbour, but are especially difficult for those who are isolated by choice or by circumstances beyond their control.

While younger participants and informal caregivers agreed with both of the foregoing perspectives, they observed that their ability to continue to provide informal support was stressed by the general decline in services in their community as well as by their shrinking numbers. These younger seniors considered their own ability to remain in the community as tenuous, and dependant on whether there would be a further decline of services. A second unexpected finding was that it was these younger participants who expressed the greatest concern regarding their community's capacity to enable its older residents to age in place. These individuals were now required to look after not only their own older family members, but many of their older friends and neighbours as well. A significant research finding is that this expanded responsibility detracted from their capacity to participate in the local organizations and associations that might have sponsored an intermediate level of support.

When I began this project I expected to find that local people were providing intermediate support to older residents through local systems such as service clubs,

church groups, and seniors' organizations. I assumed that this level of intervention would be more robust in rural places simply because of the larger sense of community and belonging that typically characterize rural places. I anticipated that this research would contribute to the strengthening of these local systems as well as to the mobilizing of more centrally organized outreach programs of agencies such as the Seniors Resource Centre, CNIB, CHHA, and VON. Contrary to my expectations, the provision of intermediate support as a response to aging in place in Leary Harbour was even more precarious than were formal or informal resources.

While the models, and in some cases the organizations, necessary to the development and support of intermediate resources were still present in the community, they remained inactive or were deactivated due to a lack of necessary infrastructure and volunteers. In the words of Holliday (2002) my "prescriptive views" had to be set aside as I looked to the data to answer the questions about what participants themselves considered to be the critical issues in the provision and delivery of resources that I had defined as intermediate.

6.2.   Intermediate Resources – Critical Issues

This section addresses two of the secondary questions related to the broader research aim. Specifically, *what intermediate resources are identified as necessary to the process of aging in place?* And, *how are intermediate resources maintained and developed in the context of depopulation?*

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The downsizing of basic and formal services, combined with a diminishing informal sector, point to the need for the conceptualization and organization of another level of support. This research confirms a link between what older persons and providers of care in Leary Harbour say they need in order to age in place, and what I have described as the primary components of intermediate resources (namely, the elements of partnerships, participation and self-organization). These linkages are described below following a discussion of what participants identified as the critical issues (both benefits and challenges) around the development and maintenance of intermediate resources.

Benefits

Practicality: Providers of intermediate support described their ability to use local existing spaces to house their programs and services, thus ensuring accessibility and availability as well as cost-effective delivery.

Adaptability: Intermediate providers emphasized their capacity to organize programming around local needs and issues. This ability to adapt to what users of services say they need is in the best interest of both providers and receivers of care, as it ensures needed services are provided and helps to eliminate duplication of programming. It also features the principle that individuals and communities should have the opportunity to self-organize.

Proximity: Providers expressed the view that local volunteers greatly enhance their capacities to provide timely and relevant services. Although the administration and program oversight for intermediate resources may be centralized in agencies like CNIB

or the VON, the delivery of care is organized locally. In this way service users more quickly receive the help they need from volunteers who are trained and supported by professionals, but who are unencumbered by administrative boundaries. Such boundaries are viewed as dispensable outside of a more formal model of care in which policies and practices are established for the protection and operation of the organization or agency, rather than being adapted to individual circumstances (e.g. regulations that prohibit the transportation of clients due to liability concerns).

Challenges

Costs of administration for volunteer development: Resources for volunteer development was identified by providers as the primary challenge and major barrier to developing intermediate organizations in their community. These participants suggested that a redirection of resources is required from the reduction of formal services toward the provision of volunteer and leadership development to better serve local needs.

Liability issues: The current culture of litigation and heightened awareness of liability has presented challenges, even barriers, to local delivery of care. As noted previously, the most obvious manifestation of this concern is in the provision of volunteer transportation. Provincial governments have now opened discussions with insurance providers with an aim to reduce the cost to volunteer drivers and agencies that provide this important service. The use of public space has also been a liability concern. In 2007 the province of Newfoundland and Labrador provided $100,000 to school boards to cover

the cost of liability related to the use of education facilities by community groups. This relatively minor investment literally opened doors to multi usage of local space.

Accountability: Intermediate providers expressed concern that they could not meet funders' expectations if goals and outcomes continued to be based on economies of scale. Accountability, in administrative terms, is typically measured in relation to efficiency and effectiveness and is based on output in relation to resources and the achievement of quantitative goals rather than on less tangible benefits that typically characterize human service organizations (Martinez-Brawley, 1993, p. 233). A de-bureaucratized interpretation of accountability that is place-based rather than people-based would recognize both the contribution of in-kind investments, intermediate resources and the ways in which the activation of these networks might enhance less visible markers of the well-being of the community at large.

These benefits and challenges fall within the scope of practice of the social worker who acts as enabler, catalyst, trainer and advocate, and who applies skills in assessing options, identifying gaps, and leading change efforts. The implications of this knowledge are discussed below in the section on implications for social work practice and policy. However, participants also described challenges that exceed the practice skills and mandate of most social workers. They are included here as important insights about rural living as described by participants, and provide for a more complete understanding of the barriers to the delivery of intermediate support in these contexts.

Availability of local personnel: Providers of all levels of care in Leary Harbour noted that fewer and fewer people were available to provide both leadership and delivery

of informal care in the community. For this reason, younger seniors were particularly concerned for the future of the community, and worried about their own potential to age in place. Social participation is an important aspect of informal support provided to older persons in rural communities. Moreover, participation in the life of one's community is regarded as a benefit, not only to the receivers of support but also to the support providers' health and well-being. Nevertheless, the strength of the relationship between social participation and ageing well has been found to depend on the degree to which such participation was perceived to be a matter of choice rather than one of obligation (Rozanova, Dosman, & de Jong Gierveld, 2008). When volunteer activities and responsibilities become overwhelming in nature or extent, they are less likely to be considered positive experiences. As rural communities age, the need for volunteers often simply surpasses the supply. Thus the capacity for social participation is compromised, despite its demonstrated mutual benefit.

Assumptions with regard to horizontal associations: Locality development, as defined by Biddle and Biddle (1965), consists of strengthening horizontal associations (or relations within communities), and is required to facilitate intermediate support. However, such horizontal associations may not include all members of the community, and may be imbued with power imbalances that advantage some to the disadvantage of others. While both older and younger seniors as well as community leaders in Leary Harbour expressed confidence that older people in their community knew who to call on for assistance, formal service providers suggested that in reality many older persons in Leary Harbour lived in isolation.

Collaboration versus sense of place: The history of Newfoundland and Labrador has been pervaded by a "stubborn local nationalism" (Hiller, 2008, p. 143). As noted in the introduction to the study, attachment to place has resulted in the province's rich cultural heritage. However, as expressed in local communities this loyalty can engender strong local resistance to regional collaboration and impede the collaborative processes needed to develop intermediate supports in communities with declining populations.

In-migration: The phenomenon of in-migration of seasonal residents to rural communities, as they look for affordable summer places in picturesque settings, will continue to challenge local development. While rural residents may welcome the investment in their communities, temporary residents are seen by permanent residents as unlikely to participate in the community in a meaningful way.

Global trends: Like other rural communities in Canada, Leary Harbour will continue to experience the consequences of global changes (Drover, 2000; Midgley, 2000). Younger residents are unlikely to be content to remain beyond commuting distance to services, shopping and entertainment. Similarly, the Catholic church, which has been the backbone of communities like Leary Harbour for centuries, is in decline around the world with fewer priests now responsible for larger and larger districts. Finally, on the economic front, given the globalization of trade and capital, Leary Harbour faces a significant challenge in its quest to find a single industry to replace the fishery.

This research will inform the intensifying debates about rural sustainability and aging in place by identifying critical issues including the benefits and challenges related

to the development and provision of intermediate supports. The next section links these critical issues to the principles underlying both community development and critical gerontology, thus deepening our understanding of the knowledge needed by social workers as they facilitate aging in rural places. In doing so, it addresses the final component of the research question: What is the relationship of the presence and organization of intermediate resources to social work policy and practice?

6.3.   Implications for Social Work Practice and Policy

Social work education is often bifurcated into clinical social work on the one hand and community development on the other. Of the two, the former generally receives the greatest measure of attention and is often the focus of the majority of social work curricula and initiatives (Turbett, 2006). To a certain extent this is understandable, as social workers often work with the most vulnerable members of society, including some older persons, who require highly skilled professional intervention in terms of assessment and therapeutic support. However, in most instances the occasions for such interventions arise in the context of formal supportive services.

Intermediate resources, as defined in this study, are provided outside of the context of formal supportive mechanisms. Social work practitioners who work in this context must be cognizant of the broader social context and be prepared to access and develop community resources that address structural change. Community development models emphasize this broader knowledge base and the skills necessary to develop partnerships with community organizations and to access other community based

resources. The lesson here is not that social work education needs to highlight community development at the expense of clinical social work, but that the effective rural social work practitioner be well rounded in both clinical and community development theory and practice.

The theoretical framework outlined in Chapter Two illustrated the linkages between key principles of community development and critical gerontology. These linkages are captured in the language of community capacity building – the support and strengthening of existing resources, the creation and facilitation of associations among resources, and the empowerment of individuals and communities to identify their own needs and to define solutions. I draw on these theoretical constructs and on the data from Leary Harbour to mark their relevance to the issue of rural social work practice in general, and to the role of social work in the development and maintenance of intermediate resources in particular.

Support and strengthening of partnerships: Participants described the importance of multi-level partnerships in developing programs of intermediate support. The benefit of interactions and associations afforded by such partnerships is a key goal orientation of contemporary community development and community capacity building. Partnerships which draw upon existing resources while also contributing to their increase, can be described as both a requirement for and an outcome of intermediate assistance. In Leary Harbour, for example, the organization of a group of students to provide friendly visiting to house-bound older persons fosters intergenerational relationships in the community in

addition to addressing the social needs of the seniors. These intergenerational contacts in turn provide younger residents with a sense of identity and congruence.

The partnerships will be required to be developed across sectors. Although they are delivered locally, intermediate resources may be organized at regional, provincial or national levels. Service clubs such as the Lions Club and Knights of Columbus are organized locally, while in Newfoundland and Labrador the Seniors Resource Centre functions at the provincial level. The CNIB and CHHA are two examples of national organizations. Intermediate resources can also be organized by government (e.g. New Horizons, a program of Health Canada) or non-governmental agencies (e.g. S.M.A.R.T., a program of the VON). Provided that the additional criteria of membership (choice and control by the user) and measurement (instrumental and advanced activities of daily living) are met, any or all of these organizations could serve as part of the infrastructure needed to develop and/or deliver intermediate resources.

Thus, the identification, development and maintenance of intermediate resources will require that social work practitioners develop skills to integrate systems at many levels. These will include abilities to: discern and manage the varying goals, priorities and mandates of governmental and non-governmental organizations; learn about local cultures, history and traditions and reflect upon the ways these factors contribute to, or inhibit, relationship building among partners; identify and involve community leaders, and address issues related to the sharing of both power and responsibility. In addition to the generalist skills outlined in the literature review as relevant to rural social work

practice, the findings of this research support Barter's (1997) identification of collaboration as a critical theme in rural social work practice and problem solving.

With respect to social policy development, the organization of partnerships of intermediate support in communities is described in the data as providing a rural 'lens that will enable practitioners to develop a more detailed and comprehensive understanding of what rural residents need in order to more effectively manage aging in place. As noted by Rhonda in relation to the Elder Abuse Strategy, local community partners are in a position to provide real time data about local issues to their associates in positions of program and policy analysis.

Capacity building through voluntary participation: Voluntary participation stimulates community strengths and capabilities in addition to providing opportunities for belonging and participation (Saleebey, 1997, p. 203). While intermediate resources are organized at multiple levels, they are delivered in local communities. Voluntary participation was identified by intermediate providers in Leary Harbour as essential to the delivery of their programs. The development of voluntary participation corresponds to the goal of capacity building for both communities and individuals and is linked to the strengthening of local networks and resources through "skill building and confidence-raising of residents as a result of community action and activities" (Henderson & Thomas, 2002, p. 8). In terms of program planning, respondents identified that local participation ensures cost-effective, immediate and relevant service delivery. Intermediate providers also recognized that such participation should and could not occur without adequate training, support and supervision.

Volunteer development was identified by participants in this study as both critical to intermediate support and also as perhaps the biggest barrier to its development. An important starting point for the further development of intermediate resources will require practitioners to consider the intentional and comprehensive application of volunteer management approaches that include strategies of recruitment, screening, training, support and recognition, and retention.

The importance of managed volunteer involvement in organizations across Canada was recognized in 2000 with the launching of the Canadian Code for Volunteer Involvement. This document provides guiding principles and organizational standards that recognize current trends that are occurring in the volunteer sector and that are consistent with the observations of participants in this research project.

In considering local voluntary participation, it is important to note that a tension exists for rural social workers who must recognize and promote the work of local networks, while at the same time resisting the temptation to idealize informal care or generalize the capacity or willingness of communities to provide unlimited informal care. Community development practices have been criticized for seeking to become more mainstream at the cost of "enabling the state" to transform 'public issues' into 'personal troubles' " (Shaw & Martin, 2000, p. 407). Thus in addition to understanding the volunteer management cycle and the opportunities of informal care, social work practitioners will be required to recognize the limitations of informal support and be prepared to assist volunteers and the organizations they represent to set their own boundaries around public and private concerns and responsibilities.

A final point on volunteer development and participation relates to practitioners' ability to motivate individuals to contribute to their communities in this way. Participants of Leary Harbour expressed frustration, despair and a lack of willingness to contribute to their community because of what they perceived to be a lack of investment and interest by the "powers that be." As social workers increasingly find themselves called upon to mediate shifting relationships between the state and civil society, they will need skills related to "conscientizing" an often disillusioned and inactive citizenry (Shaw & Martin, 2000, p. 408). At the same time, social workers themselves must be conscientized to the wider political and economic contexts of resource allocation. Social workers have an increasingly critical responsibility to respond to neo-conservative perspectives that threaten to download responsibilities for social care from the state to communities (Caragata, 1997). Where gaps exist that cannot or should not be filled by informal or intermediate providers of support, social workers will be called upon to advocate and lobby for formal, structural supports.

Empowerment through self-organization: Intermediate resources emphasize choice and control. Participants expressed their confidence that an intermediate level of support optimized users' ability to organize services and programs according to individual and community needs and preferences. It is this feature that most clearly distinguishes this level of support from formal care which requires eligibility based on pre-determined criteria, and informal care which is often made cumbersome by the expectations and values associated with intimate relationships. While critical gerontology, like community development, emphasizes the importance of partnerships

and participation, it is the element of self-organization that provides the most salient link to the potential of intermediate resources.

Using a critical gerontological lens, practitioners attend to the ways in which older persons adapt various elements of their environment to fit a diverse range of personal resources. Intermediate service providers described their ability to interface with both micro and macro environments and thus provide a particularly appropriate accommodation to individuals' desire to age in place. Older adults, such as those in this study, who are identified as "at risk", either because of their own choices or as the result of circumstances, through an intermediate level of support would have access to resources that feature the importance of home, and that sustain individual constructions of independence, autonomy, and social support.

The notion of self-organization relates to both receivers and providers of intermediate support. It features choice and control for the user, promoting independence and autonomy while having the flexibility to adapt to existing local assets. The capacity for self-organization however is not without its own complexities and limitations. One formal service provider in Leary Harbour described the challenge of practicing across a large geographic region, often in isolation from other professionals and with a shortage of supportive alternatives to which referrals can be made. As a result of this seemingly overwhelming responsibility, a tradeoff may occur between ensuring clients' safety versus promoting their independence and autonomy. The bias toward managing risk often overrides older persons' wishes (Healy, 2003). Thus, social work practitioners will require sufficient knowledge about ethical practices and principles to enable them to

systematically and critically evaluate options. Older persons, professionals, community leaders and family members are likely to have differing values related to choices about safety versus autonomy. When such disagreements occur, the rural social worker will play a key role in assisting older persons to access and manage support on their own terms.

The notion of self-organization in relation to intermediate support is also relevant to community outcomes. Intermediate providers described their willingness and ability to adapt to existing community resources. Empowering communities to contribute to decisions about the design and delivery of local services is one way to give voice to the disadvantaged (Ledwith, 2005). Moreover, it offers the possibility for collective action around community needs.

Residents of Leary Harbour expressed their sense of abandonment and alienation from decision makers in the province. From a policy point of view, the intentional provision of a level of support that falls between informal and formal care may be considered a matter of social justice as well as a practical and cost-effective strategy to address rural realities. The rights to key services such as health, education and transportation are considered universal in a 'just' society. The failure to allocate sufficient resources to rural communities suggests that these universal principles are being overridden in favour of a residual welfare state (Asthana, Halliday, & Gibson, 2009). Social work practitioners may be required to respond to these criticisms and to lobby against chronic underfunding that perpetuates disadvantage in rural communities.

This research has shown that significant and rapid demographic shifts in the population of Newfoundland and Labrador will have an impact on rural social work practice. Social workers are increasingly likely to find themselves working with older adults, regardless of their area of practice. Given their breadth of engagement, with a focus on individual change on the one hand, and an emphasis on broad social and structural reform on the other (Bisman, 2004), social workers are uniquely positioned to practice across multi-system levels. Indeed, statements of social work's values and the social work code of ethics emphasize such principles and practices. Thus, social workers are particularly well suited to meet the needs of rural older persons (Butler & Kaye, 2003).

6.4. Reflections on the Research Process

As described in chapter three, critical reflection is ongoing throughout the qualitative research process. In so doing I have identified five key limitations related to the research design and process. First, the research does not incorporate the experiences of older persons who had already left Leary Harbour. The closure of the fish plant occurred in 1990. At the time the interviews were conducted, two cycles of out-migration had already occurred. Many of the more vulnerable seniors who had relied upon family members and who no longer had the necessary supports to stay in their homes may have already moved. One possible explanation for the optimism with which care of older persons was generally regarded in Leary Harbour is that those seniors who still live there

(and particularly those agreed to be interviewed) were among the best adapted physically, emotionally, and socially to live independently.

A second and related limitation is that I relied on community leaders to make initial contacts with potential participants. Thus, I may not have had access to those older persons who had remained in the community but who were isolated because of the absence of family or because they simply chose to try to manage on their own. Moreover, given the climate of research fatigue I have described in Leary Harbour and the likelihood that key informants would want to protect their more vulnerable residents, it is conceivable that potential participants were referred to me because of their experience as participants in previous research efforts. It is possible that the story of Leary Harbour had thereby become somewhat "packaged" to reveal the community in a positive light.

Although various community leaders had assured me that older people in Leary Harbour had access to all the supports they required, formal service providers spoke of individuals they knew who were more isolated and struggling to get along. It is possible that informal care provided by neighbours and friends was invisible to formal caregivers who resided outside the community. Nevertheless, conversations with older persons who were identified as isolated might have provided a more nuanced account of what it means to age in place in this community.

A third limiting factor relates to some unique features of the community itself. Late in the research process I came to understand that the experience of Leary Harbour was something of an anomaly in two particular aspects. Unlike many other rural

communities in Newfoundland and Labrador, Leary Harbour continues to have access to excellent medical care in the person of the dedicated local general practitioner. This unique level of local support is enhanced by the presence and influence of the local priest. Largely as the result of the leadership and personal charisma of this particular individual the church in Leary Harbour continues to make a significant contribution to the life and rhythm of the community.

The medical and spiritual support provided in this community and cited so often by participants is likely to change in the not too distant future as both of these dedicated professionals are now in their senior years. That either will be replaced is not certain. Nevertheless, their presence at the time of the data collection suggests that the empirical findings are limited in their applicability to other rural communities. That being said, the broader understanding of the relationship between critical gerontology, community development practices and intermediate support, as revealed in the data from Leary Harbour, remains relevant to both rural social work practice and policy development.

Fourth, although caring is generally understood to be a gendered issue (see for example, Baines, Evans & Neysmith, 1991), this thesis has not used a gender lens to analyze the research data from Leary Harbour. The focus has been on the community processes involved in the development and provision of intermediate supports. A secondary analysis of the data, using a gender lens, would contribute further to our understanding of the potentially gendered nature of intermediate support.

A final reflection is to ponder the transformation of my own thinking about the relevance of intermediate resources to aging in rural places and what this means with

respect to the goals outlined in section 4.2. of reflexive, dialogical and transparent research. As I described in section 1.5., the first transformation occurred in regard to my shift from a problem-based to a strengths based perspective. A second shift occurred in the data collection process in the context of the "unexpected findings." These findings included: how the closure of the fish plant continues to permeate discussion about daily life in Leary Harbour; that it is the intermediate level of support most affected by depopulation; the significant role that informal resources continue to play in filling the gap; and, the confidence with which older seniors speak about their ability to age in place.

However, perhaps the most important transformation occurred during the interpretation and analysis phase. It was here that I came to understand the extent to which my Mennonite cultural and religious background had influenced the way I think about church, community and mutual support. As a community developer these views lend a certain synchronicity to my personal and academic worlds. As a researcher, however, it was important to consider the prescriptive nature of these views and, moreover, the fact that they were initially invisible to me. A final reflection on the research process therefore reinforces the depth of transparency required in the truly reflexive process beyond age, gender, social and geographical location to those values and convictions held so deeply that the degree of their influence is often unrecognizable to us. In this light, I now see that I may have underestimated the complexities of the transformations required to maximize the potential of intermediate resources.

6.5. Future Research

With these contributions, challenges, and limitations in mind, several
opportunities for future research emerge out of this thesis. First, the research reveals the
importance of understanding the key elements of intermediate support (e.g. partnerships,
participation and self-organization) and making the linkages to relevant social work
practices (e.g. volunteer and leadership development, assessment and advocacy). There
is a need for more detailed explorations of the role of social workers in implementing
these strategies 'on the ground.'

Second, this research has identified the practical benefits to individuals of the
provision of intermediate support. More research is needed to further specify and, if
possible, to quantify these benefits both to the individual and to the broader community.
This would enhance public debate about public policies intended to enable aging citizens
to remain in their own homes and communities for as long as possible.

Third, the notion of intermediate support also has relevance to urban settings.
Social workers could use the key elements of intermediate support to address the capacity
of urban senior dwellers to age in place. This would require research to provide a more
robust understanding of informal support networks within our urban communities, and to
identify key roles for churches, community groups and other volunteer agencies. Such
work would extend research already carried out under the World Health Organization's
Age Friendly Communities initiative.

Caring and support to older persons in rural communities in Newfoundland and
Labrador is increasingly put together from a distance, by families living "away" caring

for elders still living in their home communities. Future research could include case studies of arrangements developed to provide care at a distance, including the role of both intermediate resources and technologies (e.g. emergency alert systems, telephone, email, and Skype). This information could help social workers arrive at creative solutions for helping families to care for older relatives at a distance.

Finally, in pursuing a comprehensive understanding of the relevance of intermediate support in rural settings, the research has highlighted the significance of volunteerism and volunteer development. While community participation remains a key organizing principle of community development, the actual manifestation of participation in what is known as the volunteer management cycle is not well documented in social work practice literature.[12] Nor is it adequately supported in terms of funding for infrastructure or even in terms of policy development. [13] These concerns raise the question of how easily we, as a profession or as a society, can undertake the shifts necessary to advance community capacity building. The continuing challenge of depopulation in rural areas of the province could be significantly ameliorated by further research that more explicitly addresses and supports the notion of volunteer development as a viable strategy for rural sustainability, and by extension, aging in rural places.

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[12] Volunteer management information is primarily found in government publications and websites related to management of non-profit organizations.

[13] A notable exception is the Government of Newfoundland and Labrador's recent establishment (2008) of the Volunteer and Non-profit Secretariat.

6.6. Conclusion

In *Moral Boundaries: A Political Argument for an Ethic of Care*, Tronto (1993) argues: "for a society to be judged as a morally admirable society it must, among other things, adequately provide for care of its members" (p. 126). For democratic societies this means that "the value of caring must be included in addition to commitments to other liberal values" (p.126). Robert Bellah and colleagues (1986, 1991) refer to these principles as "habits of the heart" and "practices of commitment." The absence of these values in communities is described as, at best, providing a "counterfeit" of care and, at worst, producing communities which "have grown doubtful of their capacity to care." (McKnight, 1995, p. x).

The case of Leary Harbour provides insight into the benefits and challenges of creating a level of support beyond traditional manifestations of 'formal' and 'informal' care that can facilitate individuals' capacities to age successfully in place. Success in this regard will contribute to communities' overall well-being. This research builds our understanding of the social work practices that are relevant to the development and maintenance of intermediate support in rural communities. The practices themselves are not new; they are long standing and foundational principles of community development models in general, and of locality development theory in particular. Nevertheless, both community development and gerontological concerns have tended to fall to the margins of social work practice. This research highlights that it is time to bring these considerations to the forefront of professional development. This is the case especially

for rural settings, such as those in Newfoundland and Labrador, where the capacity to cope has been stretched thin by depopulation and population aging.

Many stereotypes endure about aging. These notions persist largely because a youth-oriented culture equates aging with frailty, disease and disability. Similarly, the appraisal of the advantages and disadvantages of rural life is generally undertaken from an urban vantage point that ignores distinctive rural characteristics. A configuration of intermediate support that is derived from the expressed needs of residents will enhance the capacity of rural communities to provide socially vital neighborhoods for all their members. Given the realities of out-migration and resource depletion, the concept of intermediate assistance, its organization and sponsorship, provides an essential link in a rural continuing care model that reflects regional strengths and preferences.

In the last few years the government of Newfoundland and Labrador has taken significant steps toward recognizing and supporting the diverse needs of older persons in the province. Programs and policies include the establishment of the Division of Aging and Seniors (2004), the development of a strategic Healthy Aging Framework (2005), and more recently, partnering with the World Health Organization around building Age Friendly Communities (2009). Looking forward, it is hoped that this research will contribute to the leadership role that rural social work practitioners can take in the implementation of these initiatives.

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Statement of Ethical Issues

Scholarly Review
This research project is being conducted in partial fulfillment for the doctoral degree in the School of Social Work at Memorial University of Newfoundland and Labrador. Dr. Leslie Bella is my academic supervisor. Her signature on the application form is confirmation that this study has been reviewed and received approval of the School of Social Work.

Harms and Benefits
There is no anticipated risk of harm to participants in this research project. However, the qualitative process tends to generate the articulation of personal, sometimes emotionally sensitive material. This may be especially true for older persons who are struggling to cope with the onset of chronic disabling conditions related to aging and the loss of family networks. Moreover, while focus groups comprised of persons who are known to each other are particularly valuable in exploring shared meanings and contexts, there is a concomitant concern related to confidentiality. I will address these concerns with the following measures:

1. The introductory information package will contain specific information about the kinds of questions that will be covered in the interview guide to maximize informed consent to participation.
2. At the beginning of each group or individual interview session I will reiterate the purpose of the research, and outline who will have access to the information as well as how the information will be stored.
3. In the focus groups a set of ground rules will be established and shared with each group. Confidentiality will be stressed. However, participants will be reminded that the researcher cannot guarantee confidentiality of information shared with members of the focus groups.
4. Participants will also be informed as to exceptions to confidentiality, as in a case where a participant suggests there is a risk of harm to him or herself or to another.
5. In the event that an issue or problem is divulged that requires intervention, a list of contact names and numbers will be provided of relevant supports and services in each community including the 1-800 number for the Seniors Resource Centre (with their permission) which provides a link to resources across the province.

There will be no immediate benefits identified with participation in this project other than the opportunity to express ideas and feelings.

Free and Informed Consent
The design and implementation of research tools including the information package and consent form will accommodate low levels of literacy as well as vision or hearing

impediments. The following measures will further ensure informed and voluntary participation:

1. After the initial contact by key informants, the key informants will not know who agreed to participate.
2. The information package provided to candidates will contain the following information:

- A brief description of the research study, and the value of the study to the social work community and to the participants
- An explanation as to how and/or why they were selected including a statement that their participation is completely voluntary

A description of the procedures including:

- Frequency with which the participants will be contacted
- Time commitment
- Location of participation
- Information that will be recorded and how it will be recorded (flip chart and tape recorder)
- An explanation of who will have access to the information
- A description of how the data will be made public

An explanation of participants' rights:

- They may terminate or withdraw at any time
- They may ask for clarification or more information throughout the study
- They may contact my supervisor if they have any questions about the study or process of the research

Proof of consent will be collected prior to the commencement of each session. Information about the project will be reviewed at the outset of each session and, as noted above, particular attention will be paid in to establish ground rules on the issue of confidentiality.

Privacy and Confidentiality

In this research project participants will be assured that to the extent possible confidentiality and anonymity will be preserved in the following ways. The community and individual participants will not be named in the research report. Participants will be assigned a code number that will correspond to a master list. The master list of participants, consent forms and tapes will be retained in secure storage for a maximum of five years as per Memorial's policy related to retention of data. Only a transcriber and myself will have access to the original data. Persons who are hired to assist with the transcription of the data will comply with confidentiality standards according to TCPS guidelines for ethical research. Confidentiality of information shared will be stressed as a criteria for participation in the focus groups. At the same time, participants will be fully informed as to the limits of confidentiality due to the focus group format. In terms of anonymity, the only identifying link will be participants' signature on the consent forms.

Memorial
University of Newfoundland

Office of Research

December 8, 2004

<u>ICEHR No. 2004/05-031-SW</u>

Ms. Gail Wideman
School of Social Work
Memorial University of Newfoundland

Dear Ms. Wideman,

Thank you for submitting for review the proposal for the research project entitled, *"Strengthening rural social work practice with older persons: the relevance of intermediate resources in a Newfoundland community"* in which you are listed as the principal investigator. The Interdisciplinary Committee on Ethics in Human Research (ICEHR) has reviewed this proposal and has granted **full approval** for the conduct of the research in accordance with the proposal submitted.

Full approval is granted for one year from the date of this letter. Should your research carry on beyond that date, you will be required to file annual reports by the anniversaries of this date, describing the progress of the research and any changes that may affect ethical relations with human participants.

If you should make any changes either in the planning or during the conduct of the research that may affect ethical relations with human participants, these should be reported to the ICEHR in writing for further review.

We wish you success with your research.

Yours sincerely,

T. Seifert, Ph.D.
Chair, Interdisciplinary Committee on
Ethics in Human Research

TS/en
cc.   Supervisor

St. John's, NL, Canada A1B 3X5 • Tel: (709) 737-8368 • Fax: (709) 737-4612 • http://www.mun.ca/research

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Letter to ICEHR Requesting Approval for Revisions

RE: MUN Ethics Proposal ICEHR No. 2004/05-031-SW

Date

Dear Ms. Lye:

As per your request I am writing to confirm that the above referenced proposal entitled "Strengthening rural social work practice with older persons: The relevance of intermediate resources in a Newfoundland community" is still active. The revised completion date is October 2008.

I do require an addition to, and revision of the data collection process as it was outlined in the original proposal. A statement describing the changes is attached. You will receive an email from my supervisor Leslie Bella acknowledging and approving this request.

Thank you in advance for your assistance.

Gail Wideman

This is to confirm that Gail Wideman's thesis supervisor, Dr Leslie Bella, has read and approved the attached revisions to the thesis research proposal "Strengthening rural social work practice with older persons: The relevance of intermediate resources in a Newfoundland community", and that these changes have also been approved by her thesis committee.

Original signed by Leslie Bella, November 26th 2007
To confirm this signature, please email Dr Leslie Bella at lbella@tcc.on.ca

November 23, 2007

The initial proposal called for a minimum of 5 focus groups and 20 individual interviews. Of these, 2 focus groups and all 20 interviews have been completed. I would like to propose with this addendum that the interview guide and data collection process be revised to address two issues that have emerged.

The first issue relates to the content of the data, which run counter to some of the assumptions in my original research question which was:

> What can we learn from residents in one rural community in Newfoundland about intermediate resources, that will strengthen rural social work practice and policy with older persons?
> More specifically this study sought to describe:
> - the intermediate resources that are identified as necessary to age in place
> - the development and maintenance of intermediate resources in the context of depopulation
> - the relationship of the presence and organization of intermediate resources to social work policy and practice

The older persons I have interviewed have told me that they are having relatively few difficulties aging in place in this community. They describe a robust informal and formal network comprised of neighbours, friends, and dedicated health care personnel and clergy who continue to provide support in the absence of family. Nevertheless the vulnerability of these resources is also apparent, given that we know that rural Newfoundland is in general experiencing an aging informal support system and the regionalization of many formal services. Further to the issue of content, respondents told me that intermediate resources did not play an important role in their community. In fact, it appears that it is this level of support that has been most affected by out-migration, particularly due to lack of volunteers.

The second issue relates to the inclusion of focus groups as an interview process. I have had difficulty recruiting participants to focus groups. A key informant suggested that this may be partly due to the possibility that respondents' concerns about aging in place are overridden by a desire to preserve the traditional image of their community as one of caring, sharing and survival in the face of adversity. In a study of a rural Saskatchewan community facing comparable issues of depopulation and job loss, participants displayed a similarly positive but implausible view of their life given the inadequacies of very basic levels of service (Mackenzie, 2001). Mackenzie attributed the optimism of these statements to be based at least in part on a "life long habit of making the best of things" despite enormous odds (p.78). The focus group venue may have been an inappropriate

tool if residents felt they were at risk of appearing disloyal to the community at large by disclosing information about the "problems" of aging.

In order to ensure the most accurate portrayal of both the strengths and challenges in this community, I believe that the addition of member checks will contribute important data to this research project. Cresswell (1998) describes member checks as a procedure of verification involving "taking data, analyses, interpretations, and conclusions back to participants so that they can judge the accuracy and credibility of the account" (p.203).

A revised interview process would replace the focus groups with a minimum of five additional individual interviews. As member checks, these individuals will be recruited from the pool of participants who have already been interviewed. They are all known to me and are familiar with my research project. Participants will be recruited from each of the five sub-unit categories described in the initial research proposal: informal, formal, and intermediate service providers, and from the age groups 55-75 and 75 and older. The revised interview guide will ask participants to verify the accuracy of my interpretation of the data. To address the content issue regarding intermediate resources the revised guide will describe examples of intermediate support and ask participants to consider the barriers to and opportunities of this model as a potential for support in their community. The interviews will be conducted either in person or by telephone and will be scheduled between January 2nd 2008 and January 31st 2008.

Revised Interview Guide

Member Check
- ❖ People have told me that in general older people in this community do have the support they need to age in place. Would you agree with this observation?
  - o If you agree, are there characteristics that are unique about your community that makes people feel this way?
  - o If you do not agree, what do you see as the gaps in support to older persons?

- ❖ Thinking about your community in 10 or 20 years... what changes do you think you might see with regard to older people's ability to age in place?

Questions About Intermediate Support
- ❖ Several organizations that provide support to older people have developed proposals for intermediate support in rural areas like yours [describe CHHA, CNIB, Elder Abuse Initiative, VON S.M.A.R.T. Program]. They have some features in common:
  - o use of volunteers in the community,
  - o use of a 'train the trainer' program,
  - o administration and oversight by the parent organization,
  - o community funding for personnel and space
- ❖ How do you see these types of organizations working in your community?
  - o Barriers?
  - o Opportunities?

- ❖ Thinking about your community in 10 or 20 years... do you think the availability of [intermediate resources] will become more important to older persons who wish to [age in place]? Why?
- ❖ Do you think the development and maintenance of [intermediate resources] is important to your community]? Why?

A Final Question
- ❖ Is it important to you to [age in place]?
- ❖ What makes you stay? What would make you leave?

Letter of Approval from ICEHR Re Revised Methodology

MEMORIAL UNIVERSITY

Interdisciplinary Committee on
Ethics in Human Research (ICEHR)

November 28, 2007

ICEHR No. 2004/05-031-SW

Ms. Gail Wideman
School of Social Work
Memorial University of Newfoundland

Dear Ms. Wideman:

Thank you for your response to our request for an annual status report on ICEHR Proposal No. 2004/05-031-SW entitled *"Strengthening rural social work practice with older persons: the relevance of intermediate resources in a Newfoundland community"*.

The Interdisciplinary Committee on Ethics in Human Research (ICEHR) has reviewed the proposed amendments as outlined in your response dated November 27, 2007 and is pleased to give its approval to the revised interview guide and data collection process as requested.

We would also like to advise that ethics approval for this project is extended until *December 2008*. The *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans* (TCPS) requires that you submit an annual status report to ICEHR on your project, should the research carry on beyond December 2008. Also, to comply with the TCPS, please notify us upon completion of your project.

If you should make any other changes either in the planning or during the conduct of the research that may affect ethical relations with human participants, please forward a description of these changes to the ICEHR Co-ordinator, Mrs. Eleanor Butler, at ebutler@mun.ca for further review by the Committee.

The Committee would like to thank you for the update on your proposal and we wish you well with your research.

Yours sincerely,

Lawrence F. Felt, Ph.D.
Chair, Interdisciplinary Committee on
Ethics in Human Research

LF/bl

copy: Supervisor – Dr. Leslie Bella

Appendix B

Letter to Key Informants

Date ...

Re: Research Project on Strengthening Rural

Social Work Practice with Older Persons

Dear ...

As per our phone conversation of [date] I am enclosing information about my research project which will study the effects of out-migration on older people living in rural Newfoundland and Labrador. Rural communities all over Canada have been affected by the closure of resource based industries such as the fishery. The purpose of this study is to find out how older people have managed to remain independent in their communities even though many younger people have left. Participants will be asked to describe the services or programs that assist them with activities of daily living and the services and programs that would be helpful but are not currently in operation. I am writing to request your assistance in recruiting participants for this project.

I will be conducting 5 focus groups and approximately 20 individual interviews. The groups will be categorized in the following way (for more information on group categories refer to the enclosed Project Information Sheet):
Group 1- older seniors (aged 75+)
Group 2- younger seniors (aged 55-74)
Group 3- formal service providers
Group 4- informal service providers
Group 5- intermediate service providers

The individual interviews will consist of 4-5 members in each of these categories. Participants will only be interviewed once, that is, they may participate in either the focus group or interview sessions.

I am requesting your assistance in providing lists of names and addresses of persons who agree to receive more information about the study. I will follow up with a letter of information to these individuals. To adhere to ethical standards of research with human subjects, you will not know who agreed to participate. To facilitate your participation a Project Information Sheet and Participant Information List are enclosed.

This study has received the approval of the Interdisciplinary Committee on Ethics in Human Research at Memorial University of Newfoundland and Labrador. They may be contacted at (709) 737-8368. Dr. Leslie Bella is my thesis advisor. If you have any further questions please feel free to contact myself or Dr. Bella for more information. Dr. Bella can be reached at (709) 737-4512. You may leave a message for me at (709) 895-3612.

Thank you in advance for considering this request.

Sincerely,

Gail Wideman

Appendix C

Letter of Introduction to Participants

Dear ...

I am writing because you have expressed an interest in hearing more about my research project and to request your participation. I am a Ph.D. student at the School of Social Work at Memorial University of Newfoundland and Labrador. As part of the requirements for my degree I am conducting a research project which will study the effects of out-migration on older people living in rural Newfoundland and Labrador.

Rural communities all over Canada have been affected by the closure of resource based industries such as the fishery. The purpose of this study is to find out how older people have managed to remain independent in their communities even though many younger people have left. The enclosed Project Information Sheet gives you more information about the research study

If you agree to take part in this study, you may choose to be part of a focus group discussion or to be interviewed individually. The focus group discussions and the individual interviews will be 1 to 1 and 1/2 hours long. Participants will be asked to describe what it is like for older people living in this community, what services or programs assist them to remain independent and services and programs that would be helpful but are now not available. Your participation is completely voluntary.

This study has received the approval of the Interdisciplinary Committee on Ethics in Human Research at Memorial University of Newfoundland and Labrador (709) 737-8368. Dr. Leslie Bella is my thesis advisor and can be reached at (709) 737-4512.

If you are interested in participating in this study, please call me at (709) 895-3612. At that time I will arrange a date, time, and place to meet. All research involving people requires proof of your consent to participate. Enclosed with this letter is a consent form that describes your participation and outlines any possible risks and benefits of your participation. Prior to participating in either the focus groups or in an individual interview you will be asked to fill out and sign this consent form. If you have any further questions please feel free to contact Dr. Bella or myself for more information.

Thank you for considering this request.

Sincerely,

Gail Wideman

Appendix D

Project Information Sheet

Research Project:
Strengthening Rural Social Work Practice with Older Persons:
The Relevance of Intermediate Resources in a Newfoundland Community

Researcher:
Gail Wideman, Ph.D. Candidate

Project Information Sheet
- Two trends are affecting population in rural areas of Canada. These trends are population aging and out-migration.
- In rural Newfoundland and Labrador concerns about population aging and out-migration are particularly important.
- The moratorium on the cod fishery in 1992 eliminated approximately 40,000 jobs.
- Many rural residents found themselves in the position of having to leave their communities in search of employment. From 1992-2002 the province experienced a net loss of approximately 56,000 people.
- As a result of population aging (fewer babies being born and people living longer) over the next twenty years the proportion of persons over 65 in Newfoundland and Labrador is expected to more than double from 11 per cent to 26 per cent.
- Older persons comprise over 50 per cent of the rural population in Newfoundland and Labrador compared to 20 per cent in non-urban centres in the wider Canadian population.
- In this project, I want to look at how one rural Newfoundland community enables its older residents to age in place.
- In particular, the study focuses on "intermediate" resources (see "What are intermediate resources?" below.
- The goal of this research is to add your knowledge about support to older persons in rural communities to what we already know about rural social work practice
- From there an argument can be made for a model of rural community social work practice aimed at developing and enhancing residents' capacity to age in place and contributes to overall community well-being.
- The research question is: What can we learn from residents in one rural community in Newfoundland about intermediate resources, that will strengthen rural social work practice and policy with older persons?
- Individuals will be asked to discuss this topic as part of a group or in an interview with me. I plan to conduct the interviews and focus groups over a period of 4 –6 weeks in the Spring and Fall of 2005

<u>What are Intermediate Resources?</u>

- By "intermediate resources" I am referring to services in the community that assist older persons to maintain or restore their capacity to remain in their homes and communities despite health or mobility restrictions.
- For this research project it is important to distinguish intermediate resources from formal care (nurses, social workers, etc.) and informal care (family, friends, etc.).
- There are three ways in which intermediate resources are different from formal or informal care. All of these characteristics must apply in order for us to consider them as "intermediate":
- Intermediate resources involve an organization (for example, church, service club, or seniors' group)
- Intermediate resources emphasize control by the user or purchaser of service
- Intermediate resources provide support in the areas of what is known as "instrumental" and "advanced" activities of daily living. These activities may include cooking, cleaning, laundry, shopping, transportation, managing money, managing medication, as well as socialization and recreation.
- In addition to these examples of intermediate resources, older persons will have the opportunity to identify other resources that they believe to be critical to their ability to age in place. In rural Newfoundland for example it is likely to be important to get help with things like snow shoveling, wood cutting or gardening.

<u>Additional Information</u>

- To be sure that information is recorded accurately the focus group and interview sessions will be tape recorded and transcribed
- All names and other identifying information will be removed, including the name of your community. If you agree to participate, you will be assigned a code number which will correspond to a master list. The master list and consent forms are the only places your name will appear. The master list, consent forms, and all tapes will be locked away securely. Only myself, my supervisor, and the transcriber will have access to the master list, consent forms and tapes. All of us are bound by Memorial University's standards related to ensuring anonymity of research participants and confidentiality of data. However, exceptions to confidentiality may be made if suggestion is made that a person or persons are at risk.
- Your rights as participants include:
  - ➤ To terminate the session or withdraw at any time
  - ➤ To refuse to answer any question
  - ➤ To ask for clarification or more information about the study at any time

I am a Ph.D. student at the School of Social Work at Memorial University of Newfoundland and Labrador. This research project is part of the requirements for my degree. For more information about the study, you may contact me at (709) 895-3612.

Dr. Leslie Bella is my thesis advisor and can be reached at (709) 737-4512. This study has received the approval of the Interdisciplinary Committee on Ethics in Human Research at Memorial University of Newfoundland and Labrador. If you have questions about this research study or about your rights in participating in it you may contact this committee at (709) 737-8368.

Consent Form

Research Project:
Strengthening Rural Social Work Practice with Older Persons:
The Relevance of Intermediate Resources in a Newfoundland Community

Researcher:
Gail Wideman, Ph.D. Candidate

Please bring this form with you to the focus group session or interview. You may fill it out on your own or with assistance at our meeting. Please check the appropriate boxes "Yes" or "No":

I understand that Gail Wideman is conducting this study to examine the impact of out-migration and how it affects older people in Newfoundland.
Yes☐ No☐
I have agreed to participate in a one and one-half hour group discussion with 8-10 other members of my community
Yes☐ No☐
I have agreed to be interviewed on my own (or with a person of my choice present) to discuss my perceptions of life as an older person in this community.
Yes☐ No☐
I understand that the focus group meetings or interviews will be tape-recorded.
Yes☐ No☐
I have been assured that no information will be released or printed that would disclose my personal identity and that my responses will remain confidential.
Yes☐ No☐
I understand that the only exception to confidentiality would be if I disclose information that suggested I or someone else was at risk.
Yes☐ No☐
I also acknowledge that the researcher cannot guarantee that all involved in the focus groups will keep information disclosed in the group discussion confidential.
Yes☐ No☐
I understand that tapes will be securely held for five years after which time they will be destroyed.
Yes☐ No☐
I understand that I may refuse to answer any questions I am asked and may leave the group or end the interview session at any time.
Yes☐ No☐
Any questions about the study have been answered to my satisfaction.

Yes☐ No☐

I also understand that I may now or in the future ask any questions that I might have about the study.

Yes☐ No☐

I understand that this research has received the approval of the Memorial University Interdisciplinary Committee on Ethics in Human Research.

Yes☐ No☐

I understand that my participation in the study is completely voluntary.

I further understand that I may withdraw at any time.

Yes☐ No☐

I hereby consent to participate in the study.

_____   _____

Signature of participant   Print Name

Appendix F

Participant Profile

Pseudonym	Participant Profile
Amy	Amy is an intermediate provider. She is a staff member of CHHA.
Beth	Beth is an intermediate provider. She is a staff member with CNIB.
Bonnie	Bonnie is in the category of 75+. She is a widow. She is in good health and lives alone in her home. She has two sons living in the community with their families.
Brigid	Brigid is in the category of 75+. She is a widow. She is in good health and lives with her elderly mother in her home.
Carla	Carla is in the category of younger seniors 55-74. She moved to her community thirty years ago. She is a long time member of the Women's Institutes.
Dave	Dave is in the category of younger seniors 55-74. He worked for many years in the community and is now retired.
Edith	Edith is a formal care provider. She is a home care worker.
Enid	Enid is an intermediate provider. She is a staff member with the Elder Abuse Strategy program.
Jane	Jane is an intermediate provider. She is a staff member of the S.M.A.R.T. program, VON.
Jennifer	Jennifer is in the category of younger seniors 55-74. She is a key community leader, and engaged in many activities related to the older seniors.
Jerome	Jerome is a formal care provider. He is a social worker with the regional health authority.
Jessica	Jessica is an informal caregiver. She moved to the community 24 years ago when she was married. She cares for her elderly mother in law.
June	June is in the category of younger seniors 55-74. She works in the community and lives with her husband.
Margaret	Margaret is in the category of 75+. She is a widow. She is in fair health, and lives in a seniors' apartment complex in the community.
Mary	Mary is an informal caregiver. She is retired and lives in the community with her disabled husband. She is his primary caregiver.

Norma	Norma is in the category of 75+. She is a widow. She is in good health and lives alone in her home. Her son and daughter-in-law live next door.
Rhonda	Rhonda is a formal care provider. Her role is in the area of agency policy and planning.
Sandra	Sandra is an informal caregiver. She lives in the community with her husband. She has been a caregiver for her parents. Just prior to being interviewed, her parents were moved to a nursing home in the city.
Sarah	Sarah is a formal care provider. She is a senior policy analyst with the government of NL.
Walter	Walter is an informal caregiver. He has lived and worked in the community all his life. He is married. His mother lives in the seniors' apartment complex. Walter spends some time every day with his mother. He has a brother in the community who assists with his mother's care (transportation, socialization).

Appendix G

Interview Guide

Research Project:
Strengthening Rural Social Work Practice with Older Persons:
The Relevance of Intermediate Resources in a Newfoundland Community

Researcher:
Gail Wideman, Ph.D. Candidate

Knowledge/Facts

- What changes in your community have affected the ability of older residents to age in place?

- What activities of daily living are difficult for older people to manage here?

- Who or what services (if any) do older people in this community rely on for assistance with these activities?

Experience/Behaviour

- Is it difficult for older people to age in place in your community?

- How is living in this community different from the way the last generation of older people lived? or from the way older people expected things would be in their later years?

- What do you see as the primary cause of these changes?

- Is there more or less [informal] support available to older people here? [formal] support? [intermediate] support?

- What has the impact of these changes been on older people? On the life of the community?

- Is this community a better place to live than it was a generation ago?

Feelings/Emotions

- What keeps people in this community?

- What makes people leave?

Opinions/Values

- Is it important for older people to be able to [age in place]? Why?
- Is it important for your community that older residents can [age in place]? Why?