

Voluntarism, Ageing and Place: A Critical Review

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Kelly Giesbrecht^a, Mark Skinner^{b*}, Greg Halseth^a, Neil Hanlon^a & Alun Joseph^c

^aUniversity of Northern British Columbia; ^bTrent University; ^cUniversity of Guelph

***Correspondence: Mark Skinner, Department of Geography, Trent University,
Peterborough, Ontario, K9J 7B8, markskinner@trentu.ca**

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1.0 INTRODUCTION

“Local cultures, political climate, governmental policy, history, and norms can all impact the trends of volunteering in a country. Volunteering is a cultural and economic phenomenon, and it is part of the way societies are organized and allocate social responsibilities and how much participation they expect from citizens.”

– (Haski-Leventhal 2009, 392)

“Local leadership has been highlighted in rural development rhetoric as being a major factor in influencing a community’s capacity to adapt.”

– (Davies 2009, 388)

1.1 Purpose of Critical Review

The purpose of this critical review is twofold, to update existing references and to provide a rationale for proposed, integrated research in the areas of voluntarism, ageing and community development, focused on rural resource communities and aspects of place and identity. To fulfill the first purpose, a literature search was conducted, looking for interdisciplinary publications concerning aspects of voluntarism, volunteers, ageing, ageing-in-place, rural health and social care, health care reform and restructuring, community and economic development, entrepreneurship and leadership, place integration, place-making and community-building in these areas (see Appendix D for a literature search protocol). The search focused on journal articles published between 1980 and 2010 about research in these areas conducted in western, industrialized nations, such as the United Kingdom, European Union, Australia, New Zealand, the United States and Canada. The most recent journal articles, from 2000 to 2010, covering a range of topics and disciplines were then evaluated based on predetermined criteria for this critical review. Some topic areas only garnered a few references, such as volunteering – identity, place and commitment, and community and economic development – leadership and entrepreneurship, perhaps a limitation of the time period designated for the literature search.

Although this wide range of literature could be organized in any number of ways, this report is divided into two main sections, the critical review and an annotated bibliography. The critical review section summarizes the evaluation of the literature based on topics as determined by the evaluative criteria. The sub-sections cover:

- study context, conceptual framework and the importance of place;
- aspects of volunteering and voluntarism (definitions, roles, older volunteers, identity);
- leadership and entrepreneurship in community economic development; and,
- ageing and ageing-in-place;
- policy implications and future research.

Following the critical review is an annotated bibliography of the literature evaluated, based on the topic themes of: reform, restructuring and the voluntary sector; voluntarism; volunteering (identity, place and commitment); older adults and senior volunteers; community and economic development (leadership, entrepreneurship and place-making); and, ageing and ageing-in-place.

1.2 Summary

The critical review of this literature reveals that various aspects of the proposed research (voluntarism, ageing and community development in rural resource communities, focusing on place and identity) are addressed in current literature, but have not been integrated together in any of the studies evaluated. The literature evaluated addresses: *voluntarism and ageing* (volunteers providing services to older people in rural and urban contexts); *ageing and voluntarism* (older people accessing and requiring services provided by volunteers in rural and urban settings); *population ageing and restructuring* (expectations and capacities of voluntarism to meet increasing and change service demands); *leadership and entrepreneurship* (of social workers, health professionals and in community development in general); *senior volunteering* (profiles, challenges and benefits); and, *volunteering and identity* (commitment, belonging and place). None of the studies evaluated integrates these ideas in a rural, resource community context, particularly regarding individual and community transformative experiences. Many of the studies evaluated emphasize that place matters and that the specificities and local dynamics of place are important, particularly in a rural, voluntary service delivery context. Several also acknowledge the importance of place and community attachment in motivating participation in voluntarism, as integral to identity. The studies reviewed advocate for future research in these areas.

2.0 CRITICAL REVIEW

As indicated in the introduction, this section of the report summarizes the evaluation of the literature based on the evaluative criteria used. Under each heading, the main findings of the evaluation are summarized, citing related, relevant references.

2.1 Study Context, Theoretical Framework and Importance of Place

2.1.1 *Study Context: Rural or Urban?*

The study context is evaluated to determine whether the research or journal article has a rural or urban focus. If rural, is the focus on rural resource communities? Only two of the studies evaluated focus specifically on rural, resource communities in the context of ageing and voluntarism (Hanlon and Halseth 2005; Hanlon et al. 2010).

The articles evaluated cover a range of other study contexts. Most studies evaluated have a general provincial, state or national scale focus (Cheater 2010; Erlinghagen and Hank 2006; Haski-Leventhal 2009; Jergermalm and Grassman 2009; Kaskie et al. 2007; Leonard and Johansson 2008; Romeo and Minkler 2005; Skinner and Joseph 2005; Skinner and Rosenberg 2005; van Ingen and Kalmjin 2010). Others have a solely urban focus (Bookman 2008; Fraser et al. 2009; Moore and Pacey 2004; Squazzoni 2009; Thomas and Blanchard 2007), and some draw on both urban and rural contexts (Milligan 2000; Ryan et al. 2005; Warburton and Stirling 2007).

A diversity of contexts is reflected in the studies with a rural focus. Some articles provide categories and definitions of rural (Bryant and Joseph 2001), while many use a range of rural case studies from various countries (Davies 2009; Farmer and Kilpatrick 2009; Heald 2008; Kilpatrick 2009; Sherwood and Lewis 2000; Skinner and Joseph 2007; Skinner and Joseph 2009; Wenger 2001). Some studies focus on rural and small town contexts (Cloutier-Fisher and Joseph 2007; Grafton 2004; Skinner 2008; Skinner et al. 2008), the rural periphery (Kroehn et al. 2010) or a spatially remote, resource-dependent urban centre (Hanlon et al. 2007).

2.1.2 *Conceptual Framework: Interdependence of Change or Place Embeddedness?*

To support the rationale for the proposed research, the articles and studies reviewed were evaluated as to whether they used a theoretical framework focused on the interdependence of change among voluntary, public service and resource sectors or the place embeddedness (Hanlon et al. 2007) of voluntary sector responses to change within communities. Several articles evaluated focus on welfare reform and the restructuring of the delivery of health and social care services that utilizes aspects of this conceptual context to frame the research. Other than the work of the authors that have defined this framework, the specific ideas are not implemented in the studies outlined in this report. A fuller conceptual framework to

understand voluntarism (broadly defined) is needed (Hall and Reed 2000; Milligan 2007), such as that proposed to examine the interrelationship of ageing, voluntarism and place.

Of the articles reviewed that identified a specific conceptual framework guiding the research, the majority cited the context of welfare reform and/or health and social care restructuring, coupled with other factors, as informing their study. For example, some studies focused on economic, social and political climates and contexts (Bryant and Joseph 2001; Chouinard and Crooks 2008; Grafton et al. 2004; Lacey and Ilcan 2006). Others coupled the context of welfare reform and restructuring with specific impacts on the voluntary sector, such as rural, long-term care service provision (Cloutier-Fisher and Joseph 2000; Cloutier-Fisher and Skinner 2006; Skinner and Joseph 2007; Skinner and Joseph 2009; Skinner and Rosenberg 2006) or the capacity or ability of voluntary organizations to meet service delivery demands and expectations (Crack et al. 2007; Hall and Reed 2000; Halseth and Ryser 2007; Hanlon et al. 2007b; Hanlon et al. 2010). Some also address specific roles of the voluntary sector within the context of reform and restructuring, such as Milligan's (2000) look at the elevation of the role of the informal carer. Hanlon et al.'s (2007a) article regarding the place embeddedness of social care brings together the concepts of economic restructuring, welfare retrenchment, population ageing and social care networks.

Some studies examine processes in relation to community or community development. Skinner et al.'s (2008) work uses literature on community, rurality and service provisioning. Sherwood and Lewis (2000) draw a link between community development pilot projects in response to the centralization (restructuring) of health care services in England through self-transport schemes. Halseth and Hanlon (2005) examine health care and industrial restructuring and how it has affected community development. Grafton et al.'s (2004) work looking specifically at the relationship between rural health care services and community development. Their study concludes by highlighting an element of the interdependence of change, citing that "[h]ealth care restructuring provided an external system force of disruption to the complex inter-dependent relationship of rural health care and community development" (Grafton et al. 2004, 163).

2.1.3 Importance of Place: Voluntarism and Research Design

Many of the articles reviewed emphasized the importance of place with respect to the delivery of health and social care services, the development and role of voluntarism, as well as the role of place in volunteering, leadership and entrepreneurship. According to Kulig, "place matters" (2010, 11) and several authors advocate for recognition of this in research design and focus. Hartley (2004; 2005) advocates that rural health researchers examine local variables of place, while Hanlon et al. (2007a) identify the concept of place as a way to bring together otherwise disparate ideas (such as industrial restructuring, ageing and voluntarism). The particularities of and differences among places is important to rural service provision and to the experiences or geographies of care and voluntarism (Milligan 2000 & 2007; Skinner and

Rosenberg 2006). The voluntary sector is not uniform; it varies from country to country and across nations (Hall and Reed 2000; Milligan 2007). The voluntary sector is impacted by and responds differently to changes in service provision circumstances such as welfare reform and restructuring; there are place specific circumstances (Skinner 2008). Social care is embedded in place (Hanlon et al. 2010) and the “interplay between place and politics also raises much broader issues about the implications of voluntary activity for local communities” (Fyfe and Milligan 2003, 401). Hanlon et al. (2010, 7) “join a growing chorus of calls to recognize the critical importance that place and context make in providing a more nuanced understanding of the practice of health voluntarism.” In relation to the proposed conceptual framework, combining voluntarism, ageing and place, rather than treating place simply as a clinical or living context, it should be seen as “productive of particular outcomes for older adults, as well as being shaped by them” (Andrews et al. 2007, 162).

Following this, several of the studies reviewed highlighted the role and importance of place with regard to volunteering, leadership and entrepreneurship. Place is important “for understanding the evolving role of voluntarism in rural and small town settings” (Skinner 2008, 190). Warburton and Stirling (2007, 39) find that “where people live impacts their social capital activities, and, hence, whether they volunteer.” Similarly, Ryan et al.’s (2005) study indicates that local social ties lead to community attachment, which then leads to volunteering. Communities of place (webs of relationships banded by locality) are an important element of leadership and entrepreneurship for rural health professionals (Kilpatrick et al. 2009). Fraser et al. (2009) highlight place attachment as an important finding in their study of senior volunteers. Place attachment in this study context is comprised of the desire to give back to a place that is significant to one’s identity, is tied to acts of social bonding, and relates to a place with symbolic meaning for the volunteers (Fraser et al. 2009, 360). Kroehn et al. (2010) find that the leaders in their case studies have a demonstrated commitment to place. They conclude that there are important factors that contribute to success in leadership and “it is worth focusing...on the influence of ‘place’...[and] the structural context within which leadership takes place” (Kroehn et al. 2010, 501).

2.2 Voluntarism and Volunteering

All of the articles reviewed addressing voluntarism focus on aspects of voluntarism regarding health and social care service delivery. While some articles provide an overview of the academic work regarding 'geographies of voluntarism', other articles provide case study examples of rural voluntarism. The majority include definitions of volunteering and voluntarism, identify and advocate particular roles, and illustrate experiences. The topic of older people and senior volunteering is also explored in this section, along with the concepts of identity, place and commitment where the literature is available.

2.2.1 Definitions

As Milligan states: "Renewal of interest in the voluntary sector has generated a variety of terms to describe it. These range from the voluntary and community sector, the third sector, the informal sector, non-governmental organisations (NGO), the independent sector and organised civil society to the social economy" (2000, 183). The definitions of volunteering and voluntarism used in the studies evaluated in this report certainly reflect this statement. Some definitions are broad and inclusive, while others are narrow and precise. Haski-Leventhal (2009, 402) confirms this in her study, writing: "While some may only perceive an activity as volunteering if it is done out of free will, with no monetary reward, and through a formal organization, others may include volunteering in other types of activities including less formal ones."

Some like Kaskie et al. (2008) have narrow definitions of volunteering or voluntarism. They define civic engagement as "a volunteer or work role to be occupied for at least one day a week within an organization that has a direct impact on the local economy" (Kaskie et al. 2008, 370), measuring both the volunteer efforts and the organization. Others distinguish between volunteering and informal help and care (Erlinghagen and Hank 2006).

A broader definition of volunteering would include volunteers within and organizations, such as "non-profit organisations (NPOs), community support groups (CSGs) and volunteer caregivers" (Skinner 2008, 189). Voluntarism can be defined as: "acts undertaken willingly, with expectation of monetary gain, and intended to benefit a wider group or network" (Smith, 1981; Wilson, 2000 in Hanlon et al. 2010, 1). Halseth and Ryser (2007, 249) define the voluntary sector as: "groups that provide a public benefit and where members join by choice. These groups may be a mixture of paid or volunteer support staff, but their governance structure is voluntary." Similarly, Lacey and Ilcan "employ the term voluntary sector to designate a system of groups and associations characterized by noncoercive membership and free and unconstrained participation and activity (Febbraro et al. 1999 in Lacey and Ilcan 2006, 25). These broader definitions are preferred as they are more inclusive of the scope of volunteering and voluntarism that occurs in rural, resource communities.

2.2.2 *Roles of Voluntarism and Volunteering*

There is a growing reliance on voluntarism (Skinner et al. 2008, 97) and volunteering is central in responding to rural restructuring and sustaining the provision of health and social care in rural communities (Skinner 2008; Skinner and Joseph 2007). Local dynamics of voluntarism are important, as voluntarism is “a key process underlying the diverse experiences of, and responses to, restructuring” (Skinner and Joseph 2007, 127). Voluntarism has also been identified as an important feature of service provision in small towns in Canada (Skinner et al. 2008). Thus, volunteers and voluntarism occupy many roles in these communities.

Nonprofit organizations, informal carers and the voluntary sector (voluntarism) are becoming increasingly relied on to fill gaps in service provision left by the state (Cloutier-Fisher and Joseph 2000; Cloutier-Fisher and Skinner 2006; Crack et al. 2007; Halseth and Ryser 2007; Hanlon et al. 2007a; Hanlon et al. 2007b; Lacey and Ilcan 2006; Skinner and Rosenberg 2006). There are doubts as to whether the voluntary sector is able to, or whether it should, in fact, provide such services, as the capacity to respond in many cases is either non-existent or threatened (Hall and Reed 2000; Hanlon et al. 2007). Volunteers are integral in the provision of basic services and programs to seniors and other clients (Chouinard and Crooks 2008; Cloutier-Fisher and Skinner 2006; Lacey and Ilcan 2006; Milligan 2000), many of whom are seniors themselves (Sherwood and Lewis 2000). Volunteers and voluntary organizations are also a lifeline for their clients (Crack et al. 2007; Sherwood and Lewis 2000) and for others involved in voluntarism (such as informal carers) as they are often a sole source of information, support and training (Chouinard and Crooks 2008; Milligan 2000). Voluntary organizations are also increasingly taking on an advocacy role for their clients (Crack et al. 2007; Hanlon et al. 2007b).

Health care professionals engaging are in voluntarism out of an attachment to place to keep local systems of care functioning and not being compensated for it; this is due, in part, to offloading of service delivery responsibilities and welfare retrenchment (Hanlon et al. 2010). Some health care professionals are being characterized as boundary crossers, as they are both health care providers and community members (Farmer and Kilpatrick 2009; Kilpatrick et al. 2009); thus, they are able to use their perceived leadership position within the community and their community lens to advocate for the delivery of health care services (Farmer and Kilpatrick 2009; Kilpatrick et al. 2009). In England, nurses are being looked to as social entrepreneurs for the innovative delivery of services in an increasingly restructured and community-based health care environment (Cheater 2010). Volunteering or voluntarism is a reality (or perhaps an expectation, or a responsibility) for health care providers in these roles and contexts.

2.2.3 *Older People and Senior Volunteers*

Some articles were reviewed to specifically address aspects of older people and senior volunteering. The research presented here is limited to basic insights into volunteering in this demographic such as profiles and definitions, and confirming volunteer participation and volunteering as active or civic engagement. However, some articles do touch on motivations for volunteering.

Haski-Leventhal (2009) confirms a relationship between volunteering and well-being in this demographic for 10 European countries through an analysis of data from a broad, European study. Kaskie et al.'s (2008) research supports that volunteering can be defined as a retirement role. Leonard and Johansson (2008), highlight that there are structural (legislative) and attitudinal barriers such as ageism to the ability of older people and seniors to volunteer. Sherwood and Lewis's (2000) examination of a self-transport scheme in rural England demonstrates the importance of rural volunteers in the delivery of a core service and program. Motivations for volunteering in this demographic were found to be a desire to contribute and pleasure derived from volunteering (Erlinghagen and Hank 2006), as well as enjoyment and a sense of commitment and self-worth (Lie et al. 2009). Lie et al. (2009) and Jegermalm and Grassman (2009) confirm the link between volunteering and citizenship through their studies. Jegermalm and Grassman (2009, 367) developed three profiles of older volunteers: active citizens (formal volunteers), family-oriented (informal volunteers), and 'super-helpers' who are both active citizens and family-oriented volunteers and caregivers.

Although not directly focused on voluntary or active citizenship, some articles do address these concepts. Fyfe and Milligan (2003, 407) recognize that "different types of voluntary organizations provide settings which can foster very different types of voluntary citizenship." Milligan (2007, 193) notes that regarding "the delivery of health and social welfare, together growing concerns about increasing dissatisfaction in society has drawn the attention of many governments in advanced capitalist economies to how active citizenship and participation might be promoted through volunteering." Lie et al. (2009, 714) caution that older volunteers value their autonomy in volunteering and that "policy-makers should consider volunteering as only one of a range of options rather than a cure-all for the threatening care-deficit."

2.2.4 *Identity, Place and Commitment*

Although these articles address diverse topics and contexts, they provide insight into important aspects of voluntary participation. They highlight relationships between volunteering and identity, place and level of commitment by volunteers. Boezman and Ellemers' (2008) case study regarding the relationship between volunteers' pride and organizational commitment found that an organizations' support and recognition of volunteers related to their level of pride in their work, and thus in their level of commitment. Van Ingen and Kalmjin (2010) found a link between volunteering and the development of social resources (social capital) in their exploration of a 'participation effect' (note: I believe

their results are limited by their definition of volunteering and their dataset). Fraser et al.'s (2009) study of retirees who volunteered at two zoos found that volunteering is important for social interaction and contributes to social and collective identity. They also note that place attachment was evident in many interviews as "a desire to give back to a place that is significant to one's identity; an effort to invest in social bonding across generations at a specific place; and an embedded engagement with the zoo as a place with symbolic meaning" (Fraser et al. 2009; 360).

Although the literature found specifically on volunteering, identity, place and commitment is limited, these concepts were expressed in other studies. Hall and Reed (2000, 5) note that the voluntary sector is "driven by generosity and by the desire to contribute, to improve the life of the community and its members and to participate." Although there are challenges regarding rural voluntarism, some research participants spoke positively about voluntarism in their communities, citing a positive relationship (Skinner et al. 2008, 91).

2.3 Leadership and Entrepreneurship

The articles reviewed under the theme of community and economic development focus on several aspects of leadership and entrepreneurship. The majority of the articles have a rural study context; however, none of them address leadership or entrepreneurship specifically from a rural, community development and voluntarism perspective. The findings of these articles do provide ideas as to desirable and transferable traits and characteristics of leaders and entrepreneurs. Kilpatrick et al.'s (2010) definition of 'boundary crossers' could be linked to ideas of place-making or place integration.

2.3.1 Leadership and Entrepreneurship

One article does not directly focus on leadership in community development, but the topic does come up in their study. Bryant and Joseph (2001, 136) infer local participation and leadership: "Local actors and populations have played not an insignificant role in constructing rural space from the start; toady, they are being called upon even more to process a partial solution for managing their own budgetary resources as well as filling the gap that traditional central state regional development programs have been unable to fill."

Two of the articles provide specific examples of rural leadership. Kroehn et al. (2010) identify two different types of leadership: leadership by doing and leadership by persuasion. They conclude that factors contributing to the success of leadership include: "the influence of 'place', the structural context within which leadership takes place, and the networked nature of leadership" (Kroehn et al. 2010, 501). In a study of leadership training and community development in rural Australia, Davies (2009, 384) finds that transformational leadership, as opposed to transactional leadership, encourages wider community participation, the formation of new social networks and learning opportunities, and is more likely to result in improved community capacity.

Kilpatrick et al.'s (2009, 286) article identifies and defines 'boundary crossers' as "people who live in the rural community and are employed in the health system and so are able to use the lense of a community member to analyse and lead actions to build and use community capacity for health development." Characteristics of boundary crossers are: understanding the community of place; trust and leadership in relation to civic engagement; local leadership in development partnership with external agencies; care about the rural community in which they live and work; effective opinion leaders; and a holistic understanding of social capital (Kilpatrick et al. 2009, 288-289). Farmer and Kilpatrick build on this concept regarding rural health professionals; the results of their research highlight the convergence of the concepts of social entrepreneurship and community development in rural communities" (Farmer and Kilpatrick 2009, 1657). Squazzoni's study (2009, 875) notes that social entrepreneurs area able to blur the boundaries between sectors.

Others outline general competencies or traits of leaders and entrepreneurs in contexts such as social work, nursing, the rural health profession and the technology industry. Bent-Goodley (2002), focuses on aspects of entrepreneurs from a social work perspective, outlining important traits. They include: the ability to create opportunities; to predict potential outcomes in order to be proactive; take risks; manage finances; engage in public relations; and, the ability to build coalitions, negotiate and network (Bent-Goodley 2002, 296-299). Many of these traits are echoed in Cheater's (2010) study of nurse-led social enterprises, adding that a sense of accountability is also a desirable trait. This article also notes some challenges to nurse-led enterprises in primary and community care in England due to isolation, lack of a safety-net, resistance and hostility from colleagues as well as bureaucracy and legislation (Cheater 2010).

2.3.2 Volunteer Training

An interesting article that surfaced during this literature search pertains to training of senior volunteer leaders through a program in California (Romero and Minkler 2005). Senior volunteers are selected, brought together for a two-day training event and paired with a volunteer graduate student for continued support, mentoring and technical assistance. The evaluation of the program found that most senior volunteers (successfully) used the skills gained in the two day event and continued to interact on various levels with their designated graduate student. Many participants reported "feeling more confident and empowered to speak up and play a more active role" (Romero and Minkler 2005, 39). Perhaps programs such as these could be developed in the study communities to facilitate knowledge transfer, translation and collaboration between academia, nonprofit organizations and volunteers.

2.4 Ageing and Ageing-in-Place

Ageing and ageing-in-place is the focus of the articles summarized below. Some studies have focused on demographic aspects of population ageing and factors of ageing-in-place, while others provide specific rural and urban examples.

2.4.1 Definitions

Several definitions of ageing-in-place are outlined in this literature. Some take a measurement approach, others an institutional one, some conceptualize the idea in terms of ties to community and others tailor it to a rural context.

Moore and Pacey (2009, S9) define ageing-in-place precisely as: “the increase in the proportion of the population aged 65 and over that is attributable to births and age-specific deaths occurring in the population [during a particular time period].” Bookman provides two definitions of ageing-in-place: 1) “the term from an approach to elder care service delivery that takes place outside of an institutional setting and allows elders to stay in their own homes” (2008, 422); and, 2) “a commonly understood meaning of aging in place is that elders can remain in the homes where they live, and can be connected to elder care agencies in their local community” (2008, 423). Overall, for Bookman (2008), ageing-in-place is model or strategy to prevent institutionalization.

Gilleard et al. (2007) and Thomas and Blanchard (2009) perceive ageing-in-place in the context of community. Gilleard et al. (2007, 591) capture ageing-in-place as an “ambiguous position, signifying rootedness as well as rigidity.” While Thomas and Blanchard have used the term ageing-in-community to mean: “People working together...[creating] mutually supportive neighborhoods to enhance well-being and quality of life for older people at home and as integral members of the community” (2009, 14).

Bryant and Joseph (2001) define ageing-in-place in a rural context as a combination of population ageing and youth out-migration in rural areas. Hanlon and Halseth (2005) developed the term ‘resource frontier ageing’ to capture the demographic changes occurring in rural and remote, resource-based communities and can be characterized as ageing-in-place in the rural hinterland.

2.4.2 Ageing and Ageing-in-Place

Three articles provide overviews of demographic trends one in an urban setting and two in rural areas, defining and contributing to ageing-in-place. Moore and Pacey (2004) examine the processes of population ageing in Canada at both the provincial and census metropolitan area (CMA) scales. They conclude that “while ageing-in-place is the strongest force in population aging, changes in the rate of population aging are very much a function of the economic conditions that underlie differential growth in local economies” (Moore and Pacey 2004, S16). Based on an analysis of trends in Ontario and Quebec, Bryant and Joseph (2001),

illustrate demographic changes in rural areas, highlighting that population ageing and out-migration in these areas are affected by restructuring and employment opportunities, resulting in (their definition of) ageing-in-place. Hanlon and Halseth (2005) focus on demographic change in northern BC, indicating that these communities are characterized by population decline and ageing-in-place, resulting in challenges for health care provision and a phenomenon of “resource frontier ageing” (Hanlon and Halseth 2005, 7).

The remaining articles focus on studies of ageing and ageing-in-place. Wenger (2001) addresses four prevalent myths of ageing in rural Britain. The article concludes that although there are aspects of rurality that can make rural ageing more difficult, but that older adults tend to adapt to their circumstances; family support networks and relationships in these areas are generally stronger than in urban places; and, health in rural areas is negatively affected by less access to services (Wenger 2001, 121-124). Through eight case studies of alternative models of ageing-in-place, Bookman finds that “the foundation of these alternatives is the construction of a community based on amplifying connections among elders, between elders and other generations, and between elders and the health care providers and home care service agencies that elders need” (2008, 426). Thomas and Blanchard advocate for ageing-in-community versus ageing-in-place as it “shifts the emphasis away from dwellings and toward relationships” (2009, 17). Finally, Gillear et al. examine whether ageing-in-place fosters attachment to place and conclude that, for people 50 years and older living in private dwellings, age and ageing-in-place “are associated with increased feelings of attachment to one’s area” (2007, 602).

2.5 Policy Implications, Future Research and Critical Review Summary

This section is an overview of some of the relevant policy implications and directions for future research outlined in the articles reviewed. In conclusion, a summary of the critical review is provided.

2.5.1 Policy Implications

Several of the articles reviewed cited the need for policy- and decision-makers to recognize the realities, contexts and particularities of rural and small town places (Halseth and Ryser 2007; Hanlon et al. 2007a; Skinner and Rosenberg 2006). Others called for specific policy interventions, some based on the differences among rural regions (Hartley 2004). Policy interventions include:

- changes in policy that reflect the reality of the voluntary sector in rural and small town places (Halseth and Ryser 2007);
- policy that is multi-sectoral and sensitive to complex and diverse local circumstances (Hanlon and Halseth 2005);
- changes in the funding system (more long-term, sustainable funding, rather than short term, competitive contracts) to ensure the long-term viability of voluntary sector service providers (Crack et al. 2007; Halseth and Ryser 2007);
- a role for government in community capacity building and recognizing local leadership, activity and innovation (Bryant and Joseph 2001);
- “a situated meaning of the role of voluntarism...[as] a prerequisite for the development of informed policy on rural ageing in restructuring welfare societies” (Skinner and Joseph 2007, 120);
- a recognition of the limits of the voluntary sector’s ability to replace statutory services (Hanlon et al. 2007a); and,
- policy that focuses on “mitigating the need for, and dependence on, such voluntary activity” (Hanlon et al. 2010, 4).

2.5.2 Future Research

Suggestions for future research directions include focusing on an increased understanding of voluntarism and the voluntary sector, recognizing the diversity of rural places through space and place, and the broader connections among place, volunteering, community and identity. Hall and Reed (2000, 18) conclude that there needs to be a better, formal knowledge base regarding the non-profit sector, that “will come only with the development of a fuller conceptual framework that captures the non-profit sector more fully.” There needs to be a better understanding of the qualitative impact of the voluntary sector on people’s lives and the general contributions of this sector (Crack et al. 2007). Similarly, more qualitative research is necessary regarding the use of partnerships by rural voluntary organizations in service delivery (Halseth and Ryser 2007). Hanlon et al. (2007b, 350) indicate the need research that can “illuminate the changing welfare roles of the local voluntary sector, and how it is impacted by changes in government policies and directives.” Fyfe and Milligan (2003, 409)

follow by stating that: “There is clearly scope...for more studies which connect voluntarism to wider sets of political and economic relationships as well as for more micro-level analyses of voluntary activity.”

Some studies would like to see more attention paid to the concepts of space and place, and the interactions of place, identity, community and volunteering. Focusing on remote, resource-dependent regions, more work is needed regarding the relationships between the voluntary sector, the formal care sector and households (Hanlon and Halseth 2005). Hanlon et al. (2007a, 479) believe that a greater attention to place will lead to better social science questions. Fyfe and Milligan (2003, 409) state that “geographers need to continue to demonstrate the crucial difference space and place make to voluntarism.” There needs to be a shift away from the view that old age is a problem towards recognizing elders as assets in their communities (Bookman 2008). Andrews et al. (2007, 162) “think geographers’ work on the more nuanced roles of space and place could and should be more central to research on the issues of older adults” and advocate for connecting the concepts of identity, place and ageing.

2.5.3 *Critical Review Summary*

One of purposes of this critical review was to provide updated references, drawing on literature from a variety of disciplines in the areas of voluntarism, ageing, leadership, entrepreneurship and community development. The main goal in evaluating this diverse literature is to provide support and a rationale for the development of a conceptual framework incorporating voluntarism, ageing and place to look at the transformative role of voluntarism in rural, resource-based communities. To this end, literature in several categories was reviewed and critiqued based on pre-determined criteria (see Appendix C for details) and the results of this evaluation have been outlined under the themes of:

- study context, conceptual framework and the importance of place;
- volunteering and voluntarism (definitions, roles, older volunteers, identity);
- leadership and entrepreneurship (community economic development);
- ageing and ageing-in-place; and,
- policy implications and future research.

While this body of work is diverse, it demonstrates the need for more and better research in the areas of rural health service delivery, the impacts of welfare reform and restructuring, the responses and impact of the voluntary sector in filling the gaps in service delivery, the development and need for leadership and innovation in this area – particularly to regarding rural community development, sustainability, and resilience – the roles of voluntarism in the future of rural and small town places and the related experiences and contributions of place and identity regarding volunteers.

3.0 ANNOTATED BIBLIOGRAPHY BY TOPIC

This section provides the details of the articles evaluated, fulfilling the first purpose of this project to review interdisciplinary literature on the topic areas of voluntarism, volunteering, ageing, ageing-in-place, community development, place, identity and related aspects of leadership and entrepreneurship where available. The annotated bibliography below is arranged by the topics covered in the literature, some articles appear under more than one heading. Some topic areas only garnered a few references, such as volunteering – identity, place and commitment, and community and economic development – leadership and entrepreneurship. All of the literature summarized below is included in the critical review.

3.1 Reform, Restructuring and the Voluntary Sector

There is a growing body of work focusing on the impacts of welfare reform and health and social care restructuring on the delivery of these services in rural areas. The articles reviewed in this section of the annotated bibliography address these aspects related to voluntary organizations in the context of long-term and community-based care provision, the competitive contract-based funding environment voluntary organizations are currently operating within, the importance of place in social welfare, and rural health care and its relationship to community development, to name a few.

Bryant, C. and A.E. Joseph. (2001). "Canada's Rural Population: Trends in Space and Implications in Place." The Canadian Geographer 45(1): 132-137.

The authors provide an overview of demographic changes in rural areas, highlighting that population ageing and out-migration in these areas are affected by restructuring and employment opportunities, resulting in ageing-in-place. This article is based on the analysis of quantitative information highlighting recent trends in Ontario and Quebec communities. The authors point out that rural is not a homogeneous concept - that different scales of rural have different challenges. However, for the purpose of their analysis, they "retain the 'rural as residual' approach, [and address] the heterogeneity of 'rural' through regional commentaries" (Bryant and Joseph 2001, 132). Volunteering, voluntarism, entrepreneurship and leadership are not the foci of this article. However, the authors infer local participation and leadership: "Local actors and populations have played not an insignificant role in constructing rural space from the start; today, they are being called upon even more to process a partial solution for managing their own budgetary resources as well as filling the gap that traditional central state regional development programs have been unable to fill" (Bryant and Joseph 2001, 136).

Chouinard, V. and V.A. Crooks. (2008). "Negotiating Neoliberal Environments in British Columbia and Ontario, Canada: Restructuring of State-Voluntary Sector Relations and Disability Organizations' Struggles to Survive." *Environment and Planning C: Government and Policy* 26: 173-190.

This exploratory study examines the affects of neoliberal welfare reform on disability organizations in Ontario and British Columbia and their responses to restructuring. Little is known about "how disability organizations have fared in terms of providing supports and services to such citizens in a difficult economic and political climate" (Chouinard and Crooks 2008, 178). The participating organizations provided a broad range of primary services such as: employment support, health and health care support, community living facilities, independent living, advocacy and family support, to name a few (Chouinard and Crooks 2008, 180). The results of the mail survey to 62 organizations indicated that the vast majority (71%) received half, or more, of their funding from government sources (Chouinard and Crooks 2008, 180). The shift from long-term to contract funding negatively impacted their ability to provide services and support to clients through cost cutting measures such as decreasing staff and/or wages (Chouinard and Crooks 2008, 184). Regarding voluntarism, this study revealed that at least 73 percent of the organizations actively used volunteer labour, and many relied on these volunteers for highly skilled tasks and to provide basic programs (Chouinard and Crooks 2008, 185). Through these findings it is evident that these organizations are "intimately tied to volunteerism" (Chouinard and Crooks 2008, 186). The study did not distinguish between urban and rural disability organizations.

Cloutier-Fisher, D. and A.E. Joseph. (2000). "Long-term Care Restructuring in Rural Ontario: Retrieving Community Service User and Provider Narratives." *Social Science and Medicine* 50: 1037-1045.

With a rural focus on long-term care restructuring in Ontario, this study aims to develop an understanding of service-users and service-providers perspectives on service coordination issues and service cuts (Cloutier-Fisher and Joseph 2000, 1037). The authors are particularly interested in the ability of elderly people in rural areas, reliant on publicly funded community services, to age-in-place (Cloutier-Fisher and Joseph 2000, 1038). The changes in long-term care delivery stem from the implementation of the Community Care Access Centre program, a managed competition model for such service provision (Cloutier-Fisher and Joseph 2000, 1039). Interviews with elderly service-users and service-providers in two rural communities indicates that there is diversity and uncertainty, from both the user and provider sides, in the implementation of services through the CCAC model (Cloutier-Fisher and Joseph 2000, 1043). Local solutions to service delivery constraints and challenges lead to differences in local capacity and the inability of some communities to "take up the slack" (Cloutier-Fisher and Joseph 2000, 1043). There is more reliance on families and informal care giving for elderly people in rural areas (Cloutier-Fisher and Joseph 2000, 1038).

Cloutier-Fisher, D. and M.W. Skinner. (2006). "Levelling the Playing Field? Exploring the Implications of Managed Competition for Voluntary Sector Providers of Long-term Care in Small Town Ontario." *Health and Place* 12: 97-109.

Through a case study of long-term care provision in rural areas, in light of public service restructuring, Cloutier-Fisher and Skinner (2006) examine the impacts on voluntary sector service providers in rural Ontario. The Community Care Access Centre model (CCAC) of managed competition "has not only promoted rivalries and instability among non-profit organizations, it has also promoted instability within the local workforce, both paid and volunteer" (Cloutier-Fisher and Skinner 2006, 106). The research reveals that "long-term care restructuring has presented some unique challenges for voluntary sector providers serving small, rural places" (Cloutier-Fisher and Skinner 2006, 106) and there is a "gap between what rural people need to remain in their own homes in the community, and what they have...[and this gap] will potentially grow rather than diminish" (Cloutier-Fisher and Skinner 2006, 107).

Crack, S., S. Turner and B. Heenan. (2007). "The Changing Face of Voluntary Welfare Provision in New Zealand." *Health and Place* 13: 188-204.

This study focuses on the funding bases of voluntary sector organizations and drop-in centres in Australia and the influence of social welfare reforms (a contract system of service delivery) on the capacity of these organizations to promote the well-being of the local population. The research identifies the role of the voluntary sector as central to service delivery as "welfare beneficiaries were increasingly forced to rely on the community and in particular on the voluntary welfare sector for social services that had previously not been required or had been supplied by the State" (Crack et al. 2007, 192). The welfare reforms, coupled with a new, contract-based funding system meant that these voluntary organizations "had to radically revise the services they provided and the ways in which they were organised in response to these reforms" (Crack et al. 2007, 199). Voluntary organisations such as these fill service gaps left by the State and play "a vital role in the lives of their clients" (Crack et al. 2007, 200).

Hall, M.H. and P.B. Reed. (2000). "Shifting the Burden: How Much Can Government Download to the Non-profit Sector?" *Canadian Public Administration* 41(1): 1-20.

The authors focus on privatization and downloading on the non-profit sector in Ontario through a general overview of the impacts. In this context, the non-profit sector is increasingly being relied on, and expected, to deliver services. These organizations may not have the capacity, or be able to develop the capacity, to respond to these service delivery needs (Hall and Reed 2000, 12). Due to the contract-based environment for service provision, the existence of many smaller, non-profit organizations is threatened as larger organizations are more readily able to match their services to the demands of government (Hall and Reed 2000, 16).

Halseth, G. and L. Ryser. (2007). "The Deployment of Partnerships by the Voluntary Sector to Address Service Needs in Rural and Small Town Canada." *Voluntas* 18: 241-265.

Halseth and Ryser (2007, 258) explore "the deployment of [local and non-local] partnerships by the voluntary sector as these groups cope with service cutbacks and closures." Case studies conducted involving voluntary organizations from across Canada indicate that "while local partnerships provide a foundation to build further relationships, voluntary groups are also using partnership with groups outside of their community to expand access to networks, resources, and expertise" (Halseth and Ryser 2007, 244). Among the policy implications cited are the need for long-term funding programs for voluntary organizations delivering services and realistic funding application and reporting procedures in order to promote the long-term sustainability of these organizations (Halseth and Ryser 2007, 261) providing valuable services to rural and small town communities.

Hanlon, N. and G. Halseth. (2005). "The Greying of Resource Communities in Northern British Columbia: Implications for Health Care Delivery in Already-Underserved Communities." *The Canadian Geographer* 49(1): 1-24.

Focusing on demographic change in resource hinterland communities in northern BC, Hanlon and Halseth (2005) indicate that these communities are characterized by population decline and ageing-in-place, resulting in challenges for health care provision. Ageing-in-place in this region is different than in the rest of the country due to economic, political and social restructuring. The authors "suggest that a phenomenon of 'resource frontier ageing' is underway in northern BC" (Hanlon and Halseth 2005, 7). Regarding services for seniors, the offloading of service provision by federal and provincial governments to community-based resources results in "little support for seniors in smaller and more remote settings who may wish to age-in-place" (Hanlon and Halseth 2005, 12). The case studies involve remote, resource hinterland communities. Although, voluntarism, volunteering, leadership and entrepreneurship are not a focus of the research, pressures on volunteers and informal caregivers to deliver [health and social care] services because of restructuring are mentioned.

Grafton, D., M. Troughton and J. Rourke. (2004). "Rural Community and Health Care Interdependence: An Historical, Geographical Study." *Canadian Journal of Rural Medicine* 9(3): 156-163.

Through a case study of two, agriculture-based counties in south western Ontario, this study focuses on the relationship between rural health care and community development (Grafton et al. 2004). The authors hypothesize that the role and number of physicians, as well as the growth of rural hospitals, underlie the stages of regional development (Grafton et al. 2004, 158). Analysis of historical records and documents, as well as census data, reveal three stages of rural health system development in these counties: physician-based, doctor-hospital based, and the most recent change to a community health system in response "to the pressures of urban-oriented health restructuring in the 1990s" (Grafton et al. 2004, 159). The authors refer to the issue of rural community sustainability in relation to this latest stage and find that

“health care and related institutions...are vital components of maintaining self-sufficient, sustainable communities” (Grafton et al. 2004, 162). The concluding statement indicates that “[h]ealth care restructuring provided an external system force of disruption to the complex inter-dependent relationship of rural health care and community development” (Grafton et al. 2004, 163).

Hanlon, N., G. Halseth, R. Clasby and V. Pow. (2007a). “The Place Embeddedness of Social Care: Restructuring Work and Welfare in Mackenzie, BC.” *Health and Place* 13: 466-481.

Focusing on informal and voluntary care in Mackenzie, BC, Hanlon et al. (2007a, 467) examine “the interplay between the restructuring of work resulting from economic globalization and the restructuring of welfare stemming from policies of welfare state retrenchment and rationalization.” Working the District of Mackenzie, the study involved a survey of seniors’ needs as well as key informant interviews with older non-retired residents, seniors, and service providers. The authors found that older residents in Mackenzie draw on all sources of available support. The authors also call for an acknowledgement of “the place embeddedness of social care...[to help] us to begin to formulate a policy vocabulary that will allow health researchers, planners and providers to begin to address the questions: do sites of everyday care activities matter, and, if yes, then *how* so?” (Hanlon et al. 2007a, 480).

Hanlon, N., M. Rosenberg and R. Clasby. (2007b). “Offloading Social Care Responsibilities: Recent Experiences of Local Voluntary Organisations in a Remote Urban Centre in British Columbia, Canada.” *Health and Social Care in the Community* 15(4): 343-351.

Using a case study of a remote, urban, resource-dependent community, Hanlon et al. (2007b) explore the implications of offloading service delivery onto local voluntary organizations. The study focuses on the changes in how voluntary organizations are funded and the impacts that this has on their organizations and ability to provide services. The authors present their results, focusing on three important directions: “The first is an emerging emphasis on accountability, efficiency and competition in volunteer provision that threatens to supersede an ethos of personalised care and support. The second is the increasing pressure to consolidate local voluntary services into larger organisations entities. Following from the first two directions, the third is the potential erosion of flexibility and personalisation that are seen to underlie the voluntary sector’s comparative advantage in welfare service provision” (Hanlon et al. 2007b, 349). Clearly, the changes in funding structure for voluntary organizations in British Columbia has resulted in important implications and impacts for service delivery and the capacity of organizations to meet these new challenges.

Lacey, A. and S. Ilcan. (2006). “Voluntary Labor, Responsible Citizenship, and International NGOs.” *International Journal of Comparative Sociology* 47(1): 34-53.

Focusing on voluntary labour and international non-governmental organizations, this article discusses “some key transformations that have lead to an increasing reliance on voluntary labor in government, private business, and diverse agencies and organizations. [The authors]

emphasize that a range of authorities establish the contemporary voluntary sector as a site for providing answers and solutions to social and economic problems that now lie outside the reach of the formal domain of the state" (Lacey and Ilcan 2006, 35). This sector is increasingly relied on for service delivery under advanced liberalism and because of the withdrawal of state from welfare and service delivery. The article concludes that "both states and international organizations play [an increasing role] in shaping the voluntary sector as a force of responsible citizenry" (Lacey and Ilcan 2006, 47). The focus of this article is a critical assessment of the voluntary sector and international non-governmental organizations, touching on general issues of reliance on the voluntary sector for service delivery, and that volunteering is being looked to as a site of responsible citizenship. The assessment did not address community development, ageing, leadership or entrepreneurship.

Skinner, M.W. and M.W. Rosenberg. (2006). "Managing Competition in the Countryside: Non-profit and For-profit Perceptions of Long-Term Care in Rural Ontario." Social Science and Medicine 63: 2864-2876.

In this study, Skinner and Rosenberg (2006, 2865) "contend that the introduction and implementation of managed competition in Ontario has accentuated the problems of service provision in rural communities, and that the on-going issues of caregiving in rural situations transcend the differences, perceived or otherwise, between for-profit and non-profit provision." The findings reported in this article are part of a larger study and present results from a qualitative case study of three communities from in-depth, semi-structured interviews with directors, officials, managers, service workers and volunteers. The introduction of managed competition "accentuated the problems of service provision in rural and small town settings where the capacity to cope is already more problematic" (Skinner and Rosenberg 2006, 2875). The implications of rural contexts, in this case, overshadows the debate regarding for-profit versus non-profit delivery of services.

Skinner, M.W., M.W. Rosenberg, S.A. Lovell, J.R. Dunn, J.C. Everitt, N. Hanlon and T.A. Rathwell. (2008). "Services for Seniors in Small-Town Canada: The Paradox of Community." Canadian Journal of Nursing Research 40(1): 80-101.

Focusing on three factors of community, rurality and service provisioning in 14 rural and small town study sites, this research discovered that the "challenge of *ageing-in-place* emerged as a key feature of the small-town milieu [rurality]...[and] increasing demand for service to help seniors remain in their homes and communities is taxing existing services" (Skinner et al. 2008, 96). Research participants identified voluntarism as an important and feature of service provision in small towns; a positive relationship between volunteering and community was highlighted by many informants (Skinner et al. 2008, 91). The research also indicated that there is an increasing reliance on voluntarism (Skinner et al. 2008, 97). Economic transition and political restructuring was a source of systemic change in all of the study communities (Skinner et al. 2008, 93).

3.2 Voluntarism

All of the articles reviewed addressing voluntarism focus on aspects of voluntarism regarding health and social care service delivery. While some articles provide an overview of the academic work regarding 'geographies of voluntarism', other articles provide case study examples of rural voluntarism.

Fyfe, N.R. and C. Milligan. (2003). "Out of the Shadows: Exploring Contemporary Geographies of Voluntarism." Progress in Human Geography 27(4): 397-413.

This article provides an overview of research on voluntarism being conducted by geographers in the areas of spatial patterns of uneven development; place, politics and the 'shadow state'; welfare reform and the changing geographies of voluntarism; and, voluntary associations, citizenship and social capital. The authors make recommendations for future research to address empirical, methodological and theoretical limitations of current research. One of these recommendations is to conduct "[m]ore research in rural environments [that] would not only help understand the distinctive challenges faced by voluntary organizations and volunteers in these areas but also the ways in which national policies affecting voluntarism will have different impacts in urban and rural environments" (Fyfe and Milligan 2003, 409). They also recommend for more micro-level analysis of voluntary activity. Articles regarding community development, ageing, leadership and entrepreneurship related to voluntarism were not specifically reviewed.

Hanlon, N., G. Hasleth and A. Ostry. (2010). "Stealth Voluntarism: An Expectation of Health Professional Work in Underserved Areas?" Health and Place, doi: 10.1016/j.healthplace.2010.05.005.

Stealth voluntarism can be defined as: "acts undertaken willingly, without expectation of monetary gain, and intended to benefit a wider group or network (Smith, 1981; Wilson, 2000)...undertaken by professionals over and above their formal duties and responsibilities" (Hanlon et al. 2010, 1). Acts of stealth voluntarism are not easily identifiable and in the context of this research are products "of health care professionalism, place integration, and welfare retrenchment" (Hanlon et al. 2010, 3). This study explores stealth voluntarism in rural, resource-based communities and the results are divided into five themes: examples of stealth voluntarism; systematic conditions leading to stealth voluntarism; personal and professional costs of stealth voluntarism; place attachment and integration; and, particularities of small town living and practice (Hanlon et al. 2010, 4-7). Health professionals are engaging in voluntarism out of an attachment to place, to keep local systems of care functioning, are not being compensated for it – partly due to offloading and welfare retrenchment. This study does not focus specifically on community development, leadership or entrepreneurship.

Milligan, C. (2007). "Geographies of Voluntarism: Mapping the Terrain." *Geography Compass* 1/2: 183-199.

Milligan's article (2007, 184) "aims to draw out who geographical perspectives on voluntarism are contributing to a wider understanding of how and why disparities in voluntary activity occur and the implications for people and places at a range of spatial scales." The overview of 'geographies of voluntarism' includes areas of research involving voluntarism in a global context; place, politics and voluntarism; voluntarism and the 'shadow state'; locating voluntary activity; socio-cultural aspects of voluntarism; and geographies of volunteering in general. The literature reviewed does not focus specifically on aspects of voluntarism relating to community development, ageing, leadership or entrepreneurship.

Sherwood, K.B. and G.J. Lewis. (2000). "Accessing Health Care in a Rural Area: An Evaluation of a Voluntary Medical Transport Scheme in the English Midlands." *Health and Place* 6: 337-350.

Due to the centralization of health care services, those without access to a vehicle or other mobility challenges have greater difficulty accessing services. In response, several government- and community-initiated self-transport schemes have been developed. This study evaluates 'Rural Wheels', one of several pilot community development projects initiated by a regional health authority in rural England. Playing a central role are the transportation coordinators and pool of volunteer drivers and they are fundamental to the scheme and "its long term success" (Sherwood and Lewis 2000, 343). The coordinators and the majority of the volunteer drives are over 60 years of age. This service, largely used by the elderly, is seen as a lifeline. The mandate of the scheme expanded from transporting people for medical reasons to providing transportation for daily activities related to general health and well-being. It is hard to recruit volunteers due to the demands of the program and there needs to be long term commitment both by the volunteers and by the government that is looking toward self-help and voluntarism to provide health and social care services. This study addresses rural ageing and service delivery, senior volunteers, voluntarism, community development, and indirectly leadership and entrepreneurship.

Skinner, M.W. (2008). "Voluntarism and Long-Term Care in the Countryside: The Paradox of a Threadbare Sector." *The Canadian Geographer* 52(2): 188-203.

Through a case study of long-term care in Ontario, the research contends that "it is the rural context where the paradox underlying our growing reliance on voluntarism emerges; because of the 'threadbare' nature of rural community capacity, some rural places will thrive through voluntarism while others wither away" (Skinner 2008, 201). Voluntarism in rural areas is coping with the challenges of rural conditions of restructuring, thus forcing the voluntary sector to develop unique responses (Skinner 2008, 189). This study focuses on aspects of voluntarism and long-term care restructuring in rural Ontario and not specifically on issues of community development, leadership or entrepreneurship.

Skinner, M.W. and A.E. Joseph. (2009). "Placing Voluntarism Within Evolving Spaces of Care in Ageing Rural Communities." *GeoJournal* doi: 10.1007/s10708-009-9283-8.

The authors build on earlier work (Skinner and Joseph 2007), contending that "voluntarism is a critical process at the intersection of changes underway in health care systems and in rural communities and a major force in shaping new spaces of care in the community" (Skinner and Joseph 2009, 2). Using the model from this previous study to examine the multi-faceted role of voluntarism, the authors "observe increasing diversity in the lived experiences of, and responses to, restructuring in the health and social care and rural community sectors...[confirming that] the local dynamics of voluntarism as a crucial component in the emergence of homes and communities as spaces of care" (Skinner and Joseph 2009, 9).

Skinner, M.W. and A.E. Joseph. (2007). "The Evolving Role of Voluntarism in Ageing Rural Communities." *New Zealand Geographer* 63: 119-129.

This article focuses on aspects of ageing, health and social care services restructuring and voluntarism. Voluntarism and leadership is highlighted in the results. The authors developed a descriptive model for "conceptualizing and interpreting the ways in which the local dynamics of voluntarism interact with multidimensional change in both health and social care, and rural community systems" (Skinner and Joseph 2007, 119). Through a secondary analysis of case studies in Canada and New Zealand, the research illustrates that "voluntarism has become a key process underlying the diverse experiences of, and responses to, restructuring, and this underscores the importance of developing a situated meaning of how the link between restructuring and voluntarism plays out at the local level" (Skinner and Joseph 2007, 127).

Skinner, M.W. and M.W. Rosenberg. (2005). "Co-opting Voluntarism? Exploring the Implications of Long-Term Care Reform for the Nonprofit Sector in Ontario." *Environment and Planning C: Governance and Policy* 23: 101-121.

Skinner and Rosenberg (2005, 101) examine two models of long-term care delivery in Ontario, Canada, put in place by provincial governments with two decidedly different ideologies, in order to "explore the relationship between health care restructuring and voluntarism." The results indicate that assumptions are made about the role that nonprofit organizations will play in a restructured service delivery context, and that that role is manipulated by provincial governments with either ideological stance. Thus, the nonprofit sector is co-opted, with implications "for its willingness and capacity to continue playing a significant role in the public provision of health care services" (Skinner and Rosenberg 2005, 115). Community development, leadership, entrepreneurship and ageing are not specifically addressed by this research.

Skinner, M.W., M.W. Rosenberg, S.A. Lovell, J.R. Dunn, J.C. Everitt, N. Hanlon and T.A. Rathwell. (2008). "Services for Seniors in Small-Town Canada: The Paradox of Community." Canadian Journal of Nursing Research 40(1): 80-101.

Focusing on three factors of community, rurality and service provisioning in 14 rural and small town study sites, this research discovered that the "challenge of *ageing-in-place* emerged as a key feature of the small-town milieu [rurality]...[and] increasing demand for service to help seniors remain in their homes and communities is taxing existing services" (Skinner et al. 2008, 96). Research participants identified voluntarism as an important and feature of service provision in small towns; a positive relationship between volunteering and community was highlighted by many informants (Skinner et al. 2008, 91). The research also indicated that there is an increasing reliance on voluntarism (Skinner et al. 2008, 97). Economic transition and political restructuring was a source of systemic change in all of the study communities (Skinner et al. 2008, 93).

3.3 Older Adults and Senior Volunteers

The articles in this section specifically address aspects of older adult and senior volunteering. Drawing on a wide range of contexts, they provide insights into the patterns and profiles of older volunteers, as well as the related challenges, opportunities and benefits of civic engagement and active citizenship.

Erlinghagen, M. and K. Hank. (2006). "The Participation of Older Europeans in Volunteer Work." Aging and Society 26: 567-584.

Focusing on volunteers 50 years and older, this study examines the cross-national patterns of volunteering in 10 European countries. The multivariate analysis of socio-demographic characteristics and levels of voluntary participation are based on the publicly available data from the Survey of Health, Ageing and Retirement in Europe (SHARE) (Erlinghagen and Hank 2006, 569). The study population includes volunteers 50 and older who had been actively engaged in voluntary or charity work during the month prior to the SHARE interview (Erlinghagen and Hank 2006, 570). The study found that, across all countries, "the two most frequently mentioned motivations to volunteer were 'the desire to contribute something useful' (70%) and 'the pleasure derived from volunteering' (61%)" (Erlinghagen and Hank 2006, 572). The authors identified volunteering (public) and informal help and caring (private) separately in this study; volunteers and those involved in organized activities showed a high level of informal caring, indicating a close linkage between private and public helping (Erlinghagen and Hank 2006, 573). The authors conclude the article with a cautionary note that "older people should not be 'exploited' for the benefit of other, but enabled to experience a higher quality of life through their active participation in society" (Erlinghagen and Hank 2006, 581).

Haski-Leventhal, D. (2009). "Elderly Volunteering and Well-being: A Cross-European Comparison Based on SHARE Data." Voluntas 20: 388-404.

Using the 2007 Survey of Health Ageing and Retirement in Europe (SHARE) data for 12 countries to test several hypotheses, Haski-Leventhal (2009, 393-395) "examines the relationship between volunteering and well-being", using the volunteering, physical well-being, life satisfaction, depression, and expectations to live a certain age as well as age, gender and employment status, not unlike Erlinghagen and Hank's 2006 study outlined above. From this study, the authors concluded that "the overall picture is volunteering, no matter how often, is related to well-being [for volunteers 50 years of age or older]" (Haski-Leventhal 2009, 400). However, for some countries volunteering and well-being had a weak or insignificant correlation, perhaps due to the status of the welfare state (a stronger welfare state may mean that volunteering is less required) (Haski-Leventhal 2009, 401-402). This study provides further insights into the benefits of 'elderly' volunteering.

Jegermalm, M. and E.J. Grassman. (2009). "Caregiving and Volunteering Among Older People in Sweden – Prevalence and Profiles." *Journal of Aging and Social Policy* 21: 352-373.

With their exploration of the prevalence of informal help/caregiving and volunteering in voluntary organizations among older people in Sweden, Jegermalm and Grassman (2009, 357) address two contrasting assumptions: 1) that these activities are rare among older people in Sweden because of an extensive welfare state; and, 2) such unpaid activities are widespread, partly due to changes in the welfare system. Through telephone interviews using a random sample of people ages 16-84, the results indicate that in both the general population and for older people "informal helpgiving and volunteering are common phenomena" (Jegermalm and Grassman 2009, 365). The authors identified three different profiles of older people involved in unpaid activities: active citizens (more formal volunteers associated with organizations and having informal networks), family-oriented (help recipients are family members), and 'super helpers' who are both active citizens and family-oriented volunteers and caregivers (Jegermalm and Grassman 2009, 367). This study confirms a link between volunteering (broadly defined) and citizenship in older adults.

Kaskie, B., S. Imhof, J. Cavanaugh and K. Culp. (2008). "Civic Engagement as a Retirement Role for Aging Americans." *The Gerontologist* 48(3): 368-377.

Kaskie et al. (2008, 370) define civic engagement as "a volunteer or work role to be occupied for at least 1 day a week within an organization that has a direct impact on the local community." Using Iowa Workforce Seniors Study (IWSS) data from individual who identified themselves as retired, this study examine a sample of 683 retirees to determine how many of them met the above criteria for civic engagement (Kaskie et al. 2008, 370). The sample was split into five main categories and the results focus on trends among engaged volunteers (retirees who volunteer at least five hours per week) versus those that volunteer less than five hour per week (Kaskie et al. 2008, 371). The results support the definition of civic engagement as a retirement role, highlighting that "the engaged retirees were more educated, in better health, and more physically active" (Kaskie et al. 2008, 374) compared to those retirees who neither volunteered nor worked.

Leonard, R. and S. Johansson. (2008). "Policy and Practices Relating to the Active Engagement of Older People in the Community: A Comparison of Sweden and Australia." *International Journal of Social Welfare* 17: 37-45.

In an examination of policies and practice regarding active engagement among older adults in Sweden and Australia, Leonard and Johansson (2008) outline barriers to and aspects of active engagement through paid work, voluntary work, political engagement, support for elder engagement and access to services. The main conclusions of the article indicate that a major concern for both countries is "the reduction of service for older people who need only a small amount of assistance" (Leonard and Johansson 2008, 44). Both Sweden and Australia are employing volunteers in the provision of welfare services to decrease costs. The authors indicate that the main barrier to the active engagement of older people is an ageist attitude

perceiving that older people's ability to contribute declines with age, concluding that both countries "will need a combination of individual action, popular movements, adequate services and legislation to reap the benefits of social capital generated by increasing numbers of active, engaged older people" (Leonard and Johansson 2008, 44).

Lie, M., S. Baines and J. Wheelock. (2009). "Citizenship, Volunteering and Active Ageing." Social Policy and Administration 43(7): 702-718.

Lie et al. (2009) provide insights into volunteering, meaning and citizenship with their case study of older adult volunteers' (ages 55 and over) participation in Age Concern Newcastle, an organization that works in the community and provides leisure services in England. The goal of the research is to "improve our understanding of volunteering among the older adult population...[by identifying] the meanings underlying older people's giving of their time in formal volunteering" (Lie et al. 2009, 707). Results of the study indicate that volunteering can be conceptualized in two main ways: volunteering as leisure and work and volunteering as care and civic consciousness (Lie et al. 2009, 708). Older adults in this study volunteer because they want to, they enjoy it, they have a sense of commitment, it gives them a sense of self-worth and they do not expect any financial rewards in return; however, volunteering is stressful at times and does have some work-like characteristics (Lie et al. 2009, 709-710). Volunteering identified by the study participants also includes other aspects such as informal caring and volunteering "gave them an accepted place in society and in their community" (Lie et al. 2009, 711). There is a link between volunteering and citizenship. The authors caution at the end of the article that: "since older people have made clear in the interviews their autonomy in volunteering, policy-makers should consider volunteering as only one of a range of options rather than a cure-all for the threatening care-deficit in our society" (Lie et al. 2009, 714).

Sherwood, K.B. and G.J. Lewis. (2000). "Accessing Health Care in a Rural Area: An Evaluation of a Voluntary Medical Transport Scheme in the English Midlands." Health and Place 6: 337-350.

Due to the centralization of health care services, those without access to a vehicle or other mobility challenges have greater difficulty accessing services. In response, several government- and community-initiated self-transport schemes have been developed. This study evaluates 'Rural Wheels', one of several pilot community development projects initiated by a regional health authority in rural England. Playing a central role are the transportation coordinators and pool of volunteer drivers and they are fundamental to the scheme and "its long term success" (Sherwood and Lewis 2000, 343). The coordinators and the majority of the volunteer drives are over 60 years of age. This service, largely used by the elderly, is seen as a lifeline. The mandate of the scheme expanded from transporting people for medical reasons to providing transportation for daily activities related to general health and well-being. It is hard to recruit volunteers due to the demands of the program and there needs to be long term commitment both by the volunteers and by the government that is looking toward self-help and voluntarism to provide health and social care services. This

study addresses rural ageing and service delivery, senior volunteers, voluntarism, community development, and indirectly leadership and entrepreneurship.

Warburton, J. and C. Stirling. (2007). "Factors Affecting Volunteering Among Older Rural and City Dwelling Adults in Australia." Educational Gerontology 33: 23-43.

By combining variables and indicators from two theoretical frameworks, Warburton and Stirling (2007, 38) developed a model to determine "whether social capital theory predicts volunteering by older Australians more accurately than structure theories of sociostructural resources." The impetus for this study was a lack of information regarding older adult volunteering in Australia, despite its importance related to national strategies and policies of healthy and productive ageing (Warburton and Stirling 2007, 38). Based on several analyses of information from a representative Australian dataset (emphasizing potential differences based on ageing and locality variables in relation to both theories), the study found that there is weak support for either framework to predict volunteering by older Australians (Warburton and Stirling 2007, 31-34 & 38). Results did not provide definitive support that social capital theory would better predict volunteering than sociostructural resources theory (Warburton and Stirling 2007, 39). Although there was some relationship found between the different variables and locality and ageing, the results indicated a more complex pattern of volunteering in older adults in the Australian context (Warburton and Stirling 2007, 39). Overall, this paper adds to a growing body of literature regarding older volunteers in Australia.

3.4 Volunteering: Identity, Place and Commitment

Although these articles address diverse topics and contexts, they provide insight into important aspects of voluntary participation. They highlight relationships between volunteering and identity, place and level of commitment by volunteers.

Boezman, E.J. and N. Ellemers. (2008). "Pride and Respect in Volunteers' Organizational Commitment." European Journal of Social Psychology 38: 159-172.

In this study, Boezman and Ellemers (2008, 162-163) test three hypotheses concerning: 1) the volunteers' experience of pride related to their membership in a voluntary organization; 2) pride is associated with the perceived importance of volunteers' work in the organization; and, 3) that emotion-oriented and task-oriented organizational support are associated with volunteer organization respect as well as an emotional attachment and sense of responsibility to the organization. A case study of fundraising volunteers in an organization with a mission to find a cure for cancer through funding scientific research was used to test these hypotheses. The results supported the authors' hypotheses and show "that theoretical notions about pride and respect can be used to understand the organizational commitment of workers in volunteer organizations" (Boezman and Ellemers 2008, 169). Although this study is not directly linked to the issues of voluntarism, ageing and community development, it does provide some important insights as to how volunteers' level of commitment to an organization in relation to the level of support and recognition from voluntary organizations regarding volunteer efforts.

Fraser, J., S. Clayton, J. Sickler and A. Taylor. (2009). "Belonging at the Zoo: Retired Volunteers, Conservation Activism and Collective Identity." Ageing and Society 29: 351-368.

Based on two studies of zoo volunteers, Fraser et al. (2009, 352) test a number of hypotheses regarding volunteers' perceptions of their service experience and how their experiences are personally useful and meaningful, particularly regarding individual and collective identity, the contribution of group membership to identity and any consequences of this identification. The results are useful and can provide a basis for the study of volunteer experiences in other non-profit and service areas. Almost all of the volunteers who intended to continue in the role and some cited "social interactions with other volunteers...[as] the prime motivation for volunteering in the first place" (Fraser et al. 2009, 357). Respondents noted that similar motivations for volunteering fostered camaraderie and a sense of group identity (Fraser et al. 2009, 360). Place attachment was evident in many interviews as "a desire to give back to a place that is significant to one's identity; an effort to invest in social bonding across generations at a specific place; and an embedded engagement with the zoo as a place with symbolic meaning" (Fraser et al. 2009, 360). Volunteers also incorporated their roles into their social identities, meeting outside their volunteer roles and considering themselves a 'family' (Fraser et al. 2009, 362). The social interaction, value expression and establishment of a collective identity is of importance to retired volunteers (Fraser et al. 2009, 366). While the

focus of this study is on an urban zoo, these insights can inform the study of volunteer place attachment and individual and collective identity in other contexts.

Ryan, V.D., K.A. Agnitsch, L. Zhao and R. Mullick. (2005). "Making Sense of Voluntary Participation: A Theoretical Synthesis." Rural Sociology 70(3): 287-313.

To answer the question: *What distinguishes 'citizens' who volunteer on behalf of the public good from 'noncitizens' who fail to do so?*, Ryan et al. (2005, 306) have "modified and extended the systemic model of community attachment to help explain why individuals voluntarily participate on behalf of their communities." This model combines elements of the original systemic model of community attachment (see Kasarda and Janowitz 1974) with rational choice theory and theories of social embeddedness (Ryan et al. 2005, 288). Through a quantitative analysis of a mail-out survey to residents of rural farm and rural non-farm communities in Iowa, this study confirmed that "a person's local social ties are important for explaining one's level of [community attachment]" (Ryan et al 2005, 307). The results also indicate that 'interest in community' (interests) and 'feeling at home' (sentiment) provide a conceptual bridge to connect community attachment with local voluntary participation (Ryan et al. 2005, 308). The authors categorize community attachment as another form of social capital, noting that "as dependencies with one's local context increase, attachment to place can be expected to rise" (Ryan et al. 2005, 310). An increase in community attachment will also lead to an increase in the likelihood that residents will work together for a common purpose (Ryan et al. 2005, 310). This article directly addresses the concepts of voluntarism and place and the results can be applied to a range of contexts, including community and economic development.

van Ingen, E. and M. Kalmjin. (2010). "Does Voluntary Association Participation Boost Social Resources?" Social Science Quarterly 91(2): 493-510.

Van Ingen and Kalmjin (2010, 494) examine the extent to which social participation, in the form of membership in associations (membership participation) and volunteering in associations (voluntary participation), converts into social capital or social resources. The authors used a quantitative analysis of computer assisted personal interview (CAPI) and self-completion questionnaire data from the Netherlands Kinship Panel Study (NKPS) to generate their results (van Ingen and Kalmjin 2010, 499-502). The first wave of the survey was conducted between 2002 and 2004 and the second wave between 2005 and 2007. Overall, they concluded that there is no significant 'participation effect' (i.e., social participation converting into social capital) (van Ingen and Kalmjin 2010, 502 & 506). Interestingly, volunteering is a stronger form of participation and the results show that the participation effect of volunteering is significant, with "those who started volunteering gaining more social resources than those who remained uninvolved" (van Ingen and Kalmjin 2010, 504). This study does not discern between urban and rural social participation ; however, the conclusions regarding volunteering and social resources could have broad application in the areas of leadership and entrepreneurship in community and economic development.

3.5 Leadership and Entrepreneurship in Community and Economic Development

The articles reviewed under the theme of community and economic development focus on aspects of leadership and entrepreneurship. Some of the articles provide specific examples of rural leadership while others outline general competencies or traits of leaders and entrepreneurs in contexts such as social work, nursing, the rural health profession and the technology industry. One article reviewed presents the concept of place-making in relation to ideas of development and opposition to particular economic development proposals.

Bent-Goodley, T.B. (2002). "Defining and Conceptualizing Social Work Entrepreneurship." Journal of Social Work Education 38(2): 291-302.

Although this study deals specifically with entrepreneurship in a social work context, useful and transferrable competencies and traits of entrepreneurs are highlighted in the results. They include: 1) entrepreneurial thinking (the ability to visualize innovation and create opportunities); 2) forecasting (the ability to predict potential outcomes and consequences in order to be proactive rather than reactive); 3) risk taking (to be creative and undertake new initiatives); 4) expert management (competence in financial management and fund development); 5) public relations (the ability to use the media); and, 6) resource and alliance building (the ability to engage in coalition building, negotiation and networking) (Bent-Goodley 2002, 296-299). This article focuses specifically on aspects of entrepreneurs, from a social work perspective, and not specifically on community development, ageing, voluntarism or volunteering.

Bryant, C. and A.E. Joseph. (2001). "Canada's Rural Population: Trends in Space and Implications in Place." The Canadian Geographer 45(1): 132-137.

The authors provide an overview of demographic changes in rural areas, highlighting that population ageing and out-migration in these areas are affected by restructuring and employment opportunities, resulting in ageing-in-place. This article is based on the analysis of quantitative information highlighting recent trends in Ontario and Quebec communities. The authors point out that rural is not a homogeneous concept - that different scales of rural have different challenges. However, for the purpose of their analysis, they "retain the 'rural as residual' approach, [and address] the heterogeneity of 'rural' through regional commentaries" (Bryant and Joseph 2001, 132). Volunteering, voluntarism, entrepreneurship and leadership are not the foci of this article. However, the authors infer local participation and leadership: "Local actors and populations have played not an insignificant role in constructing rural space from the start; today, they are being called upon even more to process a partial solution for managing their own budgetary resources as well as filling the gap that traditional central state regional development programs have been unable to fill" (Bryant and Joseph 2001, 136).

Cheater, F.M. (2010). "Improving Primary and Community Health Services Through Nurse-led Social Enterprise." *Quality in Primary Care* 18: 5-7.

Social enterprises can be defined as "businesses which pursue social objectives rather than financial gain...[receiving] their funding through contracts like any business would but the profits are used to create a social rather than a financial return" (Cheater 2010, 5). Such enterprises are being encouraged in order to provide new forms of primary and community care in England. There is a lack of nurse-led social enterprise health schemes in the United Kingdom due to factors such as "isolation, lack of a 'safety net', resistance and hostility from some colleagues to nurses taking on the employer role, difficulties recruiting GPs to salaried positions and bureaucratic and legislative barriers" (Cheater 2010, 6). Key skills and traits of social entrepreneurs were listed as: 1) relentlessly pursuing new opportunities, 2) engaging in continuous innovation, adaptation and learning; 3) acting boldly; 4) having a heightened sense of accountability; 5) having a high tolerance for risk; 6) financial accounting skills; 7) business planning skills; and, 8) networking and collaborative partnership skills. This article focuses specifically on social entrepreneurship in a health care setting, although it does not address aspects of community development, voluntarism and volunteering.

Davies, A. (2009). "Understanding Local Leadership in Building the Capacity of Rural Communities in Australia." *Geographical Research* 47(4): 380-389.

This paper focuses on the nature of local leadership regarding community capacity building initiatives and how this may differ the aspects of this leadership being taught in rural leadership training courses. Rural local leadership has been identified as an important factor for communities to adapt to change; however, "many rural community and business representatives argue that these training programmes have had little impact in securing the socio-economic viability of rural communities" (Davies 2009, 382). A more top-down, transactional approach to leadership resulted in one-off socio-economic development projects, rather than sustainable projects, because they "did not facilitate community ownership of the project or, more importantly, the wider socio-economic development issue being addressed by the project" (Davies 2009, 384). Through a transformational leadership style, wide community participation was encouraged and the formation of new social networks and learning opportunities were facilitated (Davies 2009, 384). Transformational leadership is more likely to result in improved community capacity. This study focuses on elements of rural local leadership regarding community capacity building and socio-economic development. It does not touch on aspects of ageing, voluntarism or volunteering.

Farmer, J. and S. Kilpatrick. (2009). "Are Rural Health Professionals Also Social Entrepreneurs?" *Social Science and Medicine* 69: 1651-1658.

Through exploring the experiences of health professionals in rural Tasmania and Scotland, Farmer and Kilpatrick (2009, 1657) showed "that rural health professionals are well placed to develop community activities with health and social outcomes." Study participants identified themselves as involved in change processes and "could be viewed as leading and stimulating

community development [through social entrepreneurship]" (Farmer and Kilpatrick 2009, 1656). These rural health professionals are able to use their status within communities to access knowledge and contacts to obtain financial resources; can be characterized as 'boundary crossers' (see Kilpatrick et al. 2009) and can also be viewed as leading and stimulating community development (Farmer and Kilpatrick 2009, 1656). Most of the activities of these social entrepreneurs can be considered at the voluntary organization level of activity. The results of this research "highlights the convergence of the concepts of social entrepreneurship and community development in rural communities" (Farmer and Kilpatrick 2009, 1657). The focus of this article is on social entrepreneurship among rural health professionals and their relationship to community development. Although voluntarism and volunteering are not a focus of the study, some of the activities of social entrepreneurs in this context can be characterized as voluntary.

Heald, S. (2008). "Embracing Marginality: Place-making vs Development in Gardenton, Manitoba." Development in Practice 18(1): 17-29.

A departure from the other articles reviewed in this section, Health (2008) provides an account of a small, rural, traditionally farming community in Manitoba 'making place' with their vision of development for their community. This community is on the margins of the new, knowledge economy (Heald 2008, 18) and the residents "frequently prioritise community over economic concerns, and still sometimes *choose* marginality, or at least embrace it" (Heald 2008, 23). By this the author means that the community prefers "small-scale farms and businesses, owned and run by families, all operated with an eye to preserving the natural environment" (Heald 2008, 26) rather than the large-scale hog farms that have been proposed for the area. Marginality in this context is seen as a good thing and this type of development would provide "a few more jobs, a bit more tax base, and, above all, more opportunities to get together as a community" (Heald 2008, 25). In a broader, rural community development context this study is important because it "suggests that the question is not simply whether government policy and economic processes will allow people to remain, or even whether there is a place for these few, marginalised, people, but whether they – or anyone else – will be allowed to *make place*, or whether they must have a place made for them by local and extra-local colonialists" (Heald 2008, 28). This article addresses issues of new economies, rural community development and place. It does not specifically discuss leadership, entrepreneurship or voluntarism.

Kilpatrick, S., B. Cheers, M. Gilles and J. Taylor. (2009). "Boundary Crossers, Communities, and Health: Exploring the Role of Rural Health Professionals." Health and Place 15: 284-290.

Boundary crossers are defined as "people who live in the rural community and are employed in the health system and so are able to use the lense of a community member to analyse and lead actions to build and use community capacity for health development" (Kilpatrick et al. 2009, 286). Through five case studies from rural communities in rural Australia, the authors were able to discern key characteristics of these 'boundary crossers', providing "valuable

insights for rural communities and external agents in designing their approach to partnerships that build rural community capacity for health [development]" (Kilpatrick et al. 2009, 289). These characteristics are: understanding the community of place; trust and leadership in relation to civic engagement; local leadership in development partnerships with external agencies; caring about the rural community in which they live and work; effective opinion leaders; and, possess a holistic understanding of social capital (Kilpatrick et al, 2009, 288-289). Through this study, the authors address the areas of community development, leadership and attachment to place or place integration. Ageing, voluntarism and volunteering are not a focus of the study.

Kroehn, M., A. Maude and A. Beer. (2010). "Leadership of Place in the Rural Periphery: Lessons from Australia's Agricultural Margins." Policy Studies 31(4): 491-504.

Although there is a limited academic literature regarding rural leadership in Australia, it is a priority for governments (Kroehn et al. 2010, 498). Through two case studies of place leadership in rural Australia, this article examines "the role of individual and networks of place leaders in the promotion of new industries and the creation of a new future for these marginal regions" (Kroehn et al. 2010, 491). The authors argue that "effective place leadership is affected by broader structural conditions, including the relationships between and within the three tiers of government, issues of scale and the strategic priorities of governments, and the ability to take advantage of global market conditions" (Kroehn et al. 2010, 492). The two case studies reveal different styles of leadership, one is 'leadership by doing' and the other is 'leadership by persuasion'. While other research "emphasizes the importance of leadership in building resilience within communities" (Kroehn et al. 2010, 501", this study concludes that factors contributing to the success of leadership include: "the influence of 'place', the structural context within which leadership takes place, and the networked nature of much leadership" (Kroehn et al. 2010, 501). This article focuses on leadership in community development and does not address ageing, voluntarism or volunteering.

Romero, L. and M. Minkler. (2005). "Gold in Gray: Senior Volunteer Leaders as an Untapped Public Health Resource." Generations 29(2): 36-40.

This article provides an overview and evaluation of the California Senior Leaders Project. This project was established in an effort to address the lack of recognition of the contributions of the "advocacy and service by older people in areas like public health (Romero and Minkler 2005, 36). Sixty senior leaders identified from a wide variety of organizations throughout California were selected for training and mentoring through this program. They were involved in two days of structured training, which included networking opportunities, and were linked with a graduate student volunteer for additional mentoring who provided monthly support and arranged technical assistance for these leaders when needed (Romero and Minkler 2005, 38). These graduate student volunteers were also responsible for evaluating the program through their monthly contact with the senior leaders. The evaluation found that most seniors used skills gained at the two day event. For many of the participants

the “information or skills developed through the project were linked to successful new fundraising efforts...or to advocacy, program or evaluation plans they had developed” (Romero and Minkler 2005, 38). For some participants, their graduate student volunteers assisted in the development of grant proposals. Many of the senior leaders that participated in this program “reported feeling more confident and empowered to speak up and play a more active role in the local and committees and policy making” (Romero and Minkler 2005, 39). This article is included in this review to stimulate ideas of knowledge translation and transfer, as well as potential frameworks for collaboration between academia, nonprofit organizations and volunteers.

Squazzoni, F. (2009). “Social Entrepreneurship and Economic Development in the Silicon Valley: A Case Study on the Joint Venture: Silicon Valley Network.” Nonprofit and Voluntary Sector Quarterly 38(5): 869-883.

Based on a case study of a non-profit organization in the Silicon Valley established to promote initiatives to cope with economic development challenges in the region, this article discusses aspects of social entrepreneurship, non-profit organizations involved in economic development and social capital. For the purposes of this research, the term social entrepreneur means “a person who recognizes a long-standing social and economic problem and who uses entrepreneurial approaches, principles and methods to establish a social venture to collaborate with others in its resolution. In doing so, social entrepreneurs blur the boundaries between sectors” (Squazzoni 2009, 875). Leaders (social entrepreneurs) from different sectors (business, government, communities, labour, universities, research centres and nonprofit sectors) came together to establish this non-profit organization and participate in its initiatives. The organization is run by a small staff, volunteers are involved in initiatives at all levels, and leaders comprise the board of directors. Social entrepreneurs in this particular case study “are skilled persons who share time, competencies, expertise, knowledge, skill, money, and social and relational capital with others, by directly participating in challenging initiatives (Squazzoni 2009, 875). The case study “shows that social entrepreneurs and ventures can be a source of generation, accumulation, and diffusion of social capital” (Squazzoni 2009, 879). Although an urban focus, this study provides insights into social entrepreneurship in an economic development oriented non-profit organization.

3.6 Ageing and Ageing-in-Place

Ageing and ageing-in-place is the focus of the articles summarized below. Some studies have focused on demographic aspects of population ageing and factors of ageing-in-place, while others provide specific rural and urban examples.

Bookman, A. (2008). "Innovative Models of Aging in Place: Transforming Our Communities for an Aging Population." Community, Work and Family 11(4): 419-438.

Through eight case studies of urban alternative community models of aging-in-place, the authors explore changes in community organization in order for elders "to have a community to belong to that supports their needs and gives meaning to their lives" (Bookman 2008, 420). The different types of alternative aging-in-place models illustrated include: naturally occurring retirement communities, villages and campus-affiliated retirement communities. The author notes: "the foundation of these alternatives is the construction of a community based on amplifying connections among elders, between elders and other generations, and between elders and the health care providers and home care service agencies that elders need" (Bookman 2008, 426). Although not specifically focused on leadership, the research identifies that elders emerge as leaders in the village model and development of new models of aging-in-place see elders as community-builders. Volunteering and voluntarism are not addressed in this study.

Bryant, C. and A.E. Joseph. (2001). "Canada's Rural Population: Trends in Space and Implications in Place." The Canadian Geographer 45(1): 132-137.

The authors provide an overview of demographic changes in rural areas, highlighting that population ageing and out-migration in these areas are affected by restructuring and employment opportunities, resulting in ageing-in-place. This article is based on the analysis of quantitative information highlighting recent trends in Ontario and Quebec communities. The authors point out that rural is not a homogeneous concept - that different scales of rural have different challenges. However, for the purpose of their analysis, they "retain the 'rural as residual' approach, [and address] the heterogeneity of 'rural' through regional commentaries" (Bryant and Joseph 2001, 132). Volunteering, voluntarism, entrepreneurship and leadership are not the foci of this article. However, the authors infer local participation and leadership: "Local actors and populations have played not an insignificant role in constructing rural space from the start; today, they are being called upon even more to process a partial solution for managing their own budgetary resources as well as filling the gap that traditional central state regional development programs have been unable to fill" (Bryant and Joseph 2001, 136).

Cloutier-Fisher, D. and A.E. Joseph. (2000). "Long-term Care Restructuring in Rural Ontario: Retrieving Community Service User and Provider Narratives." *Social Science and Medicine* 50: 1037-1045.

With a rural focus on long-term care restructuring in Ontario, this study aims to develop an understanding of service-users and service-providers perspectives on service coordination issues and service cuts (Cloutier-Fisher and Joseph 2000, 1037). The authors are particularly interested in the ability of elderly people in rural areas, reliant on publicly funded community services, to age-in-place (Cloutier-Fisher and Joseph 2000, 1038). The changes in long-term care delivery stem from the implementation of the Community Care Access Centre program, a managed competition model for such service provision (Cloutier-Fisher and Joseph 2000, 1039). Interviews with elderly service-users and service-providers in two rural communities indicates that there is diversity and uncertainty, from both the user and provider sides, in the implementation of services through the CCAC model (Cloutier-Fisher and Joseph 2000, 1043). Local solutions to service delivery constraints and challenges lead to differences in local capacity and the inability of some communities to "take up the slack" (Cloutier-Fisher and Joseph 2000, 1043). There is more reliance on families and informal care giving for elderly people in rural areas (Cloutier-Fisher and Joseph 2000, 1038).

Gilleard, C., M. Hyde and P. Higgs. (2007). "The Impact of Age, Place, Aging in Place, and Attachment to Place on the Well-being of the Over 50s in England." *Research on Aging* 29(6): 590-605.

Through a secondary analysis of two national surveys, this study examines ageing-in-place in England and whether ageing and/or ageing-in-place "fosters a positive attachment to place" (Gilleard et al. 2007, 592). The results indicate that, for people 50 years and older living in private dwellings, age and ageing-in-place "are associated with increased feelings of attachment to one's area [regardless of the socio-economic status of the area]" (Gilleard et al. 2007, 602) and that belonging is associated with a sense of well-being, no matter how long someone has aged-in-place. This article focuses on aspects of experiences of ageing and does not mention elements of voluntarism, volunteering, community development, leadership or entrepreneurship. The data used are from a national survey and the authors did not distinguish any results between urban and rural contexts.

Hanlon, N. and G. Halseth. (2005). "The Greying of Resource Communities in Northern British Columbia: Implications for Health Care Delivery in Already-Underserved Communities." *The Canadian Geographer* 49(1): 1-24.

Focusing on demographic change in resource hinterland communities in northern BC, Hanlon and Halseth (2005) indicate that these communities are characterized by population decline and ageing-in-place, resulting in challenges for health care provision. Ageing-in-place in this region is different than in the rest of the country due to economic, political and social restructuring. The authors "suggest that a phenomenon of 'resource frontier ageing' is underway in northern BC" (Hanlon and Halseth 2005, 7). Regarding services for seniors, the

offloading of service provision by federal and provincial governments to community-based resources results in “little support for seniors in smaller and more remote settings who may wish to age-in-place” (Hanlon and Halseth 2005, 12). The case studies involve remote, resource hinterland communities. Although, voluntarism, volunteering, leadership and entrepreneurship are not a focus of the research, pressures on volunteers and informal caregivers to deliver [health and social care] services because of restructuring are mentioned.

Milligan, C. (2000). “‘Bearing the Burden’: Towards a Restructured Geography of Caring.” *Area* 32(1): 49-58.

Drawing on two case studies, one with an urban and one with a largely urban context, Milligan outlines personal geographies of care based on the different experiences of informal caregivers in Scotland. The article indicates that voluntary sector support for informal caregivers is important and is subject to geographical inequalities due to differences in local funding priorities and decision-making mechanisms (Milligan 2000, 55). Due to restructuring, health and social care services are increasingly the responsibility of home and community care provision. Milligan (2000, 50) cites that these carers “are key to the successful implementation of this community-based policy.” The focus of this study is on the experiences of volunteers in light of health care restructuring, but does not highlight aspects of leadership, community development or entrepreneurship specifically.

Moore, E.G. and M.A. Pacey. (2004). “Geographic Dimensions of Aging in Canada, 1991-2001.” *Canadian Journal on Aging* 24: S5-S21.

Highlighting the differences in ageing-in-place across Canada, Moore and Pacey (2004) examine the process of population ageing at provincial and census metropolitan area scales. They define the two elements of population ageing as aging-in-place and net migration. Their main conclusion is that “while ageing-in-place is the strongest force in population aging, changes in the rate of population aging are very much a function of the economic conditions that underlie differential growth in local economies” (Moore and Pacey 2004, S16). This study is focused on urban population ageing and does not touch on voluntarism, volunteers, leadership or entrepreneurship. The authors do note an association between population ageing and local economic and social conditions.

Sherwood, K.B. and G.J. Lewis. (2000). “Accessing Health Care in a Rural Area: An Evaluation of a Voluntary Medical Transport Scheme in the English Midlands.” *Health and Place* 6: 337-350.

Due to the centralization of health care services, those without access to a vehicle or other mobility challenges have greater difficulty accessing services. In response, several government- and community-initiated self-transport schemes have been developed. This study evaluates ‘Rural Wheels’, one of several pilot community development projects initiated by a regional health authority in rural England. Playing a central role are the transportation coordinators and pool of volunteer drivers and they are fundamental to the scheme and “its long term success” (Sherwood and Lewis 2000, 343). The coordinators and

the majority of the volunteer drives are over 60 years of age. This service, largely used by the elderly, is seen as a lifeline. The mandate of the scheme expanded from transporting people for medical reasons to providing transportation for daily activities related to general health and well-being. It is hard to recruit volunteers due to the demands of the program and there needs to be long term commitment both by the volunteers and by the government that is looking toward self-help and voluntarism to provide health and social care services. This study addresses rural ageing and service delivery, senior volunteers, voluntarism, community development, and indirectly leadership and entrepreneurship.

Thomas, W.H. and J.M. Blanchard. (2009). "Moving Beyond Place: Aging in Community." Generations 33(2): 12-17.

Thomas and Blanchard (2009) outline the concept of ageing-in-community versus ageing-in-place. Ageing-in-community "shifts the emphasis away from dwellings and toward relationships...[and the] idea [is] replicable across the spectrum from rural to urban" (Thomas and Blanchard 2009, 17). The article notes that the costs of both ageing-in-place (at home and in facilities) and ageing-in-community (such as in senior cohousing arrangements) are high and advocates for a third-way that would blend financial resources with social capital in order to promote greater independence for the ageing population. Examples of both intentional communities (senior cohousing communities) and spontaneous communities (communities developing new capacities on their own) are illustrated (Thomas and Blanchard 2009, 16). Volunteering and voluntarism are not a direct focus of this article, but senior volunteering and nonprofit organizations providing services to seniors are mentioned in the urban examples of ageing-in-community provided.

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Wenger's article, promoting a greater understanding of ageing in rural Britain, addresses four prevalent myths. The article concludes that although there are aspects of rurality that can make rural ageing more difficult but that older adults tend to adapt to their circumstances; family support networks and relationships in general in these areas are stronger than in urban places; and, health in rural areas is negatively affected by less access to services (Wenger 2001, 121-124). Economic regeneration and employment opportunities in rural areas are mentioned in relation to community and economic development initiatives. As well, the author indicates that "the rural voluntary sector demonstrates some affinity and expertise [for providing services to seniors]" (Wenger 2001, 126).

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APPENDIX C – EVALUATIVE CRITERIA

- What is the study context?
 - Urban?
 - Rural?
 - Resource community?
- What is the theoretical framework?
 - Interdependence of change?
 - Place embeddedness?
 - Community development / community economic development?
- What is the methodological approach?
 - Qualitative?
 - Quantitative?
 - Exploratory?
- What methods are used?
- Are the policy implications highlighted?
 - Emphasis on place/ locality?
 - Rural?
 - Volunteers?
- Are there suggestions for future research?
 - Place / locality?
 - Rural?
 - Volunteers?
 - Leadership/entrepreneurship?
 - Community / economic development?
- What is the definition of voluntarism/ volunteering?
 - Broad/inclusive?
 - Narrow?
- What role for voluntarism does the research identify?
 - Leadership/champions of change?
 - Voluntary sector and seniors?
 - Transformative nature of voluntarism?
- What does the research say about ageing?
 - Ageing-in-place?
 - Rural ageing?
 - Resource frontier ageing?
- Does the research/article emphasize the importance of place or locality?

APPENDIX D – LITERATURE SEARCH PROTOCOL

The purpose of the literature search was to update existing references, looking for interdisciplinary publications concerning aspects of voluntarism, volunteers, ageing, ageing-in-place, rural health and social care, health care reform and restructuring, community and economic development, and entrepreneurship and leadership in these areas. The search focused on journal articles published between 1980 and 2010 about research in these areas conducted in western, industrialized nations, such as the United Kingdom, European Union, Australia, New Zealand, the United States and Canada.

Database Searched:

- Academic Search Premier

Subject terms used:

- ageing + community / economic development
- ageing + place
- health + voluntarism
- health + restructuring
- health + community / economic development
- place + integration
- place-making
- rural + aging
- rural + ageing (same results as rural + aging)
- rural + community / economic development
- rural + health + volunteers
- rural + leadership
- rural + restructuring
- rural + volunteers
- rural + voluntarism
- social entrepreneur + community
- social entrepreneur + health
- social entrepreneur + place
- social entrepreneur + volunteers
- voluntarism + aging
- voluntarism + community
- voluntarism + community / economic development
- voluntarism + community-building
- voluntarism + entrepreneurship
- voluntarism + identity
- voluntarism + leadership
- voluntarism + place-building
- voluntarism + place
- welfare + restructuring