

Journal of Rural and Community Development

Vulnerability, Voluntarism, and Age-Friendly Communities: Placing Rural Northern Communities into Context

Authors: Elaine C. Wiersma, Rhonda Koster

Citation:

Wiersma, E., C., & Koster, R. (2013). Vulnerability, voluntarism, and age-friendly communities: Placing rural Northern communities into context. *Journal of Rural and Community Development*, 8(1), 62-76.



Publisher:

Rural Development Institute, Brandon University.

Editor:

Dr. Doug Ramsey



Open Access Policy:

This journal provides open access to all of its content on the principle that making research freely available to the public supports a greater global exchange of knowledge. Such access is associated with increased readership and increased citation of an author's work.

Vulnerability, Voluntarism, and Age-Friendly Communities: Placing Rural Northern Communities into Context

Elaine C. Wiersma
Lakehead University
Thunder Bay, Ontario
ewiersma@lakeheadu.ca

Rhonda Koster
Lakehead University
Thunder Bay, Ontario
rkoster@lakeheadu.ca

Abstract

Voluntarism is considered to be one aspect of age-friendly communities, where communities are committed to promoting the well-being and contributions of older people. Rural northern communities can be vulnerable to external forces, and this vulnerability impacts voluntarism. Using a focused ethnographic approach, the purpose of this study was to examine aging in place in a rural northern community in northern Ontario in a state of economic transition and instability. Interviews were conducted with 84 participants, including older adults, health and social care providers, and other community members. There were several themes emerging associated with the idea of volunteering, including a lack of volunteers, volunteer burnout, community attitudes, a lack of newcomer participation, and a transitory lifestyle. These themes were discussed against the backdrop of a community in a state of economic instability, and reflected the demographic, economic, and social changes that the community had experienced over the last few years. The findings suggest that when examining the aspect of voluntarism, the context of the community has to be taken into consideration.

Keywords: rural and northern communities, age-friendly communities, voluntarism, aging in rural Canada, aging in northern Ontario

1.0 Introduction

Civic participation is often described as central to “active ageing” (WHO, 2010). While both political and leisure discourse links voluntarism and civic engagement to positive health outcomes, this often translates into assumptions of enhanced independence for older adults, and a subsequent decreased dependence on the health care system (Katz, 2000; Martinson & Minkler, 2006). Volunteering provides an important method for seniors to engage in civic life and provides support for needed services in the community. Voluntarism is considered to be one aspect of an Age-Friendly Community, as it represents a form of civic participation (WHO, 2007). The WHO Age-Friendly Framework has attempted to counter the typical representation of an aging population, namely the strain and demand seniors place on social and health care systems, by emphasizing the positive contributions seniors can make to their communities (WHO, 2010). Although an

adaptation of the framework has been developed for rural communities (Healthy Aging and Wellness Working Group of the F/T/P Committee of Officials., n.d.) and recent deconstructions of voluntarism in rural communities has been attempted (Skinner & Joseph, 2007, 2011), the notion of voluntarism has yet to be critically evaluated within the Age-Friendly Framework. This manuscript critically explores voluntarism within a specific context: a rural northern resource-based community in a state of economic instability.

As suggested by the WHO (2007), making communities more age-friendly is a necessary and logical response in the promotion of well-being; to encourage the contributions of older people; and, to keep communities thriving. By emphasizing communities as key in supporting aging-in-place, the representation of an aging population shifts to supporting seniors and communities, as opposed to the perceived strain and demand seniors will place on systems (WHO, 2007). In countering this perspective, the notion of successful aging and of civic engagement has not necessarily been problematized. Scholars have deconstructed the notion of voluntarism as a positive concept and have illuminated the often troubling discourse and stereotypes surrounding aging seniors (Martinson & Minkler, 2006), while addressing voluntarism as a response to neoliberal policies that affect communities, in particular rural settlements (Joseph & Skinner, 2012; Skinner & Joseph, 2007, 2011).

The context of rural northern communities provides a unique situation in which to explore voluntarism and to deconstruct solely positive concepts of voluntarism. Resource-based towns that were built around mills or mines, also called “instant towns” (Skinner et al., 2012), provide a particularly interesting context in which to study this phenomenon. Many rural communities with declining populations and failing resource-based industries have felt a sense of urgency to find alternatives to attract future populations (Skinner et al., 2012). One proposed solution has been to reinvent these communities as retirement havens. While this may provide a short-term solution, the implications for such a strategy in the long-term are not always well conceived. Attracting seniors to these communities highlights the issues of aging-in-place, as a greater population of seniors may seek to remain in the community as they age. The changing demographics in rural northern communities also have implications for the character of the town, including potential implications for volunteering.

Significant scholarship has been dedicated to understanding the role of voluntarism in rural communities (Joseph & Cloutier-Fisher, 2005; Joseph & Martin-Matthews, 1993; Skinner & Joseph, 2007). The model outlined by Skinner and Joseph (2007, 2011; Joseph & Skinner, 2012) suggests that both formal and informal voluntarism are critical processes in rural community systems, particularly as they relate to changes in health and social care. Skinner and Joseph (2007, 2011) suggest the local dynamics of voluntarism can be understood as a barometer for change within broader structural forces, such as globalization, regionalization, and economic policies, and as a mechanism of adjustment to such change in both the rural community and the health and social care sectors. Voluntarism is therefore considered to be reflective of, and a response to, external changes and restructuring that leave rural communities vulnerable (Joseph & Cloutier-Fisher, 2005; Skinner & Joseph, 2007, 2011). Joseph and Skinner (2012) theorise voluntarism as a critical process at the intersection of changes underway in health and social care systems and in rural communities in general.

Voluntarism in rural communities has been described as being confronted by a ‘double jeopardy’: caring for increasing numbers of vulnerable people in places made vulnerable by community and economic changes (Joseph & Cloutier-Fisher, 2005). Vulnerability is a key theme in rural communities, as it captures the impact of rural change on both people and places (Joseph & Cloutier-Fisher, 2005). Characteristics of vulnerability can include limited diversity within the local economy; small populations; size; distance from urban centres; loss of local employment; and, decision-making outside the community (Joseph & Cloutier-Fisher, 2005). The capacity of rural communities to care for their aging populations can be overestimated, posing challenges when policies are made based on assumptions of capacity for local care of aging populations (Skinner & Joseph, 2007). These challenges can be exacerbated in remote rural regions, such as those found in northern Ontario.

Various studies have been conducted that examine the characteristics of volunteers within Canada, and in turn are often used to assume the capacity of local residents to care for their aging population. These studies suggest that volunteers are typically from high and middle socio-economic status neighbourhoods, are more likely to have higher levels of education, and are more likely to be women (Williams et al., 2008). Although some studies conclude that volunteering is on the decline in Canada (Williams et al., 2008), just under half of Canadians volunteer and within this group, a small number of individuals account for the majority of volunteer hours (Statistics Canada, 2007). In contrast to their urban counterparts, rural residents participate more frequently in volunteer work, provide more direct assistance to others, and belong to more community organizations (Fast & de Jong Gierveld, 2008). Rural residents also tend to provide more help to family members, friends, and neighbours (Roanova et al., 2008). Women who live in communities where the population is declining are argued to follow more specific daily patterns and spend more time volunteering as compared to their counterparts in stable or growing communities (Roanova et al., 2008). Although residents living in rural areas and small towns have more activity limitations than those living in larger urban centres, they are also more likely to provide more hours volunteering (Fast & de Jong Gierveld, 2008). Volunteer opportunities are also regarded as a way for newly arrived retirees to integrate within the community (Roanova et al., 2008).

Despite the external forces that structure rural communities and voluntarism (Joseph & Skinner, 2012; Skinner & Joseph, 2007, 2011), along with the increased patterns of volunteering in rural communities (Fast & de Jong Gierveld, 2008), it is also important to understand community members’ perceptions of voluntarism and to explore potential local characteristics that might influence voluntarism. Delineating between formal volunteering (i.e., volunteering with organizations) and informal volunteering (i.e., “being there” for friends and neighbours) might also help to elucidate the different ways in which voluntarism is understood in rural and northern communities. Deconstructing the positive concepts of voluntarism, in particular through the interrogation of both structural factors and the local context, provides a more comprehensive understanding of the landscape of voluntarism in rural northern communities.

This paper reports on emergent findings from a research project that aimed to examine the experiences of aging-in-place in one rural northern community in a state of economic instability or transition in Ontario. The specific research questions focused on the experiences of aging for older adults in economically

fluctuating, rural communities; how service providers and other community members viewed aging-in-place in such contexts; the structures and factors in the community that contributed to aging-in-place; and, identified the issues and challenges of aging-in-place in northern Ontario communities.

As we explored the experiences of aging-in-place, issues of voluntarism emerged as a strong theme surrounding the central concerns. While voluntarism can be seen as both formal and informal, participants within this study tended to focus on the former. This distinction between formal and informal volunteering, although overlapping concepts, is theoretically important (Wilson & Musick, 1997). Formal volunteering encourages helping (i.e., informal volunteering), but helping does not necessarily affect formal volunteering (Wilson & Musick, 1997). This manuscript presents our analysis of the data that seeks to explore participants' views and perceptions of volunteering.

2.0 The Regional and Community Context

Northern Ontario is a large rural and remote region that shares characteristics with other rural and northern areas throughout Canada. Individuals living in rural communities must continually access services from the few large cities that exist in the region (Kelley & MacLean, 1997). Driven by current economic transitions, the demographics of northern Ontario are characterized by the continued outmigration of youth and a rapidly aging population (Southcott, 2007). From 1971 to 2001, the percentage of the population aged 65 and older in northwestern Ontario rose by 110.7%, versus 54.2% for Ontario as a whole (Southcott, 2007). As of 2009, 17.8% of the population of northwestern Ontario was 65 or older (Bronskill et al., 2010). Projections indicate that between 2010 and 2030 all age groups of those younger than 65 will decrease between 10 and 23%, while the 65 to 74 age group is projected to increase by 82%, and the 75 and over age group will increase by 62% (NWLHIN, 2009).

Rural northern communities in Ontario have traditionally dealt with economies based heavily on the exploitation of natural resources (Southcott, 2007). Economic and community development in this area was driven by the mining and forestry industries, often undertaken by large, non-local corporations (Southcott, 2007). Southcott explains that this contributed to the region's unique vulnerability to forces beyond their control, such as resource depletion, commodity prices, corporate changes, international monetary exchange rates, and government policy. This vulnerability is evident in terms of economy, demography, geography, and other community characteristics.

Study participants were recruited from one community in northern Ontario, Birchdale Grove (pseudonym), which was established approximately 60 years ago and had been identified as having a rapidly increasing senior population and transitional economy. Many of the participants moved to the town as adults, while others were original inhabitants who helped build the town, and still others were recent migrants to the community. Birchdale Grove is located approximately 400 kilometers east of a major city in northern Ontario and is somewhat isolated, as it is situated approximately 50 kilometers off the dead-end of the nearest major highway. A result of this isolation is few opportunistic visitors, with only those arriving for specific reasons such as business or visiting family or friends.

Birchdale Grove has been in a state of economic transition for the past two decades due to the closure and imminent elimination of their primary resource industries: mining and forestry (i.e., pulp and paper). While the local economy was built on the mining industry as the main source of employment, mines began closing in the 1990s. As a result of the closures, the population declined significantly from 2001 to 2006 (Southcott, 2006), although the number of people over the age of 65 increased from 2001 to 2006 (Southcott, 2007). Overall, the population has decreased by less than half of what it was when the town was in its prime. The town council of Birchdale Grove has attempted to diversify the community's economy through promotion as a retirement community and tourist destination. An influx of people, particularly early retirees, has occurred in the last five years while the outmigration of younger people continues. Much of this influx is due in large part to extremely low housing prices that have attracted not only retirees, but also additional demographics seeking affordable housing. Despite the influx of new residents, the population has declined significantly over the last ten years. It was hoped that a case study of Birchdale Grove would shed light on many issues facing rural aging communities, particularly as they seek to explore strategies to maintain population numbers. Such exploration might further illustrate specific factors that may affect a community's capacity to support an aging population.

3.0 Research Methods

This study utilized a focused ethnographic approach typically adopted in applied research (Knoblauch, 2005). Focused ethnography does not require a researcher to spend extensive amounts of time in a community; rather, it requires the researcher to focus on intensive data collection, is restricted to a specific aspect of community life, and data is typically collected in the form of intensive interviews (Knoblauch, 2005). The research team (two researchers and a research assistant) spent two months total in Birchdale Grove. In-depth interviews were used as the main data collection tool, and associated questions focused on participants' history in the community; perceptions of the structures and factors that support or limit aging-in-place; their own experiences of aging-in-place (for older adults); issues and challenges to aging-in-place; and the perceived need for specific strategies and policies to support aging-in-place. Interviews were typically conducted individually or with two people (e.g., when interviewing a couple), in addition to two small group interviews with health service providers and additional community members. Interviews lasted between 45 minutes and two hours, and were most often held in people's homes or workplaces.

There were numerous groups of participants involved in this research, including 37 older adults, 27 service providers (both health care and social service), and 20 additional community members (business owners, clergy, municipal workers, volunteers, family of older adults, etc.). Older adults ranged in age from mid-50s to mid-80s, with the majority of participants being in their 60s or 70s and having lived in the community for more than ten years. In total, 84 individual participant-interviewees were approved for inclusion in the study (ethics approval and consent forms). We adopted a pseudonym for the town to ensure anonymity for all participants.

Interviews were transcribed and inputted into QSR NVivo8: a qualitative data and mixed methods research software. Transcripts were analyzed for emerging themes based on participants' experiences, and employing open coding: a word or phrase was used to capture the meaning of each line or phrase (Strauss, 1987). Axial coding

was also used to group together similar words or meanings as larger themes emerged, and selective coding was used to identify the core categories, leading to additional condensing and linking of categories (Strauss, 1987). Emerging core categories were then compared to the Age-Friendly Communities Framework (WHO, 2007) and used to structure our findings. The results presented here focus on volunteering as civic participation: one characteristic of Age-Friendly Communities.

4.0 Findings

While numerous findings of the study related to health and aging concerns, civic engagement was identified as a central theme related to all issues. In particular, the role of voluntarism in the community, including time spent volunteering for specific organizations as well as additional forms of support (financial, etc.), was regarded as a vital issue. It is important to note that participants did not define volunteering as informal support for friends and neighbours, which was simply seen as part of the life and culture of a small town. Community members had a very strong sense of informal commitment to friends and neighbours, beyond formal volunteer activity. Formal organizational volunteer work was described as “volunteering”, and it is within the context of such activity that we present our findings.

There were several themes that emerged from the interviews, in association with the idea of volunteering: lack of volunteers, volunteer burnout, community attitudes, lack of newcomer participation, and a transitory lifestyle. These themes were discussed against the backdrop of a community in a state of economic instability, and reflected the demographic, economic, and social changes experienced over the last few years.

4.1 Lack of Volunteers: “Everything Is Just Falling Apart. No One’s Volunteering.”

A lack of volunteers was a common theme expressed by participants. Many mentioned that only a select few individuals in the community were responsible for the majority of volunteering activity, including serving as board of directors and becoming involved in additional governance opportunities. Apart from these few individuals, participants felt that few others contributed to this aspect of local life. Participants went on to further characterize the majority of volunteers as seniors. While a small number of people contributing the majority of volunteer hours is a commonly observed phenomenon, this may be even more noticeable in small rural communities. One older woman commented: “You just have to volunteer once, and then from then on everybody’s got you doing things... When you volunteer in five, six, seven different places, you’ll meet almost the same friends.” A health care provider also mentioned that many active volunteers had left when the primary industries closed or they were unable to continue volunteering because they were getting older:

And I think part of the gaps come from people leaving because there were volunteer groups that took care of a huge portion of this stuff. And now that the volunteers are, unfortunately, dying because they’re getting older. And the ones who maybe did have left. So now your volunteer base is

pretty low as well, so I think all of these in combination are starting to come...

The demographic shifts experienced as a result of external forces, had a significant impact on the community dynamics of voluntarism. An older adult dramatically stated that, “Everything is just falling apart. Nobody’s volunteering.” Another health service provider suggested, “There’s no one to volunteer. They’re not interested. And I know, because I’ve gone to doors looking for volunteers.”

Another reason attributed to the lack of volunteers was the senior age of most active individuals, who were no longer able to volunteer on all occasions. One caregiver noted, “That’s from lack of volunteers and during the winter it’s very hard because 90% of them are seniors who themselves can’t take the trouble, the chance of falling, if that person isn’t paying to have snow removal”, while another older adult suggested, “...a lot of seniors don’t want to do anything. They just want to ...let me know if there’s something going on, they’ll come but they won’t be the ones running it.” This lack of willing or able individuals, in addition to the outmigration of younger people, led to the collapse of a number of organizations in the community:

Volunteering is terrible. There is very little voluntary anymore here. Very little, because I don’t think there’s the Beavers or the Cubs anymore, or Brownies and Guides. I don’t think those organizations are running. Now I could be wrong, but I haven’t heard of any of them and you don’t hear, like, they should be getting ready to advertise and you don’t hear of it.

4.2 Volunteer Burnout: “They’re tired of volunteering.”

Closely tied to the issue of lack of willing volunteers was the issue of burnout among those individuals who were currently and consistently volunteering. A community member and health service provider commented that, “Burnout is a serious factor because the same people are volunteering for everything.” Another health care provider stated, in reference to the seniors who volunteered, “But they’re tired. They’re tired. They’re tired of volunteering.” A health service provider who spent much time volunteering stated, “I’m tired. And that’s what it’s gotten down to is, I’m tired. I’m tired of saying, ‘Yes, I’ll do it’ because nobody else will.” An older adult also stated that, “There’s only a few of them that get involved. People just don’t want to volunteer. There’s just a certain few; and a certain few are getting tired. I’m one of them.” People who expressed feelings of burnout simultaneously realized that the wellbeing of these organizations was related to their willingness to volunteer. Even the local seniors’ centre seemed to have a difficult time attracting volunteers. One older adult stated that, “The Seniors’ Centre is really good and the membership is really up. But same old story of any group or organization. The volunteers are tired, you know? It’s not a volunteer. It’s a full-time job, the things they’re asking these people to do.” A health care provider commented that, despite the fact that a high proportion of this “select few” were seniors themselves, volunteers were tired because of the high numbers of seniors who expected services but were not willing to contribute to ensuring those services were available:

Well, a lot of the volunteers are burned out. We still do what we can. But we have a Seniors' Centre, which they want to build a new one. But no one seems to be going and no one wants to be on the executive. So how can you make all these demands? Those of us that have been in it for years...some of the new ones are very helpful. Some of them are very helpful. I'm not denying. But nonetheless, there's people that have lived here for years and worked on that executive and aren't able to go anymore, and no one visits them.

Echoing this frustration, an older adult stated, "But a lot of us are burned out and we only have so many hours of the day, while others sit there and never do anything." One health service provider summed up her thoughts by saying, "So you've got to be careful about small towns. They can kill you and I'm sure there's people burned out. They can suck everything out of you in a small town because there's always something you can do." Even though there was a strong sense of commitment to their community, participants felt that many people were not volunteering, and the active volunteers were, in many cases, tiring and burning out.

4.3 Community Attitudes: "They Just Want to Sit Around and Be Served"...

A number of participants, particularly those who had moved to the town in their adult years and had not worked for the mining industry, noted a certain attitude of entitlement among some of the "old-timers" of the community. This demographic was seen to expect service provision, rather than making a contribution to the community. A health care provider characterized the attitude of many in the town as follows: "I want all your amenities. I want all your services. I want everything. Get this, this, this, and this, and I want it right now; and I'm not working for it'."

Despite the employment reduction and closure of several mines in the area over the past 20 years, the legacy of the mining industry was a culture of dependency that continued to affect local attitudes. A community member noted that, "...we had some really, really strong corporate senses with the mines. They recognized that it was part of their duty to provide for their employees and anything they did for their employees benefited the whole community. And that's gone now, so we don't have that." This sentiment was elaborated upon by another participant who indicated how much the mining corporations did for the community. Although the mining industry had been shut down for a few years, many of the attitudes of dependence continued:

The town and the people – the long-time residents – were so used to the mines paying or subsidizing everything that stuff was dirt cheap. I mean, they'd have parties or, I don't know, celebrations; and the mine would cover like half of the cost. And people would get in free or for a very nominal price. Where now, the snowmobile club – nobody wants to join. They don't have...nobody's organizing. [Older Adult].

The legacy of service provision provided by the mining companies had resulted in a sense of entitlement that challenged voluntarism within the group of long-time residents of the community. This legacy created a sense of reliance on others to provide services, rather than a sense of civic responsibility. Although the mine was an external entity to the town, the attitudes cultivated by their service provision continued to structure the attitudes of many community residents.

4.4 Lack of Newcomer Participation: “They’ll Pay but Won’t Commit the Time”

Although some participants stated that the “old-timers” in the community had an attitude of “give us more”, some of the newcomers to the community were also seen to have certain expectations and attitudes. Just as the lack of civic participation from the “old-timers” was attributed to a certain type of mentality fostered by the mining industry, some participants felt that the newcomers were also used to a different lifestyle in which voluntarism was not valued. A health care provider stated, “I don’t mean to sound like they’re not nice. They’re very nice people. They are just from a different life. That’s the only way to describe it.” In commenting on newcomers, this individual continued:

Maybe people will take longer to fit into the community. And maybe they’ve never done it. But when you live in a small town, when you see somebody should do it, well – you’re a somebody. If you don’t get involved and do stuff, then it’s not going to be there. So I think that’s why it was such a nice place to bring kids up because there was so much for the kids. But it’s because people volunteered and made it happen. It just doesn’t happen by itself.

It should be noted that some newcomers were actively involved in volunteering; however, there were perceptions from some participants that many were not interested in volunteering. Another health service provider commented:

One of the things that I have noticed is, like a lot of people who have moved here have very high expectations. We also have a lot of them who have auto worker background, strong union, blue collar types. And a lot of them came with a mentality of “Gimme. What’s this town going to do for me? Like, grace me with thy presence. What are you going to do for me?” And I have some interesting observations. I said, you know, when you came here, this town was vibrant, lots of activities, lots of people doing all kinds of stuff. A great diversity of things you can do. Most of these things were done by volunteers who dedicated time and had an interest. So whether it’s cross-country skiing or the ski hill, or even things like the trail networks for the snowmobile club – all these things were run by volunteers. If you’re not volunteering and those people who were

volunteering are moving away, that activity won't be here." So in a small town, one or two people can make a big difference... That's one or two people making a huge difference in a small town; and that's the beauty of being in a small town... Here, sometimes you can create your own spot, right? So that's one of the advantages of new people moving in. I don't think they have that understanding.

Another older adult suggested, "The older people—they come in town and they just want to sit around and be served, to tell you the truth." In essence, one of the strategies to maintain community population and vitality (i.e. attracting new retirees) also led to different types of community issues. An increased number of people were using volunteer services, yet according to many participants, the pool of volunteers had not increased.

4.5 Transitory Lifestyle: "I'm off doing this..."

A transitory lifestyle was also seen as a deterrent to active volunteering. Many seniors, both those who had lived in the community for many years and those who had recently moved to Birchdale Grove, travelled frequently. Newcomers to the community often spent winters in the south, and seniors who had lived in the community for many years often spent a significant portion of their summers away at camp or cottages. Spending any significant amount of time away from the community was seen to have a detrimental impact on volunteering. A health service provider commented:

I find the new people that come to town are not making it a home. "I'm here to live. I'm here to take advantage of everything. But I go to Florida for three months, so I'm off doing this and I'm off doing this; and I shouldn't have to give of my time because there's somebody else to give of it." And they're not putting the effort into a community, and in a city you may not have to.

The outmigration of people from the community also impacted volunteering. As one health service provider stated:

The latest group that seem to be leaving are the ones that aren't ...they're not in their 80's. They're not in their 70s. They might be late 50's, 60's, and those were the people that really were the volunteers and those are the group that seem to be leaving now because they're the ones that held onto their jobs at the last. Or the very fact that they think, "Yeah. I'm getting older. I'm getting more health problems. And I need to be in a place where I don't have to keep traveling for all these appointments."

Overall, the lack of volunteers, burnout, community attitudes, poor newcomer participation, and a transitory lifestyle were emergent themes within interview data. The reasons for these themes were also present in the data and included 1) the outmigration of young people that resulted in a gap of volunteers; 2) the outmigration of young people also resulted in a higher senior population that was now responsible for many volunteer contributions; 3) the dependence on the mine continued to permeate community attitudes and was reflected in the unwillingness of some community members to volunteer and contribute; and, 4) an influx of new retirees added further complications with little consistent presence in the community as people spent either winters or summers away from the community.

5.0 Discussion

While we did not conduct a quantitative study to determine statistical evidence for a decline in volunteering, the perceptions of community members indicated that volunteering was seen to be on the decline. The participants in this study viewed voluntarism as contributions in the formal sense: participating in and contributing to organizations (seniors' centre, children's activities, hospital, food bank, churches, etc.). While Skinner & Joseph's (2007; Joseph & Skinner, 2012) work has jointly examined both formal and informal volunteering, our participants clearly distinguished between the two. In adopting Skinner and Joseph's work, we also illuminated the possible distinctions in meanings of voluntarism between formal and informal volunteering. Our participants described the informal aspects of volunteering (Wiersma et al., 2010), but did not view such activity as volunteering. The support provided to friends, neighbours, and other community members (generally understood within the literature as informal volunteering) was critical to the culture of the community, but was not identified as volunteering. Volunteering was characterized exclusively as activities undertaken with formal organizations. Distinguishing between formal and informal volunteering might potentially explain the negative perceptions toward solely formal volunteering, as revealed in this study and as compared to previous studies that have incorporated both (Fast & de Jong Giervold, 2008; Joseph & Skinner, 2012; Skinner & Joseph, 2007; Skinner et al., 2008). Future research should therefore attempt to disentangle formal and informal volunteering to explore the different meanings associated with each.

The very different understanding of voluntarism in Birchdale Grove provides a unique departure point for the deconstruction of the Age-Friendly Framework in terms of civic participation. This paradigm centres on positive constructs of volunteering, and seems to imply that overcoming barriers is simply a matter of making more opportunities available and developing strategies to encourage participation (WHO, 2007). This appears to be an overly simplistic understanding of voluntarism, especially in remote, resource-based, rural communities. The question remains: when a community is no longer able to sustain a strong volunteer base due to external and internal factors, can it still be age-friendly?

The themes discussed by our participants indicated that vulnerability associated with place and the resultant outcomes (outmigration, in-migration of new people, entitlement attitudes, and transitory lifestyles) seem to have an impact on views concerning and participation in voluntarism. As noted in previous work (Joseph & Skinner, 2012; Skinner & Joseph, 2007), volunteering in a rural northern town appears to be significantly influenced by the state of economic and demographic transition. Like Joseph et al. (2001), our study indicates that broader structural

issues create vulnerability and also shape people's everyday experiences. The issue of community vulnerability, and all of its contributing factors, was evident in the many topics mentioned by participants. While voluntarism was not asked about specifically, participants brought it up as a significant local concern and challenge, and not necessarily as a positive aspect of their community. In all facets of their community, from the seniors' centre to the local hospital to civic organizations, etc., voluntarism was impacted by external structural forces. The vulnerability of the community to external forces was not only limited to the economy, but filtered down to many aspects of day-to-day community life.

The push for the town to market and attract new retirees led to a specific set of issues for the community. Many rural towns have been left to determine their own fate, and having to do so within a culture that has become dependent upon a particular industry to make decisions and carry out actions on their behalf. Although a "retirement strategy" for this community had worked in the short-term to maintain some semblance of demographic stability, in the long-term it seemed to have a mixed effect on the dynamics of the community: even as volunteers continued to contribute to their community, the demographic shift experienced suggested that the typical senior volunteer would at some point in the future no longer be able or wish to continue such roles. Many seniors, as they retire and move to retirement communities, may no longer wish to volunteer but have time in their lives to enjoy leisure activities and free time without obligations. Thus, while a retirement strategy for rural northern towns may be beneficial in terms of increasing the population and filling vacant homes, towns may simultaneously experience challenges in terms of volunteering and volunteer contribution.

While previous researchers have indicated that volunteer opportunities provide ways for new people to integrate within a community (Rozanova et al., 2008), we did draw similar conclusions. Although participants expressed the expectation of new people to become integrated into the community and contribute by volunteering, this was related to the need for volunteers as opposed to the benefits that newcomers might accrue through such activity. Since the influx of newcomers occurred a few years prior to data collection, concern over their integration may have long since passed.

The particular context of this rural community must also be considered, given its economic history. Resource-based communities often have a unique culture, greatly influenced by the primary industry that dominated the economy. During the boom period of the mining industry, companies were able to provide high paid employment, affordable housing, recreation and leisure services, and supported various community initiatives. In their work examining tourism development in resource-based communities, Schmallegger and Carson (2010) and Carson and Carson (2011) argue that the dependence on large corporations formed during the boom period creates a legacy of reliance on "others" to continue to provide economic and social options once the resource-base has shifted. This reliance limits the ability of community members to act independently to create other economic and social realities. Data from our study would support such arguments, as it is clear that even with the mine closures, the attitude of entitlement continued to affect volunteer participation. The significant contribution of the mining industry to community life led to the persistence of these structured attitudes of entitlement. This is not to discount the contributions of many individuals, but merely to point out that the formal volunteering seemed to be structured by the

history and place of the mines in the community, and the attitude it perpetuated. Although the industry was an external entity, the dependence it provided became internalized within the community. The willingness of citizens to volunteer, and to view volunteering as a positive opportunity, may be an erroneous assumption within a resource-based community economy, and understanding the local context is important in any associated study.

Finally, the recognition that certain groups of seniors often have transitory lifestyles had a significant impact on the local community dynamic and volunteering. Many seniors were part-time residents, spending significant amounts of time away from the community, which altered the dynamics surrounding voluntarism. The perception by some of those who regularly travelled was of a demographic of limited contribution, but who expected the opportunities and services provided by those who contributed significantly through volunteering. This created a sense of imbalance between those who stayed, and those who were more transient. The limited voluntary contribution from the transient senior sector was seen as damaging to community vitality.

While this study emerged from one community in rural northern Ontario, similarities between our findings and other research is striking, particularly with regard to the external structuring forces of rural communities (Joseph & Skinner, 2012; Skinner & Joseph, 2007). It should be noted that although there are similarities, the findings of our study also highlight differences related to the disentangling of formal and informal volunteering, and the unique nature of one resource-based, rural community in northern Ontario.

Our case study has illustrated that the Age-Friendly Framework around voluntarism is simplistic in its approach, and does not take into account the complexities associated with places and their particular socio-economic histories. We caution that the common positive discourse around voluntarism should not be assumed *a priori*, and previous work in deconstructing voluntarism in rural and remote communities should be considered in light of the Age-Friendly Communities Framework (Joseph & Skinner, 2012; Skinner & Joseph, 2007). It is critical that leaders of resource-based communities develop policies to address their aging population, based on a critical assessment of the propensity for voluntarism within the context of their communities, rather than assuming that volunteering is considered positive and will be undertaken if the opportunities are provided. This is vitally important if community leaders are considering the development of a retirement strategy for economic diversification and demographic stability. Our findings lead us to further ponder the application of Age-Friendly Community Frameworks and the realities of volunteering. Such frameworks must consider the various meanings that people attribute to voluntarism and civic participation in rural communities, rather than blindly accepting the dominant positive discourse.

6.0 References

- Bronskill, S. E., Carter, M. W., Costa, A. P., Esensoy, A. V., Gill, S. S., & Gruneir, A. (2010). *Aging in Ontario: An ICES Chartbook of Health Service Use by Older Adults*. Toronto: Institute for Clinical Evaluative Sciences. [Online]. Available: http://www.ices.on.ca/webpage.cfm?site_id=1&org_id=31&morg_id=0&gsec_id=0&item_id=6465

- Carson, D., & Carson, D. (2011). Why tourism may not be everybody's business: the challenge of tradition in resource peripheries. *The Rangeland Journal*, 33, 373-383.
- Fast, J., & de Jong Gierveld, J. (2008). Ageing, disability, and participation. In N. Keating (ed.), *Rural Ageing: A good place to grow old?*, pp. 63-73. UK: Policy Press.
- Healthy Aging and Wellness Working Group of the F/T/P Committee of Officials. (n.d.). Age-friendly Rural and Remote Communities: A guide. Ottawa: Public Health Agency of Canada. [Online]. Available: http://www.phac-aspc.gc.ca/seniors-aines/alt-formats/pdf/publications/public/healthy-sante/age_friendly_rural/AFRRC_en.pdf.
- Joseph, A. E., & Cloutier-Fisher, D. (2005). Ageing in rural communities: Vulnerable people in vulnerable places. In G. J. Andrews & D. R. Phillips (Eds.), *Ageing and place: Perspectives, policy, practice*, pp. 133–146. London, UK: Routledge.
- Joseph, A. E., & Martin-Matthews, A. (1993). Growing old in aging communities. *Journal of Canadian Studies*, 28, 14–29.
- Joseph, A.E., & Skinner, M.W. (2012, in press). Voluntarism as a mediator of the experience of growing old in evolving rural spaces and changing rural places. *Journal of Rural Studies*, XXX, 1-9. Doi:10.1016/j.jrurstud.2012.01.007.
- Katz, S. (2000). Busy bodies: Activity, aging, and the management of everyday life. *Journal of Aging Studies*, 14 (2), 135-152.
- Kelley, M. L., & MacLean, M. J. (1997). I want to live here for rest of my life: the challenge of case management for rural seniors. *Journal of Case Management*, 6(4), 174-182.
- Knoblauch, H. (2005). Focused ethnography. *Forum: Qualitative Social Research*, 6(3), Art. 44. [Online]. Available: <http://www.qualitative-research.net/fqs-texte/3-05/05-3-44-e.pdf>
- Martinson, M., & Minkler, M. (2006). Civic engagement and older adults: A critical perspective. *Gerontologist*, 46(3), 318-324.
- North West Local Health Integration Network (November, 2009). *North West LHIN Integrated Health Services Plan: 2010-2013*. [Online]. Available: [http://www.northwestlhin.on.ca/uploadedFiles/Home_Page/Integrated_Health_Service_Plan/North%20West%20LHIN%20Integrated%20Health%20Services%20Plan%202010-2013%20FINAL\(1\).pdf](http://www.northwestlhin.on.ca/uploadedFiles/Home_Page/Integrated_Health_Service_Plan/North%20West%20LHIN%20Integrated%20Health%20Services%20Plan%202010-2013%20FINAL(1).pdf)
- Rozanova, J., Dosman, D., & de Jong Gierveld, J. (2008). Participation in rural contexts: community matters. In N. Keating (ed.), *Rural Ageing: A good place to grow old?*, pp. 75-86. UK: Policy Press.
- Schmallegger, D., & Carson, D. (2010). Is tourism just another staple? A new perspective on tourism in remote regions. *Current Issues in Tourism*, 13(3), 201-221.
- Skinner, M., Hanlon, N., & Halseth, G. (2012). Health- and social-care issues in aging resource communities. In J.C. Kulig & A.M. Williams (eds.), *Health in rural Canada*, pp. 462-480. Vancouver, BC: UBC Press.

- Skinner, M. W., & Joseph, A. E. (2007). The evolving role of voluntarism in ageing rural communities. *New Zealand Geographer*, 63, 19–129.
- Skinner, M.W., & Joseph, A.E. (2011). Placing voluntarism within evolving spaces of care in ageing rural communities. *GeoJournal*, 76, 151-162.
- Skinner, M.W., Rosenberg, M.W., Lovell, S.A., Dunn, J.R., Everitt, J.C., Hanlon, N., & Rathwell, T.A. (2008). Services for seniors in small-town Canada: The paradox of community. *Canadian Journal of Nursing Research*, 40(1), 80-101.
- Southcott, C. (2006). *The changing population of northern Ontario 2001 to 2006: 2006 Census Research Paper Series: Report #1*. [Online]. Available: http://www.ltab20.on.ca/documents/census2006/Population_Report_2006_Census.pdf
- Southcott, C. (2007). *Aging population trends in northern Ontario 2001 to 2006: 2006 census Research Paper Series: Report #3*. [Online]. Available: <http://www.ltab20.on.ca/documents/census2006/Aging%20Report%20final%20draft.pdf>
- Statistics Canada. (2007). [Caring Canadians, involved Canadians: highlights from the 2007 Canada Survey of Giving, Volunteering and Participating](http://www.givingandvolunteering.ca/files/giving/en/csgvp_highlights_2007.pdf). [Online]. Available: http://www.givingandvolunteering.ca/files/giving/en/csgvp_highlights_2007.pdf
- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. Cambridge, NY, Cambridge University Press.
- Wiersma, E. C., Koster, R. L., & Chesser, S. (2010, June). “It’s people looking after people”: Sustaining rural communities in an aging demographic.” Paper presented at Canadian Public Health Association Centenary Conference “Public Health in Canada: Shaping the Future Together”, Toronto, Ontario, Canada.
- Williams, A. M., Muhajarine, N., Randall, J., Labonte, R., & Kitchen, P. (2008). Voluntarism and residential longevity in Saskatoon, Saskatchewan, Canada. *Social Indicators Research*, 85, 97-110.
- Wilson, J., & Musick, M. (1997). Who cares? Toward an integrated theory of volunteer work. *American Sociological Review*, 62(5), 694-713.
- World Health Organization [WHO] (2010). “Our Ageing World.” [Online]. Available: <http://www.who.int/ageing/en/index.html>.
- World Health Organization [WHO]. (2007). *Global Age-friendly Cities: A Guide*. Geneva, Switzerland: World Health Organization.

The findings of this article were published in condensed form in Wiersma, E.C., & Koster, R.L. (2011, May). Age friendly rural communities and civic participation: Volunteering in rural communities. *An Evolving Tapestry: Weaving Together the Threads of Leisure Book of Abstracts CCLR-13* (pp. 386-391). St. Catharines, Ontario: Canadian Association on Leisure Studies