FACTORS INFLUENCING SENIORS' COMMUNITY PROJECTS: A DESCRIPTIVE AND INTERPRETIVE ANALYSIS

by

BARBARA JEAN BERRY

B.N.Sc. Queen's University, 1977

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF

THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES

DEPARTMENT OF ADMINISTRATIVE, ADULT AND HIGHER EDUCATION
AND COUNSELLING PSYCHOLOGY

We accept this thesis as conforming to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

August, 1992

♠ Barbara Jean Berry

In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

(Signature)

Department of Adult, Administrative and Higher Education/ Counselling Psychology The University of British Columbia Vancouver, Canada

Date September 1, 1992

ABSTRACT

FACTORS INFLUENCING SENIORS' COMMUNITY PROJECTS: A DESCRIPTIVE AND INTERPRETIVE ANALYSIS

Seniors involved in community projects contribute to improving the quality of life of older Canadians. This field study yielded an inventory and description of project accomplishments, factors influencing seniors' projects, as well as resources and strategies used by seniors' groups.

One hundred and fifty-eight members of twenty seniors' groups participated in focus group discussions about their projects. Four questions guided the interviews: (i) What are the accomplishments of your group? (ii) What factors facilitate your groups' accomplishments? (iii) What resources and strategies do you use? (iv) What are the barriers facing your seniors' group?

Eighty percent of the groups were involved in service projects, 10% were focused on self improvement/personal growth and 10% were focused on social issues. Groups were located in and around Vancouver, B. C.

Accomplishments included developing health, social and educational programs for seniors, building networks, and developing committed working groups. Groups identified 27 facilitating factors; fifteen factors identified by more than half of the groups formed four categories: (i) building an organization; (ii) a sense of community; (iii) network contacts; and (iv) community-based problem-solving. Groups identified fifteen hindering factors; similarly, nine

mentioned by more than half of the groups fell into four themes: (i) difficulty acquiring funds; (ii) lack of volunteers; (iii) intergroup relations; (iv) intragroup tensions. Of the 15 categories of <u>resources</u> reported, human resources are seen as the most important. Similarly, of the 15 strategies used by seniors' groups, networking is key.

Content analysis of interview transcripts revealed ten subthemes about senior involvement in projects: (i) seniors' groups as vehicles for companionship and belonging; (ii) awareness of marginalized social status; (iii) volunteering and advocacy; (iv) socioeconomic differences between younger and older seniors; (v) service strategies for involving seniors; (vi) role differences between senior volunteers and professionals; (vii) reliance on staff; (viii) acknowledging seniors' expertise; (ix) hierarchical board structure; and (x) dissatisfaction with funding criteria.

Three conclusions illuminate challenges which seniors' groups must address. First, funding criteria for seniors' projects perpetuates service-oriented groups that depend on government funding and rely on paid staff. Second, differences in roles and status between professionals and seniors makes collaboration difficult. Third, funding agencies requiring formalized project structure and criteria inhibit senior involvement in such groups. Adult educators must employ collaborative and participatory strategies, and must be sensitive to conditions both obvious and not so obvious which influence the workings of seniors' groups.

Table of Contents

Abstractii
Table of Contentsiv
List of Tablesvii
Acknowledgementsviii
I.INTRODUCTION
II.REVIEW OF THE LITERATURE
III RESEARCH METHODOLOGY. 39 Design of the study. 39 Fieldwork strategy. 41 Entering the Field: Stage I 41 Contacting Seniors' Groups. 41 Meeting Seniors' Groups. 44 Generating and Collecting the Data: Stage II 46 Observation and Document Collection 46 Group Profile Questionnaire. 47 Member Profile Questionnaire. 47 Modified Focus Group Methodology. 48 The Research Settings. 49 Researcher as Facilitator. 50 Group Interview Process. 53 Group Assessment. 54

	Bringing Fieldwork to a Close: Stage III	55 55 56
VI.	PROFILE OF SENIORS' GROUPS AND THEIR PROJECTS	60 62 63 68
V. 1	FINDINGS	33 33
	Facilitating Factors	00 02 06 08
	Hindering Factors	24 25 26 27
	Resources and Strategies of Seniors' Groups	31 34 38 38
VI.	SENIOR INVOLVEMENT IN COMMUNITY PROJECTS	14 15 17
	and Older People	6

	Professocial R Social R Senios Reliance Acknowles Formalization Hierarch Dissation Key Issues	stween Senior Volunteers and siconals
VII.	Summary of Summary of Conclusions Recommendat Practical Suggestic	NCLUSIONS AND RECOMMENDATIONS
REFE	ERENCES	205
	Appendix A: Appendix B:	Letter of Intent
	Appendix F: Appendix G:	Number, Function and Category222 List of Group Interview Transcripts223 Composition of Discussion Groups225

List of Tables

Table	1:	Fieldwork Strategy42
Table	2:	Group Interview Procedure and Discussion Guide52
Table	3:	Categories of Seniors' Initiatives61
Table	4:	Characteristics of Seniors' Groups71
Table	5:	Profile of Group Participants82
Table	6:	Accomplishments of Seniors' Groups85
Table	7:	Factors Facilitating Seniors' Groups89
Table	8:	Major Categories of Facilitating Factors101
Table	9:	Factors Hindering Seniors' Groups117
Table	10:	Resources Important to Seniors' Groups132
Table	11:	Strategies Used by Seniors' Groups135
Table	12:	Group Assessment: Current Status and Desired Aims139

Acknowledgements

My sincerest thanks to the 158 members of the 20 seniors' groups who gave their time and energy to meet together and to discuss their community projects. I would also like to thank the three seniors' groups who helped to "iron out the kinks" of the group interview process. Clearly, the group meetings were the highlight of this research endeavour.

My thanks to my advisory committee: to Dr. James E. Thornton for encouraging me to "go into the field"; to Dr. Norman Amundson for his interest in this project; to Dr. John B. Collins for his commitment and support; to Dr. Beverly Burnside for listening, for understanding and especially for encouraging me to "let the data speak". A special thank you to Linda Elliott and Grace Hodgins for their thoughtful feedback and for "checking the stickies"; and to kindred spirits Barbara Clough and Sharon Harold for their enthusiastic support.

My warmest appreciation to my friends for their companionship, encouragement and for reminding me of things to come. My deepest thanks to my family: to Bert, for his relentless support and commitment during this extravagant process and for reminding me to keep my "eyes on the prize". Finally, gratitude to Betty and Lawrence Berry for passing on to me a tenacious spirit.

CHAPTER 1

INTRODUCTION

"We're learning about what it is that seniors can accomplish if we go after it... seniors have to get out and push for what they want and they can get it, they've got the power to do it. Seniors have the knowledge and experience maybe not as individuals, but as a group... the combined experience of a group of seniors is amazing"

(Grp. 5, p. 10, L. 496).

The involvement of older Canadians in community initiatives is a phenomenon of increasing prevalence and significance in Canada. Health and Welfare Canada (1989) fund approximately "2,000 projects annually" through the New Horizons Program (p. 9). The Seniors' Health Network contacted "1300 seniors' groups" and "funded 40" groups during its' first year of operation (B.C. Ministry of Health, 1990, p. 4). In British Columbia, "we have funded approximately 4200 projects which have assisted seniors' organizations to develop and to play instrumental roles in their communities and in society" (Fraser, 1992, p. 1). Not only are the numbers of seniors' groups involved in community projects increasing but their potential contribution to community support services, community education and public policy formation is great.

Mobilizing Resources for Seniors' Initiatives

Seniors involved in community projects must mobilize resources in order to meet their group goals and vision.

Central to establishing and maintaining a project, seniors' groups must develop a human resource base upon which to act. During the course of their community self-help efforts, seniors' groups face numerous challenges and barriers. They also experience factors which enhance their group capacity to make an impact in their communities.

As a field consultant to seniors groups throughout British Columbia between 1988 and 1990, this researcher became aware of factors influencing groups involved in community projects. Group members frequently expressed difficulty garnering the support and commitment of other seniors for their project. Many requested assistance designing projects, completing funding application forms and dealing with intragroup tensions. In a workshop planning exercise conducted prior to a regional meeting, several issues were raised by project participants for discussion. These issues included: "recruiting and keeping volunteers, program promotion activities, developing a project suitable for funding, evaluating community projects and conflict resolution" (Elliott & Berry, 1990, p.9). In addition, group members requested training events for volunteer skill development, community workshops for determining priorities and opportunities for networking with other seniors involved

in local projects. Professionals working with seniors groups also requested information on "recruiting and training volunteers, developing ownership and project commitment, team-building, program planning and evaluation of seniors projects" (Hogg, 1990, pp. 1-2).

Responding to the requests of both senior members and professionals working with seniors' groups was a challenge. The role of the adult educator in relation to community groups and seniors' groups in particular is not clear. In fact, one of the most interesting philosophical debates in adult education pertains to the role of the educator in relation to citizen groups involved in education for social change and development (Selman, 1991).

Documentation about the work of Canadian seniors' groups involved in community projects is limited to evaluation reports of government initiatives. Documents prepared by Health and Welfare Canada (1977, 1989) provide useful information regarding the impact of the New Horizons initiatives on the well-being of older Canadians who participate in seniors projects, as well as the beneficiaries of the local efforts. Unfortunately, these documents are not helpful in understanding the capacity of seniors' groups to fulfill their project goals. Nor do these reports provide information about the role of the professional worker in relation to seniors' groups. In addition, the perspective of the seniors involved in

community participation activities has not been well represented in the literature.

This study was designed to explore and to learn about the work of seniors' groups involved in community projects from their perspective. These questions guided the investigation:

- 1. What are the accomplishments of seniors' groups involved in community projects?
- 2. What factors facilitate the accomplishments of seniors' groups involved in community projects?
- 3. What resources are important to seniors' groups involved in local initiatives?
 - 4. What strategies are used by seniors' groups?
- 5. What are the barriers and challenges of seniors groups involved in community projects?

Understanding the capacity of seniors' groups to act on their own behalf required a descriptive and interpretive analysis of the projects undertaken by older Canadians.

Identifying and describing factors, resources and strategies pertinent to their group efforts would contribute valuable information about the issues confronting older people involved in community initiatives. Understanding the issues from the members' point of view was essential in order to illuminate the role of adult educators in relation to seniors' groups working on community projects.

Applied Research With Seniors' Groups

Describing and understanding the work of seniors' groups involved in community projects from their perspective requires an applied methodology. Recognition of the need for collaborative approaches to research with older people prompted the design of a field study. Although several data collection techniques were incorporated, a modified focus group interview was the primary means of assembling information about the perceptions and experiences of group members. A group discussion would provide members with an opportunity to reflect on their group efforts as well as generate data for descriptive and interpretive analysis.

Canadian Context for Senior Involvement in Community Participation

Major social trends in Canada are influencing community participation among older people. Population aging, the decentralization of government expenditures and the informalization of services from acute to community care provide some of the rationale for involving seniors in community projects for their health and well-being. These trends are summarized.

Population Aging and Health Services

Older Canadians are the fastest growing segment of the population. In 1986 the senior population in British

Columbia was 12.1% of the total population and this is expected to rise to 13.5% by the year 2001 (Stone & Frenken, 1988). Population aging in Canada is shaping new and alternate forms of service for older people (Chappell, 1989; Stone, 1991).

Rising health care expenditures are prompting a shift in services from acute to community care. Encouragement for a "continuum of care" involving collaboration between the formal and informal sectors is observable in government incentives such as the "Community Partnership Program" (B.C. Ministry of Health, 1992). The transition from an institutional to a people-based approach is related to "enabling" strategies for achieving health currently afoot in Canada (Epp, 1986; World Health Organization, 1986).

From Individual Health Prevention to Community Health Promotion

Fostering well-being in old age requires an approach to health which acknowledges that health is the product of the continuous interaction and interdependence of individuals with their environment. Focusing on individual life-style change is inadequate for dealing with the underlying causes of health problems confronting older people (Minkler & Pasick, 1986). Health promotion has been declared the vehicle for "mediating between individuals and their environment and relating personal choice with social responsibility (WHO, 1986). Health promotion refers to "the

process of enabling people to increase control over and to improve their health" (WHO, 1986).

Embedded within this view of health are assumptions about the "response-ability" or the capacity of local people to respond to challenges imposed by their environment. Local people are considered the most capable of identifying, understanding and solving their own health problems. As the Ottawa Charter for Health Promotion says:

"Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their endeavours and destinies"

(World Health Organization, 1986, p. iv).

Community Participation and Older Canadians

Community participation is a process whereby local people can work together on a shared goal for health.

Involvement in the social process of collective discussion, decision-making and action enhances community and feelings of collective and personal empowerment (Bracht & Tsouros, 1990; Labonte, 1988).

Acknowledgement of the resources and capabilities of older people in working together for health is inherent in social programs based on a health promotion philosophy.

Through a process of community participation well elders are encouraged to reach out and to help others using mutual aid and self-help mechanisms (B. C. Ministry of Health, 1988).

Purpose of the Study

Describing the work of seniors' groups involved in community projects in order to determine the role of adult educators in relation to seniors' groups involved in local initiatives is the primary intent of this study. Objectives of the study include: (1) identifying the accomplishments of seniors' groups involved in a variety of community projects; (2) describing factors perceived by members that facilitate and hinder their group efforts as well as the resources and strategies used; (3) describe and interpretive key issues influencing seniors' community projects; and (4) facilitate project groups in a group assessment process. Seniors' groups, professionals working with seniors' groups, programmers as well as policy makers could benefit from a descriptive and interpretive discussion about seniors' community projects.

Key Concepts

Concepts relevant to this investigation are:

Seniors' Groups. Seniors' groups are broadly conceived as self-organized or other-organized groups of adults aged 55 years and over, who have voluntarily joined together in order to undertake a project or initiative of benefit to themselves, other seniors or the broader community.

Community. Community is defined as an interdependent social grouping of people with close ties, common interests

and common goals. Community in this study also refers to people who share geographic proximity.

Community Participation. Community participation is a process of involving people in decisions that affect their lives. The process may include various strategies such as: community development, community planning, social action or self-help.

Organization of this Study

This study was designed to increase knowledge about seniors' groups involved in community projects. Describing accomplishments of seniors' groups, factors influencing senior' projects as well as the strategies and resources used contributed to identifying the role of adult educators.

Chapter 1 outlines the purpose of the study, the background to the research problem and questions guiding the study. Rationale for learning about the work of seniors' groups involved in community projects is presented.

Chapter 2 reviews literature about senior involvement in community projects. The barriers to senior involvement in community initiatives are also examined.

<u>Chapter 3</u> describes the fieldwork design, the research process, data collection procedures, data analysis methodology and the role of the researcher.

<u>Chapter 4</u> presents a typology of seniors' projects as well as a profile of characteristics of seniors' groups involved in projects. A profile of project participants is also described.

Chapter 5 presents findings about seniors' community projects, accomplishments, factors facilitating and hindering seniors' projects, resources and strategies used by seniors' groups, as well as group assessment results.

Chapter 6 discusses ten subthemes which describe senior involvement in community projects. Three key issues are raised for further discussion.

Chapter 7 summarizes findings and presents conclusions and recommendations for seniors' groups and professionals working with seniors' groups. Ideas for future research are identified.

CHAPTER II

REVIEW OF THE LITERATURE

The involvement of older people in community participation is the focus of this review of literature. Materials pertinent to senior involvement are described according to these topics:

- 1. Rationale for involving older people in community participation.
- 2. Factors influencing senior involvement in communitybased projects.
- 3. Barriers to senior involvement in community participation.
- 4. A model of social identity for analyzing the barriers to senior involvement in community participation.

Gerontological literature pertaining to senior involvement in community participation for health is atheoretical and descriptive in nature. Canadian sources about older people involved in community projects include: evaluation reports of the New Horizons Program by Health and Welfare Canada (1977, 1989) and descriptions of government social programs (B.C. Ministry of Health, 1988; Clark, 1991; Novak, 1987). Other Canadian sources include a handbook on community organizing (Mairs, 1991), an overview of Canadian seniors' groups (Gifford, 1990), and an analysis of a mandated seniors' advisory group (Neysmith, 1987).

Rationale for Involving Older People in Community Participation

Six principle reasons identified in the literature for involving older people in community participation activities include: (i) older Canadians are an "under-utilized" resource; (ii) group activities for social integration; (iii) volunteering for personal satisfaction; (iv) mutual helping for social support among aged peers; (v) community participation for seniors independence and quality of life; (vi) community involvement for community self-reliance and community empowerment. Literature illustrating these six reasons for senior involvement is presented.

Older Canadians are an "Under-utilized" Resource

The capacities of older people for contributing personal resources and skills developed over a lifetime are currently being acknowledged (Minister of Supply and Services Canada, 1990; National Advisory Council on Aging, 1989; Novak, 1987). Numerous Canadian writers point out that capitalizing on this "under-utilized" resource for their contribution to the development of a community support system is one way to deal with the rising service needs of an aging population (Chappell, 1989; Lambert et al, 1964; Riessman, Moody & Worthy, 1984; Stone, 1991). Experts on aging and advocates of volunteerism have predicted that increasing numbers of retirees will result in a rich

volunteer pool to be "harnessed" for their personal and collective resources (Novak, 1987; Nusberg, 1988). In Canada, the National Advisory Council on Aging (1989) has recommended that volunteering is the "mechanism for meaningful involvement" for the growing numbers of active Canadians (p.12).

Group Activities for Social Re-Integration

According to Rosow (1967) people are connected to their society through the beliefs that they have about themselves and others, the groups that they belong to, and the positions or roles that they occupy. In moving from middle to old age, events disrupt the integration of individuals from their social system. Consequently, older people face a process of social re-organization and re-integration in order to combat social isolation.

Mandatory retirement is one event which disrupts a persons' connectedness and triggers the process of reorganization described by Rosow (1967). The role loss that is associated with mandatory retirement results in the isolation of older people from the mainstream of society (Estes, 1979; Levin & Levin, 1980; Townsend, 1981).

Pilisuk and Minkler (1985) point out that social isolation and diminished social supports can render a person at risk for health. In other words, disconnecting an individual from a set of roles can place them at risk for health. As Sarbin and Scheibe's (1980) explain in their

conceptualization of social identity that a loss of valued social roles and the associated social status results in a degraded sense of self. Building on the work of Sarbin, Burnside (1990) has stressed that an individual's social identity is a function of the roles a person occupies within a social network. From this perspective, an individual's social identity changes as roles and relations within the social network change.

Kuypers and Bengtson (1973) believe that older people in Western society are susceptible to "social breakdown syndrome" due to a loss of familiar roles, a loss of reference groups with whom to identify and inadequate guidelines for acting. As a result of these losses, older people look to external cues for information about themselves. Through "social labelling" seniors internalize the dominant social stereotypes of Western society resulting in feelings of incompetence, uselessness and inadequacy (Estes, 1973; Harold, 1990; Kuypers and Bengtson, 1973).

Data about the negative effects of social isolation among seniors, coupled with information about the benefits of association provide the rationale for numerous age-based social programs (B.C. Ministry of Health, 1988; Ehrlich, 1980; Health and Welfare Canada, 1989; Hooyman, 1980; Rowe, 1982; Ruffini & Todd, 1979). These programs aim to provide older people with opportunities to learn new skills, to take on new roles and to combat social isolation while serving the needs of other older people.

Activities aimed at re-integrating individuals into a set of social relationships in order to prevent deterioration are rationalized. The original mandate of the New Horizons Program was aimed toward preventing social isolation among Canadian seniors by providing opportunities for social interaction through involvement in community projects (Health and Welfare Canada, 1977).

Programs which aim to re-integrate older people into the mainstream, that acknowledge the broader social issues influencing isolation and health among older people are few. Burnside (1990) developed a program for mid-life women focused on their re-integration into community roles. Hodgins (1991) testing Burnside's model in an older cohort, demonstrated that older women can learn to strengthen their personal social networks, can become involved in esteembuilding activities and can re-integrate into community.

Old peoples' organizations, voluntary associations and seniors' clubs also provide an arena for seniors to associate with age peers, to develop friendships and to rehabilitate age-related losses in a supportive setting (Culter, 1976; Jerrome, 1988; Ward, 1979). According to Jerrome, members of old people's clubs share a collective identity which is culturally distinct in relation to outsiders, particularly younger people. Involvement in regular collective rituals serves to integrate members together as a cohort of people who have shared a place in time. Members of older peoples' clubs develop a sense of

"generational consciousness" which contributes to their sense of community integration.

In a study of the voluntary associations of the aged, Ward (1979) attempted to show that some group roles are "more meaningful" than others and active participation in these roles may relate to life satisfaction. He found that active participation in discussion rather than passive volunteering was more meaningful to older people however, participation in discussion was not necessarily associated with a sense of well-being. Ward (1979) also found there to be a "lack of meaty roles or personally meaningful involvement for all but a small leadership core". He proposed that for many people, participation in voluntary associations offers opportunities for "lukewarm social integration only" and at best provides a vehicle for "escape from isolation and boredom" (p.444). Likewise, Riley & Riley (1989) argue that a central dilemma in society are the inadequate social-role opportunities for utilizing, rewarding and sustaining the strengths and capacities of increasing numbers of older people.

Volunteering for Personal Satisfaction

Research has shown that volunteering provides opportunities for older people to engage in altruistic behaviour, to have companionship, to learn new skills, to have new experiences and to gain political influence

(Chambre, 1984). Most senior Canadians who volunteer are highly satisfied by their volunteer efforts (Brennan, 1989).

Volunteering is one way that older people try to deal with role loss. Chambre (1984) and Payne (1977) examined volunteering as an intervention strategy for providing role continuity, enhancing self-concept, as well as a vehicle for social support among elders. Based on the work of Kuypers and Bengtson (1973), Payne (1977) attempted to show that volunteering in meaningful activities could provide opportunities for social role reconstruction for both older men and women. She discovered that the power to restructure ones' self identity "lies in the ability to plan, coordinate and deliver critical services that are needed and valued" (p.360). She discovered that the social setting was a factor influencing opportunities for social role reconstruction. A setting that promoted social involvement, that conferred peer and community support and where the organizational structure was not bureaucratized enhanced involvement in valued activities which in turn led to enhanced feelings of personal power.

Mutual Aid for Social Support Among Aged Peers

In "Achieving Health for All: A Framework for Health Promotion" (Epp, 1986), social support is identified as a building block to health. Mutual aid is viewed as a mechanism for the exchange of supportive behaviours between peers in face-to-face exhanges (Epp, 1986; Riessman, Moody &

Worthy, 1984; Moody, 1988). In this case, social support is viewed as a set of exchanges or transactions of supportive social behaviours between peers (Pilisuk & Minkler, 1985).

Research has shown that social support between elders contributes to combating loneliness, building community, preventing illness and maintaining well-being (Ehrlich, 1980; Pilisuk & Minkler, 1985). Moody (1988) suggests that older people who are involved in the act of giving-help to peers feel needed which contributes to restoring their self-esteem.

Mutual aid can also involve a process of common problem solving where reciprocity of help is not limited to the membership and where the resolution of a problem can be found in the interaction of the helper and the helped (Hooyman, 1980). Expanding neighbourhood networks for the purpose of linking older people with one another and to facilitate the exchange of helping behaviours is a goal of many programs (Ehrlich, 1980; Hooyman, 1980; Riessman, Moody & Worthy, 1984; Novak, 1987; Sanchez, 1987).

Mutual self-help focused on social caregiving and psychological support among aged peers tends to reinforce the elderly in a dependent, needy role (Moody, 1988). Moody goes on to suggest that mutual help strategies could be used to transform the image of older people and professionals about dependency and productivity in old age.

Community Participation for Seniors' Independence and Quality of Life

Involving older people in mutual help activities for the benefit of themselves and the broader community is related to trends in Canadian health care. As a result of living longer many older Canadians must learn to cope with chronic illness. These "conditions of living" can negatively influence the well-being and quality of life of older people (B.C. Ministry of Health, 1988). For many older people in Canada "quality of life" means:

"Equal opportunities to access resources, opportunities to make choices and the capacity to function independently. Equal opportunities may include the right to adequate income, the right to work, the right to choose where to live and the right to be involved in making decisions regarding their own lives" (Health Services and Promotion Branch, Health and Welfare Canada, 1986, p. 10)

Independence is an important aspect of maintaining quality of life in old age. Lowy (1989) describes independence as the "freedom from constraints, and freedom to make significant choices" (p. 135). For many Canadian seniors independence means being able to live "within the community" (Health Services and Promotion Branch of Health and Welfare Canada, 1986, p. 9). Living independently in the community is believed to require mutually supportive relations and a connectedness with others. It is predicted that with advanced age and increasing frailty older people will need community support services in order to remain living within

their communities (National Advisory Council on Aging, 1989; Stone, 1991).

The rubric of community supports proposed for an aging population includes both formal and informal sectors of care. Formal helping structures encompass government mandated programs as well as services provided by voluntary organizations and businesses. Informal helping on the other hand involves kin, friends, natural helpers, as well as the mutual helping found within informally organized groups (Froland, 1980; Stone, 1991). Establishing a continuum of care will require interdependent relations between the two sectors of helping (Clark, 1991; Froland, 1980; Pilisuk & Minkler, 1985). In Canada, government initiatives are encouraging the establishment of "partnerships" between the formal and informal sectors through the development of local, service-oriented projects (B. C. Ministry of Health, 1992; Health and Welfare Canada, 1992; National Advisory Council on Aging, 1989).

Community Involvement for Community Self-Reliance and Community Empowerment

Maintaining health, independence and quality of life in old age requires the social philosophy of health endorsed by Epp (1986). In creating conditions for well-being among seniors, the goal is health promotion, the activities are community based and the intent is to direct action toward the social and environmental factors that influence health.

The principle goal undergirding this approach to establishing the conditions for health are community participation, community self-reliance and community empowerment (WHO, 1986). Social programs encouraging older Canadians to act on their own behalf, to improve or to maintain their health, well-being and quality of life are based on a health promotion philosophy (B.C. Ministry of Health, 1988; Social Services Program Branch, Health and Welfare Canada, 1989). Involving older people in community participation is aimed to promote community self-reliance and community leadership among Canadian seniors (B. C. Ministry of Health, 1988).

Programs geared to involving seniors in the design and delivery of community support systems rely on the involvement of seniors in a process of community development. (B. C. Ministry of Health, 1988; Minister of Supply and Services, 1982; Social Service Program Branch, Health and Welfare Canada, 1989). These programs seek to enhance the quality of life of older people by providing opportunities for seniors to become involved in local projects. Members use their expertise and talents, learn new skills, expand relationships and develop new and fulfilling community roles for combating the social isolation and role loss of old age (B. C. Ministry of Health 1988; Blonsky, 1974; Brown, 1985; Hooyman, 1980; Mairs, 1991; Minkler, 1985; Novak, 1987; Rowe, 1982; Social Services Program Branch, Health and Welfare Canada, 1989).

Assumptions underlying the involvement of older people in community participation includes the recognition that older people have the resource capacity to assess and to deal with their own problems at the local level (B. C. Ministry of Health, 1988; Blonsky, 1973; Health and Welfare Canada, 1989; Hooyman, 1980; Mairs, 1991; Rowe, 1982). Clark (1991) has described the process of community participation as an opportunity for seniors "to define their needs as groups, develop programs to solve their problems through teamwork, and in so doing to discover a renewed sense of purpose and community in a shared goal: improved quality of life" (p. 636).

Involvement of older people in defining their common problem and solutions through a process of collective discussion, decision-making and action contributes to a sense of community and community empowerment (Labonte, 1988; Rappaport, 1987). Empowerment is viewed as "an actual as well as a perceived sense of power" (Katz, 1984, p. 205).

Factors Influencing Senior Involvement in Community Projects

Factors influencing the involvement of older people in community participation projects fall into five broad categories: (i) organizational structure; (ii) professional support; (iii) legitimate power in decision-making; (iv) senior leadership; and (v) funding. Each are described with citations.

Organizational Structure

Organizational structure is a factor influencing senior involvement in community projects. The organizational model described most often in the literature is a hierarchical structure consisting of a Board of Directors, elected officers and sub-committees (Blonsky, 1973; Gifford, 1990; Health and Welfare Canada, 1989; Matthews, 1982; Neysmith, 1987; Pilkington-Easter, 1974). For some, the bureaucratized model of organization is the most effective way to establish a representative and democratically governed organization (Reitzes & Reitzes, 1991). Although Pratt (1976) believes that organizational survival depends on the development of a technically proficient and competent bureaucracy, a hierarchical model can endanger the leader status of elders since younger members with more qualified could assume top positions.

Organizations with a decentralized or loose structure offer opportunities for social network development and representative participation by older people (Brown, 1985; Hooyman, 1980; Rowe, 1982; Ruffini & Todd, 1979). Minkler (1985) attributes the success of the Tenderloin Senior Outreach Project to "the grassroots nature of TSOP...the relative ease with which group members, volunteers, and project director could come together around a common and immediate issue. Without a formal administrative structure, TSOP was able to focus most of its energies on program development" (p.308).

Professional Support

Professional organizers and staff play a central role in developing and maintaining mutual help organizations with older people (Blonsky, 1974; Ehrlich, 1980; Hooyman, 1980; Mairs, 1991; Minkler, 1985). Lowy's (1985) approach to community organizing with older people is dependent on the role of the professional organizer. Essentially, the worker builds trust and rapport with local people in order to motivate group involvement (Hooyman, 1980; Lowy, 1985; Mairs, 1991; Minkler, 1985). The worker is charged with the responsibility of establishing a climate for group problemsolving, program development, goal setting as well as for leadership development (Blonsky, 1973, 1974; Hooyman, 1980; Lowy, 1985; Mairs, 1991; Minkler, 1985). Mairs (1991) describes that the worker's role changes from coordinator to facilitator to resource linker once the senior members are committed and perform most of the tasks of the organization. Pilkington-Easter (1974) defines the role of the worker in relation to the educational functions of the seniors' organization. For instance the worker is described as a "facilitator, not a teacher or decision maker" (p. 83). In addition to coordinating, organizing and training, staff may be hired to provide program continuity, administer a service, organize meetings, moderate conflicts, or to act as a fellow participant (Blonsky, 1973; Ehrlich, 1980; Reitzes & Reitzes, 1991; Rowe, 1982; Ruffini & Todd, 1979).

Mairs (1991) draws attention to role status differentials between professional staff and senior volunteers. She recommends that in order for seniors to be in control of their work and to have autonomy, this status differential must be acknowledged by professionals. The tension between senior autonomy and professional control is a recurring issue in the literature (Brown, 1985; Estes, 1973, 1979; Matthews, 1982; Reitzes & Reitzes, 1991).

Legitimate Power in Decision-Making

In describing community development as a vehicle for senior empowerment, Nusberg (1988) points out that "the success of this strategy is predicted upon the involvement and participation of older people as agencies of development and not simply as beneficiaries of it" (p. 9). Meaningful involvement in the development of community support services assumes that older people are allocated legitimate power in decision-making and control over the direction of their work (Estes, 1979). Meaningful involvement in decisions that influence their lives is believed to contribute to enhanced self-respect and independence among older people (Novak, 1987).

Concepts of power, control and autonomy are central to meaningful involvement in decision-making and problem solving. Arnstein (1969) describes participation according to the "degree of decision-making power awarded to citizen participants in a planning effort" (p. 216). The power

vested in local participants in planning can be illustrated as a continuum or "ladder" of power ranging from no power in decision-making to full control. Participation in roles that are not valued and that have no decision-making power are considered to be "non-participatory" roles. Estes (1979) describes this form of "participation without power" as "symbolic power" observable in the advisory or consultative roles that are so frequently given to senior volunteers. Participation by older people in these roles is a matter of responding to plans and decisions made by others.

Hooyman (1980) recommends that an essential component of mutual help organization is the involvement of all members in the group problem-solving processes. As a result of involvement in the problem-solving process, members would have an increased sense of personal control. Consequently, involvement in community problem-solving would result in members having an improved sense of usefulness and value.

Senior Leadership

Leadership in community-based projects is described in the literature as either a <u>product of involvement</u> or <u>the process of involvement</u>. As a product leadership is described as a role for senior volunteers. Training is often required for optimum involvement in the leader roles (Blonsky, 1974; Hooyman, 1980; Minkler, 1985; Rowe, 1982; Ruffini & Todd, 1979). As a process leadership is described as the natural emergence of keenly motivated people in response to an issue

of personal or community concern. Brown (1985) points out that although "such leaders may not have expert organizational skills...they are the local leaders who come from within the community, who share the values of the community and can communicate with the community" (p. 422). Blonsky (1974) also reported that community leaders emerged when the elders mobilized themselves into action around an issue of personal relevance. Based on this experience Blonsky suggests several prerequisites for emergent senior leadership: (i) the issue must be concrete and specific and (ii) the issue must affect the older adult personally.

The central issue of concern in relation to senior leadership involves the autonomy or degree of control that seniors have in deciding what they will mobilize around. Streib et al. (1985) examined the degree to which members of retirement communities exhibited autonomy in decisionmaking. They found that members were content to let other residents or the management make the day-to-day decisions. It was only in the event of a crisis that members wanted the opportunity to be involved and the power to make decisions about their lives. This data suggests that choice is key to the involvement of older people. Numerous examples in the literature illustrate the importance of choice in relation to senior involvement. For instance, members with a strong personal motivation, who shared concerns such as poverty, housing, societal neglect, and discrimination were more likely to become involved in a "grassroot response" to the

issue (Blonsky, 1974; Minkler, 1985; Pilkington-Easter, 1974; Streib et al, 1985). Brown (1985) in a study of grassroot advocacy among older people found that benevolence and a desire to help others was not adequate motivation for participation. Those that expressed multiple motivations such as perceived personal benefit and a desire to relate to other elders were more apt to be involved. Questions of whether development can effectively occur from outside the community or whether leadership must emerge from within in response to issues of personal concern remain to be answered (Brown, 1985).

Barriers to Senior Involvement in Community Participation

Barriers to senior involvement represent five categories: (i) sponsorship; (ii) formalization of local efforts; (iii) lack of senior leadership; (iv) role status differentials between professionals and senior volunteers; and (v) age-based discrimination. Each category is reviewed.

Sponsorship

Core funding is important for developing and sustaining mutual help organizations involved in community service delivery for aged peers (Health and Welfare Canada, 1989; Hooyman, 1980; Matthews, 1982; Pilisuk & Minkler, 1985; Reitzes & Reitzes, 1991; Ruffini & Todd, 1979). Obtaining funds for hiring staff or professional staff is also common

(Health and Welfare Canada 1989; Minkler, 1985; Pilkington-Easter, 1974; Rowe, 1982, Ruffini & Todd, 1979).

Obtaining grant funds from government or other organizations usually means that groups must accommodate the mandate of the sponsoring agency (Blonsky, 1974; Health and Welfare Canada, 1989; Matthews, 1982; Minkler, 1985). Groups have had to relinquish their original philosophy of informal helping and spontaneity of organization in order to meet requirements from funders for "tangible products" in the form of services (Blonsky, 1973; Matthews, 1982; Minkler, 1985). Adapting the system to meet the requirements of funders at the expense of the original philosophy has been known to "undermine the effective participation of elderly members as well as the capacity of the system to survive" (Matthews, 1982, p.31). Conflicting agendas between funders and recipient groups is a problem (Matthews, 1982; Minkler, 1985).

Formalization of Local Efforts

Obstacles of an organizational nature can interfere with the involvement of seniors in community projects (Blonsky, 1974; Brown, 1985; Estes, 1973; Estes, 1979; Gifford, 1990; Matthews, 1982; Minkler, 1985; Neysmith, 1987; Reitzes & Reitzes, 1991; Streib et al. 1985). Through a process of formalization, seniors' groups shift from a set of loose connections to a more formal structure resulting in diminished responsiveness of the organization to the

constituent community (Brown, 1982; Minkler, 1985; Reitzes & Reitzes, 1991). Matthews (1982) describes that the effective participation of members is undermined when a "federated structure" is exchanged for a "corporate structure". In the former decisions are made at the local level while in the latter decisions are made at the top and passed down. Communication problems between the board of directors and the older adult members have been reported in the literature (Blonsky, 1974; Reitzes & Reitzes, 1991).

Lack of Senior Leadership

The lack of senior leadership is predominantly defined in terms of personal characteristics such as diminished health or lack of experience and skills (Mairs, 1991; Minkler, 1985; Neysmith, 1987). The lack of leadership among older people in community projects has been due in some cases to their "lack of training" (Health and Welfare Canada, 1977). Estes (1979) recommends that effective participation may require citizen participants to possess skills requisite to leadership roles.

A lack of leadership among seniors has also been attributed to feelings of apathy and a lack of interest among older people (Blonsky, 1974; Neysmith, 1987). In fact, difficulties locating, fostering and developing more than a handful of community leaders is an issue identified in the literature (Blonsky, 1974; Neysmith, 1987).

In describing senior involvement in a mandated citizens' committee Neysmith (1987) points out that apathy among seniors manifests itself in various ways. For instance, senior members may appear to be quite passive in their involvement having little to say at meetings or being only marginally involved in sub-committees. Matthews (1982) describes a lack of senior involvement in a transportation project in relation to the lack of legitimate power in decision-making awarded to the older people. In this case, older people exercised some degree of control by choosing not to participate in the transportation project. Similarly, Blonsky (1974) and Mairs (1991) both describe that a lack of senior leadership and autonomy in seniors' initiatives is related to the degree of decision-making power vested in older volunteers by professionals.

Role Status Differentials Between Professionals and Senior Volunteers

Developing a community support system presents opportunities for professionals and older citizens to interact. Relations between professionals and senior volunteers are characterized by tension due to differences in social role status (Mairs, 1991). Manifestations of role status differentials described in the literature include: powerplays between professionals and senior volunteers, miscommunication and misunderstandings between younger professionals and older people, as well as conflict of

interest between professionals and lay helpers (Blonsky, 1974). Several authors have reported that senior volunteers exhibit resource dependence or over reliance on professional helpers (Blonsky, 1974; Health and Welfare Canada, 1989; Mairs, 1991; Minkler, 1985).

Most seniors' mutual help efforts reported in the literature were initiated by professionals (Blonsky, 1973; Ehrlich, 1980; Hooyman, 1980; Minkler, 1985; Rowe, 1982). Frequently committees composed of both older volunteers and professionals are formed in order to provide a vehicle for senior input into the planning process (Blonsky, 1974; Ehrlich, 1980; Estes, 1973; Estes, 1979; Neysmith, 1987). Relations on these committees are described as "tense" and much of the activity of these groups is "focused on power struggles among individuals, organizations and professions" (Estes, 1973, p.179; Reitzes & Reitzes, 1991). The challenge of committees made up of both professionals and lay members lies in the degree of influence and power awarded to the senior members (Blonsky, 1974; Estes, 1979). Mairs (1991) recommends that professionals must begin to acknowledge their status and power in order to enable seniors' groups an opportunity to develop autonomy.

Tensions between professionals and local people also stem from the differences in knowledge and ideology to which each subscribe (Froland, 1980; Moody, 1988). The credibility of lay knowledge is questioned in comparison to professional expertise and professionals often find themselves in a

supervisory rather than collaborative role with seniors (Estes, 1973). Lowy (1985) recommends that it is the role of the professional to "instill a new sense of confidence and dignity among older people" (p. 353). In contrast, Ehrlich (1980) suggests that "professional members of seniors' groups must be ready to see themselves as fellow participants with, not consultants to, the consumers" (p. 571). Divergent views of the role of the professional in relation to seniors' projects are found in the literature.

According to Estes (1973, 1979), a major barrier to senior involvement is related to the fact that professionals have claimed "legitimacy as experts" in defining and "labelling" social problems (p. 180). Estes (1979) argues that the process of aging has been labelled a social problem by professions who have a vested interest in solving the problems of aging. From this perspective, the professionals who have a vested interested in solving the problems of older people are part of the "aging enterprise". These professionals tend to reinforce societally constructed stereotypes about aging and older people (Estes, 1979; Etzioni, 1976; Kalish, 1979). Professionals working with older people commonly assume a paternalistic attitude which reinforces the widespread negative stereotype that older people need assistance (Estes, 1979; Kalish, 1979; Moody, 1988). Older people, like everyone else, operate based on meanings derived from their interaction with others. Consequently, if older people perceive negative perceptions

from others about aging then they are more likely to develop the same negative perceptions about themselves and other older people (Estes, 1979; Harold, 1991). Therefore, as a result of relations with professional experts, older people may feel that they are incompetent and consequently in need of professional help (Blonsky, 1974; Estes, 1979; Mairs, 1991; Minkler, 1985).

Age-Based Discrimination

Age based discrimination and prejudice against older people is identified as a barrier to senior involvement in community efforts (Kuhn, 1977/78; Mairs, 1991). Social programs encouraging community self-reliance among older people aim to provide opportunities for seniors to assume new and productive roles in an effort to alter society's perception of older citizens (B. C. Ministry of Health, 1988; Social Services Program Branch, Health and Welfare Canada, 1989). Viewing older people as contributing members of society rather than as dependent and a "social albatross" is one way to combat ageist attitudes and practices (National Advisory Council on Aging, 1989; Kuhn, 1977/78; Nusberg, 1988).

Another barrier to senior involvement is referred to by Mairs (1991) as "horizontal oppression" (p.54). Mairs points out that people who are segregated from mainstream society can become "preoccupied with differentiating themselves from other stigmatized groups, causing a pecking order, in which

someone is lower in status than themselves" (p. 54). Through this process, marginalized people scapegoat each other thus preventing the marginalized from getting together and from challenging the status quo.

Age-based stereotypes and prejudice about older people are products of the dominant culture (Estes, 1979; Kalish, 1979; Levin & Levin, 1980; McAdam, 1982; Mairs, 1991). It is pointed out that current social policies and programs tend to reinforce stereotypic views of older people and aging (Binstock, 1983; Estes, 1979; Etzioni, 1976; McAdam, 1982; Moody, 1988). To combat prejudice empowerment policies are required which promote contributive roles and new forms of productivity for older people (Moody, 1988). Binstock (1983) promotes the non-ageist philosophy of the Grey Panthers by challenging age-based organizations to promote a non-ageist context and collective responsibility of social issues.

A Model of Social Identity for Analyzing the Barriers to Senior Involvement

Sarbin and Scheibe's (1980) conceptualization of social identity has utility for analyzing the barriers to senior involvement in community initiatives. His model accounts for the fact that older people with marginalized social status are unlikely to have opportunities for meaningful involvement in community participation activities.

Central to the model is the idea that an individuals' social identity is determined as a result of his or her role

relations with others. Usually an individual has a different set of role behaviours in relation to different people.

Basic to this approach of social identity construction is the idea that an individual's sense of worth is determined in relation to role enactments and feedback from others.

Sarbin and Scheibe (1980) contend that the value of an individual's social identity can be determined by assessing three dimensions of the roles that they occupy:

Status - The status of a role is the position of the role in a social structure. Individuals who are awarded high social status enact roles that are achieved. Examples of highly differentiated achievement roles include: a doctor, a judge, or a concert pianist. These roles have a high degree of choice and are awarded power and esteem by others. Ascribed roles such as widow, mother or pensioner have little prestige and virtually no status in our society. Individuals have little choice about entering ascribed roles.

Involvement

- The length of time a person enacts a role is a measure of the degree of involvement of self in the role. For example, if a person is "in" a role for long periods of time and there are no opportunities to get "out" of the role, then the role is a "high involvement" role. Granted roles such as retiree, or mother are high involvement roles with no chance for disinvolvement.
- Value Valuation of role enactments range from negative to positive depending on the type of role. Feedback on the performance of achieved roles may range from a low value in the case of poor performance to high value for proper performance. Valuations are not awarded to the enactment of granted roles although, nonparticipation of an ascribed role can result in negative public sanction. For instance, being retired is expected of people over 65 years of age in our society, therefore this role enactment is not valued. However, failing to act according to age norms may generate negative valuations.

According to Sarbin and Scheibe (1980), the value of an individual's social identity can be either socially "promoted" or socially "degraded" based on the assessment of the roles occupied by that person. From this perspective, a person's social identity becomes degraded when there are few opportunities for participation in social roles that offer choice and that are valued by self and others. This model provides a method for analyzing role relations and mechanisms which influence role relations in social situations such as seniors' groups.

Summary of the Literature

Providing opportunities for senior involvement in community projects is believed to capitalize on the resource capacity of older citizens as agencies of development.

Community participation entails the active involvement of older people in collectively defining their common problems and solutions to these problems. Involvement in this process is believed to enhance well-being, seniors independence and quality of life among older people.

Key reasons for involving older people in community participation activities include the fact that senior Canadians are living longer and healthier lives. Many seniors are able to make a contribution to their communities and to other seniors by volunteering their time, energy and personal resources. Involving older people in mutually

helping relationships may combat social isolation though acquiring contributory roles.

Four factors influencing senior involvement in community projects include: organizational structure, professional support, legitimate power in decision-making and senior leadership and mobilization. Barriers to the involvement of older people in community participation include sponsorship, the formalization of local efforts, lack of senior leadership, relations with professionals and age-based discrimination.

Central to the factors and barriers influencing seniors' groups is the concept of social role status and role relationships. The model of social identity provides a useful framework for interpreting the factors influencing senior involvement in community projects.

CHAPTER III

RESEARCH METHODOLOGY

"So, what's in it for us?"

This modified, ethnographic study was designed to learn about the work of seniors' groups involved in community projects. Three stages were included in the applied research phase: (I) Entering the Field; (II) Generating and Collecting Data; and (III) Bringing Field Work to a Close. A detailed account of each stage including the researcher's role in the study as well as the research settings are described. Data analysis procedures and the limitations of the design are presented.

Design of the Study

Due to the community based focus of the research problem and commitment to collaborative approaches to research, a modified, ethnographic study was designed. The intent of this study was: (i) describe and interpret data about the work of seniors' groups in order to determine a role of adult educators; and (ii) to involve seniors' groups in a group assessment of their projects using an applied approach to research.

The research study was designed to meet these goals:

1. Producing practical information for decision-making or policy development.

- 2. Using multiple fieldwork techniques such as observation, interviewing and document collection in order to produce a holistic description.
- 3. Producing a research product which describes in detail the accomplishments of seniors' groups from their perspective.
- 4. Producing an interpretive commentary about key issues influencing seniors' groups based on content analysis of interview data.

Complimentary to these principles is the increasing urgency for collaborative approaches to research with older people. Burnside (1989) has argued that traditional gerontological research about older people serves to further entrench social dependencies and powerlessness among the aged, rather than to build on their capacities. Considering these ideas, the research was designed to build on the experiences and knowledge of the members of seniors' groups. The fieldwork strategy had to be flexible in order for seniors' groups to discuss issues of relevance to them. At the same time, the interview guide had to provide enough structure to allow for systematic data collection.

In a pilot study, three seniors' groups were consulted in order to clarify the interview questions and to determine the feasibility of the research methodology. As a result of meeting with the three groups, a three-stage fieldwork strategy was designed. The stages were: Entering the Field:

Stage I; Generating and Collecting the Data: Stage II; and Bringing Field Work to a Close: Stage III.

Fieldwork Strategy

The fieldwork (see Table 1) lasted for twenty-eight weeks and involved twenty seniors' groups involved in community projects. The strategy and interview format remained the same for all twenty groups.

The time required from each group for the fieldwork ranged from twelve to twenty-two weeks. This included the time from the initial telephone contact to the final telephone interview. Estimating how many groups were involved at any one time is difficult, all twenty were accommodated within the space of twenty-eight weeks.

Entering the Field: Stage I

The first stage of fieldwork, "Entering the field" involved: (i) contacting seniors' groups, (ii) telephone screening, (iii) meeting the seniors' board, and finally (iv) developing a trusting relationship. Field notes and data analysis were initiated during this stage.

Contacting Seniors' Groups and Screening. Either the President, group leader, Chairperson, or a founding member of 47 seniors' groups were telephoned and provided with a short explanation of the aims of the study.

Table 1 FIELDWORK STRATEGY

Objectives		Procedures				
EN	ENTERING THE FIELD: STAGE 1					
1.	Prospective seniors' groups contacted and screened.	Group contact telephoned, attendance at board meeting arranged, letter of intent sent.				
2.	Recruitment of groups.	Presentation of research project and benefits of participation discussed with members. Group decision to participate, meeting arrangements confirmed.				
3.	Participant observation and document collection.	Observation of board meeting of participating groups only. Began field note documentation.				
DATA GENERATION AND COLLECTION: STAGE II						
1.	Group profile information collected.	Telephone interview with group contact.				
2.	Obtained consent.	Consent form signed by members attending group discussion.				
3.	Member profile information collected.	Questionnaire completed by each member prior to discussion.				
4.	Modified focus group interview.	Consent for audiotaping obtained from members prior to group interview.Interview conducted.				
5.	Group Assessment and meeting closure.	Group assessment conducted meeting summarized and closed.				
BRINGING FIELDWORK TO A CLOSE: STAGE III						
1.	Transcripts returned.	Full transcript typed and returned to each group.				
2.	Follow-up telephone interview.	Group contact telephoned two weeks post group interview.				

Twenty-two groups indicated an interest in the study and agreed to a brief presentation at a board meeting. Eleven group leaders declined involvement for these reasons: "we have no time", "we are under pressure to get our work finished", "we're having a change in coordinator and the timing is not right" or "we're having some difficulties right now". Proceeding beyond these gatekeepers was challenging and yet, essential in order to solicit the cooperation and support from the entire group. The process of contacting groups and arranging meetings was labor intensive. Many groups were away for the summer and consequently arranging meetings was difficult. It became apparent that time was an issue for most seniors' groups.

Contacts names were provided by: (i) Administration from Health and Welfare Canada, (ii) Administration from Seniors Resources and Research Society a non-profit seniors organization in Vancouver, (iii) older people known to be active in the community, (iv) community workers at both governmental and non-governmental agencies, (v) registration lists from conference proceedings.

Seniors' groups working on initiatives for community betterment rather than therapy, who had a majority of members over 55 years of age, and whose beneficiaries and or constituents were either themselves, other seniors, or the broader community were invited to participate. An effort was made to include distinct groups such as a group of ethnic origin, a group representing the disabled and a group

representing economically disadvantaged people. Groups representing urban centres as well as small towns were also desirable. The sampling strategy involved the deliberate selection of groups within the domain of seniors' groups loosely concerned with health, well-being or community issues.

Meeting Seniors' Groups and Building Trust. Meeting with each seniors' group to describe the study and to invite all members to participate was essential for establishing trust and garnering support. Items reviewed with prospective groups included:

- 1. The purpose of the study and value of obtaining the perspectives of seniors involved in community projects.
 - 2. The focus group questions.
- 3. The format of the group interview and what members could expect from the meeting.
 - 4. The time commitment required by members.
- 5. Procedures for maintaining confidentiality and anonymity.

In most cases the reception was warm and members listened attentively to the fifteen minute presentation. The majority were very keen and enthusiastic about being involved. A few members asked what would be done with the results of the study, another asked if the research was being funded and if I was a "representative from the government". Some members voiced caution about being

involved and raised questions about how they would benefit as a group:

"What are we going to get in return?"

"Pretty soon we'll have all kinds of people coming to interview us".

"Why should we be interested in participating in this study?"

"What are we going to get out of this meeting in addition to what you are going to get out of it?"

Addressing members' concerns about how they might benefit from participating required flexibility and openness. Some groups requested funding information prior to agreeing to participate. Another group requested help facilitating a community meeting. Some reciprocity was required in order to garner the support of most groups. It was agreed that all groups would receive a complete copy of the group interview transcript within two weeks of their interview and all would have access to the research findings.

Twenty-two groups were invited to participate in the study. Most groups discussed the pros and cons of being involved in the study. Three groups requested privacy in order to make their decision, the remainder discussed the options and decided in my presence. Most groups voted unanimously to participate, for other groups a majority vote favouring participation was carried. Two groups decided not to participate due to the timing of the project and the urgency of their own work. A total of twenty groups volunteered to participate.

Generating and Collecting Data: Stage II

Data collection involved six procedures: (i) group observation, informal conversations with group members and document collection, (ii) telephone interviews to complete a group profile questionnaire, (iii) member profile questionnaire, (iv) modified focus group interview, (v) group assessment, and (vi) follow-up telephone interviews. Each procedure is outlined, a description of the research settings and the researcher's role in the process are included.

Observation, Informal Conversations and Document

Collection. Observing a board meeting of each group provided an opportunity to collect information on these areas of group function: (i) decision-making, (ii) degree of professional involvement, (iii) atmosphere, and (iv) issues discussed during the meeting. Being present during the meeting also provided time for building trust and a sense of familiarity between the group members and researcher.

Informal conversations with various members occurred before and after meetings, during coffee breaks, or over a pot-luck lunch. These interactions gave members a chance to share information about themselves and their groups. Taking the time for conversation enhanced rapport and fostered a trusting relationship with members.

Groups were asked to provide documentation that would describe their project objectives, group goals or a mission

statement. Documents collected from the groups included: (i) pamphlets, brochures or newsletters produced by the group; (ii) evaluation reports, grant funding proposals, annual reviews, (iii) copies of constitutions, and (iv) newspaper articles or photos. These sources provided clear descriptions of project goals and group aims, as well as information for either corroborating or refuting interview data.

Group Profile Questionnaire. A one hour telephone interview was conducted with the contact person of each group in order to complete a group profile questionnaire (see Appendix C-1). Using open and closed questions, descriptive information about each seniors' groups was obtained. Data was collected on these parameters: group aims and purpose, project objectives, membership, funding sources, organizing structure, group origin, as well as any information about staff and professional advisors.

Member Profile Questionnaire. Prior to the beginning of each group interview, members were asked to complete a member profile questionnaire (see Appendix C-2). Data was collected on these characteristics: gender, age, level of schooling completed, voluntary activity, reasons for participating in seniors groups.

Modified Focus Group Methodology. A modified focus group was the principle method used for generating data about: the accomplishments of seniors' groups, the factors facilitating and hindering their efforts and the resources and strategies used by seniors' groups. The methodology was designed to incorporate elements of the focus group technique as well as aspects of the critical incident methodology.

Focus groups were originally designed for use by marketing research organizations as a tool in developing strategies for influencing consumer buying behaviours (Morgan, 1988). Focus Group methodology has also been used for program planning, formative evaluation and for the development of quantitative research instruments. For this study, the modified focus group interview was used to generate information about the work of seniors' groups and to gain insight from the members.

The focused nature of the interview questions provided group members with a systematic process for examining their accomplishments. At the same time, the open-ended nature of the questions allowed members to express their thoughts and feelings about their community projects. One of the most important aspects of the group discussion is the emphasis on understanding the perspective of members.

The critical incident methodology developed as a result of the Aviation Psychology Program of the United States

Armed Forces following World War II (Flanagan, 1954). The

methodology was designed to determine specific incidents of effective and ineffective behaviour with respect to some designated activity. Incidents of behaviours which were especially helpful or inadequate to the accomplishment of a desired outcome were reported, tabulated and codified to yield descriptive categories of the "critical requirements" of the activity. In this study, the critical incident method was used to isolate the factors that facilitate and hinder the accomplishments of seniors' groups.

Combining these two methods produced a modified focus group methodology, effective for enabling groups to choose, to a certain extent, the direction of the group discussion. The format also provided a sense of order and continuity to the data collection which contributed to the replicability of the process among the 20 groups.

The Research Settings. Meeting seniors' groups on their turf involved travelling a total of 3,860 kilometres over a period of 7 months, through all kinds of weather. The meetings were never cancelled although hazardous road and weather conditions on the Squamish Highway and Highway One threatened plans on more than one occasion.

Meetings were scheduled at the convenience of members, usually in the morning or afternoon, two groups met in the evening. Although meeting arrangements were made in advance, there was always the possibility that someone else would want the room since most seniors groups share facilities

with other community organizations. Group meetings were held in legion halls, church basements, recreation centres, health department conference rooms, hospital board rooms, and at one members' personal residence. Meeting rooms ranged from being luxuriously furnished and totally equipped to having meagre furnishings with no equipment to speak of; some had a feeling of warmth about them, others were cool and damp; some felt stuffy and formal a place for business only, others were friendly and informal a place for making friends. Most groups met in locations that were accessible by car or bus although a few were difficult to get to.

Refreshments were donated by members and routinely served at the meetings. Everyone was made to feel welcome. Time is precious to members of seniors' groups and opportunities for socializing and fellowship were important rituals.

Researcher As Facilitator. Facilitating learning among members of seniors' groups was a secondary purpose of this study. Acting as a facilitator rather than a resource expert was essential in order to maintain consistency with the fieldwork principle of collaboration. Although opportunities for collaboration were few, sensitivity to the issues of power present in the researcher-participant relationship were continuously faced. For instance, on several occasions groups requested input on issues being discussed. As a facilitator it was important to avoid being identified as

the expert. In a few instances my participation involved posing questions that required members to tap into their own understanding of the issues. This approach acknowledged the life experiences of members and indicated respect for their explanation of the issues. Brookfield (1987) has identified "respect for learners" and "acknowledging life experiences" (p. 285) as two components in effective facilitation.

Establishing communication norms prior to each group interview was an important procedure in order to create an environment for learning and to insure thoughtful and orderly discussion. Five additional responsibilities of the facilitator included: (i) creating a non-threathening, supportive climate in which all members felt safe to share their views, (ii) managing the time in order to cover all topics on the discussion guide, (iii) encouraging the participation of all members in the discussion, (iv) remaining non-judgemental to members' responses, (v) recording members' ideas on a flip chart during the meeting and posting the chart for more idea generation.

Communication skills used by the facilitator to enhance group discussions included using probing questions to reveal detail, paraphrasing members' statements for clarifying ideas, reflecting members' feelings, clarifying statements in order to avoid misinterpretation by members, and summarizing before meeting closure.

Table 2

GROUP INTERVIEW PROCEDURE AND DISCUSSION GUIDE

	Objectives	Procedure
1.	Introduction	Welcomed members, reviewed purpose and format of meeting, established norms for communication, reviewed role of researcher as facilitator.
2.	Inclusion Activity and Trust Building	Round-robin activity conducted to promote inclusion, and develop trust among members and facilitator.
3.	List Important Accomplishments	Members brainstormed a list of accomplishments. Group discussed and based on group consensus, selected three accomplishments for further analysis.
4.	Identify Facilitating Factors	Members identified all factors contributing to their efforts.
5.	List Important Resources	Members identified resources important to their efforts.
6.	Identify Strategies Used	Members identified all strategies used by the group in achieving accomplishments.
7.	Identify Barriers	Members identified and described barriers to their efforts.
8.	Identify Individual and Group Learning	Members identified what they had learned as individuals and as a group as a result of working together.
9.	Identify the Challenges and Unresolved Issues	Members identified the challenges and issues that continue to hinder their work together.
10.	Group Assessment and Summary	Members rated their current efforts and desired goals on twenty-two items. Consensus on items was encouraged.

Group Interview Process. The format used for each group interview is presented in Table 2. Each group meeting lasted from one and a half to two hours. Members assembled in their regular meeting places and authorized audiotaping of the session. Consents were obtained and each participant completed a member profile questionnaire. The purpose and format of the meeting were reviewed with members.

In an introductory exercise, members were asked to state their name and to describe in one or two sentences, something that they liked about their group. This activity was designed in order to encourage a sense of inclusion among members, to establish a relaxed atmosphere where members felt safe to contribute, and to provide an opportunity for members to learn something about each other.

Members were asked to think about and then to brainstorm a list of the accomplishments of their group. Using consensus, groups were asked to determine the three most important accomplishments from their list. The three accomplishments were then examined using the interview questions as a guide (See Appendix C-3). This portion of the group interview lasted approximately one hour and a half.

Members' comments were recorded on flip chart paper and posted on the wall during the discussion. This process of recording the thoughts and observations of members stimulated the generation of more ideas and in addition served to refocus the discussion when things got off track.

Since most group members tend to be very busy people with things to do and places to go, a concerted effort was made to keep the meetings focused and limited to two hours. This was indeed a challenge since most discussions were lively - particularly toward the end of the meeting when people were really engaged in the process.

Group Assessment. A group assessment tool was designed to provide a common metric for comparisons among groups on 22 parameters of group activity. The group assessment tool (see Appendix C-4) was developed from data collected during the three pilot interviews. Data generated during the group assessment corroborated data obtained during interviews.

Consistent administration of the tool was difficult. Some groups found it frustrating to do, others struggled with the consensus approach to decision-making that was required. Two groups requested that the activity be abandoned, they felt tired and unable to concentrate following the intense group interview.

Despite a few shortcomings, the group assessment procedure was maintained in the research design. There were five benefits to the group assessment tool: (i) it provided groups with a goal-setting exercise which could be replicated, (ii) it provided groups with the opportunity to practice a consensus model of decision making, (iii) it enabled the groups to clarify the key issues that had been raised during the discussion, (iv) it provided

an opportunity for summarizing the discussion and bringing the event to closure, and (v) it also provided data for a comparative analysis on the 22 parameters.

Bringing Field Work to a Close: Stage III

The final stage of this fieldwork strategy involved two steps: (i) returning the transcripts to each group, and (ii) conducting a follow-up telephone interview with each group.

Data collection and analysis procedures were completed during this stage.

Transcripts Returned. A complete transcript was sent to each group within two weeks of the group interview. A covering letter expressing thanks to members who participated and a set of instructions for reviewing the transcripts were included in the package. (see Appendix D).

Follow-up Telephone Interview. A follow-up procedure was incorporated in the design in order to establish the internal validity of the transcribed data (see Appendix C-5). The contact person in each of the 20 groups was telephoned and a series of closed and open-ended questions about the accuracy of the interview transcript were completed. Additional data relevant to the utility of the transcripts, the effects of the process and any evidence of change among the group was also collected.

Data Analysis Procedures

Data analysis procedures were designed to summarize, and to describe the factors facilitating and hindering the work of seniors' groups, the resources important to groups and the strategies used by seniors' groups. Content analysis of the type proposed by Flanagan (1954) involved a search for patterns of behaviours in the qualitative data. The process included ten steps:

- 1. Preparing a verbatim transcript of interview tapes.
- 2. Sending a complete transcript to each group with instructions for members to check it for accuracy.
- 3. Performing a validity check by phoning the 20 original group contacts and asking them to answer several questions related to the accuracy of the transcribed data.
 - 4. Reading each transcript to identify key themes.
- 5. Using questions from the discussion guide to provide a framework for classifying the facilitating and hindering incidents.
- 6. Reviewing each transcript for facilitating and hindering incidents then recording incidents on sticky-backed post-it notes. Posting notes on a wall and grouping incidents according to shared characteristics.
- 7. Defining an inclusive and yet distinct system of categories to illustrate the patterns of behaviour.
- 8. Incorporating the remaining incidents into these tentative categories.

- 9. Subdividing some categories in order to incorporate all of the incidents within a category.
- 10. Reviewing the category system for reliability by asking two independent outside examiners to re-assign the post-its to the established categories. In the first instance an 80% agreement rate was reached and in the second instance 90% agreement was obtained. Based on these reliability checks, this category system appears to be an accurate representation of the factors that facilitate and hinder the work of seniors' groups from their perspective.

Data obtained through observations and informal conversations with members were documented in the form of field notes and a content analysis procedure was used to identify themes. This material was used to either substantiate or refute interview data.

Limitations of the Study Design

Limitations to the study fall within these four categories: (i) sampling and recruitment, (ii) restricted nature of the interview questions, (iii) representative versus non-representative participation, and (iv) potential influence by high status members.

<u>Sampling and Recruitment</u>. Acquiring a diverse sample of seniors' groups required attracting groups other than those focused on service. This was difficult since the majority of

seniors' groups contacted considered themselves to be "service oriented". It was very difficult to find a group of older people working on the broader issues of social justice and inequity. Fourteen of the 47 groups contacted were not included because they were not sufficiently distinct. As a result the final sample had very few groups in the non-service/issue-based category.

Restrictiveness of Structured versus Open-ended

Interview Questions. Although the structured nature of the interview questions provided an orderly process for identifying facilitating and hindering factors, resources and strategies, the questions limited the discovery of other information. Content analysis within the framework of the interview questions was also restricted.

Problems in Representative versus Non-Representative

Participation. In almost every group there were members who had attended the introductory session but were unable to attend the group interview. Data generated in groups where a substantial number of the regular members were absent does not represent the voice of all members. The composition of discussion groups is presented in Appendix G.

Potential Influence by High Status Members. Members with status and power can influence decision making in a group. Therefore, decisions made during the group interviews

may not represent the views of less influential members. Most seniors' groups in this study consisted of senior volunteers, professionals and paid staff. The tension between the seniors and the professionals was obvious in certain circumstances. In three cases professionals' comments may have influenced the group's decision to participate in the study:

"I think that it would be good for this group to take a look at themselves, I would recommend that you participate".

Comments of this nature reflect the potential for high status members to influence the ability of seniors' groups to be self-determined in decision-making.

CHAPTER IV

PROFILE OF SENIORS' GROUPS AND THEIR PROJECTS

"Your're looking at the people right now who stick their neck out."

Seniors' groups are involved in a range of community projects. Three categories of initiatives undertaken by seniors' groups are: (i) Self-improvement/personal growth, (ii) Service-for-seniors and (iii) Non-service/issue-oriented. Community participation activities within each category are described. A profile of the twenty groups is presented on six parameters: (i) group goals, (ii) membership, (iii) paid staff and/or professional advisors, (iv) organizational structure, (v) funding sources and (vi) origin of group. A profile of group participants is included.

Categories of Seniors' Initiatives

Twenty seniors' groups participated in this field study. The groups were located in Vancouver, Richmond, Burnaby, New Westminster, White Rock, Langley, as well as North and West Vancouver, Chilliwack, Gibsons and Squamish. Seniors' groups can be categorized according according to two principles: (i) whether the community project is service-based or non-service/issue-oriented and (ii) the community participation strategy used by the group.

Table 3
CATEGORIES OF SENIORS' INITIATIVES

Initiative	No. of Groups	% of Groups			
SELF-IMPROVEMENT/PERSONAL GROWTH INITIATIVES					
Visually Impaired Self-Help (6)* Cross-Cultural Self-Help (16)	1 1	5% 5%			
Subtotal	2	10%			
SERVICE-FOR-SENIORS INITIATIVES					
Seniors' Wellness Groups (1, 5, 8) Information/Support Networks(12,13,17) Support/Information Groups (2, 14, 15) Community Services Planning (10, 18) Advisory Committees (4, 9) Senior Citizens Association (19) Advocacy Network (7) Social Health Coalition (20)	3 3 2 2 1 1	15% 15% 15% 10% 10% 5% 5%			
Subtotal	16	80%			
NON-SERVICE/ISSUE-ORIENTED INITIATIVES					
Social Activist Singing (3) Social Activist Housing (11)	1 1	5% 5%			
Subtotal	2	10%			
TOTAL	20	100%			

^{*(}numbers in parentheses correspond to the group number)

Self-Improvement/Personal Growth Groups

Groups focused on self-improvement/personal growth are concerned with helping members to deal with personal problems. These groups are not focused on improving the broader community, although their work does involves garnering support from the community at large. Groups in this category include members of all ages however, in both cases, the majority of members were over 55 years of age. Groups of this category closely resemble self-help groups of the type described by Riessman, Moody and Worthy, (1984).

Visually Impaired Self-Help (Group #6). Individuals who are designated "legally blind" by the Canadian National Institute for the Blind (CNIB) face challenges in living that are unique to blind people. This group serves a large urban centre and functions primarily as a self-help group to visually impaired persons. By sharing common experiences with others, members themselves benefit. This group offers educational and social programs for members.

Cross-Cultural Self-Help (#16). Immigrating to Canada from a foreign country can be a traumatic experience for some people. It is comforting for people who share a cultural heritage and language to get together and to support each other. Group 16 functions as a self-help group for individuals living in the lower mainland who have come to Canada from overseas. Social and recreational events are sponsored by this group for members.

Service-for-Seniors Groups

Service-for-Seniors groups are primarily concerned with the service needs of aged peers. Eighty percent of the groups in this study were involved in service-for-seniors initiatives. Groups within this category are involved in planning and coordinating seniors services, delivering services, advocating for service, and advising on service. Despite differences in strategy, these groups share two assumptions: (i) seniors are capable of solving their own problems health and (ii) seniors have a right to contribute to decisions that influence their lives.

All but two of the service-for-seniors groups in this study resemble Rothman and Tropman's (1987) "Model A - locality development" (pp 5-9). Rothman proposes that locality development groups organize for self-help and community integration in order to combat anomie and to solve their own problems. The emphasis is on representative involvement, individual and social development, democratic decision making, indigenous leadership, and education.

Two groups share some of the characteristics with Rothman and Tropman's (1987) "social planning" model of community participation. These groups have a regional rather than local constituency, they are more interested in planning based on a community-wide problem solving method for planning and delivering services.

Seniors Wellness Group (#1). Promoting healthy aging is the main concern and challenge for seniors wellness groups

located in urban areas laced with crime and traffic. Older people comprise 21% of the population in the area and many have English as a second language. This group is involved in establishing a "health oriented program" for the underserved seniors who live in the neighbourhood.

Seniors Wellness Group (#5). Living in a small town presents unique challenges and benefits for older Canadians. As a "core group for other seniors" this wellness group is keen on supporting older people to maintain their wellness. While transportation and housing are pressing issues for people living in this "highway divided town", the need for a wellness program is the current concern of the group.

Seniors Wellness Group (#8). Seniors and community service professionals met together and discussed the health needs of seniors. Finding out from older people about their needs for information in order to live comfortably in their community set the foundation for this group's "one-stop-shop" project. This wellness group operates from a seniors' centre serving an expanding urban population.

Seniors Wellness/Support Group (#15). This group has evolved from being an activist group concerned with the housing and transportation needs of an eastside community, to a support and wellness group for older people. Although members consider themselves less energetic than they once were, they are committed to promoting health and wellness for older people. Advocating on issues of aging is a goal.

Information and Support Network (#12). According to members this non-profit society has "grown over twelve years from being professionally driven into a seniors' society". The town served by this group has an expanding population of older people. Currently the group is involved in building a seniors' centre for coordinated seniors' services.

Information and Support Network (#13). "Seniors helping seniors" is the approach described by this group to support the independence of seniors and handicapped persons. Members and others volunteer their time and energy to plan and deliver educational programs for seniors, an equipment registry, a seniors wellness program and other services for seniors living in the neighbourhood. Advocacy is a goal.

Information and Support Network (#14). Operating from a church basement, this non-profit group services the social and support needs of older people living in a well established Vancouver community. This group is involved in producing and delivering an information and support service for people living in the area. Due to the fact that there is no recreation centre in vicinity, members run educational programs, social events, Keep well exercise classes and a regular hot meal program.

Information and Support Network (#17). Operating from a storefront location in a growing retirement community, this non-profit group serves a rising number of frail and isolated older people. Seniors know the problems associated with growing older, therefore the group was formed to enable

seniors to help other seniors. Using a computer data base of information, volunteers counsel older people in relation to their information and service needs.

Community Planning (#10). Coordinating seniors' services is a challenge in municipalities with a rising older population. This group is concerned with community planning and community services which are responsive to the needs of older people. Operating from a store front location, this planning group is working on encouraging partnerships between seniors, professionals and politicians in order to produce a community planning model.

Community Planning (#18). Planning and coordinating services for seniors is the mandate of this group. Concerns about housing, transportation and the need for a long term care facility for older residents are pressing for this group. This group formed in order to establish a community-based, systematic planning model for identifying and meeting the service needs of seniors.

Neighbourhood Advisory Committee (#4). Nested in an east Vancouver neighbourhood, this advisory group consults with community health workers and social service agencies on a neighbourhood project. The project involves strengthening informal networks between seniors and others within the neighbourhood. Acknowledging the resources of local people as "natural helpers" forms the basis of training sessions organized for augmenting the helping skills of local helpers.

Health Care Advisory Committee (#9). Health care professionals interested in more responsive continuing care services for older people initiated this advisory group. Members from several Vancouver neighbourhoods meet together to discuss the needs of seniors for community support services. This group function primarily to advise agency administration on the service needs of seniors.

Advocacy Network (#7). Operating as an advocacy network, this group aims to be "one voice" on issues of importance to seniors. Members of the network are representatives from local service agencies, volunteer associations, special interest clubs and interested individuals. Members meet to share information and to discuss issues such as housing, safety and transportation. The groups sponsors town meetings in order to involve other seniors in discussing issues influencing their lives.

Senior Citizens Association (#19). Since 1953 a provincial organization has been promoting improvements in the social and economic well-being of senior citizens. The group serves a large area in rural British Columbia. Members are primarily involved in organizing social and educational programs for fellow members. Issues such as transportation and housing for older people are also of interest.

Support for Caregivers Group (#2). Giving care to aging family members is becoming a common experience among older and younger Canadians. This group is concerned with the needs of caregivers for emotional support and education in

the area of caregiving. Committed to caregiving themselves, members are working with health care professionals to establish a caregiver support group.

Social Health Coalition (#20). Residents of an economically deprived area of Vancouver constitute the backbone of this seniors' group. As an offshoot of a more powerful coalition, this group exists to initiate programs aimed to improve the mental and social health of community members. This group plans activities for seniors by seniors. Political lobbying and public rallies are tactics used by this group.

Non-Service/Issue-Oriented Groups

Members of the non-service/issue oriented groups came together around issues of personal and/or community wide concern. The issue-based groups are not age segregated and the issues are not specific to older people.

According to Rothman and Tropman's (1987) "Model C, the social action approach", groups organizing around an issue aim at making changes in policy or they seek the redistribution of power and resources at the community level. These groups are interested in upsetting the status quo and use direct action and confrontational tactics. (pp. 6-12). Two groups are described as "social activist groups".

Social Activist Singing Group (#3). Raising awareness of issues of social injustice among the general public is the aim of this group. Members meet regularly in order to:

(i) discuss and to learn about issues of injustice; (ii) plan strategies for making others aware of alternate points of view. The group is a member of a national network of groups who meet annually to share ideas and common concerns.

Social Activist Housing Group (#11). Inflated real estate prices and development resulted in the eviction of many older people from their homes in some Vancouver neighbourhoods. Older residents forced to find accommodation in more affordable areas suffered emotional trauma as a result of their homelessness. "Being turfed on the street" stirred a grassroot response among seniors and this group was formed. Raising awareness of the competing interests and engaging in political lobbying for affordable housing are among the strategies used by this group.

Characteristics of Seniors' Groups

Table 4 represents a profile of seniors' groups base on six characteristics. These six group features are: (i)goals, (ii) membership, (iii) staff and/or professional advisors, (iv) organizational structure, (v) funding sources, and (vi) origin of group.

Group Goals. Ninety percent of the seniors' groups have a service-orientation, 10% are working on a service for group members, 80% are focused on service-for-seniors in the community. The remaining 10% of groups are issue-organized with 5% focused on influencing policy.

Membership. Seniors' groups range in size from 10 to 300 members. Most groups do not have age restricted membership although, the majority of groups indicated that most members were over 55 years of age.

Staff and/or Professional Advisors. Twenty-five percent of the groups did not have a paid staff member or a professional advisory member. Ten percent of groups had paid staff only, 40% had paid staff and a professional advisory member and 25% had a professional advisory member. In total, 75% of the seniors' groups in this study had either a paid staff member, or professional advisory member, or both.

Organizational Structure. Eighty percent of the groups have elected Presidents or Chairpersons who occupy the top executive position. In addition to the elected executive there is a Board of Directors consisting of ten to twelve members. These members are usually "invited to participate", or "coerced into joining" the board. The non-service groups operate with steering committees, and are less formally organized. All groups operate with sub-committees and all had a majority of members on the board over 55 years of age.

Funding Sources. Funding sources vary among the groups. Seventy-five percent of groups have received at least one government grant, ten percent have a grant "in process" and fifteen percent have never acquired a government grant.

Origin of the Group. Thirty-five percent of groups were member-initiated in response to a personal concern. Sixty-five percent were formed by members with a professional.

Table 4
CHARACTERISTICS OF SENIORS' GROUPS

Group Feature	SELF-IMPROVEMENT/PERSON	AL GROWTH INITIATIVES	
	VISUALLY IMPAIRED (#6)	CROSS-CULTURAL (#16)	
GROUP GOALS	Group aims: (1) provide support to visually impaired persons, (2) to plan and deliver social and educational programs to members.	Group aims: (1) to plan and deliver social programs elders in the "" community, (2) to deliver a lunch program.	
GROUP MEMBERSHIP	Membership is open to all ages. Currently group has 45 members, 30 are over 55 years.	Membership is open to members of the "" community and others interested. 130 paid members, 100 over 55.	
PAID STAFF and/or PROFESSIONAL ADVISORS	No paid staff. No professional advisors.	No paid staff. No professional advisors.	
GROUP STRUCTURE	Executive Committee (4) Board of Directors (10) Seniors on board (7) Elected President Sub-committees.	·	
FUNDING SOURCES	Sources of funds are: donations. Government grant in process.	Sources of funds are: donations from local business, member dues raffles, dances, one grant, "pass the hat".	
ORIGIN OF GROUP	Group formed in 1989 as a satellite group of a larger non-profit organization. Citizen initiated group.	Group formed in 1987 as a support group for people who emigrated to Canada. Members share language and culture. Citizen initiated group.	

Table 4 (con't.).

CHARACTERISTICS OF SENIORS' GROUPS

Group Features	SERVICE-FOR-SENIORS INITIATIVES		
	SENIORS WELLNESS (#1)	SENIORS WELLNESS (#5)	
GROUP GOALS	Group aims: (1) to plan and deliver a seniors wellness program, (2) to plan a health education program for seniors in order to promote healthy aging.	Group aims: (1) to plan and deliver a seniors wellness program to seniors in the area, (2) to promote healthy aging by providing health education to seniors.	
GROUP MEMBERSHIP	Group has 50 contacts although only 15 active members.	Group has 32 contacts, 14 "regular" members.	
PAID STAFF and/or PROFESSIONAL ADVISORS	One paid staff One professional advisor.	One part time staff. Professional advisors (2)	
GROUP STRUCTURE	Executive Committee (4) Steering Committee (15) Senior members (15) Elected President Sub-committees.	Senior members (14)	
FUNDING SOURCES	Sources of funds are: one government grant, equipment donations.	Sources of funds are: one government grant, donations from local service clubs.	
ORIGIN OF GROUP	Group formed in 1990. Community health professional began meeting with seniors in response to directives for seniors' health and wellness.	Group formed 1989. Community Health Nurse initiated the group in response to directives for seniors' health promotion.	

Table 4 (con't.).
CHARACTERISTICS OF SENIORS' GROUPS

Group Features			
	SENIORS WELLNESS (#8)	SENIORS WELLNESS/ SUPPORT (#15)	
GROUP GOALS	Group aims: (1) to plan and deliver a "one-stop-shop" information and referral service for seniors.	Group aims: (1) to plan and deliver seniors wellness program, (2) to plan and deliver an information service for seniors, (3) to advocate on behalf of seniors.	
GROUP MEMBERSHIP	33 senior contacts 22 over 55 years	42 contacts 20 active members over 55 years.	
PAID STAFF and/or PROFESSIONAL ADVISORS	Professional advisors	No paid staff. Professional advisor (1).	
GROUP STRUCTURE	Board of Directors (12) Seniors on Board (12) Nominated Chairperson Sub-committees	, ,	
FUNDING SOURCES	Sources of funds are: government grant in process, donations.	Sources of funds are: one government grant in past, member dues, donations, raffles.	
ORIGIN OF GROUP	Community health professionals and seniors got together to discuss and host a community forum to identify seniors needs. Group formed in 1989.	Concerned citizen started group in 1977 response to a housing crisis in the area. Originally this group was a politically active group.	

Table 4 (con't.).

CHARACTERISTICS OF SENIORS' GROUPS

Group Features	SERVICE-FOR-SENIORS INITIATIVES		
	COMMUNITY SERVICES NETWORK (#12)	INFORMATION AND SUPPORT NETWORK (#13)	
GROUP GOALS	Group aims: (1) to plan, coordinate and deliver support services to seniors and their families.	Group aims: (1) to plan & deliver information services to seniors & the handicapped, (2) to provide an equipment registry, (3) to offer education and wellness programs for seniors.	
GROUP MEMBERSHIP	300 paid members, 275 are over 55 years.	200 paid members, 190 over 55 years, 45 are active in the network.	
PAID STAFF and/or PROFESSIONAL ADVISORS	One full time staff. One part time staff. One professional advisor.	One paid staff. One professional advisor on occasion.	
GROUP STRUCTURE		Elected President	
FUNDING SOURCES	Sources of funds are: Government grants, annual membership dues cassinos, donations, bingos, lottery.	Sources of funds are: Donations, government grants, member dues, raffles.	
ORIGIN OF GROUP	Health professionals did a survey and established a need for a caregiver support group. Group formed in 1980.	Community health professionals and seniors got together in 1984 to establish an information network.	

Table 4 (con't.).

CHARACTERISTICS OF SENIORS' GROUPS

	·		
Group Features			
	INFORMATION AND SUPPORT NETWORK (#14)	INFORMATION AND SUPPORT NETWORK (#17)	
GROUP GOALS	Group aims: (1) to plan & deliver an educational service to seniors, (2) to provide opportunities for friendship, (3) to provide an information and referral service.	Group aims: (1) to plan & deliver information & support services to seniors, (2) to provide a friendly visiting program to isolated seniors, (3) to advocate on issues.	
GROUP MEMBERSHIP	Group has 280 members over 55 years.	200 paid members over 55 years in the network	
PAID STAFF and/or PROFESSIONAL ADVISORS		Full time staff (1) No professional advisors	
GROUP STRUCTURE	Board of Directors (16)	Executive Committee (4) Board of Directors (15) Senior members (13) Elected President Sub-committees	
FUNDING SOURCES	Sources of funds are: government grants. annual member dues, craft sales, raffles, donations.	Sources of funds are: government grants, annual member dues, bingos, cassinos.	
ORIGIN OF GROUP	Member initiated the formation of the group in 1979 as a spin-off from another group.	Group formed in 1985 in association with a professional member.	

Table 4 (con't.).
CHARACTERISTICS OF SENIORS' GROUPS

Group Features	SERVICE-FOR-SENIORS INITIATIVES		
	COMMUNITY SERVICES PLANNING (#10)	COMMUNITY SERVICES PLANNING (#18)	
GROUP GOALS	Group aims: (1) to design a system for planning and coordinating seniors' health and social services, (2) to involve local seniors in identifying their service needs.	Group aims: (1) to develop a model for planning and coordinating social and health services for seniors, (2) to involve local seniors in identifying their service needs.	
GROUP MEMBERSHIP	Twelve members form this group, 50% are "seniors".	Fifteen members make up this group. Five are over 55 years.	
PAID STAFF and/or PROFESSIONAL ADVISORS	One full time staff Two part time staff. Professional advisors (1-2)	One full time staff. One part time staff. Professional advisors (5).	
GROUP STRUCTURE	Planning Committee (12)	Executive Committee (4) Planning Committee (15) Senior members (7) Elected Chairperson Sub-committees.	
FUNDING SOURCES	Sources of funds are: government grants, donations from agencies and local business people.	Sources of funds are: government grants, donations from agencies and local business people.	
ORIGIN OF GROUP	Professionals saw the need for coordinating seniors support services. Group formed in 1985.	Professionals saw the need for coordinating and planning for the service need of seniors Group formed in 1985.	

Table 4 (con't.).
CHARACTERISTICS OF SENIORS' GROUPS

Group Features	SERVICE-FOR-SENIORS INITIATIVES			
	HEALTH ADVISORY (#4)	HEALTH ADVISORY (#9)		
GROUP GOALS	Group aims: (1) to advise and to plan a neighbourhood support project for seniors & all members of a local community, (2) to plan a training program for seniors to enhance their helping skills.	Group aims: (1) to act as advisors to health care agency administration on issues related to seniors' health services.		
GROUP MEMBERSHIP	Group has ten members, members.	Group has 14 regular		
PAID STAFF and/or PROFESSIONAL ADVISORS	One full time staff. Professional advisor (1)	No paid staff. Professional advisors (1-3)		
GROUP STRUCTURE	Executive Committee (10) Senior members (10)	Steering Committee (14) Senior members (14)		
FUNDING SOURCES	Sources of funds are: one government grant, donations.	No funding.		
ORIGIN OF GROUP	Professionals approached seniors and asked if they would be interested in doing a project for their community. Group formed in 1986.	Professionals asked seniors if they would be interested in forming an advisory committee to discuss community care services for seniors. Group formed in 1986.		

Table 4 (con't.).
CHARACTERISTICS OF SENIORS' GROUPS

Group Features	SERVICE-FOR-SENIORS INITIATIVES		
	SENIORS COUNCIL (#7)	SENIOR CITIZENS ASSOCIATION (#19)	
GROUP GOALS	Group aims: (1) to be an "umbrella" network for seniors groups and organizations, (2) to be "one voice" for seniors & to advocate on their behalf, (3) to exchange information among network members.	Group aims: (1) to pla and deliver social and recreational programs for seniors, (2) to "stimulate public interest in and to protect the rights of seniors".	
GROUP MEMBERSHIP	Membership is open to representatives of any seniors' group or organization. There are 15 groups represented to date.	Membership is open to all ages. Group has 200 paid members, most are over 55 years. There are 60 to 80 regular members.	
PAID STAFF and/or PROFESSIONAL ADVISORS	No paid staff. No professional advisors.	No paid staff. No professional advisors.	
GROUP STRUCTURE	Executive Committee (3) Elected President Sub-committees.	Executive Committee (13) Senior members (13) Elected President Sub-committees.	
FUNDING SOURCES	Sources of funds are: annual member dues, donations from local business people.	Sources of funds are: membership dues, donations, government grants.	
ORIGIN OF GROUP	Group <u>initiated</u> in 1985 by a professional who saw a need for seniors to work together.	Group started in 1969 as a sub-group of the provincial organization Citizen initiated.	

Table 4 (con't.).

CHARACTERISTICS OF SENIORS' GROUPS

Group Features	-		
	CAREGIVER SUPPORT (2)	SENIORS HEALTH COALITION (20)	
GROUP GOALS	Group aims: (1) to plan & deliver support and educational service to caregivers and their families, (2) to develop a network of support groups, (3) to develop an educational package on caregiving.	Group aims: (1) to plan deliver social health services to promote seniors independence, (2) organize on issues of justice and inequity in the community, (3) be politically active.	
GROUP MEMBERSHIP	11 members, 10 are regular members, 7 are		
PAID STAFF and/or PROFESSIONAL ADVISORS	Professional advisors	One full time staff. Advisory members from "parent" organization.	
GROUP STRUCTURE	Executive Committee (2) Board of Directors (10) Senior members (5) Elected President Sub-committees.	Senior members (12)	
FUNDING SOURCES	Sources of funds are: government grants	Sources of funds are: one government grant, donations from local business people, and trade unions.	
ORIGIN OF GROUP	Health professionals approached seniors to organize a support group for caregivers. Group formed in 1988.	Citizen did survey and determined the need for outreach services for older people. Group formed in 1989.	

Table 4 (con't.).
CHARACTERISTICS OF SENIORS' GROUPS

		· · · · · · · · · · · · · · · · · · ·	
Group Features	NON-SERVICE/ISSUE ORIENTED INITIATIVES		
	SOCIAL ACTIVIST (#3)	SOCIAL ACTIVIST (#11)	
GROUP GOALS	Group aims: (1) to raise public awareness on issues of social injustice, (2) to promote and raise awareness of alternate points of view, (3) to have fun.	Group aims; (1) to raise awareness of housing issues and the need for affordable housing for seniors, (2) to draw attention to the social injustice of the issue, (3) to change policy.	
GROUP MEMBERSHIP	Fourteen members, ten attend regularly.	Sixteen regular members fourteen are over 55 years. "Members come and go".	
PAID STAFF and/or PROFESSIONAL ADVISORS	No professional	No paid staff. Professional advisor (1).	
GROUP STRUCTURE	Steering Committee (14) Senior members (14) Sub-committees.	Steering Committee (16) Senior members (14) Sub-committees.	
FUNDING SOURCES	Sources of funds are: one government grant, donations.	Sources of funds are: "pass the hat"	
ORIGIN OF GROUP	Concerned citizen initiated the group because of interest & conviction to issues. Also, she saw similar groups and decided to start a group. Group formed in 1989.	Professional advisor supported group who were already in existence looking at community services for seniors. The issue of housing emerged and the group re-formed in 1989.	

Profile of Group Participants

Table 5 summarizes the profile of members who participated in the group interviews. One hundred and fifty-eight participants of twenty seniors' groups completed a member profile questionnaire.

Participants. The majority of participants were volunteers (85.4%). Ninety percent of volunteers were over 55 years of age. A considerably smaller proportion of participants were professional advisors (8.0%) and paid staff (6.3%). The proportions of volunteers to staff to professional advisors present for each group meeting are reported in Appendix G.

Age and Gender of Volunteer Members. The age range of participants in this study was from 34 to 90 years. More than 50% of participants are between 65 years and 74 years of age. Seventy-four percent of participants were females while only 26% were males. In an evaluation of the New Horizons Program by Health and Welfare Canada (1977), 61% of project participants in British Columbia were reported to be women and 39% were men (Table 6). In addition, 70% of participants fell between 65 and 74 years of age (Table 4).

Education of Volunteer Members. The median level of completed education of this group was "some vocational technical education" after high school. Completed education levels ranged from elementary completed (5.2%) to post graduate completed (4.4%).

Table 5

PROFILE OF GROUP PARTICIPANTS

Characteristic	Number	Percentage
GROUP PARTICIPANTS:		
Volunteer Members	135	85.4%
Professional Advisory	13	8.0%
Staff	10	6.6%
TOTAL	158	100.0%
AGE OF VOLUNTEER MEMBERS:		
34 - 45 years	1	.7%
45 - 49 years	1	. 7%
50 - 54 years	5	3.7%
55 - 59 years	7	5.1%
60 - 64 years	15	11.1%
65 - 69 years	34	25.1%
70 - 74 years	35	25.9%
75 - 79 years	24	17.7%
80 - 84 years	6	4.4%
85 - 90 years	1	.78
No Response	6	4.4%
TOTAL	135	100.0%
GENDER OF VOLUNTEER MEMBERS:		
Females	100	74.1%
Males	35	25.9%
TOTAL	135	100.0%
EDUCATION OF VOLUNTEER MEMBERS:		
Elementary Completed	7	5.2%
Some Secondary	14	10.4%
Secondary Completed	24	17.7%
Some Voc/Tech	19	14.0%
Voc/Tech Completed	31	23.0%
Some University	15	11.1%
University Completed	12	8.9%
Some Post Grad	3	2.2%
Post Grad Completed	4	3.0%
Other	6	4.4%
TOTAL	135	100.0%

CHAPTER V

FINDINGS

Findings describing the work of twenty seniors' groups are organized under five headings: (i) Accomplishments of Seniors' Groups; (ii) Factors Facilitating Seniors' Groups; (iii) Factors Hindering Seniors' Groups, (iv) Important Resources and Strategies Used by Seniors' Groups, and (v) Group Self-Assessment Results. Issues influencing seniors' projects are raised for further discussion.

Categories of Seniors' Initiatives: A Review

Seniors' groups involved in community initiatives fall into three broad categories: (i) self-improvement/personal growth groups; service-for-seniors groups; and non-service/issue-oriented groups. The self-improvement groups were aimed at supporting group members while groups of the service-for-seniors type focused their efforts toward the community at large. Non-service/issue-oriented groups were working on issues of a broader, social nature characterized by inequity and injustice. These three categories of groups are used to augment the discussion.

Accomplishments of Seniors' Groups

Members of twenty seniors' groups compiled a comprehensive list of accomplishments that are presented in

Table 6. Members of all groups expressed surprise upon listing and acknowledging the results that they had achieved. Members' comments indicate their satisfaction:

"We have achieved both specific and general accomplishments together. We are proud of our group"

(Grp. 18, p. 1, L. 48).

"I think that this is a pretty good list for beginners, we are thankful for this list" (Grp. 1, p. 1, L. 55).

"We've done an awful lot haven't we?" (Grp. 5, p. 2, L. 87).

"This meeting was most enjoyable and confirmation in our eyes that we have actually accomplished something"

(Grp. 11, p. 15, L. 818).

"I didn't realize just how much we have done, we've been very busy"

(Grp. 3, p. 4, L. 165).

Seniors' groups identified both tangible and intangible accomplishments. Tangible accomplishments included the development of ongoing community services, policy changes or the production of documents. As for intangible accomplishments, 75% of groups identified establishing a profile for the group in the community, 70% developed a committed and supportive group and 65% reported building a network within the community.

Ninety-five percent of the groups made a contribution to their communities. Of the accomplishments reported 70% were ongoing community services, 20% involved the production of documents and 5% changed municipal bylaws and provincial legislation in relation to affordable housing.

Table 6

ACCOMPLISHMENTS OF SENIORS' GROUPS

Reported Accomplishments		Percentage of Groups Reporting
1.	MADE A CONTRIBUTION TO THE COMMUNITY (a) produced an ongoing service (b) produced documents for public use (c) changed policy	95% 70% e 20% 5%
2.	ESTABLISHED GROUP PROFILE	75%
3.	DEVELOPED A COMMITTED & SUPPORTIVE GRO	UP 70%
4.	BUILDING NETWORK CONTACTS	65%
5.	OBTAINED FUNDS	60%
6.	PROVIDED OPPORTUNITIES FOR PUBLIC DISCUSSION	45%
7.	COLLABORATED WITH ANOTHER GROUP/ PROFESSIONAL ON A JOINT PROJECT	45%
8.	REPRESENTED SENIORS/ "VOICE FOR SENIORS"	45%
9.	INCREASED NUMBER OF PARTICIPANTS	45%
10.	FORMED A SENIORS' BOARD	40%
11.	SURVIVED OVER TIME	40%
12.	INVOLVED MEMBERS IN TRAINING AND DEVELOPMENT	35%
13.	CONDUCTED A NEEDS ASSESSMENT	20%
14.	ENGAGED IN POLITICAL ACTIVISM	5%

Of the sixteen service-for-seniors groups, all but four produced a community service for aged peers. Two groups in this category were involved in planning community services, two others acted as citizen advisory committees, and one was as an advocacy group for seniors' services. Two service-for-seniors groups were newly formed and had not produced a tangible outcome. These two groups had developed a committed and supportive group, they had established the seniors' board, conducted needs surveys, and had acquired facilities. As was expected, neither the self-improvement groups nor the non-service/issue-oriented groups produced a community service.

The range of community services produced by the service-for-seniors groups included seniors wellness and health educational programs (15%); information and referral services (15%); mutual support services for caregivers and the disabled (15%); recreational and fitness programs (30%); handyman services and an equipment registry (10%); transportation services (15%); hot meal programs (20%); home visitation with support counselling service (5%); and a wheels to wellness program (5%). Services produced by the self-improvement groups included hot meal programs (5%); social and recreation activities (10%); and educational programs (5%).

Analysis of the accomplishments reveals that most seniors' community initiatives are of a service nature. A considerably smaller proportion of seniors' groups directed

their efforts toward projects with a policy focus. Why are so few groups involved in issue based organizing? It is possible that seniors interested in mobilizing around broader issues of a social concern may have a more difficult time getting established. Gifford (1990) points out that the guidelines of the Canadian New Horizons Program "excludes single-issue organizations" (p. 37). Thus it appears that issue-oriented groups may have some difficulty getting funding which could explain why the majority of groups in the study were involved in service-for-seniors initiatives. Questions about the function and purpose of seniors' groups need to be asked. For instance, what is the role of seniors' groups in the community? What factors influence the type of projects seniors become involved in? Identification of the factors that facilitate and hinder the community efforts of seniors may shed light on these questions.

Factors that Facilitate Seniors' Groups

Factors that facilitate seniors' groups involved in community initiatives were identified by members and are reported in this section. The twenty groups reported a total of 784 facilitating incidents in achieving their accomplishments. Content analysis of these incidents led to the development of 27 categories of facilitating factors.

Major descriptive themes emerged following comparison of the factors identified by all groups. Factors identified by 50%

of the groups in this study are considered to be "general" or "common" factors. Those factors mentioned by less than 50% of the groups are considered to be less common or in some cases idiosyncratic. This comparative analysis resulted in 18 common and 9 less common facilitating factors.

Categories and Descriptions of Facilitating Factors

Table 7 lists by descending frequency, the facilitating factors identified by group members. In the pages which follow direct quotations describe the factors reported by more than 50% of the groups.

Members of seniors' groups have informal, network contacts and affiliations with other individuals, non-profit groups, organizations, government bodies, local businesses. Contacts are used for mobilizing resources.

"We have a pipeline into the service clubs for special things that only the service clubs can do as a result of having members on both boards" (Grp. 17, p. 8, L. 410).

"Individuals serve on more than one board in the community. For example, each person here sits on at least three other boards. We infiltrate well and because we know each other, we know how to get what we need"

(Grp. 12, p. 6, L. 299).

"We have a listing of contacts that has been developed. The list comes through a member who has been here since the day one. She is really knowledgeable about the community, she knows almost everyone. She will refer people or people will refer to her and then phone us"

(Grp. 14. p. 5, L. 245).

Table 7
FACTORS FACILITATING SENIORS' GROUPS

	cilitating ctors	No. of Times Factor Mentioned	No. of Groups Mentioned Factor	% of Groups Mentioning Factor
1.	MEMBER CONTACTS AND COMMUNITY AFFILIATION	S 45	18	90%
2.	PROMOTIONAL ACTIVITIES	62	16	80%
3.	MEMBER PERSISTENCE & COMMITMENT	47	16	80%
4.	SENSE OF PURPOSE & SHARED BELIEFS	46	16	80%
5.	REALIZATION OF A COMMUNITY PROBLEM	36	16	80%
6.	DISCUSSION AND PLANNI COURSE OF ACTION	NG 31	16	80%
7.	INVENTORYING MEMBERS' SKILLS AND KNOWLEDGE	27	16	80%
8.	OBTAINING FUNDS	56	15	75%
9.	SOCIAL SUPPORT AMONG GROUP MEMBERS	44	15	75%
10	SUPPORTING OTHER COMMUNITY GROUPS	41	15	75%
11	ACQUIRED APPROPRIATE FACILITIES	27	15	75%
12	MEMBER TRAINING AND DEVELOPMENT	32	14	70%
13	.FORMING A BOARD AND/ OR SUB-COMMITTEES	45	13	65%

Table 7 (con't.)
FACTORS FACILITATING SENIORS' GROUPS

14.SENSE OF COOPERATION/ ACCEPTANCE OF DIFFERENCES	28	13	65%
15.RECEIVE SUPPORT FROM OTHER GROUPS/AGENCIES	24	12	60%
16.RESEARCHING AND CONFIRMING NEEDS	20	12	60%
17.HARD WORKING AND LOYAL VOLUNTEERS	25	11	55%
18.ACQUIRING PAID STAFF	21	11	55%
19.EVENTS FOR PUBLIC INPUT AND DISCUSSION	31	9	45%
20.REGULAR ADVISORY MEMBERS	12	9	45%
21.TIMING AND CLIMATE FOR SENIOR INVOLVEMENT	29	7	35%
22.DEVELOPING PARTNERSHIPS/ FORMING A COALITION	24	7	35%
23.GROUP EFFORTS SUPPORTED BY GENERAL PUBLIC	11	7	35%
24.SENSE OF GROUP EFFICACY/ ABLE TO ACT TOGETHER	13	6	30%
25.PROVIDING TRANSPORTATION	8	5	25%
26.SENSE OF EQUALITY AMONG MEMBERS	12	3	15%
27.LEADERSHIP	8	2	10%

Promotional Activities. Promotional activities are used by groups to: (a) advertise events and activities sponsored by the group, (b) attract participants, (c) draw attention to the work of the group, and (d) raise the group profile.

"We spread the word about the forum using the media. We advertised in the local newspaper, we distributed fliers to places where seniors would see them, we posted notices on bulletin boards and word-of-mouth also helps"

(Grp. 8, p. 3, L. 115).

"We used posters, local TV, newspapers, radio, the community events calendar and church bulletins for advertising. Advertising the event six weeks early accounted for the good turn out"

(Grp. 7, p. 2, L. 90).

"The Trade Fair was the first time the seniors of "____" as a group, were visible to the community. We were recognized for the first time. They couldn't avoid us, we were right there"

(Grp. 5, p. 5, L. 260).

Member Commitment and Persistence. Members are committed and dedicated to the work of their groups. Members demonstrate their determination and desire to succeed by contributing time, energy, persistence and hard work.

"The dedication of the people involved was great. We had a lot of work to do together in order to get our profile increased in order to get the growth that we needed"

(Grp. 12, p. 4, L.189).

"It took a lot of meetings and get-togethers with residents on the west side. We never stopped arguing about it, it was our determination. We were very determined as residents of the east side. We really needed the service and we wanted to see it as an accomplishment, so we had to be committed and enthusiastic in order to keep up the pressure that was required"

(Grp. 15, p. 6, L. 276).

"A key factor was the dedication of a small group who were willing to invest a lot of time, energy and expertise to seeing that things would happen" (Grp. 10, p. 5, L. 234).

Sense of Purpose Based on Shared Beliefs. Members have a sense of purpose in their work based on common beliefs and values. Members are committed to work for or on behalf of seniors.

"We have had one common message, we have worked collaboratively to have a party line. The party line which is an altruistic one has been `appropriate affordable housing'. We have tried to remain non-partisan, we have tried to include all of the political parties in our efforts to address the issues of appropriate affordable housing for seniors"

(Grp. 11, p. 7, L. 343).

"We are a very politically motivated group and the main reason why our political activity is such an accomplishment is that we care about our area, we all want to make it a better place to live"

(Grp. 20, p. 10, L. 538).

"When I joined this group it was mostly made up of caregivers and they were home-based in their thinking, meaning that they were mostly interested in how the work they would do affected their day to day life, they didn't have a vision of looking out to what was happening in the community. Now this group is more outward focused. Our vision of a one-stop-shop includes being able to provide moral support to one another, to share expenses, to share overhead and to network"

(Grp.12, p. 6, L.328).

Realization of a Community Problem. A community need is identified by either a professional worker or a lay person.

A seniors' group is formed in order to address the need.

"There was a need for representation of seniors organizations in the `X' area. There was a need for one voice for seniors"

(Grp. 7, p. 4, L. 180).

"There was a need for the kind of programming that we offer in the area. There is no community centre or anything else around here"

(Grp. 14, p. 5, L. 229).

"The need for extended care beds in the area was the issue that brought us together as a planning group"

(Grp. 18, p. 5, L. 250).

"There were no audible devices at the street corners. It was about time that these devices were available, the issue of safety was a factor"

(Grp. 6, p. 5, L. 221).

<u>Discussion and Planning Course of Action</u>. Group members discuss the problem situation together. The pros and cons of possible courses of action are examined.

"We had discussions of what we wanted to achieve, we outlined what we thought to be the problems. We identified the problems using a problem solving approach, we explored the pros and cons of what would and would not work. We really had to determine how to present our concerns to long term care staff, we knew there was a certain amount of resistance"

(Grp. 9, p. 7, L. 372).

"We were sitting around discussing at a committee meeting the issues of the park and several people suggested `Why don't we have a march?' We always discuss the feasibility of whatever we're trying to do before we do it"

(Grp. 20, p. 6, L. 314).

"Early goal-setting led to the development of the survey for phase one, which was to offer a caregiver support group to the public. We contributed to the construction of the survey through dialogue of our experiences as caregivers. We were able to use the survey results as a framework and foundation to develop phase two of the grant application form"

(Grp. 2, p. 3, L. 144).

Inventorying Members' Skills and Knowledge. Members of seniors' groups inventory or take stock of the skills,

knowledge, expertise and other personal resources that members might be able to contribute to the group.

"You have to have the knowledge and information necessary in order to do your work. The people on our board are from a variety of different backgrounds. The personal drive of individual members, the personal know how of members and the expertise of individual members counts as well" (Grp. 13, p. 3, L. 153).

"The joint committee chairman is the ex-mayor of `X'. He has a lot of political clout and a lot of expertise about how to work with the system. He had a former profile in our community. He was the driving force behind the housing project"

(Grp. 12, p. 8, L. 412).

"We acquired board members and volunteers who have special expertise. We have people with a medical background, secretarial and accounting skills" (Grp. 17, p. 1, L. 57).

Obtaining Funds. Seniors' groups obtain funds from a variety of sources. Funds are used for the establishment, maintenance, or further development of the groups' activities and programs.

"The nature of our fundraising has been focused on donations in kind rather than on large amounts of money. The nature of fundraising will change if our rent increases, fundraising will then become a whole program requiring a lot of resources"

(Grp. 14, p. 7, L. 367).

"We are negotiating at this time to get funding from the cassinos. We solicit funds from trust companies, the banks, we receive donations in the form of equipment and we have received a grant in the past"

(Grp. 13, p. 7, L. 356).

"Obtaining funds allowed the group to hire someone to help with the survey which facilitated its' accomplishment"

(Grp. 2, p. 2, L. 91).

Social Support Among Group Members. Members feel supported and experience a sense of belonging by sharing life experiences. Members develop friendships, enjoy a feeling of camaraderie and have fun together.

"You feel good about being a part of a group, a feeling of well-being, that you are with friends, feelings of being cared for and supported. All of this makes you feel good. Some say that we laugh too much, but it's better than crying"

(Grp. 14, p. 4, L. 172).

"As members of this group we have our failing faculties in common, in other words, we have similar failings and this brings us together. We are all at the same stage in life too. Our age has bonded us together we have had common experiences" (Grp. 17, p. 5, L. 256).

"The fellowship in this group is something that you don't get in other groups, we experience a sense of belonging in this group. You always feel included never excluded. This group could be called a support group for individuals"

(Grp. 5, p. 2, L. 91).

Supporting Other Community Groups. Members support the work of other community groups by: (i) sharing expertise and knowledge, (ii) joining forces on issues, (iii) sharing contacts, and (iv) offering personal time and energy.

"We support other groups and their causes by being present and singing at their request. It's like a reciprocity, with the presence of our `X' group we can support their cause. For example, we helped the Western Wilderness Society open up their store by being present and singing"

(Grp. 3, p. 2, L. 96).

"We supported the abortion clinic, we have sympathy with the natives who are defending their health and independence, we backed the nurses strike, we have a common interest with all of these people"

(Grp. 20, p. 11, L. 601).

"Smaller seniors' service groups recognize that we can be an ally to them in their cause. They are coming to us for our support in their endeavours to continue their services. We can help them to enlist community support, funding etc"

(Grp. 10, p. 3, L. 143).

Acquiring Appropriate Facilities. Seniors' groups acquiring facilities that are accessible by members as well as comfortable and spacious for the activities of the group.

"We hold our educational meetings in the library, the location is conveniently situated on a bus route, it is accessible and it is a public building. We have the use of this building and in return we make a donation. It is very important that we have the use of this room, otherwise we couldn't afford it"

(Grp. 13, p. 4, L. 188).

"The move from the church to this location was a factor in influencing the profile that we now have in the community. Once we moved we were able to do more, we diversified and had more than one program. We could do a better job because we had more space, we were visible"

(Grp. 12, p. 4, L. 193).

"The town meeting was held in a central location. The town hall is located in the centre of town where many seniors live. We rented the hall for a minimal fee and parking was free"

(Grp. 7, p. 2, L. 102).

Member Training and Development. Members of seniors' groups attend training events, conferences and workshops. Members also network with others, have guest speakers and share personal experiences in their groups.

"We researched other one-stop-shops before we had the forum, we took field trips to New Westminster, White Rock, Vancouver to find out about one-stopshopping services for seniors. They were experienced and were running the one-stop-shop successfully"

(Grp. 8, p. 3, L. 128).

"The training of our volunteers consists of improving computer skills, listening skills which involves communication. We use specialists in the field to teach the volunteers"

(Grp. 17, p. 3, L. 163).

"We try to bring in up to date information from the CNIB. Sometimes you just bring in something that is helpful for example I brought in that pie container. We should really concentrate more on things that make life easier. We share information and generally support each other"

(Grp. 6, p. 6, L. 298).

"We are all good at bringing information to the weekly meetings, this includes newspaper clippings, fliers etc. Our weekly meetings help us to share information, exchange ideas and thoughts about current issues. The discussion of current issues is informative. It's important to understand the issues, we work at understanding the issues"

(Grp. 3, p. 6, L. 274).

"Conferences are a good place to connect with others to share concerns and to discuss how other groups deal with problems"

(Grp. 3, p. 7, L. 344).

Forming a Board and/or Sub-Committees. Members develop a board and/or establishing sub-committees for a coordinated effort. Members are elected into executive positions.

"We solicited members to our committee who would be able to contribute their particular area of expertise. For example we needed a chartered accountant so we looked for one"

(Grp. 12, p. 6, L. 312).

"We developed sub-committees to work on the various areas of the recommendations. Members of the sub- committees were selected for their expertise on the issues"

(Grp. 18, p. 5, L. 242).

"With the increased numbers of seniors we were able to develop a seniors' board followed by subcommittees in order to qualify for funding"

(Grp. 8, p. 4, L. 216).

Acceptance of Differences and Sense of Cooperation.

Members describe being able to work cooperatively together despite individual differences. Members accept each other and try to get along in order to be able to work as a team.

"The compatibility that we share amongst ourselves contributes to our teamwork, we have a friendly and cooperative group"

(Grp. 13, p. 3, L. 144).

"We won't allow a small interest group to develop and run the centre so that it becomes a private group. We have no cliques, we have teamwork" (Grp. 14, p. 4, L. 180).

"It's OK not to all feel the same, group members share differences of opinion on issues, it's ok" (Grp. 3, p. 6, L. 316).

Receive Support From Other Groups and Agencies.

Seniors' groups receive support from other community groups and agencies. Working relationships are established for the exchange of resources.

"The support from the seniors' centre is now tremendous in obtaining volunteers. We also have the support of leisure services, we've been accepted as a group. The attitude of transportation services has changed, they are more accommodating"

(Grp. 6, p. 3, L. 137).

"As a committee we have always had the support of the service clubs. A lot of things had to fall into place before the Lions would be serious about supporting this project. It has taken us ten years to be credible enough for the Lions to take the project seriously"

(Grp. 12, p. 7, L. 378).

"The `X' organization was not using the building during the day so it was available for the dropin. We have a cooperative working relationship with the `X' for the use of their facility for the drop-in, we are going to donate to the club in exchange for the use of their facility"

(Grp. 19, p. 4, L. 185).

"We have had the cooperation of various agencies and community services such as the RCMP, the insurance companies, the undertaker and mental health. They ask us to do things for them or they call us if they have a concern regarding a senior" (Grp. 17, p. 3, L. 136).

Researching and Confirming Needs. Groups investigate the extent of a community problem by systematically collecting data in order to confirm the need for action.

"We sent out a survey, it had twenty or thirty questions on it asking people what they wanted to see from this committee, what hours they wanted to see it etc. We also asked whether they would be interested in being involved in political activities. Out of fifty returns only one said that they were not interested in political activity"

(Grp. 20, p. 11, L. 569).

"The survey was completed in two phases, the first was a survey of the needs to determine the gaps in services, the second was the development of the action plan based on the results of the survey" (Grp. 10, p. 4, L. 218).

"We conducted a survey at the big forum and had people fill in questionnaires which provided us with information about income, age, rental amounts. The results of this research work helped to inform us and our message to the public and the politicians"

(Grp. 11, p. 5. L. 245).

Hard Working and Loyal Volunteers. Seniors' groups depend on volunteers who are reliable, hard working, willing and loyal. People who are able to commit their time, energy and other personal resources to the activities of the group.

"The attitude of the volunteers has helped with the services that they give, their dedication and commitment, their caring attitude"

(Grp. 17. p. 3, L. 152).

"The cooperation of volunteers is a great contributing factor. The volunteers are unselfish, they are interesting, they have to be interesting or people wouldn't participate. Our programs are dependent on the volunteers and we have regular volunteers who help to deliver our programs" (Grp. 14, p. 7, L. 339).

"The volunteers are key in helping the group with its' accomplishments. Getting and keeping volunteers for the meetings has been a factor in our accomplishments. We don't have to worry now about our meetings"

(Grp. 6, p. 4, L. 178).

Acquiring Paid Staff. Regular paid staff are hired by some seniors' groups to coordinate the work of the group. Paid staff contribute their expertise to the group as well as recruit volunteers.

"We had an able coordinator, we had able direction, it was sufficient, she did a good job. Our coordinator was paid with the grant money. The coordinator organized the event for us"

(Grp. 8, p. 2, L. 108).

"We have the expertise of our coordinator, we have an excellent paid coordinator who works tirelessly"

(Grp. 13, p. 7, L. 382).

"We hired a coordinator to the project. His disposition was supportive, encouraging, patient, nurturing, every problem has a solution. He did not act as a director"

(Grp. 4, p. 4, L. 208).

Discussion of Facilitating Factors

Analysis of the 27 facilitating factors mentioned by more than 50% of groups reveals four major categories: (i) building an organization; (ii) a sense of community; (iii) community affiliations and network contacts; (iv) community-based problem solving. These categories are presented in Table 8.

Table 8

MAJOR CATEGORIES OF FACILITATING FACTORS

Facilitating Factor No.

Facilitating Major Category

BUILDING AN ORGANIZATION

- 2. PROMOTIONAL ACTIVITIES
- 7. INVENTORYING MEMBER SKILLS & KNOWLEDGE
- 8. OBTAINING FUNDS
- 12. MEMBER TRAINING & DEVELOPMENT
- 13. FORMING A BOARD/DEVELOPING SUB-COMMITTEES
- 17. HARD WORKING & LOYAL VOLUNTEERS
- 18. ACQUIRING PAID STAFF

A SENSE OF COMMUNITY

- 3. COMMITMENT & PERSISTENCE AMONG GROUP MEMBERS
- 4. SENSE OF PURPOSE BASED ON SHARED BELIEFS
- 9. SOCIAL SUPPORT AMONG MEMBERS
- 14. ACCEPTANCE OF DIFFERENCES/SENSE OF COOPERATION

COMMUNITY AFFILIATIONS AND NETWORK CONTACTS

- 1. GROUP CONTACTS & COMMUNITY AFFILIATIONS
- 10. SUPPORTING THE WORK OF OTHER GROUPS
- 11. ACQUIRING APPROPRIATE FACILITIES
- 15. COOPERATION & SUPPORT FROM GROUPS & AGENCIES

COMMUNITY-BASED PROBLEM-SOLVING

- 5. REALIZATION OF A COMMUNITY PROBLEM
- 6. DISCUSSING & PLANNING COURSE OF ACTION
- 16. RESEARCHING & CONFIRMING THE NEED TO ACT

Building an Organization. Seven of the eighteen facilitating factors fall within the large grouping entitled "building an organization". The high proportion of facilitating factors within this theme suggests that considerable time and energy is directed to establishing and maintaining a seniors' organization.

Promotional activities (factor 2) were reported by 80% of the groups as the second most facilitating factor in their efforts. Advertising programs and events sponsored by the group is one of the most important ways for seniors' groups to attract new members and volunteers. Promotional work is also used by some groups to gain a broader base of community support. Groups sponsor public events such as an open house, public forum, wellness fairs and Trade Fairs to get the word out and to increase the profile of their group.

Seniors' groups spend time and energy getting organized to do their work. Sixty-five percent of groups mentioned that "forming the seniors board" (factor 13) was essential in order to apply for government funding and to launch a project. Eighty percent of seniors' groups are organized based on a hierarchical model involving elected executives, a Board of Directors and sub-committees. Electing executives is an annual task for most groups and according to some members getting people to assume the responsibility to take on the job is a challenge. With respect to organizing the board, members of 80 percent of the groups reported that "inventorying members' skills and knowledge" (factor 7)

facilitated their efforts. In most groups individuals are invited to be on the seniors' board. Although selecting members with the best qualifications may help seniors' organizations to mobilize resources, this process may inhibit broader involvement among older people. What effect does the board structure have on the integration of seniors who choose to participate in community projects?

Seventy percent of seniors' groups identified

"developing members skills and knowledge" (factor 12) as a

facilitating factor. Learning occurs vicariously as members

share experiences and information with each other. Learning

also occurs when members participate and act together.

Members' comments "we learn as we go" and "we had to write

and re-write the applications" illustrate a learning-by
doing phenomenon characteristic of these groups. Members

describe this pragmatic form of learning and transfer of

knowledge:

"We've learned that what works here could be used elsewhere"

(Grp. 4, p. 6, L. 289).

"We started from scratch, we made mistakes, we learned from our mistakes"

(Grp. 15, p. 9, L. 492).

"We have had to learn some strategies. Coercion was one strategy that we used to convince the VIP people that they could do something even though they can't see. We're also convincing other people in the general public that we can do it. We could be using these strategies on various organizations in the community at large in order to get what we need. For example, handidart"

(Grp. 6, p. 8, L . 388).

"We have learned from an experience that we had in the past with an outspoken member of our discussion group. We have learned that we would handle a similar situation differently the next time. We felt bad about what happened, we sure as heck would handle it differently the next time"

(Grp. 14, p. 11, L. 585).

Networking provides members with opportunities to learn from individuals and groups who have experiences to share. Guest speakers are often invited to seniors' groups for the purpose of passing on information and expertise.

Representatives of seniors' groups are often invited to other groups to offer advice and expertise as one member described "we had the director of "X" come out and show us how to do the process" (Grp. 11, p. 3, L. 112).

Although 70 percent of groups reported that "developing members' skills and knowledge" was helpful to their efforts only 15 percent of the groups reported making a deliberate attempt to participate in planned educational activities (see Table 11). Conferences, workshops and volunteer training events were among the most commonly reported learning strategies used by members. Is it possible that training is not considered a priority among seniors' groups due to budget restrictions?

Seniors' groups rely quite heavily on experiential learning opportunities rather than deliberate, planned educational events. It is possible that members prefer to acquire information and insight from peers or others who have already learned the ropes. Networking is the most

frequently reported learning strategy for seniors involved in community projects. As Johnson (1983) points out, networks emerge around an exchange of resources between people who are willing to be involved in reciprocal relationships.

Ten percent of groups described `leadership' as a facilitating factor, the remaining 90% did not mention leadership as a factor in their efforts. Why are so few groups talking about leadership? Elements of "leadership" such as communication, decision making, conflict management and problem resolution are difficult to discuss with a stranger, particularly a researcher. Therefore, it is not surprising that relevant data are unavailable in this manuscript. What does "leadership" really mean to the members of seniors' groups? The absence of data on leadership in this study suggests that seniors may not consider leadership an issue and yet, programs for leadership training for older people are being developed (Kusak, S. & Thompson, W., 1990; National Advisory Council on Aging, 1987). Is the perceived need for leadership training part of a professional agenda which Estes (1979) refers to as the "aging enterprise"? What does leadership mean in relation to developing networks and building community capacity? Whether or not older people want to learn or need to learn new skills in relation to their community initiatives requires investigation.

Seniors' groups place high priority on "obtaining funds" (factor 8) and spend considerable amounts of time acquiring government grants. Some groups hire fundraising experts in order to raise funds. Fundraising includes garnering money from a variety of sources such as: donations, beneficiaries, lotteries and bingos. Groups involved in service-oriented projects have high requirements for funding. For instance, these groups need money to hire staff, to rent facilities and to cover overhead costs. Seventy-five percent of groups identified that obtaining funds was facilitative to their efforts. Most groups believe that without funds they are limited in their ability to proceed with plans and are therefore unable to fulfill their vision. All but two groups in this study have received a grant from the government at one time or another.

Fifty-five percent of groups identified that "acquiring paid staff" (factor 18) was a great help to their efforts.

Paid staff are referred to by members as "coordinator",

"executive director" and "director of volunteers". Fifty
five percent of seniors' groups hired either full or part

time staff to coordinate their projects (See Table 4).

Groups involved in self-improvement and non-service/issue
oriented initiatives did not indicate hiring regular

coordinators although, these groups do hire professional

experts to undertake specific tasks from time to time.

A Sense of Community. Working together for a common goal builds a foundation for the efforts of seniors' groups. Four of the eighteen common factors mentioned by the groups involves a sense of community. Having a sense of community is central to being able to work as a team (Johnson & Johnson, 1987). "Commitment and persistence among members" (factor 3) was identified by 80% of groups as an important facilitating factor. The dedication of members is observed in their commitment to the group project goals. A "sense of purpose to a shared vision" (factor 4) operates in relation with developing a sense of commitment. By sharing a common purpose, members develop a sense of unity which contributes to the momentum of their efforts.

Interdependence is found among some members of some seniors' groups. Members work towards common goals relying on each others' personal resources in order to do what has to be done in order to meet the group goals. Phrases like "no one believed that they could do it all alone" and "we need each other" gives the impression that the work is being distributed among members.

Satisfying the personal needs of members contributes to the sense of community and commitment found within seniors' groups. According to members "sharing common life experiences", "common problems" and "common interests" helps them to develop a sense of togetherness. Seventy-five percent of groups reported that they experienced a feeling of mutual support within their groups. Members develop

friendships with each other and experience a general feeling of camaraderie together.

Cooperation within seniors' groups is enhanced by the mutually supportive relationships between members. "Accepting each others' differences" (factor 14) is a facilitating factor reported by 65% of groups that contributes to their sense of working together. Phrases expressed by some groups which suggest a sense of teamwork are: "we get along", "we have togetherness here", "we have a solid group of people" and "we have a stable group". Similar components are defined by Peck (1987) in his description of the true meaning of community. Warren (1970) defined the "good community" to be one which included these nine components: primary group relationships, community autonomy, viability, equal distribution of power among members, equal participation, commitment among members, heterogeneity among members, local control of affairs and conflict management (pp. 14-23).

Community Affiliations. Seniors' groups are well connected in their communities. Informal "network contacts and community affiliations" (factor 1) was the most important facilitating factor by 90% of seniors' groups. Phrases such as "a web of connections" and "we infiltrate well" are useful ways that members describe the linkages through which they identify and acquire resources. The use of informal, face-to-face conversations to spread

information throughout the broader community is important for building resource exchange networks (Johnson, 1983). Likewise Granovetter (1973) has suggested that a network of linkages based on casual acquaintances or a system of "weak ties" is linked to effective community organizing.

Building a network of contacts requires time and energy. As a form of public relations networking occurs informally and continuously. Formal promotional activities also provide groups with an opportunity to promote their cause, garner public support, establish new contacts, and develop a profile in the broader community. "Promotional activities for raising awareness" (factor 2) and "community affiliations and network contacts" (factor 1) are related factors. Promotional activities yield opportunities for members to expand their individual networks as well as to recruit new members.

Facilities are obtained through community contacts and/or affiliations with government and non-governmental organizations. "Acquiring facilities in an accessible location" (factor 11) was identified as a considerable asset by 75 percent of the groups. Members described that finding facilities that are comfortable, with a friendly atmosphere, welcoming and at the same time easy to get to is not an easy task. The cost of renting facilities is prohibitive and many groups rely on their connections with other organizations for obtaining accommodation. Groups often make a donation in exchange for the use of facilities garnered through

community connections. Not all groups are able to obtain accessible facilities and providing transportation for members becomes an important aspect (factor 24).

Working relationships with other community groups and agencies are cultivated over time. One member mentioned, "we have spent nine years developing our credibility, educating them and building our relationship with "X" in this community" (Grp. 12, p. 13, L. 683). Seniors' groups identified two factors which involve working relationships with other community groups. These factors are "supporting the work of others" (factor 10) and "cooperation and support from other groups" (factor 15). As a result of building these working relationships, groups are able to garner support for their own work as well as access tangible resources. Not all groups are willing to enter into this type of relationship and at times there are obstacles.

Some seniors' groups develop partnerships in order to work on joint ventures with other groups. Only 35% of seniors' groups reported establishing a partnership with another group in their community. Collaborating and forming partnerships requires common goals and common plans (Johnson, 1983). As members mentioned "there was a lot of planning before the first meeting, we just didn't walk in and ask them to join us" (Grp.18, p. 7, L. 363). In order to collaborate and negotiate differences, a series of exchanges must take place between groups:

"It was discussed that we needed to come together as one group. We started with discussing our conceptions of what each other were all about, we had to clear the air. We identified common issues that we could work on together, we identified these issues together so the other seniors' group supported these issues"

(Grp. 18, p. 10, L. 518).

Organizing large numbers of people in order to gain clout or in order to move forward are essential features of building a powerful organization (Reitzes & Reitzes, 1991). Members' comment reflects this organizing strategy:

"The new group was formed in order to try to bring seniors' groups together in an effort to get everyone to work together for the same purpose. Of the 16 or 18 groups in the community, none of them had much voice of power to do anything because they were so fragmented"

(Grp. 18, p. 7, L. 336).

Seniors' groups establish and maintain association with various government organizations and professionals for the purpose of garnering resources. Obtaining support from officials is a sign to seniors' groups that they have been accepted as a group and that they are trusted in the community. Thirty-five percent of seniors' groups identified that having a regular professional advisory member was facilitative to their efforts (factor 22). In fact, 45% of the groups had professional advisors who attended meetings on a regular basis (see Table 4).

Community-Based Problem-Solving. Engaging in group problem-solving includes: (i) realization of a community problem (factor 5); (ii) discussing the problem planning a

course of action (factor 6); and (iii) researching and confirming the need to act (factor 16). These three factors are similar to components of community-based problem-solving models reported elsewhere (Jones & Silva, 1991; Lowey, 1985; B. C. Ministry of Health, 1989). The models include six features: (i) learn about the situation and the problem that needs to be addressed; (ii) define the problem by gathering the facts; (iii) identify possible solutions and define goals; (iv) identify resources and strategies for action; (v) taking action; and (vi) assessing the results of action and reformulating plans as necessary.

Realization of the community problem was identified by 80% of the groups. Sixty-percent of services-for-seniors groups were initiated by or in conjunction with a professional worker. The high percentage of professionally initiated groups is not surprising given the centrality of the role of the professional change agent (Jones & Silva, 1991; Lowey, 1985; Rothman & Tropman, 1987).

Eighty percent of seniors' groups reported that spending time discussing the issues and planning a course of action was important to their efforts. Most groups agreed that they would be "no where without planning". Some suggested that planning contributed to the group focusing and staying on track, other groups hired consultants to help with strategic planning activities. An important feature of community participation is the degree to which seniors are involved in the process of making decisions and contributing

to the planning efforts (Estes, 1973). Observations made during group meetings provides minimal information about who is involved in decision-making in seniors' groups. Also, the influence of high status members in decision-making in seniors groups requires investigation.

Sixty percent of seniors' groups spend time researching and confirming the need to take action as a group. This process involves conducting formal needs assessments, doing community surveys and systematically collecting data about the community problem. Professional experts were hired by many groups to carry out this research process. Completing a needs survey and recommendations document provided groups with the actual data to justify project proposals.

Community forums and public workshops were also conducted in order to access information from seniors and the general public about their "needs". Events for public input and discussion (factor 19) were facilitative to the work of 35% of seniors' groups. Upon completion of the community needs assessments, seniors' groups inform the public of their plans. Data about the degree to which citizens are represented and involved in the planning process during public events was not collected. Only thirty-five percent of seniors' groups felt "supported by the general public and constituents" (factor 23) in their group efforts. This information about public support raises questions about seniors' groups and their relations with constituents. How important is it for seniors' groups to

involve their constituents in planning? Do seniors' groups see themselves as part of the greater community? Further analysis may shed light on the role of seniors' groups in the community and the involvement of older people in community initiatives.

Evaluation was not identified as a facilitating factor by members. Only one group mentioned that evaluation was helpful to their group, "evaluating ourselves, measuring our success in order to see how we improve things is something that we do" (Grp. 14, p. 8, L. 420). Evaluation of projects appears to be done out of necessity for funding requirements and is often carried out by a paid consultant.

Almost everyone expressed positive feedback and pleasure as a result of participating in this study. Members were happy to be able to reflect on their efforts and to learn about group process evaluation. Ninety-five percent of the groups expressed positive feedback upon receipt of their interview transcript. Most groups planned to give the transcript to their evaluators to incorporate in the formal evaluation. Members describe their pleasure:

"This kind of a meeting would never have happened otherwise. It provided for the background of the organization to be reviewed by all of the members who were there. It allowed for a `warming up' of the group members' to each others' feelings and ideas. I have asked the group if they would like to move to a self-evaluation format in the future. they feel that they are very busy with their work at this time, the work of the group takes precedent. They really appreciated the process"

(Grp. 12, p. 17, L. 935).

"This exercise will help us to do our evaluation for the funding body"

(Grp. 20, p. 22, L. 1050).

"We were thrilled with the notes. The group reviewed the notes and decided to give them to our evaluators who were really happy to receive the words of the group member"

(Grp. 20, p. 24, L. 1266).

"The meeting provided the group with the opportunity to sit down with an outsider and to go over what they had been doing. To look at the positives and negatives. There is no support for this kind of thing for the group and we really benefit from experiences such as this"

(Grp. 11, p. 15, L. 818).

"This session has brought us closer together, it has made us stronger as a group. It seems that it has infiltrated the group, some are even functioning better, they are more open with their comments and discussion. It would be great to do this again with the whole group"

(Grp. 5, p. 16, L. 820).

"We are very happy with this discussion and especially to learn about the history of our group. We've learned things that we hadn't previously known about our group"

(Grp. 2, p. 9, L. 475).

Questions about the evaluation of seniors' community projects arise from this discussion. What is the purpose of evaluation with respect to seniors' initiatives? Who is responsible for evaluating seniors' projects? Members of most seniors' groups are not involved in the evaluation of their community projects. Information is required about the expectations for evaluation of seniors' groups from the point of view of funders as well as the senior participants. Recommendations for members to become engaged in formative as well as summative evaluation of their projects is valid.

Factors That Hinder Seniors' Groups

Factors that hinder seniors' groups involved in community initiatives were identified by members and are reported in this section. The groups reported a total of 509 hindering incidents. Content analysis of these incidents led to the development of 15 categories of hindering factors. Comparative analysis of the factors led to the identification of 9 common and 6 less common factors.

Categories and Descriptions of Hindering Factors

Table 9 lists by descending frequency, the hindering factors identified by the members of twenty seniors' groups. Direct quotations in the pages that follow describe the common hindering factors reported by more than 50% of the groups.

<u>Difficulty Obtaining Grants</u>. Seniors' groups experience difficulty obtaining grant funds in order to get established, maintain projects or further develop their vision. Government grants are a major source of funds.

"We're having a great deal of difficulty getting enough senior members on the board to fulfill requirements of the funding body"

(Grp. 2, p. 7, L. 383).

"The amount of paper work generated by grant applications that we have to dance to is a real problem. It wouldn't be nearly as much of a problem if the funding came in a lump sum. It comes from so many different sources. We're treading water all of the time, we are preoccupied with fundraising"

(Grp. 14, p. 13, L. 701).

Table 9

FACTORS HINDERING SENIORS' GROUPS

	ndering ctors	No. of Times Factor Mentioned M	Groups	% of Groups Mentioned Factor
1.	DIFFICULTY OBTAINING GRANTS	80	16	80%
2.	LACK OF VOLUNTEERS	46	16	80%
3.	DIMINISHED HEALTH AND ENERGY OF MEMBERS	36	16	80%
4.	APATHY AND LACK OF DESIRE TO BE INVOLVED	41	13	65%
5.	LACK OF UNDERSTANDING BY AUTHORITIES	G 41	13	65%
6.	INTERGROUP TURFDOM AND TERRITORY	30	13	65%
7.	SENSE OF FRUSTRATION WITH THE CHANGE PROCE	ISS 35	12	60%
8.	LACK OF CONFIDENCE AN EXPERIENCE AS A GROUP		12	60%
9.	UNCLEAR GROUP GOALS AND LACK OF UNITY	41	11	55%
10	LACK OF FACILITIES	24	10	50%
11	LOW PROFILE AND LACK OF RECOGNITION	34	9	45%
12	CLIMATE NOT CONDUCIVE TO SENIOR INVOLVEMENT		9	45%
13	DIFFICULTY RECRUITING SPECIAL POPULATIONS	21	8	40%
14	OPPOSITION AND LACK O)F 13	7	35%
15.	INTRAGROUP CONFLICT	6	1	5%

Lack of Volunteers. Seniors' groups lack volunteers. The same people are doing all of the work. Seniors are busy with other obligations and commitments which limits their time for volunteering.

The renewal of the membership on our committee is an ongoing challenge because of the nature of aging. Also, people can only sustain interest in something for so long, seniors are doing many things"

(Grp. 10, p. 10, L. 521).

"We have only a small nucleus of people out of 200 members who have been really involved in the operations of the centre. It's the same few all of the time"

(Grp. 14, p. 14, L. 732).

"It is difficult to get a full board together due to the personal demands on individuals, we are all retired and we all have other things to do"

(Grp. 2, p. 7, L. 379).

"Seniors are too busy doing other things, the busy ones get busier and the others do less, it's always the same people who are involved at the meetings"

(Grp. 7, p. 7, L. 345).

"To get enough of a group together to sing at the drop of a hat is an ongoing concern, people usually have other plans"

(Grp. 3, p. 12, L. 606).

<u>Diminished Health & Energy of Members</u>. Some members have physical impairments and health restrictions due to advancing age which limits their involvement. Other seniors relocate to another community.

"Members of our group have had to drop out due to exhaustion and poor health"

(Grp. 11, p. 12, L. 644).

"Seniors are tired, you have a limited amount of energy, every decade you get more tired" (Grp. 2, p. 8, L. 404).

"We've had a few key people leave for various reasons such as: member deaths, sickness, illness and extended family commitments and other obligations that influence members' time"

(Grp. 1, p. 7, L. 337).

"I'm not sure how much longer I can carry on as President of this group, our families are concerned with the amount of time and energy that seems to go out to the work of the group"

(Grp. 15, p. 12, L. 648).

"Current and potential members of our group are becoming more frail, we're losing members to nursing homes"

(Grp. 6, p. 9, L. 442).

Apathy and Lack of Desire to be Involved. Members perceive that seniors are apathetic and lack desire to become actively involved in seniors groups. Members also perceive that some seniors are not interested in volunteering.

"There are lots of smart people, they're not motivated people, they just want to sit back" (Grp. 5, p. 3, L. 146).

"It's a matter of getting them to stay. Potential members have interest but it's hard to get them to participate more fully and to join the group"

(Grp. 1, p. 2, L. 79).

"Getting people willing to do the job is really difficult. This attitude is not just in seniors' groups it's in all groups, although in seniors' groups there's a feeling "well I've done my bit, I was looking forward to retirement"

(Grp. 7, p. 6, L. 325).

"Perceived senior commitment is low. When you say senior members you want them alive, well, willing and warm. Most alive, well and warm seniors say `Well I've done my bit, I want to have a little fun before I pack it in'"

(Grp. 2, p. 8, L. 389).

Lack of Understanding by Authorities. Members feel misunderstood by some authorities and professionals. Ageism and miscommunication contribute to this lack of support.

"The barriers of miscommunication and misunderstanding with the funding sources are also an issue which has resulted in feelings of scepticism in the group. Not feeling understood has been a problem in the past, after all, we are the tax payers"

(Grp. 1, p. 3, L. 146).

"We've been held up by the health department, this is not helping us to get on with it, it's like pulling hen's teeth. The ongoing attitude problem with the professionals is a problem. The ones' that were anti are still anti, the nervous nellies are still nervous of what we are discussing. Some are supportive, others are not as yet supportive and others are totally against the group"

(Grp. 9, p. 12, L. 643).

"The City Council told us `No you can't do this, you can't have a building with seniors and kids in it, it won't work. Well, we've been doing it for four years over at the co-op"

(Grp. 20, p. 10, L. 494).

Intergroup Turfdom. Turfdom and a sense of territory exists between some seniors' groups and other community groups and organizations. Members perceive that misunderstandings and competition exist between groups.

"The turfdom between some members of some seniors' groups in the community is a problem. The length of time other groups have been in the community has caused some problems"

(Grp. 4, p. 6, L. 317).

"Initial opposition from the municipality for space, there was a great deal of negativity in the beginning from other municipal departments for example leisure services were resistant to supplying the group with transportation, there was also conflict between the staff as well as the volunteers at the Seniors' Centre"

(Grp. 6, p. 8, L. 413).

"Other groups had misconceptions about our group's function in the community and they were afraid that we would take over. The issues were related to power, control and competition"

(Grp. 18, p. 7, L. 356).

"The turfdom among community groups for example, the non-governmental groups and the government organizations has been a problem. It is difficult right now not to step on people's toes, in other words not stepping into other peoples' territories in order to deal with the issues. Trying to work with the power base in the community has been hard. Who is the power base?"

(Grp. 18, p. 15, L. 796).

Sense of Frustration with the Change Process. Members feel frustrated with the time that it takes for change to occur. Members expressed disappointment at not seeing the fruits of their labours. Time is an issue for most groups.

"It takes a long time to have accomplishments but nothing is impossible if you work at it long enough. The time factors include the time that it takes to complete the forms, time for funders to get back to us, time it takes to investigate a project, to do revisions, time is a big thing" (Grp. 8, p. 9, L. 441).

"Sometimes it is the attitudes, these can be changed with time. Sometimes it is policies, sometimes these can be changed but this isn't easy. Sometimes we think that if we could do this then we could solve that problem. These are interesting challenges. It's not that we get depressed about it but to make change is difficult. The systemic barriers are ongoing and if we don't identify them we can't reach them. This group exists to identify the shortcomings, there the frustration lies. You can identify the shortcomings and still not be able to do anything about them"

(Grp. 9, p. 12, L. 623, 672).

"Time dragged and the length of time that it took the government to listen and to respond to our issues was very long, it seemed that nothing would ever get accomplished"

(Grp. 15, p. 12, L. 617).

Lack of Confidence and Experience as a Group. Some members expressed a lack of confidence and inexperience both as individuals and as a group working toward common goals.

"The fear of failure at new tasks among older people, this is a subtle thing. It has been difficult for people to voice their opinions, people might be afraid of criticism, or feel that they have to hold back from making an opinion for fear of being put down"

(Grp. 13, p. 10, L. 508).

"Our lack of knowledge of what the government is looking for when awarding grants has been a problem. Our inexperience at writing grant application forms for instance, the language and the format. You have to know what the government is looking for"

(Grp. 2, p. 7, L. 356).

"There were times when we wondered whether we were going to get any support for what we were doing, or are we just looking very silly, a few people fighting a very big cause?"

(Grp. 11, p. 10, L. 550).

"The forms have to be understood, they are time consuming to complete, you have to know how to fill out the forms, they have to be filled in properly, the forms are preliminary to us being able to do our work. To us, it is being able to get this project off the ground"

(Grp. 8, p. 9, L. 452).

Unclear Group Goals and Lack of Unity. Some groups describe having unclear group goals. Members described that a lack of consensus about goals contributes to a lack of unity among members.

"How far do we go is the question that we ask ourselves? If we're too serious about our message it's a barrier, satire is the key. Some members would rather have the message over the satire, others want the satire over the message and this has been a bone of contention"

(Grp. 3, p. 11, L. 577).

"We have to know our aims and philosophy as a group, we have to know what we are working towards. Maintaining our focus on wellness as opposed to other activities by maintaining a focus we might avoid some of the conflicts with other groups. We sometimes get off track onto other issues"

(Grp. 5, p. 11, L. 603).

"A barrier to development has been to decide whether we will provide direct services or whether we are going to look at something down the road. We are not all together. If we could get a majority of people who wanted to move in the same direction, if we could come to a decision as a group then we could get on with it. We are in the spinning stage"

(Grp. 18, p. 15, L. 817).

"We have never discussed what we are going to do in the area of extending out with our program. Our immediate planning and planning for the future direction of our programs, is unclear"

(Grp. 1, p. 3, L. 121).

Lack of Appropriate Facilities. Without appropriate facilities groups have difficulty getting established, maintaining themselves or developing their vision. An inaccessible location makes attendance difficult.

"To secure a place for our future, our lease is up soon, this is a worry. Our rent will go up, we can't afford the rent, we don't even know if they want us in the building"

(Grp. 17, p. 11, L. 605).

"The physical barriers for example the geography of the hill, makes it difficult for seniors to get here. We need benches for seniors to rest on as they make their way up to the top of the hill"

(Grp. 4, p. 7, L. 339).

"The physical set-up has limitations for example the staircase - holding events upstairs requires carrying equipment up and down the stairs, this is a fantastic logistical problem. The rooms are small and we feel crowded, we're outgrowing this place. With more space we could do more, we would be open to enlarging our program"

(Grp. 14, p. 13, L. 675).

Discussion of Hindering Factors

Members of the twenty groups reported 15 factors which hinder their efforts. The ten most common factors reported by more than 50% of groups involve four themes: (i) difficulty establishing a funding base; (ii) lack of senior involvement; (iii) tense community affiliations and (iv) intragroup tension.

General Observations. Many of the hindering factors identified by members are the reverse of the facilitating factors. For example, "intergroup turfdom and territoriality" mirrors "cooperation and support from groups and organizations", "Lack of appropriate facilities" mirrors "obtaining appropriate facilities".

While the lists of facilitating and hindering factors appear to be similar, the priorities of the factors changes from one list to another. For instance, "obtaining funds" (see Table 7) is ranked eighth in importance as a facilitating factor by 75% of seniors groups. On the other hand, "difficulty obtaining funds" is considered to be the most hindering factor by 80% of the groups.

Factors related to community based problem solving activities were identified as facilitative and yet, the absence of these factors was not mentioned as a hindrance. Similarly members identified facilitating factors that contribute to "a sense of community" and yet, a similar set of factors was not mentioned as hindering.

Difficulty Establishing a Funding Base. Acquiring and maintaining funds "is the single most worrisome aspect of this organization" (Grp. 17, p. 10, L. 520). Eighty percent of seniors' groups mentioned that obtaining funding was the greatest barrier to their efforts (See Table 9). Volunteer time and energy is spent writing grant application forms, contacting officials for help and organizing a board in order to meet funding requirements.

Members identified five reasons why obtaining grant money was frustrating to them a lack of experience in writing grant application forms, cumbersome paperwork, meeting funders' deadlines, increased requirements for information in order to complete grant application forms and the extraordinary amount of time that must be committed in order to get funding. A key dilemma for most groups is their concern for time as members point out:

"Time has always been a problem. It takes so much time"

(Grp. 12, p. 14, L. 722).

"Time is an ongoing challenge for senior volunteers, there's not enough time" (Grp. 9, p. 13, L. 670).

"The time dragged. The length of time that it took government to listen and respond to our issues took a long time. It seemed that nothing would ever happen"

(Grp. 15, p. 12, L. 616).

Generally speaking seniors' groups worry about advancing the work of the project and keeping the project going. Being able to maintain momentum and continuity in a project is related to receiving ongoing funding.

Most seniors' groups perceived themselves to be "dependent on government" grants and yet many reported a desire to be "independent of government funding" in the future (see Table 12). One member described what it is like not to be in control of funding:

"The government funding is not a donation, you can't do what you want with it. Our money, that we raise ourselves, we can do what we want with it, the money belongs to us"

(Grp. 15, p. 13, L. 702).

This comment suggests that seniors have little autonomy in relation to deciding what to do with their government funds. Co-option in relation to government block funding initiatives has been well documented (Gittell, 1980; Minkler, 1985; Perlman, 1979; Vasoo, 1991).

Lack of Senior Volunteers. Eighty percent of seniors' groups reported a lack of volunteers as the second most hindering factor in their efforts (see Table 9). All groups need volunteers, people who are willing to work and to be active participants in the operations of the group. One member described the situation this way:

"When you say senior members, you want them alive, well, willing and warm. Most alive willing and warm seniors say `Fine, I've done my bit, I want to have a little fun before I pack it in'"

(Grp. 2, p. 8, L. 388).

Recruiting new members and volunteers is time consuming. The paid coordinator is often responsible for recruiting new people. Sixty-five percent of groups reported that getting and keeping volunteers was difficult. Members described that

"seniors are too busy doing other things" and "people aren't interested in volunteering". Members perceive that seniors are apathetic and lack the desire to be involved (hindering factor 4). Why aren't older people getting involved in seniors groups? What is the apathy described by these members related to? Further analysis of senior involvement in community projects is required.

Eighty percent of the groups ranked the "diminished health and energy" of members as the third most hindering factor. At the same time, most groups consider that their members are "healthy and well" (see Table 12). These findings have also been reported by Health and Welfare Canada (1977; 1989).

<u>Authorities</u>. Tension exists between some seniors' groups involved in community projects and other community groups, government organizations and professionals. Members of 65% of seniors' groups identified that a "lack of understanding by authorities" (factor 5) and "intergroup turfdom" (factor 6) were two factors that hindered their group efforts.

Turfdom between some seniors' groups and other community organizations was described by some members as "uncomfortable". Members described the competition between groups in this manner:

"Turfdom between some members of some seniors groups in the community, the length of time other groups have been in the community has caused us some problems"

(Grp. 4, p. 6, L. 313).

"Although we have common interests, members' participation on the boards is a challenge. Members sense the conflict and feelings of not knowing who they should be allied with. There is a feeling of conflict of interest, conflict between the tow boards about the work to be done and who should be responsible"

(Grp. 14, p. 15, L. 789).

Members' comments suggest that seniors' groups compete with other community services for program participants, for the time of volunteers, for group members, and for funding.

Although resistance and opposition from authorities and professionals was commonly reported by the groups, most also described that in time the resistance diminished. Members' comments reflect the lack of support from authorities experienced by some groups:

"Another barrier has been the generation gap between the people in office and the seniors who have been evicted. The people in office don't have their parents to relate to as being older and possibly being evicted, therefore they don't understand the nature of the situation that we are in"

(Grp. 11, p. 11, L. 599).

"The willingness of community agencies to share information is limited"

(Grp. 2, p. 2, L. 108).

A lack of understanding and mistrust between some seniors' groups and some professionals is suggested by these examples. Mistrust and fear between professionals and lay citizen groups are issues that are well documented (Blonsky, 1974; Borkman, 1990; Estes, 1973; Gittell, 1980; Hunt, 1990

and Matthews, 1982). Relations between seniors' groups and professionals are complex. Since paid staff and/or professional advisory members are involved with 75% of the groups in this study, analysis of their affiliations will illuminate additional factors influencing senior involvement.

Intragroup Tension. Three factors related to intragroup tension hinder seniors' efforts. The three factors include a "sense of frustration with the change process" (factor 7), "lack of confidence and experience as a group" (factor 8), and "unclear group goals/lack of group unity" (factor 9).

A desire to be accomplished and to see the fruits of their labours are sentiments commonly held by members. Sixty percent of groups voiced frustration and a sense of disappointment because change was slow and setbacks often occurred. Members expressed their unanimous concern over time in relation to the change process:

"This kind of work takes time, it doesn't happen in a day. We waited too long to tackle the seniors' centre, I'll never see it, we're wasting our time working on this now. It would have been different if we had started on this twenty years ago"

(Grp. 15, p. 10, L. 528).

"It takes a long time. We've been at this for two years. I'm not used to that kind of timetable. Seniors' don't have that amount of time, we aren't getting any younger. The analogy of the glacier is useful here, by the next meeting we might have moved an inch. This is to be summarized as glacial progress"

(Grp. 8, p. 7, L. 351).

Sixty percent of the groups identified that a "lack of confidence and experience as a group" hindered their efforts. Writing grant application forms and fundraising are two areas that members felt their skills and expertise were inadequate. Members expressed anxiety about their lack of expertise in knowing how to keep their projects going.

Fifty-five percent of groups reported that "unclear group goals and lack of group unity" (factor 9) caused confusion and separatism within the group. The lack of consensus about group goals or mission resulted in feelings of conflict and worry for some members. An absence of consensus on group goals results in a lack of group unity, diminished commitment among members and a loss of momentum. Groups who described this factor were in the process of questioning the role and purpose of their group. The termination of funding was the most commonly reported incident causing groups to examine their reasons for being.

Resources and Strategies of Seniors' Groups

Resources important to seniors' groups involved in community projects and the strategies used to deploy these resources were identified by members and are reported in this section. Members identified a total of 15 categories of important resources and 15 categories of strategies. The categories of resources and strategies were developed following content analysis of the incidents.

In describing resources and strategies, members generated data that corroborated information previously reported as either a facilitating or hindering factor. To avoid repetition, resources important to seniors' groups and strategies used to mobilize these resources are simply summarized in the pages that follow.

<u>Discussion of Important Resources</u>

Table 10 lists in descending frequency the fifteen resources considered to be important to seniors' groups. Group members unanimously reported that "HUMAN RESOURCES in capital letters both inside and outside the group" are the most important resource for groups. Members reported that the human resources within their groups were "amazing". Sixty-five percent of groups considered volunteer workers important, paid staff were important to 55% of groups and 50% considered professional advisory members an important resource.

Table 10

RESOURCES IMPORTANT TO SENIORS' GROUPS

IMPORTANT RESOURCES	No. of Times Resource Mentioned	Mentioned	Groups Mentioning
1. HUMAN RESOURCES WITHIN THE GROUP	146	20	100%
2. SUPPORT FROM GOVERNMENT AGENCIES	100	16	80%
3. FUNDING	27	16	80%
4. INFORMATION AND PROFESSIONAL EXPERTISE	31	15	75%
5. FACILITIES	27	14	70%
6. EQUIPMENT AND TECHNICAL SUPPLIES	31	13	65%
7. VOLUNTEER WORKERS	25	13	65%
8. SUPPORT FROM OTHER COMMUNITY GROUPS	27	11	55%
9. PAID STAFF	20	11	55%
10.FREE PUBLICITY AND MEDIA SUPPORT	17	11	55%
11.PROFESSIONAL ADVISORY MEMBER	35	10	50%
12.DONATIONS FROM LOCAL BUSINESS COMMUNITY	15	8	40%
13.POLITICAL SUPPORT	13	7	35%
14.TRANSPORTATION FOR MEMBERS	8	6	30%
15.SUPPORT OF THE GENERAL PUBLIC	2	2	10%

Most resources found within seniors' groups are intangible and were described by members as "member commitment", "dedication", "regular attendance at meetings" and "support". Tangible resources within the group such as funds or equipment were identified less frequently by members. Members described the contributions and resources offered by group members in this manner:

"HUMAN resources that's all that we had. The energy of the people that we worked with both inside and outside the group. We tapped members in this group for their skills and knowledge. The determination of the people involved, the perseverance of members, their patience and the good humour in the group"

(Grp. 11, p. 8, L. 438).

"The contributions of the members of our group are a great resource. Some offer consistent attendance at meetings, other offer their expertise in hands on situations. Senior members have diverse skills because of their experiences"

(Grp.4, p. 5, L. 244).

"The people resources of our group for example. We all get along which is a skill. Our previous experience being parents, our skills and expertise, our commitment and interest in the work of the group, these are all resources"

(Grp. 5, p. 8, L. 426).

Members' comments illustrate the diversity among seniors. These phrases suggest that seniors' groups count on the resources that members bring to the group.

Community contacts and affiliations are an important source of resources for groups. Eighty percent reported receiving support from government agencies, 55% from other community groups, 55% receive support from media organizations, 40% have affiliations with the business

community and only 35% described having political contacts. Why do seniors' groups report more contacts and affiliations with professionals than with other sectors of the community?

Seniors' groups garner both tangible and intangible resources through community contacts. Seniors' groups place considerable emphasis on acquiring tangible resources. For instance funding was reported by 80% of groups, while information and professional expertise were identified by 75% of groups, facilities was reported by 70% of groups and 65% reported that equipment and technical supplies were important to their efforts.

Discussion of Strategies Used By Seniors' Groups

Table 11 lists by descending frequency fifteen strategies used by seniors' groups. "Networking and contacting others" is the principle strategy identified by 80% of the groups. It is not possible to determine from this data who is doing the networking in seniors' groups. More information is required in order to identify whether networking is a strategy which all members use or whether networking is predominantly for members of special status.

Several strategies are used by groups to enhance building an organization. Sixty-five percent of groups identified the importance of "recruiting new people" to the group while 60% described "managing meetings" as an important aspect of their work. A smaller number of groups (45%) identified "hiring staff" as an important strategy.

Table 11
STRATEGIES USED BY SENIORS' GROUPS

STRATEGIES USED		No. of Times Strategy Mentioned	No. of Groups Mentioned Strategy	% of Groups Mentioning Strategy
1.	MAKING CONTACTS AND NETWORKING	39	16	80%
2.	ADVERTISING AND PUBLICITY	34	16	80%
3.	DISCUSSING ISSUES AND PLANNING	30	15	75%
4.	RECRUITING NEW PEOPLE	43	13	65%
5.	MANAGING MEETINGS AND ORGANIZING THE WORK	30	12	60%
6.	WRITING LETTERS AND LOBBYING ON ISSUES	25	12	60%
7.	SOCIALIZING TOGETHER	13	10	50%
8.	HIRING STAFF AND PROFESSIONAL EXPERTS	31	9	45%
9.	INVOLVING POLITICIANS	27	9	45%
10.	TELEPHONE TREES	15	9	45%
11.	FUNDRAISING ACTIVITIES	3 13	7	35%
12.	INFORMING THE PUBLIC OF THE GROUPS' PLANS	16	6	30%
13.	CONDUCTING NEEDS ASSESSMENTS	10	6	30%
14.	DEVELOPING PARTNERSHIP	S 15	4	20%
15.	ATTENDING CONFERENCES AND WORKSHOPS	5	3	15%

Most groups are concerned about their profile in the community. Eighty percent use "advertising and publicity" as the principle method of drawing public attention to their group. Less common public relations strategies include: "informing the public of plans" reported by 30% of groups and "developing partnerships" identified by 20% of groups.

Maintaining contact with fellow members, other community groups and influential people through telephone trees was a strategy described by 45% of groups. Members' comments illustrate a telephone tree:

"We had a marvelous spy system, the minute the bulldozer arrives I or another member would get a phone call and then it was a matter of informing the membership, `We've got to get out there, the bulldozer is there'. Then it was a matter of phoning the radio and TV stations"

(Grp. 11, p. 7, L. 372).

Seniors' groups use the telephone as a main mechanism for staying connected. Volunteer telephone committees spend time and energy reminding members of meetings and soliciting volunteers.

Some seniors' groups involve themselves in advocacy work which involves the use of strategies such as writing letters, lobbying and involving politicians in special events sponsored by the group. Sixty percent of the groups use letter-writing and lobbying activities as vehicles to "voice" their concerns to government representatives.

Members' comments illustrate these strategies:

"We informed and lobbied the local politicians by attending council meetings"

(Grp. 11, p. 8, L. 416).

"We wrote letters to city council demanding the closure of the park. We also wrote letters to the health department to complain about the restaurants around the park"

(Grp. 20, p. 13, L. 692).

Forty-five percent of seniors' groups involve municipal, provincial and federal politicians in order to "gain clout" in the community. Members described their involvement with politicians in this way:

"We asked the politicians for help in accomplishing our vision. we asked them for funding. We also showed the politicians the video and our preliminary plans. We invited the MLA's to our open house, we invited them to speak at which time they gave us their support publicly"

(Grp. 12, p. 9, L. 458).

Most seniors' groups consider their approach to be "nonpartisan". Some members did acknowledge that in certain circumstances "partisan" tactics are useful:

"The group has tried to be non-partisan in their work together. We have tried to include all of the political parties in the efforts to address the issues of affordable housing"

(Grp. 11, p. 7, L. 350).

"We've had to become more partisan. Sometimes there is a conflict between being nonpartisan and coming up against some of the issues that we have to deal with"

(Grp. 3, p. 6, L. 312).

Gifford (1990) in his nation-wide study of Canadian seniors' organizations documented similar non-partisan approaches to seniors' organizing.

Group Assessments

The group assessment was designed to encourage seniors' groups in a process of reflection about their community projects. Twenty-two items about the functions of seniors' groups emerged from content analysis of three pilot group interviews. These items formed the group assessment tool.

At the end of each interview participants were asked to rate as a group, the current status of their group on each of the twenty-two items. Members were then asked to rate where they might like to see their group in the future.

Table 12 displays the mean scores on each of the 22 items.

The mean scores for CURRENT STATUS and DESIRED AIMS were calculated for each parameter using SPSS/PC and plotted on a five point semantic differential scale.

Discussion of Group Assessment Results

Group assessment data reveals information about the perceptions held by members about the current functioning of their groups, as well as potential areas for change. Data about group functioning corroborates information obtained.

Current Functioning of Seniors' Groups. Most of the groups perceived themselves to be highly motivated and united in their efforts as well as clear about their group aims and the focus of their efforts. This assessment corroborates the factors reported by members related to "Building an Organization".

Table 12 GROUP ASSESSMENT: CURRENT STATUS AND DESIRED AIMS

GROUP UNMOTIVATED	1	2	3	4	5 *->	GROUP MOTIVATED
GROUP UNITED	1	<-*	I	ŀ	1	GROUP DIVIDED
REPRESENTS CROSS SECTION		<*	1	1	1	REPRESENTS SPECIAL INTEREST
PROCESS FOCUSED	I	1	1	*->	1	RESULTS FOCUSED
GROUP LEADER ELECTED	İ	^	1	1	1	LEADER ROTATED
GROUP LAY DIRECTED	1	^	1	1	I	PROFESSIONALLY DIRECTED
GROUP CONSERVATIVE	1	*-:	>	1	1	GROUP RADICAL
GROUP POWERFUL	ı	<*	1	1	1	GROUP POWERLESS
GROUP COMPETES	!	1	1	*->	1	COLLABORATES
GROUP AIMS CLEAR		<-*	1	1	I	AIMS UNCLEAR
SERVICE FOCUSED		*>	1	1	1	POLICY FOCUSED
GROUP WELL FINANCED	1	<	>	۱	1	NO FINANCES
GROUP EXPERIENCED		<*	1	1	1	INEXPERIENCED
GROUP STRUCTURED	I	1	1	<*	1	GROUP FLEXIBLE
EASY ACCESS TO FACTS	<	<*	1	1	1	NO ACCESS
DEPENDS ON GOVT FUNDS	1	*	·->	•	1	INDEPENDENT
DECISION BY CONSENSUS	1	<*		1	1	AUTHORITY/EXPERT
GROUP HAS HIGH IMPACT	1	<*	۱ ا	1	}	NO IMPACT
HEALTHY & ENERGETIC		<*	1	1	I	FRAIL & NOT WELL
MEMBERS ARE SIMILAR	1	1	1	*->	1	MEMBERS DIVERSE
EDUCATION PRIMARY AIM	1	<*	1	I	•	NO EDUCATIONAL AIM
MAINTAINS STATUS QUO	1	I	l	*>	1	CHALLENGES

^{*} Current Status > Desired Aim

The majority of seniors' groups are organized according to a hierarchical organizational structure. Most groups consider that they operate in a flexible and informal manner and yet, all but two groups mentioned using "Robert's Rules of Order" in conducting their meetings. Observations made during the meetings of seniors' groups revealed that decision-making was conducted in a formal manner. Voting was the principle means of making a decision, "the minority shall be heard, the majority shall rule" (Grp.12, p. 12, L. 606) in the majority of groups.

Several items on the assessment tool reflect the importance of community affiliations and contacts. Most groups perceived that they have relatively easy access to facts through their community connections. Most groups also considered themselves to be collaborative rather than competitive in relation to other groups in the community.

Areas of Desired Change. Examination of the current and future mean scores of the group assessment results reveals 6 areas where groups would like to change their functioning. These areas of desired change are:

- 1. From representing special interest to representing more of a cross section of people.
- 2. From being relatively powerless to becoming more powerful in their community.
- 3. From having no financial base to being financial secure.

- 4. From being relatively inexperienced as a group to having more experience as a group.
- 5. From having satisfactory access to facts to having better access to facts.
- 6. From having little impact to having more impact.

 These items suggest that seniors involved in community initiatives do not consider their groups as influential as they might be. Do seniors perceive that one reasons for their lack of influence is due to the inexperience of their groups in working together on community projects?

Seniors' groups indicated a desire to stay the same on these two items: (i) leader elected/leader rotated and (ii) lay directed/professionally directed. Most groups indicated a preference for elected leadership rather than rotating leadership among members of the group. Because funding policies stipulate that a seniors' board must be formed in order to qualify for government grants, it seems unlikely that an alternate way of operating based on a team approach with shared leadership would be possible.

Four items on the group assessment tool tended to stimulate discussion among group members: (i) group is conservative versus radical & political; (ii) group is experienced versus inexperienced; (iii) group is dependent on government grant funding versus independent of grant funding; and (iv) group maintains or challenges the status quo. Groups reported that these items were intriguing to them.

Summary of Findings

Seniors' groups identified both tangible and intangible accomplishments. Seventy percent of groups produced an ongoing community service, twenty percent produced documents for public use and five percent were able to change government policy. Eighty percent of the groups were of the service-for-seniors type which accounts for the high percentage of community services produced.

Facilitating Factors. Twenty-six factors contribute to the work of seniors' groups from their perspective. Eighteen factors were reported by more than 50% of the groups and involve four major themes:

- 1. Building an organization.
- 2. A sense of community.
- 3. Supportive community affiliations and contacts.
- 4. Community-based problem-solving.

Seniors' groups spend time and energy acquiring grant money for the establishing and maintaining a community project. While undertaking a community-based project group members learn to work together for a shared goal. Identifying and acquiring resources through community contacts is the principle means of fulfilling their project vision and sustaining an organization. Staff members are hired by service-for-senior groups to coordinate projects and to provide continuity to the seniors' group.

Resources and Strategies Used By Seniors' Groups. Of the fifteen resources described by members, the human resources are the most important. Money, facilities and equipment are essential to the work of the services-forseniors groups and the absence of any one of these can result in the demise of the project.

Networking, program promotion, discussing and planning, recruiting new people and organizing a working board are among the most common strategies used by seniors' groups. Fundraising was less commonly reported by members even though obtaining money is considered to be very important among the service-oriented project groups.

Hindering Factors. Seniors' groups identified fifteen factors which hinder their efforts. Nine factors reported by more than 50% of the groups constitute four categories:

- 1. Difficulty establishing a funding base.
- 2. Lack of senior volunteers.
- 3. Difficult relations with other groups/professionals.
- 4. Intragroup tensions.

Mobilizing both human and nonhuman resources is the chief task for seniors' groups involved in community projects. While establishing a funding base is one of the most frustrating aspects of their group efforts, involving seniors in community projects is equally challenging. The lack of senior involvement is a key issue for most groups and requires further analysis.

CHAPTER VI

SENIOR INVOLVEMENT IN COMMUNITY PROJECTS: AN INTERPRETIVE COMMENTARY

The lack of involvement by older people in community projects is a major hindering factor reported by the seniors' groups in this study. The complexity of this hindering factor is illuminated by ten subthemes which emerged during content analysis of interview data. The subthemes describing senior involvement are organized under three headings: (i) Rationale for Involving Older People in Community Projects; (ii) Relations Between Senior Volunteers and Professionals; and (iii) The Formalization of Seniors' Community Projects.

Rationale for Involving Older People in Community Projects

Involving older people to participate in seniors' community projects is a major challenge for most seniors' groups. Five subthemes provide a rationale for involving older Canadians in community projects: (i) seniors' groups as vehicles for belonging and companionship; (ii) awareness of marginalized social status; (iii) volunteering and advocacy; (iv) socioeconomic differences between younger and older seniors; and (v) service strategies for involving older people.

Seniors' Groups as Vehicles for Belonging and Companionship

Activist seniors find companionship, friendship and a sense of belonging as a result of their membership in seniors' groups. Members identified numerous reasons for joining seniors' groups: "a desire to meet others", "to join in", "to have fun" and "to make a contribution". Members seek association with people and a "place" in the community:

"I have always been concerned with the social relationships and the community in which I lived. So there you have it, a single person, meeting friends and liking association"

(Grp.20, p. 1. L. 41).

Members describe their desire for access to human contact where it is previously absent and to be part of a "family".

Members share desires for belonging and a sense of community in order to deal with feelings of isolation. One member described his sense of isolation in relation to the losses of later life:

"We have our failing faculties in common, we have similar failings and this brings us together. We are all at the same stage of life, our age has bonded us together. We have had common experiences, our stage of life consists of losses. You lose your senses, you experience deaths, even your animals die. As seniors we have a narrowing field of contacts"

(Grp. 17, p. 5, L. 252).

Members recognize that feeling isolated and losing contact with others has personal implications. In their own words "losing contact" results in lost opportunities for "a challenge", "for learning", for being "intellectually stimulated" and "for accessing information". Members' describe their losses:

"I'm interested in the ideas, I don't want to just socialize and play bingo, I want to hear ideas, to discuss with people and to grow intellectually"

(Grp. 20, p. 3, L. 113).

"You have to be involved in the community to know what is available and to get the information that you might need"

(Grp. 17, p. 10, L. 498).

"By being in this group I am keeping up with vital information and I am taking part in something that is very, very important"

(Grp. 10, p. 1, L. 25).

Older people voiced their needs "to get together", "to socialize", "to make friends", and "to be involved". Members were surprised to discover that being involved in seniors groups offered opportunities for companionship with other seniors. Members learn to recognize their isolation:

"I'm not as much of a loner as I thought I was" (Grp. 3, p. 9, L. 485).

Seniors' groups attempt to deal with the problem of isolation by developing projects which emphasize "outreach" and the involvement of aged peers. Initiatives designed to include older people in social situations are common.

Members describe programs for social integration:

"It's something that we feel should by put on every month or so because so many seniors live by themselves. It wasn't only the dinner but the get together that went along with it that meant something. The isolated seniors really benefit"

(Grp. 5, p. 4, L. 178).

"One of the things that drew me to the project was its' aim to get people involved in the community, to get them active in their community. A lot of work goes into getting people active again"

(Grp. 20, p. 1, L. 25).

"The main aim of the trips is to get the seniors out once in a while. It's a chance for older people to do things in a group that they normally wouldn't get to do"

(Grp. 20, p. 7, L. 373).

"We want to bring into our programs and centre, as many people as possible who are shut-ins, who need support"

(Grp. 14, p. 4, L. 211).

"We're trying to bring seniors into this organization to give them interest and reason for living"

(Grp. 12, p. 14, L. 758).

These comments indicate that seniors are aware of the isolation and alienation experienced by older Canadians.

Involvement in seniors' groups offers opportunities for older people to find companionship, friendship and belonging. Older people identify finding support in "having a place in the world", "being a part of a family", and "being an actor". These findings have been previously documented in relation to the benefits of belonging to seniors groups and clubs (Jerrome, 1988). Thus, one function of seniors' groups is their role in fostering social relationships and a sense of belonging among older people.

Awareness of Marginalized Social Status

Being involved in seniors' initiatives is identified by seniors as a way for many older people "to develop free time", "to be a part of the process", "to have contact with other people", and "to contribute to people who need help". Seniors recognize that retirement is a factor in their isolation from society:

"I was looking forward to retirement. Retirement is sometimes a tough thing for seniors to deal with. Seniors are a lot better off if they keep involved"

(Grp. 7, p. 6, L. 331).

"I still had a good deal of living to do and that it could be rewarding as long as I got myself into the living part of it"

(Grp. 20, p. 19, L.1015).

"I didn't realize the expanse of the whole thing, seniors not knowing what to do with themselves after retirement. People are lost souls after retirement"

(Grp. 18, p. 14, L. 724).

Retirement is experienced as a time when people must relinquish economically productive work roles in exchange for retired roles of little economic value and prestige (Estes, 1979). Separation from vital roles contributes to a diminished social status as well as a loss of personal reference groups with whom to identify (Rosow, 1967). Due to this loss of contacts determining who one is in relation to others takes on new meaning. Identifying oneself as a productive member of the labour force is no longer appropriate instead, many retired people begin to establish an identity in relation to other retirees. Most older people have no choice in the loss of their valued social roles due to mandatory retirement policies and practice. (Townsend, 1981). Lost opportunities for older people to enact roles that are valued by self and others results in the degradation of their social identity (Sarbin & Scheibe, 1980). Being marginalized from the mainstream contributes to the sense of isolation experienced by older people.

Central to this socially created dependence is a mindset characterized by beliefs held by older people and
society about the competence and value of older citizens.

Senior members are aware that society does not value the
capabilities of older people. In fact, many members
acknowledged the lack of respect that society in general has
for older people. Members' comments indicate an awareness of
their marginalized status:

"The attitudes of the general public and seniors for that matter are still negative in many ways. They talk to you as if you're deaf, they try to help you cross the street as if you're a doddering old lady. The mayor said `We can't build the seniors' housing near the tracks because the seniors can't cross the tracks' and this is the attitude"

(Grp. 19, p. 8, L. 395).

"You have a stigma attached to you if you are a senior citizen, when you get to be 60 or 70, they think that you don't know anything"

(Grp. 19, p. 8, L. 410).

"There is a different way that people react to seniors, how patronizing people are if they know you are a senior"

(Grp. 10, p. 9, L. 472).

"The term of senior is almost as if you had a brand on you or something. You're kind of set aside from the mainstream of society. Just because you happen to be 65, people aren't interested"

(Grp. 5, p. 12, L. 631).

"The negative attitude that people have for seniors makes us stick together and help each other out more. If anyone was in trouble, we would all help out, so, seniors stick with seniors" (Grp. 19, p. 7, L. 350).

"Society's perception of a senior is a hangover from the past. Society's perceptions of what a senior is is changing but, it has a long way to go"

(Grp.5, p. 12, L. 614).

Stereotypes associated with older people are alive and well according to these comments. In contrast to this information, Gifford (1990) reports that "Ageism is in retreat. Rather than being a marginal, submissive, grateful generation, today's retired people know that they are a major strand woven into the fabric of society" (p. 42).

Socially created stigmas are not easily reconciled and are manifested in numerous ways. For instance, one gentleman chose not to identify himself as a senior citizen:

"I'm finally admitting that I'm a senior, I've always tended to work with people ten years younger than myself. I don't feel any different than I did ten years ago, except I don't push a time clock anymore"

(Grp. 5, p. 1, L. 10).

This statement illustrates how society's view of aging and older people influence perceptions held by older people about themselves (Estes, 1979). Kuypers and Benston (1973) refer to the process of internalizing socially constructed perceptions about one's self as "social labelling" (p. 182).

Despite the stereotypes attributed to older people by society, members identified that seniors have the "ability" and the "power" to change society's image of older people:

"A group like ours can do a lot to change society's image of older people" (Grp. 5, p. 12, L. 618).

"As seniors, we are more capable than we know at changing the things that aren't right"

(Grp. 8, p. 8, L. 425).

"There's a lot of power in this gray hair if everyone would get together and use it" (Grp. 5, p. 9, L. 480).

Older people are aware of their status as second class citizens and yet, many perceive that they are "experienced" and have much to contribute to society. Members described sharing a sense of "survival", of having "endured many things". Members described their talents and strengths:

"Our president who is 82, used to be in a group which was made up of members who wanted to be entertained only. She still had some brain power and ideas left to contribute, so she came here"

(Grp. 17, p. 9, L. 478).

"There's a lot of valuable information in the community among retired seniors, seniors have a lot to contribute. The community is losing out on a lot of resources when you stop and think about it, among a group of seniors there's a lot of information there"

(Grp. 7, p. 6, L. 306).

"We've discovered that we are survivors. For example, we had to cope with single parenthood, devastating economic problems and we survived damn it all. Here we are, we all have life experiences to share"

(Grp. 9, p. 11, L. 575).

"Seniors have lived through more history than anyone else in this world at any time, so we certainly have some knowledge that they think that we don't have"

(Grp. 19, p. 8, L. 514).

The heterogeneity found among older people is a reflection of their varying capabilities, interests and desires. Yet members' comments suggest that older people are not given credit for their resources and strengths. Closer scrutiny of the final phrase reveals information about the perceptions held by older people about themselves. For instance, the difference between "making a contribution" or "being entertained" reflects the tension that exists for older

people about their worth and value. Being seen as a productive member of society or as an unproductive, dependent "social albatross borne by the rest of society" (Etzioni, 1976, p. 21) is the central issue. Older people want to be seen as "contributors" to society and they look for opportunities to become productive:

"This group is a recognized contributor in the community, we are participants in our community. As a contributor, we have put on a forum, and we are working on a one-stop-shop for seniors. As a participant we have become recognized, we attend community events, we are getting well known. We are a viable group"

(Grp. 8, p. 2, L. 61).

"I retired when I was very young. I took a lot out of society and after I retired I decided to put something back into society. I looked around and found this group so I joined"

(Grp. 12, p. 1, L. 45).

"I am retired and now is the time for me to help others because I will need the help myself one day"

(Grp. 16, p. 1, L. 22).

"I wanted to do some sharing and some interacting, I wanted to give back what I have received in my lifetime, some of my past experiences and knowledge"

(Grp. 14, p. 1, L. 18).

Members' statements suggest a sense of social obligation and a sense of responsibility to do something to relieve the "burden" of an increasing older population. Seniors see themselves as "contributors" in this case, a role with potentially higher status and value than that ascribed to those who do not contribute.

What opportunities are available for older Canadians to contribute talents acquired over a life time? Are there

opportunities for the meaningful involvement of older
Canadians in community settings? Recently, the "National
Academy of Older Canadians" under the guidance of Dr. James
Thornton received funding from Health and Welfare Canada to
examine "new roles for older Canadians". Dr. Thornton
describes the Academy as "an educational, non-profit society
established for the education of older Canadians". According
to Dr. Thornton "the Academy was founded on three
assumptions: (i) potentially there are things to be learned
or that should be learned, (ii) older people have the
capacity to make a contribution in their communities, and
(iii) there is competency in late life" (J. E. Thornton,
personal communication, March 31, 1992).

Ideally involvement in seniors' initiatives is one way that older people could make a contribution to society. As Clark (1991) suggests seniors' organizations provide opportunities for older people to be involved in activities which contribute to "well-being", "independence", and "quality of life" (p. 636). However, this discussion has raised the possibility that seniors' initiatives may not necessarily offer opportunities for the meaningful involvement of older people.

Volunteering and Advocacy

Volunteering is one way that older people have tried to substitute for lost work roles (Chambre. 1984). Volunteering in seniors' projects is one way for older people to use

their personal resources for the benefit of other seniors and the broader community. Members' comments indicate that volunteers are in great demand and that there are lots of opportunities for people to volunteer in seniors' projects:

"We don't have enough volunteer help and this has been limiting in the area of fundraising" (Grp. 14, p. 14, L. 726).

"It's hard to get enough volunteers. Considering the size of our membership, we only have a few volunteers. We could be much stronger in volunteering"

(Grp. 19, p. 8, L. 425).

"Our program is dependent on the volunteers, we need more volunteers. We have regular volunteers who help to deliver our programs"

(Grp. 13, p. 10, L. 500).

The volunteer members of the groups described feelings of satisfaction and pleasure as a result of working in their seniors' group. Others were grateful for the opportunity to contribute and "appreciative of having something to do during spare time" (Grp. 17, p. 1, L. 29). Although volunteering to work on seniors' projects contributes to a personal sense of satisfaction for some older people it is not clear whether volunteering contributes to a sense of self-respect among older people.

Advocating for, or on behalf of, other seniors is another role that members would identify with. Seniors work on behalf of themselves and other seniors in order to reestablish themselves as actors in their communities:

"That's what we're all about, seniors helping seniors"

(Grp. 20, p. 3, L. 119).

"Our goal is to help senior citizens to help themselves, we wanted to help them to solve their problems by giving them information"

(Grp. 15, p. 4, L. 203).

"We work for, or on behalf of seniors. We represent the needs of seniors in the area to council, we represent seniors on issues such as: having sidewalks prepared for wheelchairs, buses for seniors. We formed a group which is representative of many smaller groups"

(Grp. 7, p. 1, L. 15).

Although seniors' groups are a possible reservoir of community roles for older people, there is some indication that membership and volunteering in some seniors' groups may not confer a respected social identity:

"People aren't interested in coming over to the booth on club day because they don't want to admit that they are seniors, nobody will volunteer" (Grp. 5, p. 11, L. 569).

"The name of our group has had a negative influence on some people, it is associated with being a senior and this is a problem" (Grp. 19, p. 8, L. 395).

"The `X' do not call them volunteers, they call them `Happy Helpers'. I thought that I was going to throw up"

(Grp. 6, p. 8, L. 426).

Members' own comments give the impression that the status associated with membership in some seniors' groups is not necessarily one that is respected in the broader community. The low prestige assigned to some seniors' groups is not surprising considering that most members of seniors' groups are older people marginalized from the mainstream and, who have a degraded social identity (Sarbin & Scheibe, 1980).

Socioeconomic Differences Between Younger and Older Seniors

Seniors perceive that there are socioeconomic differences between themselves and younger seniors. Members' statements about the lack of volunteers in seniors' groups illuminate these differences:

"Getting younger people and younger seniors interested in participating is difficult. The younger seniors are not as committed to volunteering. Seniors have more money and are out tripping around. I think volunteers are dying out. We need volunteers who are newly retired. People seem to have missed the point of volunteering, people ask me if I get paid for the work"

(Grp. 13, p. 10, L. 515).

"People aren't getting involved these days, the seniors coming up aren't dumb like we were, they're taking care of themselves. They don't do this and they don't do that. They aren't baking the cakes and peddling the crafts, they're out driving in their cars going dancing or they have taken up golf. It is discouraging. The 65 years olds aren't ready to settle down into the rut that we're in, they are still into a lot of other things, they haven't given up completely, some still work part time. I've been retired for 13 years now and sometimes I ask myself `Did I miss the boat?'"

(Grp. 15. p. 13, L. 671).

"People are out an about now, they have more money to travel and to pursue other interests. It is hard to compete with travelling"

(Grp. 13, p. 10, L. 561).

Members' own comments suggest that younger seniors may not be choosing the "playpen" scenario of belonging to seniors organizations in order to "keep busy", "to have companionship", or "to reap personal benefits". Instead, they have money which allows them to participate in other activities of their choice.

Discussion of the socioeconomic differences between younger and older seniors provokes questions about the primary role of seniors' groups in society. For instance, is the real or latent function of seniors' groups to provide people with a social identity and a "place" in community?

Older people who are financially solvent may choose not to become involved in seniors' initiatives but may choose to spend their time doing other things. As a result, the bulk of the voluntary, service-based, community self-help activities may be left to those seniors who have fewer resources. Older women and frail elders have fewer options due to health and financial restrictions and could end up carrying the burden of volunteer service delivery. Evidence that this is already occurring is indicated by members' requests for "more men" and for "younger seniors". Economic security for future cohorts of older people may be problematic for social programs counting on the availability of volunteers to design and deliver services for aged peers.

Every seniors' group faces problems in developing their membership and increasing the number of volunteer workers.

Ward (1979) points out that the lack of interest among some seniors for participating in seniors' organizations is not a new finding. Members believe that the apparent lack of volunteers is due to the apathy among seniors. In their own words members described seniors as "apathetic", "shirkers instead of shakers" and "self-satisfying". One gentleman considers that seniors are "sleeping through life". Closer

examination of these phrases reveals a sense of morality and possibly a sense of superiority for those who choose to give of themselves in a volunteer capacity. Jerrome (1988) draws a similar observation in relation to old peoples' clubs where values represent a cultural resource. Jerrome explains that in situations where elders must compete for social status possessing the correct values confers status.

A second explanation given by members for the lack of volunteers has to do with the perceived "lack of confidence" among some older people. Some believe that "seniors' are afraid to try". One member mentioned,

"Proving to them that they are worth more than they think they are worth, proving to volunteers that they can do it"

(Grp. 5, p. 3, L. 142).

Although this comment suggests that a lack of confidence may be a reason why some older people are not involved, it speaks to the issue that older people do not feel valued by society. Similarly, Neysmith (1987) proposed that the lack of senior participation on a mandated seniors' advisory committee is due to the lack of social status of the older participants.

A third explanation given by members for the lack of involvement among older people pertains to the "lack of time for volunteering" and the fact that "people are too busy".

Many groups believe that the solution is a marketing solution that if they advertise people will volunteer to help out. As one member suggested "we have to promote

ourselves and our project in order to get people involved" (Grp. 8, p. 10, L. 525). This rationale contributes to the perception that promotional activities are an important factor in getting people involved. Although 80% of seniors' groups reported that promotional activities were a primary facilitating factor in their projects, it is not clear whether promotional activities influence network development among older people.

While members identified "human resources" as their most important resource, they identified a "lack of volunteers" as the second most hindering factor. Without people these groups are unable to fulfill their project goals. In order for seniors' groups to begin to address the issues of apathy and lack of senior involvement in community projects, alternate explanations for the lack of volunteers must be articulated.

First, it is entirely possible that older people who recognize their marginalized social status choose to disassociate from their minority status (Levin & Levin, 1980). Thus seniors choose to belong to groups other than age-segregated seniors' groups. Based on this analysis, the age-segregated nature of seniors' groups and the stigmatized identity associated with these organizations diminishes their potential.

It is possible that the apathy described by members is a reflection of the sense of powerlessness experienced by older people. According to Fabricant (1988) apathy is a

symptom of the problem of powerlessness characteristic of disenfranchised people. Older people are stripped of their right to meaningful involvement in the decision to retire from the work force. At 65 years of age, older Canadians are deprived of the right to gainful employment. As a result, older people are awarded a pension and many become financially dependent on the government (Townsend, 1981).

Older people are aware of their marginalized status in society and opportunities for older people to acquire a meaningful social identity may not be available in some seniors' groups. In fact, the ghettoizing of older people may be accelerated by social strategies which focus on age segregation and the "service" needs of seniors. This members' comment suggests the possibility that seniors' groups are identified with service delivery:

"We really need to increase awareness among seniors in the community who are lonely and isolated of the centre. Many and this happens in most organizations, just see this building as the provider of services and they come and use the service and then go, this isn't going to change. We need the younger seniors"

(Grp. 14, p. 15, L. 810).

This discussion suggests that social programs directed toward special subgroups of the population may contribute to their isolation from the mainstream.

Service Strategies for Involving Older People

Canada's population is aging, health care costs are on the rise and governments are turning to decentralization and

informalization of services (Chappell, 1989). Members of seniors' groups are aware of the social, economic and political factors that are shaping health care. Members' suggest that a political agenda is influencing senior participation in community initiatives:

"Changing demographics and what that means in terms of seniors and seniors' requirements for services. The increased costs that we have heard from the ministry on down, of a concern that so much of the health care dollars are being spent on seniors"

(Grp. 10, p. 4, L. 203).

"There is a philosophical swing related to the dollar shortage I fear, that we have got to do things cheaply. We can't have people sitting in hospital beds, so we start to look at community services. So as a result of the political influence and the decreased dollars the idea was born"

(Grp. 10, p. 6, L. 285).

"We know that there is a political agenda due to the decreasing health care budgets"

(Pilot Grp. 3, p.3, L. 115).

The rising costs of health care coupled with the rising number of older people has resulted in programs which encourage projects focused on alternate service delivery:

"From a historical point of view, the timing is right for this sort of thing to be happening in the community. There is a growing idea from the Federal and Provincial governments who are both saying that seniors must be involved in planning services and doing it"

(Grp. 10, p. 5, L. 273).

"The general public atmosphere of the rights of seniors to carry on their activities is changing. Even the government highlights the rights of seniors to be involved in decisions about things that affect them and their lives"

(Grp. 17, p. 4, L. 215).

Although many seniors consider that they have a right to be involved in decisions that influence their lives, it is the nature of the involvement that is important. Inviting older Canadians to participate may constitute "token involvement" particularly if seniors are not equal partners in the decision process (Arnstein, 1969). To what degree are older people involved in the decisions that influence their lives?

Social programs designed to promote senior involvement in community projects include goals aimed at "increasing the capacity of Canadian seniors to act on their own behalf to improve their health, well-being, independence and to enhance their quality of life" (Health and Welfare Canada, 1989, p. 1). Another program for older people has goals which aim to "provide independently-living seniors with the information and encouragement they need to maintain their well-being and independence" (B. C. Ministry of Health, 1988, p.8).

Seniors demonstrate commitment to these program goals by taking responsibility to work for, or on behalf of, other older people. Seniors voiced commitment to these ideals:

"Due to the numbers of seniors we are going to have in this community in the future, unless we plan we are going to have a lot of problems. We now have a group of committed people looking at trying to sort out the needs of seniors"

(Grp. 10, p. 1, L. 21).

"The group was started in order to organize and to get services coordinated for seniors. There will be a rapid increased need for services in the area of seniors"

(Grp.18, p. 1, L. 32).

"We're reaching out to help people who can't help themselves, they need our help"

(Grp. 14, p. 1, L. 28).

Members' own comments suggest that a "needs" focus and a service ideology exists within many seniors' groups.

Focusing on the needs of older people draws attention to the dominant belief that older people require services (Kalish, 1979; Moody, 1988). In fact, 80% of the groups in this sample were involved in a service-for-seniors project. Why are so many groups working on service related projects?

Research has shown that funding organizations have a strong impact on the direction and nature of grassroot organizations (Riger, 1984). Gittell (1981) discovered that citizen groups shy away from issue-oriented organizing and focus on service delivery in order to secure funding. Based on this literature, seniors' groups who do whatever is necessary in order to get funding demonstrate activity that holds little resemblance to the ideals of community control and collective empowerment. Co-option in relation to citizen groups involved in a "bottom-up" approach to community development has been well documented in the literature (Arnstein, 1969; Fabricant, 1988; Rappaport, 1987). Unless seniors' groups are in control of deciding what to do and how to do it, then any influence to direct projects runs the risk of being "manipulative" or "prescriptive" (Constantino-David, 1982).

Social policies operationalized in program objectives encouraging seniors in service-oriented and needs-based

projects run the risk of supporting the socially constructed view that older people are a special population with unique needs (Estes, 1979, Etzioni, 1976; Moody, 1988). A "service strategy" for senior involvement fosters a network of services that reinforce the view that seniors need services. Members suggested that labelling older people as a group with special needs may reinforce their stigmatized identity. Members expressed that seniors may not benefit from being identified as a "special group" with "special needs":

"The problems that we are having are the same problems that everyone else is having, the whole of society, everyone has to work together" (Grp. 19, p. 11, L. 558).

"To get the city council to acknowledge that seniors are important in this town is a challenge. The youth are the loudest, they get the services" (Grp.17, p. 12, L. 611).

"We are looking at seniors as though they are different from the rest of society and we have to get the whole thing together. Maybe the thinking of society that seniors are unique is not useful to the seniors' movement"

(Grp. 19, p. 10, L. 550).

Closer examination of the last two comments reveals that older people are aware of the competition between age groups reinforcing feelings of isolation. Social policies and programs that separate the aged from other groups on the basis of age and special needs tend to segregate older people rather than integrate them into society. McKnight (1987) calls for social programs with a "community vision" involving the "re-communalization of exiled and labelled individuals" (pp. 57). This vision entails the development

of community associations based on five principles of community integration: (i) building on the capacities of all members; (ii) sharing responsibility among all members; (iii) emphasizing relationships and participation by all members; (iv) developing local knowledge rather than relying on professionals; and (v) moving beyond tasks to providing opportunities for relationships among members.

Relations Between Senior Volunteers and Professionals

Relations between senior volunteers and professionals are characterized by differents in roles and differences in status which can influence the involvement of older people in community projects. Three subthemes describe relations between senior volunteers and professionals: (i) social roles and status differentials; (ii) reliance on paid staff; and (iii) acknowledging the expertise of older people.

Social Roles and Status Differentials Between Senior Volunteers and Professionals

Seventy-five percent of the groups in this study have the services of professional advisory members and/or paid staff. Sixty-five percent of the groups were initiated either by or with a professional worker (see Table 4).

Members' comments suggest the involvement of professionals in the formation of their projects:

"Professionals from the health department initiated the idea of a neighbourhood project, they asked individuals if they were interested in being a part of the project"

(Grp. 4, p. 2, L. 107).

"The professionals saw a need for a caregiver support group. They have the need, they need us, they are the ones who want it because they have heavy work loads and they have people that they want referred. The would like a group that they can refer people to"

(Grp. 2, p. 3, L. 112).

"The group of long-term care that approached us recognized that there were things that had to be righted and so they came to us. they were almost avant garde in considering the need for a subcommittee to tackle the issues. Health unit staff weren't very visible, some staff were like a voice crying in the wilderness among other staff who were not so supportive. The mandate for this kind of work with a seniors' committee would be challenging because some staff would be upset" (Grp. 9, p. 6, L. 280).

"The health unit in the first place wanted us to do this. The Public Health Nurse received a directive from her administration to become involved in seniors' wellness and to begin to work with seniors in the community. She also received support from her office to spend time nurturing the group"

(Grp. 5, p. 8, L. 388).

Members' statements suggest that a professional agenda may have been operating to influence the definition and solution of the community problem. There is no evidence in these members' comments to indicate whether or not they were included in the decision process. Nor is there any indication in the data to suggest that the knowledge of seniors about their community was used to define the problem, increase understanding of the problem or to define the solution to the problem. If community participation

involves local people in collective discussion and decisions about their problems as they know them, then the power to decide must be left in the hands of those experiencing the problems. Without this kind of community control the process of community empowerment is unlikely (Ingram, 1988; Rose, 1990).

Professional dominance coopts community control and undermines the growth of community participation (Everett & Steven, 1989; McKnight, 1977; Stern, 1990). Senior volunteers involved in community participation are likely to experience co-option of their projects by professionals because of the social role status and power differentials in their relationships (Everett & Steven, 1989). The achieved social roles of professionals are highly valued by society in comparison to the ascribed roles of retiree (Sarbin & Scheibe, 1980). As a result, professionals have more status, power and influence in relations with older people (Estes, 1973; 1979). In addition, the prestige of professional "expert" knowledge in comparison to lay experiences renders older volunteers disadvantaged in their relations with professionals (Hunt, 1990). The double whammy of being a senior as well as a volunteer in relations with professionals has implications for the control seniors have over their community projects.

Seniors' groups align themselves with members of the professional community in order to access professional knowledge and information. Professionals are described by

members as "resource experts", "facilitators" and
"enablers":

"Professional members' assistance and guidance helped the group. Professionals helped us to get organized in the beginning. Professionals provided their talents, knowledge, and expertise, somehow, I got the impression that they had done it all before"

(Grp. 8, p. 6, L. 314).

"We look to professional helpers for their leadership"

(Grp. 4, p. 3, L. 114).

Members reported that "the professionals helped us to focus our work", "to formulate our ideas" and they "gave us direction". In fact, members reported that professional expertise and information were the most valuable resources obtained through professional contacts. However, professional knowledge constitutes power and power is central to the concept of influence (Rose, 1990). Questions arise about the influence of high status members in seniors' groups. To what degree do professionals influence the decisions of seniors in seniors' groups? Members reported that their professional contacts were important to their efforts and yet, as Hunt (1990) points out "there is a fine line between getting people together for the purpose of involvement and shaping that involvement" (p. 180). How can professionals support seniors' groups and yet, remain at arms length from these organizations?

Professionals see it as their role and responsibility to "give information" and "to "inform" lay people. This

professional's comment suggests one role of professionals is to support seniors' groups:

"We wouldn't have our job if we didn't support you in this way"

(Grp. 9, p. 8, L. 426).

The paradox in this situation pertains to the mutually dependent relationship that is created between some professionals and some seniors' groups. Older people accepting the attributes assigned to them by society come to believe that they lack credibility in relation to professionals, who are valued for their expert knowledge. Senior members may feel a need to turn to the professional community for assistance, the professional responds to the request out of a sense of professional responsibility.

In addition to acquiring information and expertise from professionals, members also develop affiliations with professionals in order to try to establish credibility:

"Our attachments with various organizations for example health care professionals, mental health workers, the seniors' centre, all provide encouragement to the group. The social service workers are very supportive"

(Grp. 2, p. 4, L. 206).

"We brought in three professional members to the board in order to have access to information and to the field with which we wish to liaise. This connection also provides credibility to the developing organization"

(Grp. 2, p. 3, L. 160).

"We have to prove that we're not a fly-bynight"outfit, that we're here to stay in this community. We've got to prove ourselves" (Grp. 8, p. 11, L. 552). Older people desire recognition and respect for contributing something of value to their communities. Some seniors' groups attach themselves to the professional community in order to receive recognition as a credible group.

Not all seniors' groups in this study described looking for professional support and validation. Research aimed to understanding the characteristics of seniors' groups that require more or less professional support would be instructive for professionals and seniors' groups.

Reliance on Paid Staff

Seniors' groups involved in service delivery projects rely on the services of paid staff. Fifty-five percent of the service-for-seniors groups had hired coordinators (see Table 4). Members describe their desire for paid staff:

"You have to have a paid position in order to coordinate the work of the group. Someone with expertise who can picture what the accomplishments will be, what we really want the project to look like. Board members come and go but there has to be a paid person, someone who is there all of the time"

(Grp. 12, p. 10, L. 514).

"It's extremely important to have a paid coordinator who has the contacts and connections in the community. These connections help us to get the most appropriate speakers for our lecture series. Often the coordinator makes the contact to invite speakers. The fact that we have a paid coordinator is important"

(Grp. 13, p. 4, L. 208).

"The coordinator can't do all of the work in the amount of time that he is paid. We've often thought that we could use another coordinator" (Grp. 13, p. 10, L. 497).

"The funding agency will only pay for a part time worker, so the constraints of this body are an issue. Also, we know that it's a full time job requiring decent pay and professional level expertise"

(Grp. 2, p. 5, L. 244).

Some members perceive a need for professional level skills and expertise in order to do a good job. Beliefs internalized by older people about their capabilities are rooted in social policies that construct and perpetuate society's views about aging and older citizens (Estes, 1979; Harold, 1990). For instance, mandatory retirement policies excluding people from the work force at a particular age results in the "structured dependence" of older people (Townsend, 1981). This discriminatory action results in biased views and beliefs about older people and their capacity to be productive. Seniors and professionals internalize these socially created, ageist beliefs about older people which perpetuate dependent relationships between professionals and seniors.

Members of seniors' groups spoke very highly of their paid coordinators. The centrality of the role of paid staff in many seniors' groups is noteworthy. Members' expressed relief in being able to count on paid staff for their support and energy. Members described their feelings:

"Our coordinator is the key-stone to our arch. Our coordinator is dependable, reliable, constant, charming, interesting, knowledgeable. Our coordinator is a great source of information, well grounded in welfare and social service programs, he is an encyclopedia"

(Grp. 17, p. 5, L. 240).

"Another success is having a paid coordinator. Even though this generated an expense, it gave us a focus. It is a great relief to people of this age to know that things are under control, that we can help where we can but that we don't have to worry about all of the details, someone else can do that"

(Pilot Grp.2, p. 3, L. 122).

"The coordinator acts as the binding force, she ties together all of the themes like glue. We have a funded staff person to do this which is important"

(Grp. 18, p. 10, L. 550).

"Without our coordinator, I'm afraid that we would be lost. Our coordinator works tirelessly" (Grp. 13, p. 3, L. 138).

Members' comments reveal that some seniors' groups are reliant on the paid coordinator for providing continuity to the group, for acting as a resource person and for orchestrating the groups' work. Groups describe the nature of their relationship with paid staff in this manner:

"Our coordinator has requests to speak to other community groups who have requested our help. Our coordinator has supplied the expertise to other groups engaged in the process"

(Grp. 18, p. 6, L. 313).

"If it wasn't for one person and this is the paid person, this board wouldn't exist. She went to a lot of work to hand-pick the members on this board and this has contributed to our profile"

(Grp. 12, p. 10, L. 509).

"We have an able coordinator, we had able direction, she did a good job, the paid coordinator organized the event"

(Grp. 8, p. 2, L. 109).

"Our coordinator organizes the transportation and makes arrangements for the trips, the coordinator also looks after the publicity"

(Grp. 20, p. 7, L. 359).

"Our coordinator attends conferences on our behalf"

(Grp. 17, p. 7, L. 373).

Examining these statements reveals that paid staff have the responsibility in some seniors' groups of organizing the efforts of the group. Do senior members opt out of control for some reason? Do senior volunteers feel that paid staff should be orchestrating the work? Do seniors perceive that they control the efforts of their groups?

The sense of ownership is of particular importance in seniors' groups as it relates to the sense of efficacy and degree to which seniors experience control over their affairs. Mairs (1991) raises a similar concern when describing the degree to which a seniors' group experiences autonomy. She points out that "a resident's committee may be capable of achieving great things but may still be very dependent on the organizer to orchestrate the process. The extent to which the seniors, not the worker, perform the functions of the process is a gauge of the committee's autonomy" (p. 73). Although a detailed analysis of the autonomy of seniors' groups is not possible in this study, an investigation of the degree to which senior members are in control of their efforts could be quite instructive for some groups and professionals working with the groups.

Seniors are "doing" the work in some groups:

"The seniors ran the booth, they did it all by themselves. I didn't have to do anything. It was an accomplishment because I didn't have anything to do with it"

(Grp. 20, p. 7, L. 342).

"The brochure that we used was developed in draft form by the senior volunteers. The forum was organized by a senior member of the group not by an agency representative on the committee" (Grp. 18, p. 11, L. 602).

Distinctions must be made between volunteering to carry out the work of seniors' groups and being involved as a partner in decisions of the group. Does volunteering in seniors' groups contribute to a feeling of self-respect and enhanced personal power? What factors contribute to a sense of community empowerment in seniors' groups? Whitmore and Kerans (1988) identify that the key to empowerment is participation and yet, it is the nature of the participation that is important. Ingram (1988) suggests that "the real empowering work takes place when recipients confront the issues" (p. 12). From this perspective, seniors would have to be involved in a process of "collective awareness" to develop an understanding of how one's life is shaped by personal, social, economic and political forces in order to break down feelings of powerlessness, isolation and alienation (Freire, 1970; Harold, 1990). Whether or not the members of seniors' groups feel empowered is not clear from this data. An investigation of the factors contributing to community and personal empowerment in seniors' groups would augment the findings of this study.

Sixty percent of seniors' groups reported that a "lack of confidence and experience as a group" (see Table 9) was a hindering factor. Members described their insecurities:

"It's our ongoing feelings of being high and dry, feelings of inadequacy. It's the ongoing support that is so important, so that the money is managed appropriately"

(Grp. 2, p. 8, L. 431).

"Our reliance on our coordinator, our feelings of imposing on our coordinator for his knowledge, and our own insecurities about our own level of knowledge has made our work difficult"

(Grp. 17, p. 11, L. 554).

Members' own comments describe their sense of inadequacy and feelings of insecurity in relation to their skills and knowledge. Some members feel pressured and guilty due to their feelings of incompetence and their reliance on their coordinator. These members are responding to the demands and expectations associated with the professionalization of seniors' projects. Members described the unrealistic expectations of paid staff, professionals and some seniors for other seniors:

"Our expectations of what seniors can do are too high. When they're 80 years old you can't expect this much, just look at the obituaries in the paper. We have to work at getting younger seniors around 65 or less involved to do the work. But the problem is, where do we get them?"

(Grp.15, p. 13, L. 662).

"When you have the same people on both boards you are stretching the same volunteers all of the time. This is too much to cope with at out age. There are too many potluck suppers, too many meetings. It is either all or nothing"

(Grp. 14, p. 15, L. 796).

"The older people have been through the mill, they have been left holding the bag"

(Pilot Grp. 3, p. 6, L. 200).

"The expectations of a younger person for the performance by older people is something that we run into all of the time"

(Grp. 17, p. 11 L. 551).

Is it possible that older people may not want to assume all of the responsibility required by undertaking serviceoriented projects? Seniors' groups engaged in serviceoriented projects are relieved to be able to hire staff to orchestrate the process:

"Another one of our successes is having a paid coordinator, even though it generated an expense, it gave us a focus. It is a great relief to people of this age to know that things are under control, that we can help where we can, but that we don't have to worry about all of the details, someone else can do that"

(Pilot Grp. 2, p. 3, L. 122).

Professionalism in seniors' groups has consequences for those groups that are involved in service-oriented projects. The financial implications are great, staff are costly and unless seniors' groups are able to pay a decent wage they may be unable to obtain suitable staff. It is quite clear that groups involved in service-oriented projects must have funding. It is also apparent that in order to get funds groups must get people on board who know how to acquire funds. Will the increasing sophistication and service orientation of seniors' projects result in the exclusion of some seniors from the process of community involvement?

Acknowledging the Expertise of Older People

Acknowledging the capabilities and strengths of older people is one way that professionals can begin to establish effective partnerships with senior volunteers. Professionals describe the capabilities of older people this way:

"I have learned to realize the talents of the board and this has resulted in a changed approach to how I deal with the board. I respect the board and expect to be helped by the board. I've learned that I don't have to be the expert as the staff person, the group doesn't expect me to have the expertise in everything"

(Grp. 12, p. 12, L. 644).

"One of our members has actually got better connections than I do at city hall, so if I ever need anything from city hall, I usually run off and get one of the committee members"

(Grp. 20, p. 15, L. 774).

Establishing partnerships requires a sense of equality between senior volunteers and professionals. Sharing power in this relationship is difficult given the social status differentials between employed professionals and senior volunteers. To move from a "dominator model" to one of "partnership" may require considerable effort on the part of some professionals. Professionals may have to examine values and beliefs that have formed their thinking and informed their practice (Borkman, 1990; Froland, 1980; Hunt, 1990). Do professionals have the necessary knowledge and skill base to act as "facilitators" rather than as "resource experts"? Are professionals who have been trained in an individualistic paradigm sufficiently prepared to work as collaborators with seniors' groups involved in community projects? Professionals working in the field of health promotion with seniors' groups and other citizen organizations must be asked for their perceptions. What do they need to know or want to know about working with seniors' groups?

In summary, "professional dominance" and "consumer dependence" are issues that can characterize relations between older people and professional workers. Socially ascribed role status differentials account for the issues of power in these relationships. If professionals and seniors' groups are to work together, working relations based on a partnership is necessary. Relations characterized by mutual respect, acknowledgement of each others' capacities and reciprocity is essential. Whether professionals are adequately prepared for this kind of working relationship with older people, requires examination.

The Formalization of Seniors' Community Projects

Seniors' groups involved in community projects spend time building an organization. The formalization of seniors' projects influences the nature of this organization and is described by two subthemes: (i) hierarchical board structure and (ii) dissatisfaction with funding.

Hierarchical Board Structure

Most of the seniors' groups in this study organized a seniors' board in order to qualify for grant funding. The hierarchical structure enables groups to access financial resources however, this formal structure may inhibit the involvement of more than a small number of members. Data

suggesting equal involvement among members within seniors' groups was scant:

"The togetherness of our group gives us the impetus or the courage to sing and to sing about issues"

(Grp. 3, p. 4, L. 183).

"The power in the community, in the collective whole has been demonstrated in untold ways" (Grp. 11, p. 1, L. 41).

"Leadership in this case refers to being accepted, friendly and getting seniors involved in the discussion. Eventually the leadership has been shared with different chair people. Everyone gets a chance to say their piece, this kind of leadership doesn't happen by accident. When you are involved in the decision-making you get the feeling of ownership and being a part of something"

(Grp. 14, p. 5, L. 265, 323).

Members' described the involvement in their groups by using phrases such as "shared leadership", "collective whole", and "togetherness". Why are so few groups describing involvement in this way?

Forty-five percent of seniors' groups reported that they had learned to work together while working on their community project. Learning to work together requires persistence and a recognition of the contributions of all members. Members described working together this way:

"We've had to learn to work together as a group. We've had to overcome differences in our backgrounds, we had to learn to develop mutual understanding of what our work was all about in order to be able to work together. We had to learn to get along with each other and in the beginning this was difficult, to put it bluntly, 'United we stand divided we fall'. We had to learn that all of the heads around the table were better than one"

(Grp. 20, p. 18, L. 965).

"We've learned to be patient, to understand each other. We've learned to be together with the same right arms"

(Grp. 16, p. 6, L. 330).

"We've had to learn to work together, we've had to learn persistence. We've learned to recognize that everyone is a valuable contributor"

(Grp. 8, p. 8, L. 435).

Few groups described themselves as a team. Many groups reported that participation was limited to a "core group of people". Members said that the same few do all of the work:

"A number of our members just sit on the fence they will not do anything, this is so frustrating. Often the women have the ideas in the group. It's frustrating that other members are willing to sit back"

(Grp. 6, p. 9, L. 489).

"We have only had a small nucleus of people out of 200 members who have been really involved in the operations of the centre. To involve the rest of the community is an ongoing challenge. To involve the board in a greater capacity, also to involve more members in the operations of the centre in addition to the small nucleus of people who currently do all of the work. The board may begin to develop committee structures in order to increase member participation in the ongoing work. To develop sub-committees in order to distribute the work is a possibility"

(Grp. 14, p. 14, L. 731).

"We have a core group of volunteers who are really active in `X'. The rule seems to be that if you come up with a suggestion, you're it"

(Grp. 19, p. 6, L. 330).

One explanation for the lack of involvement by more than a small number of people may be linked to the hierarchical model of organization common among the service-for-seniors groups. Hierarchical models of organization are a barrier to democratic participation and hinder the sense of ownership in citizen groups (Constantino-David, 1982; Everett &

Steven, 1989; Lee, 1986; Rose, 1990). Social programs promoting "people projects" that require community involvement and community self-reliance are also requesting the development of a "board of directors and for ten people to make up the group" (Health and Welfare Canada, 1989, p. 4-23). Lee (1986) points out that it is not uncommon for funding agencies to expect groups to assume a "corporate organizational structure" for "accountability" (p. 32). Is it possible that social program goals which promote empowerment and community control are incongruent with objectives stipulating formal organization.

Seniors are invited to participate on the board based on what they might be able to contribute in the way of knowledge or special skills. Non-representative involvement is likely in situations where the board is hand-picked.

Older people who haven't got the expertise to do the job may be excluded by this selection process:

"I was quite surprised that nobody wanted to be elected, this took a long time. We learned how to elect officers and we learned about each others capabilities. You can't just appoint people without understanding what they are able to do" (Grp. 1, p. 6, L. 282).

Status differentials between senior volunteers and board members were most noticeable in service-oriented project groups. Status differentials between the members of the board and senior volunteers are suggested by these comments:

"We have the senior volunteers. we have the talent of members of the steering committee" (Grp. 20, p. 17, L. 893).

"Without our volunteers we would not be able to do this. We have 45 to 50 volunteers who deliver our programs. The shopping program is run by volunteers. The volunteers delivery our newsletter. We have a telephone committee of senior volunteers"

(Grp. 13, p. 5, L. 222).

Although subtle, these comments suggest that being a member of the board may be a position of higher status than simply volunteering to work <u>for</u> the board. Status differentials within seniors' groups may be precipitated by the hierarchical structure. Does this model of organizing perpetuate exclusive rather than inclusive involvement of older people? Would a participatory approach to organization involving a "flat" structure enhance senior involvement and project ownership?

Dissatisfaction with Funding

Eighty percent of seniors' groups reported that difficulty establishing a funding base was a major hindering factor in their efforts. Although overt cynicism regarding the intentions of government are muted, members' comments suggest that government support is not forthcoming. Members describe their dissatisfaction with funding:

"Philosophically, seniors believe that they are contributing to the community and we need this money. We're saving the government money by looking after these people, by making them aware. We have the right to some money to carry on a program that is basically for the good of the community. The funding is lip service"

(Pilot Grp. 2, p. 4, L. 193).

"It takes too much energy. The kinds of programs that are really needed at the community level are bigger than bake sale money and that is the energy level of seniors. So the kinds of programs that are now needed, are too expensive based on this seed money. Most organizations only exist for one year or one and a half years because of the seed money"

(Pilot Grp. 2, p. 4, L. 182).

"It is difficult to keep a project going with no funding"

(Grp. 4, p. 7, L. 354).

"The funding in general has been difficult. The single most worrisome aspect of this organization is the way that the funding is apparently so casual, it's not reliable, you can't count on the funding. The inconsistencies in the distribution of the money, the uncertain supply of funds, the lack of funds, we are pre-occupied with fund raising"

(Grp. 17, p. 10, L. 521).

Members' comments suggest that the grants game is loaded and unfair, demanding and unrealistic. Some groups have to turn to the professional community in order to access funding:

"It requires a professional level of expertise to apply for grants. We were able to apply because we had someone help us . We needed a highly skilled person to write the grant application form, it certainly isn't within the scope of the average board"

(Grp. 2, p. 7, L. 338).

"The amount of paper work generated by grant applications that we have to dance to is a real problem. It wouldn't be nearly as much of a problem if the funding came in one lump sum however, it comes from so many different sources. We're treading water all of the time, we are preoccupied with fundraising"

(Grp. 14, p. 13, L. 701).

"It's tax money, they would get the biggest bang for their money by supporting volunteers, our wages are good"

(Pilot Grp. 2, p. 4, L. 207).

Members' comments suggest that they are unhappy with the inadequate attempt by government to fund seniors' projects.

Older people are volunteering in order to contribute something of value to the community and yet, the final comment suggests that some volunteers do not feel valued.

Increasing sophistication of seniors' service-oriented projects appears to be propelling some seniors' groups into competitive postures. Hiring professionals in order to complete grant application forms is one example of stacking the deck in order to have access to funds. Does this mean that only those groups who can afford to pay experts have access to funding? With increasing competition for funds seniors' groups will be forced into having only the most qualified involved in project development.

Seniors' groups, professionals working with seniors' groups and funders of seniors' projects face important challenges with respect to the funding criteria which potentially co-opts seniors' groups into certain types of projects and methods of organizing. Manifestations of imposing this criteria on seniors' groups perpetuates reliance on paid staff and long term funding problems.

Key Issues of Seniors' Groups Involved in Community Projects

Involving older people in community projects is the main theme of this interpretive commentary. Four issues emerged from this discussion:

- 1. Opportunities for the meaningful involvement of older people and for re-developing a respected social identity may not be available in seniors' groups involved in community projects.
- 2. Service oriented projects for involving older people may hinder a sense of community control and empowerment by fostering the dependence of seniors' groups on professionals and propelling groups into competitive postures for funding.
- 3. Social roles and status differentials between senior volunteers and professionals hinder the formation of collaborative relationships.
- 4. Formalization of seniors' projects through hierarchical board structures may inhibit rather than facilitate the community integration and involvement of older people.

CHAPTER VII

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary of the Research Process

Seniors' groups involved in community projects must mobilize human and non-human resources in order to achieve their group goals. Seniors' groups involved in community initiatives confront factors which facilitate or hinder their potential to have an impact in their communities. Whether adult educators have a role in facilitating seniors' groups in reaching their project goals is one question which precipitated this study.

Documentation about the work of Canadian seniors' groups involved in community projects is sparse. Seniors, professionals working with seniors' groups and programmers involved in social programs promoting senior involvement in community projects could benefit from a study about seniors' initiatives.

Purpose of the Study. This study was designed to produce a description and interpretive analysis of seniors' projects, the factors that facilitate and hinder seniors' groups involved in community projects, as well as resources and strategies used by seniors' groups. A secondary aim of the study was to facilitate seniors' groups in a group assessment about their group function.

Applied Research With Seniors' Groups. An applied research methodology was used to capitalize on the knowledge of older people working on community projects. A modified ethnographic study using a fieldwork strategy was designed. The fieldwork consisted of three stages: (i) Entering the field: Stage I; (ii) Data Generation and collection: Stage II; and (iii) Bringing fieldwork to a close: Stage III. Data was collected using several methods such as informal conversations, observation, telephone interviews with key informants, individual questionnaires, documentation, focus group interviews and group assessments.

Participating Seniors' Groups and Members. Sampling was deliberate to capitalize on the diversity among seniors' groups. Three categories of groups participated: (i) Self-improvement/personal growth groups (10%), (ii) Service-forseniors groups (80%), and (iii) Non-service/issue oriented groups (10%). Group members who participated included volunteers (85.4%), professional advisory members (8.0%), and paid staff (6.3%). Ninety percent of the volunteers were over 55 years of age and 74% were women.

Modified Focus Group Interview. Using a semi-structured interview guide, members of twenty seniors' groups were asked to answer these questions: (1) What are the accomplishments of your group? (2) What helps your work?

(3) What resources are important to your efforts? (4) What strategies do you use to do your work? (5) What have you had to learn as a group and as individuals? (6) What are the

barriers and challenges to your work? Members were also asked to assess their group function on 22 items. Each group interview lasted about two hours and each was audiotaped.

Data Analysis. Three data analysis procedures were used: (i) the critical incident method for identifying and categorizing facilitating and hindering factors, resources and strategies; (ii) SPSS.PC+ V. 3.0 (SPSS, Inc., 1988) statistical package for analyzing group assessment results; and (iii) open-ended content analysis of interview data.

Summary of Findings

The findings are summarized under six subheadings:

(i) Accomplishments of Seniors' Groups; (ii) Factors

Facilitating Seniors' Groups; (iii) Factors Hindering

Seniors' Groups; (iv) Resources Important to Seniors'

Groups; and (v) Strategies Used by Seniors' Groups and

(vi) Key Issues Influencing Senior Involvement.

Accomplishments of Seniors' Groups. Ninety-five percent of the seniors' groups in this study reported making a tangible contribution to their communities. As expected, seniors involved in self-improvement initiatives produced support services for group members. These services included recreational and social programs, a meal program and an educational program. Services-for-seniors groups planned, produced or were in the process of producing projects

focused on the service needs of older people. Programs developed by service-for-seniors groups were wellness and health education programs (25%); information and referral networks (15%); support services for seniors and caregivers (15%). Twenty-five percent of service-for-seniors groups were involved in either planning community-wide services or advocating for services. The non-service/issue-based groups did not produce community services. One group influenced a change in municipal zoning bylaws and provincial policy.

Members also identified accomplishments which promote the connectedness and community involvement among seniors. These accomplishments included establishing group profile, developing a committed and supportive group, and developing network contacts.

Factors Facilitating Seniors' Groups. Members identified 27 factors which facilitate their group efforts. The ten most important facilitating factors were network contacts, promotional activities, member persistence and commitment, sense of shared purpose and beliefs, realizing a community problem exists, planning a course of action, inventorying members' skills and knowledge, obtaining funds, social support among members, and supporting other groups.

Factors Hindering Seniors' Groups. Members identified

15 factors that hinder their group efforts. The ten most

common hindering factors included difficulty obtaining

funds, lack of volunteers, diminished health and energy among members, apathy and lack of interest among seniors, lack of understanding by authorities, intergroup turf, sense of frustration with the change process, lack of confidence as a group, unclear group goals, and lack of facilities.

Resources Important to Seniors' Groups. Human resources were the most important resource to seniors' groups. Other important resources identified included support from government agencies, volunteer workers, support from other groups, paid staff, free publicity, and having professional advisory members. Funding was the most important non-human resource to the groups followed by information and professional expertise, appropriate facilities, equipment and technical supplies.

Strategies Used by Seniors' Groups. Networking is the most important strategy used by seniors' groups. All seniors' groups spend considerable time building an organization and raising the group profile. Strategies identified for these two purposes included advertising, discussing the issues and planning a course of action, recruiting participants, and managing meetings. Advocacy strategies included writing letters and lobbying. Educational activities such as training workshops were reported by only 15% of the groups in this study.

Senior Involvement in Community Projects. Additional content analysis of data revealed ten subthemes which divide into three themes about senior involvement in community projects. The themes and subthemes are listed:

Rationale for Involving Older People in Community

Projects. Five subthemes describe the rationale for
involving seniors in community projects: (i) seniors' groups
as vehicles for belonging and companionship; (ii) awareness
of marginalized social status, (iii) volunteering and
advocacy; (iv) socioeconomic differences between younger and
older seniors; (v) service strategies for involving seniors.

Relations Between Senior Volunteers and Professionals.

Three subthemes describe relations between senior volunteers and professionals: (i) social status differentials between senior volunteers and professionals; (ii) reliance on paid staff; and (iii) acknowledging the expertise of seniors.

Formalization of Seniors' Community Projects. Two subthemes illustrate the formalization of seniors' projects:

(i) hierarchical board structure and (ii) dissatisfaction with funding.

Conclusions

Conclusions are drawn from four major aspects of the work of seniors' groups: (i) Building an Organization; (ii) A Sense of Community; (iii) Community Affiliations and Network Contacts; and (iv) Community-Based Problem-Solving.

Conclusions pertaining to the role of adult educators in relation to seniors' groups are made.

Building an Organization

Building an organization in order to establish and sustain a community project is a major part of the work of service-oriented project groups. Both human and nonhuman resources are required for building seniors' organizations and both types of resources are scarce.

Eighty percent of the seniors' groups in this study had either received or were in the process of receiving government funds. Service-oriented seniors' groups are dependent on funds for sustaining their group efforts. Without funding most groups involved in service-oriented projects are unable to sustain their efforts.

Government funding criteria propels many seniors' groups into competitive postures in order to access grants. Often groups must seek the help of professionals in order to prepare grant application forms. In addition to being dependent on government funding, most seniors' groups involved in service-oriented projects require staff to fulfill their project mandate. These groups are reliant on staff to provide continuity and support to the members of the group. In many cases paid staff are responsible for organizing and providing continuity to seniors' groups who are involved in service projects.

Seniors' groups interested in obtaining government money must organize a seniors' board in order to access

funds. Organizing the board requires selecting members who have skills and expertise to contribute to the survival of the group. Although powerful members with special skills are needed in order to sustain the organization, membership by invitation can foster non-representative senior involvement.

Seniors' groups involved in service-oriented projects build a seniors' organization incorporating a hierarchical model of organization which may inhibit representative and democratic participation among members. In addition, most service-oriented groups use Robert's Rules for meeting management and decision-making.

In contrast to the service-groups, the nonservice/issue-oriented groups in this study were loosely organized and had no elected officials. Non-service groups used discussion and a consensus approach to making decisions. These groups were not involved in serviceoriented projects nor were they dependent on government grants and paid staff. Distinctions between the serviceoriented and the non-service groups suggests that funding criteria influences the organizational structure of seniors' groups involved in community projects. The hierarchical model of organization may foster non-representative involvement while reinforcing status differentials between seniors' board members and other volunteers. Rather than promoting community integration among older people, the service-oriented seniors' groups in this study represent highly structured, segregated groups.

Volunteers are the heart and soul of seniors' community projects and recruiting new people to sustain and revitalize seniors' projects is a major problem. Although promotional activities are considered an essential component to success, it is not clear whether promotional activities enhance senior involvement and integration. Seniors' groups are subject to ageist attitudes consequently, their agesegregated nature may inhibit volunteer recruitment and more widespread citizen involvement. Without volunteers service-oriented project groups are handicapped in their ability to advance their projects. Social programs which promote senior involvement in age-segregated, service-oriented groups may be unable to fulfill their program goals of community integration and community empowerment.

A Sense of Community

Undertaking a community project contributes to the development of a sense of community among some groups. Due to their commitment to a common purpose, most groups are able to withstand the ups and downs and insecurities of project work. Sticking together through turbulent times builds a sense of community and belonging in seniors' groups. Older people become involved in community projects in order to participate and to be actors in the community, to make a contribution and to feel valued as a contributing member of society. Although volunteering in seniors' groups provides some older members with a sense of well-being, it

is not clear whether seniors' groups provide opportunities for the re-development of a respected social identity among older people.

Community-Based Problem-Solving

Meaningful involvement in community projects requires seniors' groups to engage in group problem-solving. This approach involves becoming aware of a community problem, discussing and planning a course of action, researching the problem, and confirming the need to act on the problem.

Seniors' groups who operate with government grants are required to evaluate their group efforts. Most of the groups in this study were not involved in the evaluation process.

Those groups who were doing an evaluation of their projects were relying on consultants for this task.

Group Assessment Results. Seniors' groups in this study are not entirely happy with their group efforts. Group members identified six areas of group functioning that they wanted to change. For instance groups expressed a desire to:

(i) become more representative of their communities; (ii) be more powerful in their communities; (iii) be more financially secure; (iv) be more experienced as a group; (v) have better access to facts; and (vi) have a greater impact in their communities.

Seniors' groups involved in community projects spend time defining and re-defining their role and purpose. The groups in this study benefitted from being involved in a group discussion and group assessment of their efforts. In future, seniors' groups may be required to undertake projects of increasing complexity. Knowledge of and participation in evaluative activities could enhance their group efforts.

Community Affiliations and Network Contacts

Networking is an essential strategy for the survival of seniors' projects and it is also the chief mechanism for establishing and maintaining individual connectedness in community. Seniors' groups in this study demonstrated that networking is the primary means of mobilizing resources for their initiatives. Networking is also the principle learning strategy among seniors involved in community projects.

Developing partnerships with other community groups is one way for seniors' groups to augment their resource capacity. Only 20% of the groups in this study described true developing partnerships with other community groups. An investigation of factors influencing partnership development would be helpful in fostering integrated relations in the broader community.

Tensions related to turf and territory between seniors' groups and other community organizations and professionals was more common. Misunderstandings and miscommunication between senior volunteers and professionals can interfere with resource mobilization. It is probable that the difficult relations between seniors' groups and other

community groups relate to the competition for funding, volunteers, status and a sense of "place" in the community.

Service-oriented project groups in this study are reliant on professionals. Professionals can impede the development of autonomous seniors' groups due to professional dominance and their expert role. Although members reported that their groups were "senior driven", the degree to which seniors control their group efforts is not clear. The degree to which professionals influence decisions in seniors' groups is also not clear. Roles and status differentials which inhibit the development of equal partnerships between professionals and senior volunteers exist in seniors' groups. Seniors and professionals must understand these role status differentials in order to build collaborative relationships. Investigating the understanding of professionals and senior volunteers about role differentials may illuminate learning needs for both groups.

Findings from this study suggest numerous learning opportunities for seniors' groups and professionals working with these groups. Appropriate roles for adult educators in relation to seniors' groups are facilitator, researcher, and trainer. Recommendations for these roles follow.

Recommendations

Educational implications for seniors' groups and professionals working with seniors' groups are derived from

the research conclusions. Recommendations are organized according to three headings: (i) Practical Ideas for Seniors' Groups; (ii) Suggestions for Professionals Working with Seniors' Groups; and (iii) Educational Research and Program Development.

Practical Ideas For Seniors' Groups

Recommendations for seniors' groups include strategies for enhancing senior involvement and building community among older people. Educational strategies incorporate collaborative and participatory strategies.

Team Building Rather Than Organization Building.

Seniors' groups are advised to identify and to discuss the elements of effective teamwork in order to distinguish teamwork from a bureaucratic and formalized approach to organization. Seniors' groups must begin to work as teams in order to increase senior involvement in seniors' projects, senior ownership and self-determinism.

Sharing Leadership and Sharing Power. Seniors' groups are recommended to examine the concept of leadership as it relates to their community project. Seniors' groups ought to clarify factors within their groups that impede meaningful involvement by all members.

Examining the Issues of Power and Control. Seniors' groups must examine the issues of power and control in their groups. Members ought to examine the factors that contribute to role status differentials between and among members in

their groups. Members are advised to understand the issues of power and to develop strategies to deal with intragroup conflicts.

Making Decisions From the Bottom-Up. Seniors' groups are advised to discuss the differences between decision-making based on consensus and other models of decision-making.

<u>Funding Strategies</u>. Seniors' groups may choose to discuss the funding and how it influences their ability to become autonomous and self-determining. Seniors' groups involved in service projects are advised to problem solve strategies for obtaining funds from a variety of sources.

Increasing Senior Involvement and Senior Ownership of Service-Oriented Projects. Seniors' groups must increase senior involvement and senior ownership of their community projects. Seniors ought to identify and discuss as a group, the factors which inhibit senior involvement in seniors' service-oriented community projects.

Increasing Community-Wide Involvement in Seniors'

Projects. Seniors' groups ought to discuss the extent to which the age-based nature of seniors' projects inhibits involvement by younger seniors and other age groups.

Seniors' groups must identify ways in which the broader community can be drawn upon for participation and involvement in seniors' projects.

Developing Community Contacts and Network Ties. Seniors must develop loose network ties within the community for the

benefit of themselves and their groups. All members of seniors' groups must identify themselves as a part of a resource exchange network embedded within a larger community of accessible resources.

Networking. All members of seniors' groups must seek opportunities for deliberate and purposeful networking. All members ought to establish and maintain horizontal links and loose connections for enhancing resource mobilization for their group project. Seniors' groups are advised to allocate funds within their budget for networking. Establishing the kinds of network contacts and affiliations that will be useful to the seniors' group takes time, patience and money for travel and long distance telephone calls.

Collaborating With Other Community Groups and Professionals. Seniors must look for ways to develop collaborative relationships with other community groups. These groups do not have to be seniors' groups. In order to collaborate, seniors' groups must negotiate, share planning, and engage in participatory discussion. Partnerships between seniors' groups and other groups and professionals must be mutually beneficial working relationships characterized by shared responsibility and shared power.

Developing a Common Community-Wide Vision. Seniors' groups must identify themselves as part of a larger community of groups, organizations and professionals who can work towards a common community-wide vision. Seniors' groups must initiate regional meetings. Seniors' groups are advised

to initiate community-wide educational activities as a strategy for dealing with the turf and territory issues.

Increasing Senior Involvement in Participatory Project Evaluation. Seniors' groups must become involved in the evaluation process of their seniors' initiatives. In order to become involved, seniors' groups must learn about the role of evaluation in relation to their group and to their seniors' project. Seniors may want to learn about various types of evaluation in order to participate in the process.

Using Formative Evaluation for Team Building. Seniors' groups are advised to "take stock" of how things are going in order to enhance their group function. Seniors' groups are advised to learn about formative evaluation in order to engage in informal, regular group processing.

Understanding the Issues Together. Seniors' groups ought to discuss three issues raised in this study in relation to the functioning of their groups: (i) seniors' groups involved in service projects may be perpetuating the status quo; (ii) roles and status differentials between senior volunteers and professionals makes collaboration difficult; (iii) service strategies perpetuate dependence between seniors' groups and professional staff.

Suggestions for Professionals Working With Seniors' Groups

Recommendations for professionals working with seniors' groups are focused on the relationships between

professionals and senior volunteers. Recommendations contribute to building community among seniors.

Examining Role Status Differentials. Professionals must identify and discuss the social role status differentials between themselves and senior volunteers. Professionals ought to consider how power manifests itself in working relations with older volunteers.

Acting as a Facilitator Rather than Resource Expert.

Professionals must examine the assumptions that form their expert roles. Professionals ought to discuss the nature of professional knowledge and how expert knowledge contributes to power and status. Professionals working with seniors' groups should not assume the role of resource expert.

Professionals must learn to acknowledge the expertise and knowledge of older people acquired over a lifetime. As a facilitator to seniors' groups, professionals must encourage seniors to identify and to make sense of their experiences.

Fostering Relationships Characterized by Reciprocity.

Professionals working with seniors' groups ought to develop working relationships that are characterized by reciprocity.

Professionals must use participatory strategies when working with older people in order to build on their experiences.

Building on Seniors' Strengths Rather than Needs.

Professionals are advised to distinguish needs-based,
service-oriented strategiesfor involving seniors from
empowerment strategies. Professionals must incorporate
strategies that build on the experiences of older people.

Educational Research and Program Development

Involving members in a group discussions confirmed the value of applied research approach with seniors' groups.

Based on this experience educational researchers must incorporate participatory methods for studying these topics:

- (1) Seniors' perceptions of a "meaningful role".
- (2) Seniors' perceptions of "leadership" in community initiatives.
- (3) The degree to which the government funding criteria in current funding programs inhibits broad based senior involvement in community projects.
- (4) Present and desired capabilities of the members of seniors' groups of their knowledge of project evaluation.
- (5) The feasibility of developing a resource exchange network for the continuous exchange of information resources within and between seniors' groups and other community groups throughout British Columbia.
- (6) Present and desired capabilities of seniors' groups and professionals working with seniors' groups of their skills and knowledge of collaboration.

As adult educators we are challenged to understand the issues facing older Canadians who are involved in community initiatives. When working with seniors' groups, we must incorporate collaborative and participatory strategies in order to build on members' experiences.

This study suggests that service strategies for involving seniors in community projects serves to maintain rather than challenge the status quo. Service-oriented projects perpetuate assumptions about the service needs of older people and foster dependent relations between seniors' groups and professionals.

Despite the fact that most service-oriented project groups are developing tangible services, members of these groups desire more influence in their communities. In order for older people to be influential they must have the respect of the rest of society and yet, involvement in service-oriented community projects has not necessarily contributed to the re-development of a respected social identity for the older people who belong.

The potential for exploiting older people by involving them in service-oriented projects is high. Seniors may feel trapped by a desire to contribute to the well-being of others and by a desire to opt out from the rising demands of service projects.

If older Canadians are to have improved quality of life, then seniors are challenged to move beyond dealing with only local service needs to a broader vision of integrated communities. A concerned older person stated:

"We older people must advocate on our own behalf otherwise, we leave our destiny, our well-being, in the hands of opportunists, or worse still, in the hands of the uncommitted, the unaffected, and the uninterested"

(Harry Boddington, 1991, pp. 327-331).

References

- Arnstein, S. R. (1969). A ladder of citizen participation.

 American Institute of Planners Journal, July, 216-224.
- B. C. Ministry of Health. (1988). Choosing wellness: An approach to healthy aging. Victoria, BC.: Community and Family Health.
- B. C. Ministry of Health. (1989). <u>Healthy communities: The process</u>. Victoria, BC.: Community and Family Health.
- B. C. Ministry of Health. (1990). <u>Seniors' health network:</u>
 <u>First annual report</u>. Victoria, BC.: Community and Family Health.
- B. C. Ministry of Health. (1992). Community-Partnership Program. Victoria, BC.: Continuing Care Division.
- Berkowitz, M., Waxman, R. & Yaffe, L. (1988). The effects of a resident self-help model on control, social involvement and self-esteem among the elderly. The Gerontologist. 28(5), 620-624.
- Binstock, R. H. (1983). The aged as scapegoat. The Gerontologist, 23(2), 136-143.
- Blonsky, L. E. (1973). Formation of a senior citizen tenants' council. Social Work, Sept., 41-48.
- Blonsky, L. E. (1974). Transportation service for the elderly. Social Work, March, 49-51.
- Blonsky, L. E. (1974). Problems in Development of a community action program for the elderly. The Gerontologist, 14, 394-401.
- Boddington, H. (1991). Advocacy. In C. Blais (Ed.). Aging into the twenty-first century (pp. 327-331). Toronto: York University Captus Press.
- Borkman, T. (1990). Self-help groups at the turning point: Emerging egalitarian alliances with the formal health care system. American Journal of Community Psychology. 18(2), 321-332.
- Bracht, N. & Tsouros, A. (1990). Principles and strategies of effective community participation. Health Promotion International, 5(3), 199-208.
- Brookfield, S. (1987). <u>Understanding and facilitating adult</u> learning. San Francisco: Jossey-Bass.

- Brown, A. S. (1985). Grassroots advocacy for the elderly in small rural communities. The Gerontologist, 25(4), 417-423.
- Brennan, B. (1989). Seniors as volunteers: A profile of volunteers based on the 1987 National Survey of Voluntary Activity. (Profile No. 2). Ottawa: Ministry of State for Multi-culturalism and Citizenship Canada, Voluntary Action Directorate.
- Burnside, B. (1988). Gerontology's challenge from its research population: Updating research ethics. In J. E. Thornton & E. R. Winkler (Eds.). Ethics and aging: The right to live the right to die (pp. 194-207).

 Vancouver: University of British Columbia Press.
- Burnside, B. (1990). Depression is a feminist issue: A resource manual for the Social Health Outreach Program (SHOP). Vancouver, BC.: Mature Women's Network Society.
- Chambre, S. (1984). Is volunteering a substitute for role loss in older age? An empirical test of activity. The Gerontologist, 24(3), 292-298.
- Chappell, N. (1988). Society and essential for well-being:
 Social policy and the provision of care. In J. E.
 Thornton & E. R. Winkler (Eds.). Ethics and aging: The
 right to live the right to die (pp.143-154). Vancouver:
 University of British Columbia Press.
- Clark, (1991). Ethical dimensions of quality of life in aging: Autonomy vs. collectivism in the United States and Canada. The Gerontologist, 31(5), 631-639.
- Culter, S. (1976). Membership in different types of voluntary associations and psychological well-being. The Gerontologist, 16(4), 335-339.
- Constantino-David. (1982). Issues in community organization. Community Development Journal, 17(3), 190-201.
- Elliott, L. & Berry, B. (1990, April). Communication for Team Building: A Regional Workshop for Seniors'
 Wellness Coordinators and Senior Leaders. Vancouver, BC.: Senior' Health Network at Senior' Resources and Research Society.
- Epp. J. (1986). Achieving Health for all: A Framework for Health Promotion. Ottawa: Health and Welfare Canada.
- Ehrlich, P. (1980). Service Delivery for the community elderly: The mutual help model. <u>Journal of</u> Gerontological Social Work, 2(2), 125-135.

- Estes, C. (1973). Barriers to effective community planning for the elderly. The Gerontologist, Summer, 178-183.
- Estes, C. (1979). The Aging Enterprise. San Francisco: Jossey-Bass.
- Etzioni, A. (1976). Old people and public policy. <u>Social</u> Forces, 7(3), 21-29.
- Everett, B. & Steven, L. D. (1989). Working together: A consumer participation research project to develop a new model of high-support housing. Canada's Mental Health, June, 28-33.
- Fabricant, M. (1988). Empowering the homeless. <u>Social Policy</u> Spring, 49-55.
- Flanagan, J. C. (1954). The critical incident technique. Psychological Bulletin, 51(4), 327-358.
- Fraser, H. (1992). 1992 is the 20th anniversary of the New Horizons Programs! Vancouver, BC.: Health and Welfare Canada, Social Service Programs.
- Freire, P. (1970). <u>Pedagogy of the oppressed</u>. New York: Continuum.
- Froland, C. (1980). Formal and informal care: Discontinuities in a continuum. Social Service Review, December, 572-587.
- Gifford, C. G. (1990). <u>Canada's fighting seniors</u>. Toronto: James Lorimer and <u>Company</u>.
- Gittell, M. (1980). <u>Limits to citizen participation: The decline of community organizations</u>. Beverly Hills, CA: Sage.
- Government of Canada. (1988). <u>Canada's seniors': A dynamic</u>
 <u>force</u> (No. P870840). Ottawa: Ministry of State for
 <u>Senior Citizens</u>.
- Granovetter, M. S. (1973). The strength of weak ties.

 American Journal of Sociology, 78(6), 1360-1380.
- Harold, S. (1991). Education and older women: A resource development perspective. Unpublished master's thesis, University of British Columbia, Vancouver, BC.
- Health and Welfare Canada. (1977). <u>Evaluation of the New Horizons Program</u>. Ottawa: Social Service Programs Branch Evaluation Division.

- Health and Welfare Canada. (1989). <u>Evaluation Study of the New Horizons Program</u>. Ottawa: Health and Welfare Program Audit and Review Directorate.
- Health and Welfare Canada. (1992). New Horizons Program
 Funding Priorities 1992/93: British Columbia/Yukon
 Division. Vancouver, BC.: Health and Welfare Canada.
- Health Services and Promotion Branch, Health and Welfare Canada. (1986). Aging: Shifting the emphasis. Ottawa: author.
- Hodgins, G. (1991). Social identity reconstruction through education: A program for older women. Unpublished master's thesis. University of British Columbia, Vancouver, B.C.
- Hogg, E. (1990). Skills and training needing to work with seniors' boards. Kelowna, BC.: South Okanagan Health Unit.
- Hooyman, N. R. (1980). Mutual help organizations for rural older women. Educational Gerontology, 5, 429-447.
- Hunt S. (1990). Building alliances: Professional and political issues in community participation. Examples for a health and community development project. Health Promotion International, 5(3), 179-185.
- Ingram, R. (1988). Empower. Social Policy, Fall, 11-16.
- Jerrome, D. (1988). "That's what it's all about": Old people's organizations as a context for aging. <u>Journal of Aging Studies</u>, 2(1), 71-81.
- Johnson, L. C. (1983). Networking: A means of maximizing resources. Human Services in the Rural Environment, 8(2), 27-31.
- Johnson, D. & Johnson, F. (1987). <u>Joining together</u>. New Jersey: Prentice-Hall.
- Jones, B. & Silva, J. (1991). Problem Solving, Community building and systems interaction: An integrated practice model for community development. <u>Journal of the Community Development Society</u>, <u>22</u>(2), <u>1-21</u>.
- Kalish, R. A. (1979). The new ageism and the failure models: A polemic. The Gerontologist, 19(4), 175-202.
- Katz, R. (1984). Empowerment and synergy: Expanding the community's healing resources. Prevention in the Human Services, II(2/3), 201-226.

- Kuhn, M. E. (1977/78). Learning by living. <u>International</u> Journal of Aging and Human Development, 8(4), 359-365.
- Kusak, S. & Thompson, W. (1990). Flying high. Seniors' Independence Program: Health and Welfare Canada.
- Kuypers, J. A. & Bengtson, V. L. (1973). Social breakdown and competence. <u>Human Development</u>, 16, 181-201.
- Labonte, R. (1988). Health promotion: From concepts to strategies. Healthcare Management Forum, Autumn, 24-30.
- Lambert, C., Guberman, M. & Morris, R. (1964). Reopening doors to community participation for older people: How realistic? Social Welfare Review, 38(1), 42-50.
- Lee, B. (1986). <u>Pragmatics of community organization</u>. Mississauga, Ont.: Commonact Press.
- Levin, J. & Levin, W. C. (1980). Ageism: Prejudice and discrimination against the elderly. Belmont, CA.: Wadsworth.
- Lowy, L. (1985). Social work with the aging. New York: Longman.
- Mairs, B. (1991). Helping seniors mobilize: A handbook on community organizing. Toronto: Lawrence Heights
 Community Health Centre Press.
- Matthews, S. H. (1982). Participation of the elderly in a transportation system. The Gerontologist, 22(1), 26-31.
- McAdam, D. (1982). Coping with aging or combating ageism? In A. Kolker & P. I. Ahmed, (Eds.). Aging (pp. 233-256), New York: Elsevier Biomedical.
- McKnight, J. (1987). Regenerating community. Social Policy, Winter, 19-20.
- McMillan, D. W. & Chavis, D. M. (1986). Sense of community: A definition and theory. <u>Journal of Community</u> Psychology, 14(1), 6-23.
- Miller, S. M., Rein, M. & Levitt, P. (1990). Community action in the United States. Community Development Journal, 25(4), 356-368.
- Minkler, M. (1985). Building supportive ties and sense of community among inner-city elderly: The Tenderloin Senior Outreach Project. Health Education Quarterly, 12(4), 303-314.

- Minkler, M. & Pasick, R. (1986). Health promotion and the elderly: A critical perspective on the past and future. In K. Dychtwald & J.MacLean (Eds.). Wellness and health promotion for the elderly (39-54), Rockville: Aspen.
- Minister of Supply and Services Canada. (1990). <u>Canada's</u> <u>seniors: Active, dynamic and involved</u>. (Cat. No. H88 -3/8-1990). Ottawa: Minister of Supply and Services.
- Moody, H. R. (1988). The abundance of life: Human development policies for an aging society. New York: Columbia.
- Morgan, D. L. (1988). Focus Groups as Qualitative Research. Newbury Pk.: Sage.
- National Advisory Council on Aging (1987). Seniors take the lead. Expression, 4(1), Ottawa: National Advisory Council.
- National Advisory Council on Aging. (1989). 1989 and beyond:
 Challenges of an aging Canadian society. (Cat. No. H71-3/10-1989). Ottawa: Minister of Supply and Services.
- Neysmith, S. M. (1987). Organizing for influence: The relationship of structure to impact. <u>Canadian Journal</u> on Aging, 6(2), 105-116.
- Novak, M. (1987). The Canadian New Horizons Program. The Gerontologist, 27(3), 353-355.
- Nusberg, C. (1988). The role of the elderly in development. Ageing International, XV(2), 9-12.
- Payne, B. (1977). The older volunteer: Social role continuity and development. The Gerontologist, 17(4), 355-361.
- Peck, M., S. (1987). The different drum: Community making and peace. New York: Simon & Schuster.
- Perlman, J. (1979). Grassroots empowerment and Government response. Social Policy, 10(2), 16-21.
- Pilkington-Easter, M. (1974). Senior power: A case study in education for aging. Adult Leadership, September, 81-84.
- Pilisuk, M. & Minkler, M. (1985). Social support: Economic and political considerations. Social Policy, 15(3), 6-11.
- Pratt, H. (1976). The gray lobby. Chicago: The University of Chicago Press.

- Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology.

 American Journal of Community Psychology, 15(2), 121-148.
- Reitzes, D. C., & Reitzes, D. C. (1991). Metro seniors in action: A case study of a citywide seniors organization. The Gerontologist, 31(2), 256-262.
- Riessman, F., Moody, H. R., & Worthy, E. H. (1984). Self-help and the elderly. Social Policy, Spring, 19-26.
- Riger, S. (1984). Vehicles for empowerment: The case of feminist movement organizations. Prevention in the Human Services, II(2/3), 99-117.
- Riley M. W. & Riley, J. W. (1989). The lives of older people and changing social roles. The Annals of the American Academy of Political Science, 503, 14-28.
- Rose, H. (1990). Activists, gender and the community health movement. Health Promotion International, 5(3), 209-218.
- Rosow, I. (1967). <u>Social integration of the aged</u>. New York: Free Press.
- Rothman, J. & Tropman, J. E. (1987). Models of community organization and macro practice perspectives: Their mixing and phasing. In F. M. Cox, J. L. Erlich, J. Rothman & J. E. Tropman (Eds.), Strategies of community organization (4th ed.), (pp.3-26). Itasca, Ill.: F. E. Peacock.
- Rowe, P. (1982). Model project reduces alienation of aged from community. Aging, May-June, 5-11.
- Ruffini, J. L. & Todd, H., F. (1979). A network model for leadership development among the elderly. The Gerontologist, 19(2), 158-162.
- Sarbin, T. R. & Scheibe, K. E. (1980). A model of social identity. In T. R. Sarbin & K. E. Scheibe (Eds.). Studies in social identity (pp.5-28). New York: Praeger.
- Sanchez, C. (1987). Self-help: Model for strengthening the informal support system of the Hispanic elderly. Ethnicity and Gerontological Social Work, 117-131.
- Selman, G. (1991). <u>Citizenship and the adult education</u>
 <u>movement in Canada</u>. Vancouver: University of British
 Columbia Press.

- Social Services Program Branch, Health and Welfare Canada. (1989). Senior Independence Program: Guide for applicants. Ottawa: Minister of Supply and Services.
- Stern, R. (1990). Healthy communities: Reflections on building alliances in Canada. A view from the middle. Health Promotion International, 5(3), 225-231.
- Stone, L. & Frenken, H. (1988). <u>Canada's seniors</u>. (Cat. No. 98-121). Ottawa: Minister of Supply and Services.
- Stone, L. (1991). Introduction to the proceedings of the 'Symposium on Social Supports': An interdisciplinary cross-fertilization. In Family and Community Supports Division (Ed.). Caring Communities: Proceedings of the Symposium on Social Supports (pp. 27-43).

 Toronto, Canada: Minister of Supply and Services.
- Streib, G. F., Folts, W. E., & La Greca, A. J. (1985). Autonomy, power, and decision-making in thirty-six retirement communities. The Gerontologist, 25(4), 403-409.
- Townsend, P. (1981). The structured dependency of the elderly: A creation of social policy in the twentieth century. Ageing and Society, 1(1), 5-28.
- Vasoo, S. (1991). Grass-root mobilization and citizen participation: Issues and challenges. Community Development Journal, 26(1), 1-7.
- Ward, R. A. (1979). The meaning of voluntary association participation to older people. <u>Journal of Gerontology</u>, 34(3), 438-445.
- Warren, R. (1970). The good community what would it be like? Journal of the Community Development Society. 1(1), 14-23.
- Whitmore, E. & Kerans, P. (1988). Participation, empowerment and welfare. Canadian Review of Social Policy, (22), 51-60.
- World Health Organization, Health and Welfare Canada, Canadian Public Health Association (1986, November). Ottawa charter for health promotion. International Conference on Health Promotion, Ottawa.

APPENDIX A

LETTER OF INTENT

Dear

As you are aware from our recent telephone conversation, I am undertaking field research as a part of my graduate program in Adult Education at the University of British Columbia. The research project is about the work of community seniors' groups. I have been meeting with Seniors' groups throughout the lower mainland to discuss the factors that both help and hinder their work.

By participating in this study your group will contribute to the knowledge of seniors' groups. This information will also help the work of other seniors' groups in the community.

We invite your group to participate in this important research project. The group interview will take one to two hours of your time. Following the interview a copy of the discussion will be made available to your group. Participation in the study is voluntary. A member may choose to withdraw from participating. The information obtained will be confidentially managed; neither individual names nor the name of the group will be revealed to anyone other than the investigators.

I will call you in a few weeks to confirm or to schedule my initial meeting with the board. If you have any further questions about this project do not hesitate to call me at 733-5809.

Thank you very much for your support and interest in this project, I look forward to meeting you soon.

Sincerely,

Barbara Berry Investigator Dr. James Thornton Graduate Advisor

APPENDIX B

SENIORS' GROUP CONSENT FORM

We have read and understand the purpose and procedures of the research project and agree to participate in the study.

We understand that:

- * the group interview will last approximately one and one half hours,
- * neither our names nor the name of our group will be revealed to anyone other than the investigators,
- * we have the right to refuse to participate or to withdraw from participation at any time without prejudice,
- * this consent form is signed by the president or chair person of our group on behalf of the group; and also by individual members of the group,

*	а	copy	of	the	sumn	nary	report	of	findings	of	this	project
is	5 (desire	ed _		_, is	no.	t desir	ed _	by	our	grou	ıp.

signature	member
title	member
group name	member
date	member
	member
member	member

GROUP PROFILE QUESTIONNAIRE TELEPHONE SURVEY

GROUP NAME:	
GROUP CONTACT: Position held:	Ph. No.
Number of profession Number of full time	pers in your group for members in your group hals associated with the group staff employed by the group e staff employed by the group
Does the group have Total number of exec Total number of boar Number of board memb	a secretary? sub-committees? yES NO utive committee members d/steering committee members committee members who are senior eers who are seniors committee members who are senior
CURRENT FUNDING SOURC Membership Fees Private Donations Corporate Donations Government Grants	YES NO Other Sources: YES NO
GROUP HISTORY: i). In what year did ii). How long has the	this group form? present group been working together?
iii).Why did this grocircumstances?	up form? What were the "triggering"

iv).	Who was involved in the formation of this group/ organization?
v)	.What are some of the things that might distinguish this group from other seniors' groups
i).	P MISSION and PROJECT OBJECTIVES Are the aims or mission of your group recorded here such as in a constitution? YES NO
ii).	What is the mission or aim of your group/ organization?
iii)	.What are the objectives of your group's project?
iv)	.What are the EDUCATIONAL aims of this group?
	FACTORS: Who do you think benefits from the work of this group at this time? In other words, who is the "client"?
	Primarily members of the group? YES NO Other seniors in the community? YES NO The community at large? YES NO All ages in the community? YES NO
ii).	Who do you think will be able to benefit from the work of this group in the future?
	Primarily members of the group? YES NO Other seniors in the community? YES NO The community at large? YES NO All ages in the community? YES NO NO
	OF THE PROFESSIONAL: What is the role of the professional who is affiliated with your group?
ii).	What is the role of the staff person who works for your group?

MEMBER PROFILE QUESTIONNAIRE

PERS(NAL INFORMATION:	
i). ii).	Are you a man or a woman? Man Woman In what year were you born?	_
iii)	Place an "X" beside the level of schooling COMPLETED elementary school some university some secondary school university secondary school some graduate some vocational/technical graduate degree vocational/technical unclear	:
iv).	What is your current employment status? I am Employed FULL TIME Yes NO I am Employed PART TIME Yes NO I am Retired Yes NO I am a Volunteer Yes NO I I am a Volunteer Yes NO I I I I I I I I I I I I I I I I I I	
v). of th	List the volunteer activities that you do on the bacis page:	k
vi).	If you are employed what do you do?	_
vii).	What was your former occupation?	_
	MEMBERSHIP: How long have you been member of this group?	_
	The 3 MOST IMPORTANT REASONS why I joined this group are: Place the number 1 beside the most important n; 2 beside the second most important reason; and 3 beside the third most important reason. I wanted to make new friends I wanted to get support I wanted to contribute I shared the belief and philosophy of the group I wanted to learn new things I felt obligated to join I was coerced into joining	
have	Place an "X" beside all of the contributions that you made as a member of this group: I ask for information I give direction I encourage hard work I give information I help resolve conflicts I tell jokes I act as a secretary I act as treasurer I offer support I act as a leader List any other contributions that you have made on the back of this page:	

THANK YOU FOR FINISHING THIS FORM!

FOCUS GROUP DISCUSSION QUESTIONS

THESE QUESTIONS WILL BE USED TO GUIDE THE GROUP DISCUSSION THAT YOUR GROUP HAS AGREED TO PARTICIPATE IN.

PLEASE TAKE A FEW MINUTES BEFORE OUR MEETING TO BECOME FAMILIAR WITH THE QUESTIONS. JOT DOWN ANY IDEAS THAT YOU WOULD LIKE TO SHARE WITH THE GROUP.

- (1) NAME THE THREE MOST IMPORTANT ACCOMPLISHMENTS OR SUCCESSES THAT YOUR GROUP HAS EXPERIENCED TOGETHER.
- (2) WHAT CONTRIBUTED TO THESE ACCOMPLISHMENTS?
- (3) WHAT RESOURCES WERE THE MOST IMPORTANT IN HELPING YOU TO ACHIEVE YOUR ACCOMPLISHMENTS?
- (4) WHAT WERE THE STRATEGIES THAT YOUR GROUP USED?
- (5) WHAT HAVE YOU LEARNED ABOUT YOURSELF AS A MEMBER OF THIS GROUP AND, WHAT HAVE YOU HAD TO LEARN AS A GROUP IN YOUR WORK TOGETHER?
- (6) WHAT WERE THE MOST CRITICAL BARRIERS THAT YOU HAVE ENCOUNTERED IN YOUR WORK TOGETHER?
- (7) WHAT ARE THE MAJOR CHALLENGES OR CONCERNS THAT YOU FACE AS A GROUP THAT YOU ARE WORKING ON TOGETHER?

THANK YOU FOR CONSIDERING THESE QUESTIONS. SEE YOU AT THE MEETING!

BARBARA BERRY 733-5809

APPENDIX C - 4 GROUP ASSESSMENT TOOL

CURRENT	S'				
1		2	3	4 .	5
MEMBERS NOT COMMITTED	!	ļ	. !	!	MEMBERS COMMITTED
MEMBERS UNITED		!	!	ļ	MEMBERS DIVIDED
CROSS-SECTION	1				SPECIAL INTEREST
PROCESS FOCUSED	-		ŀ	1	RESULTS FOCUSED
GRP. LEADER ELECTED	İ	1	1	ı	LEADER ROTATED
SENIORS DIRECT	-			1	PROFESSION DIRECTS
GROUP CONSERVATIVE		1	-	1	GROUP RADICAL
GROUP POWERFUL	-			1	GROUP POWERLESS
GROUP COMPETES	- 1	1	1		GRP COLLABORATES
GROUP AIMS CLEAR			1	1	AIMS UNCLEAR
SERVICE FOCUSED	- 1	1		ŀ	POLICY FOCUSED
GRP. WELL FINANCED		1	- 1		NO FINANCIAL BASE
GROUP EXPERIENCED		1	1	1	INEXPERIENCED
STRUCTURED/FORMAL	- 1	1	1	ĺ	FLEXIBLE/INFORMAL
ACCESS TO FACTS	ĺ	Ì	į	ĺ	NO ACCESS TO FACTS
DEPENDS GOV'T FUNDS	ĺ	ĺ	Ì	j	INDEPENDENT
CONSENSUS	i	i	i	i	AUTHORITY
GRP HAS HIGH IMPACT	i	i	į	i	NO IMPACT
MEMBERS WELL	i	i	i	i	MEMBERS NOT WELL
MEMBERS ARE SIMILAR	i	i	i	i	MEMBERS DIVERSE
EDUCATION PRIME AIM	i	i	í	i	EDUC. NOT AN AIM
MAINTAIN STATUS OUO	i	i	i	i	CHALLENGES
	'	ı	'	•	,
DESIR	ED	AIMS	OF	YOUR	GROUP

DES	SIRED	AIMS OF	YOUR GR	OUP
	1	2 3	4 5	
NOT COMMITTED		1 1	1 1	MEMBERS COMMITTED
MEMBERS UNITED		1 1		MEMBERS DIVIDED
CROSS-SECTION		1 1	1 1	SPECIAL INTEREST
PROCESS FOCUSED		1 1		RESULTS FOCUSED
LEADER ELECTED		1 1		LEADER ROTATED
SENIORS DIRECT			1 1	PROFESS. DIRECTS
GRP. CONSERVATIVE		1 1	1 1	GROUP RADICAL
GROUP IS POWERFUL			1 1	GROUP POWERLESS
GROUP COMPETES		1 1		GRP COLLABORATES
GROUP AIMS CLEAR				AIMS NOT CLEAR
SERVICE FOCUS	1		1 1	POLICY FOCUS
GRP. WELL FINANCED	1		1 1	NO FINANCIAL BASE
GROUP EXPERIENCED				INEXPERIENCED
STRUCTURED/FORMAL	1			FLEXIBLE/INFORMAL
ACCESS TO FACTS				NO ACCESS TO FACTS
DEPENDS GOV'T FUNDS !	1	1 1		INDEPENDENT
DECISION-CONSENSUS	-			AUTHORITY
GRP HAS HIGH IMPACT	- 1	1 1	1 1	NO IMPACT
MEMBERS WELL			1 1	MEMBERS NOT WELL
MEMBERS ARE SIMILAR	1		1 1	MEMBERS DIVERSE
EDUCATION PRIME AIM	1		1 1	EDUC. NOT AN AIM
MAINTAIN STATUS QUO	1		1 1	CHALLENGES

TELEPHONE FOLLOW-UP INTERVIEW

GROUP NAME:

GROUP CONTACT PERSON:

DATE OF TELEPHONE CALL:

1).	Did you receive the group summary notes?	YES	NO
2).	Did I miss anything that you would like me to include?	YES	NO
3).	Did I misinterpret anything that you said during the meeting?	YES	NO
4).	Is there anything else that you have thought of that you would like me to know about?	YES	NO
5).	Did you find the notes helpful? How were they helpful?	YES	NO
6).	Did you find the process helpful? How were they helpful?	YES	NO
7).	Did anything happen as a result of the meeting? How were they helpful?	YES	NO

(8) Other Comments:

APPENDIX D

FOLLOW-UP LETTER

Dear

I would like to take this opportunity to thank you all for meeting and talking with me about the work of your seniors'group. I found our discussion very interesting and I hope that as a group you found the experience helpful.

I have enclosed a copy of the transcript of the group discussion. In order to make sure that I have not misrepresented your group, please review the notes together with the following questions in mind:

- 1). Did I miss anything that you would like me to include?
- 2). Did I misinterpret anything that was said during the meeting?
- 3). Is there anything else that you have thought of that you would like me to know about?

If you have any comments regarding any of these questions, please call me at 733-5809.

Once again, thank you for sharing your ideas with me. I will contact you when the final report is available.

Sincerely,

Barbara Berry 3081 West 14th. Ave. Vancouver, B. C. V6K 2X7

 $\underline{\text{APPENDIX E}}$ SENIORS' GROUPS ACCORDING TO NUMBER, FUNCTION AND CATEGORY

Group Number	Function of Group	Category of Group
Pilot 1 Pilot 2 Pilot 3	Seniors' Wellness Advocacy Network Seniors' Wellness	Service for seniors Service for seniors/Issues Service for seniors
1	Seniors' Wellness	Service for seniors
2	Caregiver Support	Service for seniors
3	Social Activist	Non-service/Issues
4	Neighbourhood Advisory	Service for seniors
5	Seniors' Wellness	Service for seniors
6	Visually Impaired	Self-improvement
7	Advocacy Network	Service for seniors/Issues
8	Seniors' Wellness	Service for seniors
9	Health Care Advisory	Service for seniors
10	Community Planning	Service for senior
11	Social Activist	Non-Service/Issues
12	Community Services	Service-for-seniors
13	Information Network	Service for seniors
14	Support Services	Service for seniors
15	Support/Wellness	Service for seniors
16	Cross-Cultural	Self-improvement
17	Information/Support	Service for seniors
18	Community Planning	Service for Others
19	Senior Citizens Ass.	Service for Self/Issues
20	Social Health/Activist	Service for seniors/Issues

APPENDIX F

GROUP INTERVIEW TRANSCRIPTS

Pilot Group One, (1991). [Seniors' wellness: Pilot interview]. Unpublished raw data.

Pilot Group Two, (1991). [Advocacy network: Pilot interview]. Unpublished raw data.

Pilot Group Three, (1991). [Seniors' wellness: Pilot interview]. Unpublished raw data.

Group One, (1991). [Seniors' wellness: Focus group interview]. Unpublished raw data.

Group Two, (1991). [Caregiver support: Focus group interview]. Unpublished raw data.

Group Three, (1991). [Activist: Focus group interview]. Unpublished raw data.

Group Four, (1991). [Advisory: Focus group interview]. Unpublished raw data.

Group Five, (1991). [Seniors' wellness: Focus group interview]. Unpublished raw data.

Group Six, (1991). [Visually impaired: Focus group interview]. Unpublished raw data.

Group Seven, (1991). [Advocacy network: Focus group interview]. Unpublished raw data.

Group Eight, (1991). [Seniors' wellness: Focus group interview]. Unpublished raw data.

Group Nine, (1991). [Health care advisory: Focus group interview]. Unpublished raw data.

Group Ten, (1991). [Community services planning: Focus group interview]. Unpublished raw data.

Group Eleven, (1991). [Activist: Focus group interview]. Unpublished raw data.

Group Twelve, (1991). [Community services network: Focus group interview]. Unpublished raw data.

Group Thirteen, (1991). [Information network: Focus group interview]. Unpublished raw data.

Group Fourteen, (1991). [Support services: Focus group interview]. Unpublished raw data.

Group Fifteen, (1991). [Support/seniors' wellness: Focus group interview]. Unpublished raw data.

Group Sixteen, (1991). [Cross-cultural: Focus group interview]. Unpublished raw data.

Group Seventeen, (1991). [Information/support network: Focus group interview]. Unpublished raw data.

Group Eighteen, (1991). [Community services planning: Focus group interview]. Unpublished raw data.

Group Nineteen, (1991). [Seniors' citizens association: Focus group interview]. Unpublished raw data.

Groups Twenty, (1991). [Social health/activist: Focus group interview]. Unpublished raw data.

APPENDIX G
COMPOSITION OF DISCUSSION GROUPS

Seniors Group	Total No. on Board	Total No. at Group Interview		No. of Paid Staff/ Advisory
Wellness (1)	15	8	6	1/1
Caregivers (2)	5	6	5	0/1
Activist (3)	10	7	7	0/0
Advisory (4)	7	8	7	1/0
Wellness (5)	14	10	9	1/1
Vision (6)	10	5	5	0/0
Network (7)	4	13	13	0/0
Wellness (8)	12	13	9	0/4
Advisory (9)	14	8	7	0/1
Planning (10)	12	6	4	1/1
Activist (11)	10	8	6	0/2
Network (12)	7	7	5	1/1
Network (13)	12	7	7	0/0
Support (14)	16	11	9	2/0
Support (15)	4	2	2	0/0
Cultural (16)	13	9	9	0/0
Network (17)	13	8	7	1/0
Planning (18)	11	5	1	2/2
SCA (19)	4	9	9	0/0
Soc.health (20) 12	8	7	1/0