The Role of Social Capital in Aging Well

Norah Keating, Jennifer Swindle, Deborah Foster
University of Alberta

Correspondence to:
Norah Keating, PhD
Professor and Co-Director, Research on Aging, Policies and Practice (RAPP)
Department of Human Ecology
3-22 Human Ecology Building
University of Alberta
Edmonton, AB, Canada T6G 2N1
norah.keating@ualberta.ca

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Table of contents

The Role of Social Capital in Aging Well 1
Social Capital in Context 1
Social Capital and the Networks of Older Adults 3
    Understanding networks 3
    Characteristics of social, support and care networks 4
    Recent findings: Characteristics of social, support and care networks 5
Social Capital in Action: Activities of Support and Care Networks 7
    Tasks received by seniors from support networks 8
    Type and amount of support received by seniors from support and care networks 8
    Recent findings: Activities of support and care networks 9
Community-Level Networks 11
    Recent findings on community level support 11
Network Outcomes and Aging Well 12
    Understanding aging well 12
    Social capital outcomes and aging well 14
Programs and Initiatives, the Social Capital Lens, and Aging Well 16
    Programs that enhance bonding social capital 16
    Programs that foster bridging social capital 18
    Programs that foster linking social capital 19
Strategic Policy Research and Program Development 20
References 22
Tables:
    Table 1: Characteristics of social and support networks of rural seniors in Canada 28
    Table 2: Characteristics of care networks of seniors in Canada 29
    Table 3. Types of support received from support networks (rural seniors in Canada) 30
    Table 4. Predictors of types of support received by rural seniors in Canada 30
    Table 5. Predictors of types of care received by frail seniors in Canada 31
Appendices
    Appendix A: Contexts of Social Capital for Older Adults 32
    Appendix B: Demographic characteristics of seniors living in rural communities 33

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"Social capital, however, is neither a panacea for public health nor a concept that can be easily translated into a recipe for successful aging. In fact, "building" social capital has both positive and negative aspects" (Cannuscio, Block, & Kawachi, 2003 p. 396).

This paper is one in a set of papers on "Social capital in action: Thematic policy studies." The overall project, undertaken by the Policy Research Initiative (PRI) and departmental partners, is designed to explore the role of social capital in specific areas of concern for the federal government. It is focused on social capital and aging well and has been written in consultation with departmental partners from Health Canada, Veterans Affairs Canada, and Social Development Canada. The paper includes a review of the literature and analysis of: 1) what is already known from research on the linkages between social capital and aging well; 2) how certain policies, programs, or initiatives in this area incorporate elements of social capital and how results from these experiences can provide insights on the extent to which a social capital lens/perspective can affect policy objectives and outcomes; and 3) the potential for further strategic policy research and development.

Social Capital in Context[1]

Papers based on ideas such as that of social capital often say as much about the individual writing the paper as about the construct itself. When I was first asked by the PRI to write a paper on social capital and aging well, I had not previously used the term 'social capital' in my research which is focused on older adults, their networks of family members and friends, and the supportiveness of the communities in which they live.

However, for several years I have argued that we cannot understand support or care of older adults without looking at the networks in which they are embedded, the ways in which networks apportion support tasks, and the outcomes for seniors in those networks. More recently, I have begun to look at how communities might work together to be supportive to older adults who live there. I undertook this work with a view to examining the assumption that rural seniors are well-supported because rural communities are close-knit and responsive to the needs of residents.

It's perhaps not surprising that researchers at the PRI thought that social capital is an integral part of this research. Having read their discussion paper (Policy Research Initiative, 2003a), it's easy to see the similarities in our views of networks. In this paper I use as the point of departure the PRI definition of social capital as "the networks of social relations that provide access to needed resources and supports" (p. 3).

The main focus in this paper is on the place of personal social and support networks of older adults in Canada. Most of the research on their networks has been on the direct provision of resources rather than on their ability to link to resources. Especially in cases where networks

[1] Comments in this section are from the first author.

provide care, intense network connections can be both useful and costly to seniors and their network members. As implied in the quote at the beginning of this paper, social capital is not a guaranteed prerequisite for aging well. Where possible, I point out differences among seniors in the ways in which they benefit from their networks.

In exploring the linkages between networks and aging well, I also endorse the contention that “the potential impact of social capital on various outcomes will vary depending on the ways in which its effects are enhanced or diminished by the wider social, political, economic, and cultural environment” (Policy Research Initiative, 2003b, p. 3). The argument that one cannot understand networks without placing them in context is consistent with my approach to understanding issues in aging. I come from a background in Human Ecology where the basic assumption is that context is important in understanding the experiences of individuals. In particular, I have a longstanding interest in how personal networks and communities are supportive to older adults and in how the broad policy context influences those relationships.

Appendix A illustrates the contexts relevant to understanding social capital and aging well. Older adults are placed at the centre within key contexts of their social, support, and care networks; their communities; and the broader policy settings that operate at federal, provincial/territorial, regional, and local levels. This contextual lens is notable in that seniors are assumed to be influenced by these contexts but also to be able to have influence on them. This assumption runs contrary to much of our research and practice in aging in which individuals with declining abilities are seen as passive respondents to their environments (Ranzijn, 2002).

The personal context is the social, support, and care networks of the older adults. Networks are immediate, often proximal, and represent linkages to older adults (Bronfenbrenner, 1994). In turn, communities influence network proximity and composition. The economic vitality of communities may enhance the likelihood that proximate networks will include younger adults; have climates or other amenities that may influence migration of older adults at retirement; and provide service environments that enhance or deplete network resources (Keating, Keefe, & Dobbs, 2001). Policies are the more macro values and programs that influence the ways in which communities and networks relate to older adults. By virtue of these influences, the state has a central role in the construction of aging through the allocation of scarce resources and the transmission of beliefs concerning family care and support (Phillipson, in press). The policy environment itself is complex with public programs existing across levels of government and sectoral domains.

The goal of this paper is to discuss the role of social capital as a resource in the process of aging well. In it we will examine what is known about the relationships between social capital and aging well, taking into account seniors’ personal, community, and policy contexts. A social capital lens will be used to review selected federal public programs. Suggestions are made for a policy research agenda toward development of evidence to inform public policy related to social capital for seniors. Throughout the document, we provide a critique of social capital as a useful public policy lens.

Social Capital and the Networks of Older Adults

"The sources of social capital lie in the structure of social relations developed over time"
(Policy Research Initiative, 2003b, p. 16).

Understanding networks

The social capital perspective of networks as providing access to resources is evident in the following: "As researchers adopt a network approach, they model support as a complex flow of resources among a wide range of actors, rather than as just a transaction between two individuals. … [Taking this approach] it becomes apparent that the actors' power, influence, and access to resources affect their supportiveness in networks" (Walker, Wasserman, & Wellman, 1993, p. 72). Networks are not all alike but differ considerably in composition and resources that they might provide to older adults. Three types of networks are relevant to this discussion: social, support, and care networks.

Social networks are groups of people known to older adults and with whom they have close links. They tell us the number of people in the network and how they are related to a target individual (Antonucci et al., 2001), and provide the potential for support to be delivered (Langford, Bowsher, Maloney, & Lillis, 1997). This support potential of social networks has been described as network social capital – the number of members who are willing to provide support, and the resources that they are able to mobilize when providing support (Tijhuis, Flap, Foets, & Groenewegen, 1998). 'Cashing in' social capital comes from actualizing the support potential of the social network (Jennings, 1999).

One of the truisms of network analysis is that "mere presence of a tie between two people does not equate with the provision of support" (Walker et al., 1993, p.72). Rather, support networks are the subset of social network members who provide everyday tasks and services to older adults (Fast, Keating, Otfinowski, & Derksen, 2004). Support activities include day-to-day social interaction, monitoring and providing advice, and/or instrumental activities such as home maintenance, meal preparation, and providing transportation (Fernández-Ballesteros, 2002; Keating, Otfinowski, Wenger, Fast, & Derksen, 2003; Wenger, 1997a). Support networks are perceived to contain strong, close, and stable social ties including longstanding kin and friend relationships (Peek & Lin, 1999; van Tilburg, 1998).

In the face of long-term health problems or impaired functional status of the senior, support network members may be called upon to increase the range or amount of instrumental and emotional support (van Groenou & van Tilburg, 1997). When support is provided because of seniors' long-term health problems or functional limitations (Barrett & Lynch, 1999; Keating, Fast, Frederick, Cranswick, & Perrier, 1999), support is designated as care. Care differs in type and intensity from what is required in everyday life (Hanson, Östergren, Emståhl, Isacsson, & Ranstam, 1997; Walker, Pratt, & Eddy, 1995) and care networks reflect this difference. They are less diversified and more fragile with higher proportions of close kin than those without chronic health problems (Wenger, 1997b).

In what ways might these networks of seniors be the source of social capital? Two types of social capital seem most descriptive of the potential inherent in these networks. Bonding social

capital is typified by relations within homogenous groups, and is “best suited for providing the social and psychological supports its members need for ‘getting by’ in their day-to-day activities” (Policy Research Initiative, 2003b, p. 23). Typified by strong ties to others who share similar backgrounds, bonding social capital confirms one’s sense of self (Taylor, 2004).

Bridging social capital is more heterogeneous and is useful in connecting people to “external assets” (Policy Research Initiative, 2003b, p. 23) that help them “get ahead” (Putnam cited in Smith, Phillipson, & Scharf, 2002, p. 6). They tend to be based on weak ties to those who are dissimilar to oneself. These ties “can span holes in the social structure” by offering access to other networks (Perri 6, 1997, p. 13) Bridging social capital often has been associated with assisting people with access to the labour force. There has been little discussion of older adults and how bridging social capital might be useful to them.

What do we know about the nature of social capital inherent in support and care networks? Seniors’ networks become more intense and homogeneous in the process of evolution from support to care. Clearly, in social capital language, care networks are bonding networks. The strong links of care networks may be useful in ‘getting by’ in terms of providing tasks that help maintain an older adult in the community or in a long-term care setting. The question is whether they militate against connecting to external resources that might be useful to the older adult.

The nature of the social capital inherent in support networks is not as clear. These networks are larger and more likely to include weaker ties that are heterogeneous in terms of age, marital status, and education (Adams & Blieszner, 1995). It may be that support networks are in a better position to assist with connecting to other resources than are the more intense care networks. These questions have implications for how public policy is targeted toward the maintenance or enhancement of seniors’ networks. Enhancing care networks, which has been the focus of recent public policy, may lead to both positive and negative outcomes for seniors. Enhancing support networks may be done through other programmatic directions that have yet to be explored. We return to this question after a discussion of how support and care networks function in the lives of older adults in Canada.

Characteristics of social, support and care networks

A main challenge in addressing the question of how networks are a source of social capital to older adults is that there has been relatively little cross-over in our understanding of social and support networks of older adults, and of care provided by network members. There is a rich body of literature on how social ties provide the resources for ongoing support. However, most of the research literature on family/friend care is based on seniors and an individual care provider (Boaz & Hu, 1997). Thus there has been little systematic comparison of the relationships among social, support, and care networks. In the context of attempting to better understand social capital and aging well, this exploration is important. Support networks and care networks differ in their size, membership (mix of women and men, of people of different ages, of kin, neighbours, and friends, and of proximity to the senior), and impact on older adults.

In terms of gender mix, men are under-represented in support networks compared to broader social networks (Fernández-Ballestros, 2002; Wenger, 1997a). Much of the research on

care suggests that it may be even more female-dominated, though recent findings from a national survey of caregiving suggest that proportions of women and men who provide care are similar (Cranswick, 2003; Stobert & Cranswick, 2004). Similarly, social networks likely have a mix of ages (Uhlenberg & DeJong, 2004), while support networks may be more homogeneous in tasks like emotional and social support since age peers have shared history and experience. Care networks most likely comprise people who are middle-aged (a generation younger than the cared for person) or elderly (Fast et al., 2004).

Research on the social networks of older adults suggests that kin may predominate as same generation friends are lost to illness and death (Klein Ikkink & van Tilburg, 1998). Less is known about the relationship composition of support networks since research on kin as supporters has been conducted separately from research on friends and neighbours. Friends and neighbours may provide different amounts and types of support than family members (Nocon & Pearson, 2000), perhaps providing access to other resources typical of bridging social capital. Care networks are predominantly close kin and longstanding friends since neighbours and other non-kin are less likely to move to providing more intense levels of tasks in the face of declining health of the older adult (Nocon & Pearson). Proximity also differentiates support from care networks. Modern communication technology may allow some types of social and emotional support to be provided at a distance (Fast et al., 2004), though others such as transportation and providing personal care and meal preparation for a frail senior clearly require that members be nearby (Keating et al., 2003).

Finally, network size may be a main determinant of social capital inherent in support and care networks. Social networks of older adults have an average of 12-13 people (van Tilburg, 1998; Wenger, 1997a); support networks from 5-10 people (van Tilburg); and care networks from 3-5 people (Tennstedt, McKinlay, & Sullivan, 1989). Stone and Rosenthal (1996) have argued that older adults with small support networks are at risk of having poor care resources because their care networks will be even smaller. Small, intense care networks may be well suited to provide tasks that are necessary to stave off nursing home placement, but lack the resources to provide the linkages that might enhance quality of life of care recipients.

Overall, the smaller, more kin-focused, proximate care networks seem most likely to be sources of bonding social capital while the more diverse, less dense support networks have more potential to link seniors with other resources.

Recent findings: Characteristics of social, support and care networks

Who are members of social, support, and care networks? There are no Canadian data that allow for direct comparisons among these three types of networks. In this section of the paper, findings are presented from two separate surveys of Canadian seniors. Together they provide an overview of the similarities and differences among these networks. Information on social and support networks is from a 2004 national telephone survey of rural seniors in Canada (Dobbs, Swindle, Keating, Eales, & Keefe, 2004). Information on care networks is from a subsample of older adults in Canada with chronic health problems who were part of a national Statistics Canada survey on aging and social support (Statistics Canada, 2002). Information on care

networks is based on those who reported having received care from family members or friends in the previous year[2].

As shown in Table 1, the vast majority of seniors in rural Canada (91.8%) have social networks ranging in size from 5 to 13. In contrast, size of support networks is distributed more evenly, with one-third having 1 or 2 people, one-third having 3 or 4 people, and one-third having between 5 and 13 people. The median size of rural seniors' social networks is 10, whereas their support network is much smaller with a median of 3 members. Clearly number of individuals who provide rural seniors with support is much smaller than the number of family members and close friends with whom they have social relationships, evidence that one cannot equate social and support networks.

As with size, there are differences between rural seniors' social and support networks in gender composition. The overwhelming majority of respondents' social networks comprise both men and women. In comparison, while two-thirds of respondents' support networks are mixed, nearly 20% are entirely women and 13% entirely men. Relationship composition differs as well. Almost all (96.8%) social networks have a mix of close kin (spouses and children), distant kin (nieces, nephews, grandchildren), and non-kin (close friends and neighbours). Fewer (61%) had mixed support networks; over 15% had support networks that were entirely of close kin, and nearly 9% had entirely friends and neighbours.

Support networks are more age homogeneous than social networks. Almost all (94.6%) rural seniors have mixed ages in their social networks. However, a smaller proportion (65.2%) has mixed aged support networks. The rest have networks that are entirely one age group, notably 14% of support networks entirely of individuals aged 45 to 64 years, and an additional 11% entirely other seniors. Proximity plays a greater role in the composition of support than social networks. The social networks of most respondents have a mix of members who live in the same community or at a distance from the rural senior. In contrast, almost 40% of respondents have their entire support network living with them.

Overall rural seniors are embedded in diverse social networks with women and men of all ages and relationships who live in the same community as or at a distance from them. Their support networks are much smaller, and have less diversity in gender, age, relationship, and proximity composition. Lack of diversity in networks suggests that seniors fits the belief that rural communities are close knit and homogeneous and with a high degree of coherence between personal and community contexts in which these seniors live their lives.

Table 2 shows characteristics of care networks of Canadian seniors. Data can't be directly compared to those from social and support networks since care networks are of all Canadian seniors with long-term health problems who reported receiving help because of that chronic

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[2] A caveat about the comparability of these data is important. The information on social and support networks is from rural seniors in Canada. The sample is of members of the Royal Canadian Legion and their spouses. The sample was chosen to represent equal proportions of women and men, older and younger seniors. In contrast, the information on care networks is from all older Canadians who reported receiving assistance from family and friends because of a long-term health problem. See Appendix B for a comparison of the two samples.

health problem. Nonetheless, overall size and other characteristics may be illustrative of potential differences in social capital in these networks.

When both emotional and instrumental care tasks are included, networks range in size from 1 to 10 with an average of just under 3 members. Seventy percent of care recipients have more than 1 person caring for them. Networks providing only instrumental tasks are smaller, with a mean size of just under 2 members. These differences suggest that when it comes to hands-on tasks most carers have a limited number of people with whom to share the care. An important caveat is that these numbers may be somewhat low since network membership is determined from the perspective of the older adult who receives care. Some care such as organizing appointments, coordinating with other network members, and shopping are done at a distance and may be invisible to the recipient. These tasks provide access to services though the bridging occurs on behalf of the senior rather than being initiated by her.

These data on network characteristics provide basic information on the context of care. Care networks are equally likely to be entirely male or female with only one-third having both women and men. Given previous findings that women and men may provide different care tasks, this finding suggests that the majority of networks could be limited in the breadth of their caring capability. The majority of networks are entirely close kin, with a small proportion that are distant kin. There are few mixed relationship networks, suggesting that families do not augment their caring resources with friends and neighbours. Rather, a small proportion of networks are entirely non-kin, suggesting that there may be a substitution of carers if families are unavailable.

Care networks tend to be homogeneous in terms of age categories of caregivers. Just 30% have mixed age membership. The largest category of networks has all members aged 45-64, a group likely to have labour force and other family work demands. The majority of networks is not home-based but at a distance so that members are traveling to provide care. Most networks have been caring for more than two years, underlining the chronic nature of care to seniors. The majority of networks also have some or all members in the labour force. In fact, approximately one-third of networks have all members in the labour force leaving those members without the support of others who do not have the time and place demands of employment. The smallest proportion of networks has a mix of those who have employment roles and those who do not.

These patterns suggest potential differences in social capital among support and care networks. Support networks are larger and somewhat more diverse in membership than care networks. Thus support networks may have the potential for different types or amounts of social capital than the more focused care networks.

Social Capital in Action: Activities of Support and Care Networks

The roadmap of the types of structures of networks of older adults presented in the previous section provides the basis for further discussion of the ways in which networks of older adults might enhance aging well. We turn now to an exploration of what networks do for seniors. Social capital language has not been used extensively in the literature on networks of older adults. However, the activities of networks may provide some indication of whether these networks serve bonding, bridging, or other functions.

Tasks received by seniors from support networks

In this section of the report, information is presented on support (assistance with everyday tasks) received by rural seniors in Canada from network members. As in the previous section, data come from a national survey of seniors in rural Canada (Dobbs et al., 2004). Respondents were asked to state whether they received assistance from others with each of 13 tasks, and the frequency of support received from each person who provided assistance with a particular task. Tasks include preparing shopping, transportation, meals, housekeeping, outdoor work, checking up, and emotional support among others.

Rural seniors receive a variety of types of support from other people (Table 3). The majority (55.7%) reported that others check up on them in person or by telephone to make sure they are okay. Nearly half stated that other people had prepared meals for them, dropped off homemade food, or invited them to dinner. A third of respondents received support with housekeeping, such as washing floors, vacuuming, dusting, laundry, or mending, and outdoor work, such as painting and minor repairs, shovelling snow, or chopping firewood. One in five rural seniors received assistance with shopping and transportation for medical appointments. The most common reason cited for receiving support with most tasks is ‘that’s the way things are done’ with family/friends. However, a common reason for receipt of support with housekeeping and to a lesser extent outdoor work is because of a long-term health problem, suggesting that the boundaries between support and care are blurred.

Type and amount of support received by seniors from support and care networks

Do networks make a difference in the type or amount of support seniors receive?
Given the assumption that context is important, it seems likely that support received by older adults will be influenced by their own characteristics as well as those of their support networks and the communities in which they live. In this section of the paper, information is presented on what is known about how personal and community contexts affect support received from networks. Since the characteristics of support networks that may influence support received have been reviewed earlier, emphasis is placed on characteristics of older adults and of the communities in which they reside To test these assumptions, analyses of support networks of rural Canadian seniors were conducted and are presented in the next section.

While networks influence the lives of older adults, in turn characteristics of those older adults influence the composition of their social and support networks and hence the types and amount of support they receive. Characteristics of older adults that have been found to be related to support include age, gender, marital status, education, income, health status, length of time in the community, and driving status.

Age is an important determinant of social and support networks. Social networks of seniors over age 85 are smaller (Tijhuis et al., 1998); and more kin focused (Aartsen, van Tilburg, Smits, & Knipscheer, 2004) than those of younger seniors, providing a narrower potential for support than social networks of younger seniors. Gender also influences network composition. Older women have more social network members than older men (Kim, Hisata, Kai, & Lee, 2000; Reinhardt, Boerner, & Benn, 2003) and larger support networks as a result of their wider variety

of social roles. Being unmarried is associated with smaller network size, especially in cases of divorce (Uhlenberg & DeJong, 2004) though the smaller size of rural communities may facilitate network rebuilding.

Education, income, and health also are related to network characteristics. Higher education is associated with a greater number of ties with younger friends and neighbours (Uhlenberg & DeJong, 2004) and lower education with receipt of support from family (Reinhardt et al., 2003). Given their lower average education, rural seniors may have a higher proportion of kin in their support networks than urban seniors (Keating, Keefe, & Dobbs, 2001). Similarly, income is positively related to seniors participation in activities that help build and maintain network ties such as involvement in community groups (Pillemer & Glasgow, 2000), though those with lower income may receive more instrumental support from their networks in the absence of resources to purchase services. Those in poor health have fewer community connections (Zunzunegui et al., 2004) that help build non-kin relationships and may be more likely to have small, kin focused support networks. Finally, longstanding community residence and ability to drive both are associated with opportunities to create and maintain social ties that can lead to social support (Brown, 2002; Glasgow, 2000).

Community characteristics that frame the potential for support include population size, distance of the community from a service centre, and demographic mix. Small population size makes it more likely that older adults will be known by others (Keating et al., 2001), while distance from a service centre may foster support from network members in the absence of other alternatives (Keefe et al., 2004). Since age peers are important parts of the support networks of older adults, communities with higher proportions of seniors may be more supportive (Keefe et al.).

In sum, evidence to date is that the composition of support networks in combination with characteristics of the older adults and the community in which they live will influence the support they receive. In the following section, data are presented on how these sets of characteristics of rural seniors, their support networks, and the communities in which they live influence the type of support received.

Recent findings: Activities of support and care networks

The majority of seniors in Canada (73%) reported receiving assistance with various tasks (Keating et al., 1999). Thus most have support networks. Of these, 51% received support for everyday activities or a temporary life crisis such as bereavement. The remaining 22% received care from their networks as a result of their chronic health problems.

Further analyses of our data on support networks of rural seniors shows that different sets of individual and support network characteristics are associated with receipt of different types of tasks (Table 4). Those who are more likely to receive assistance with transportation are women, unmarried, in poorer health, and who do not drive. They are more likely to receive help from networks that are predominantly male and medium size (3-4 network members as opposed to smaller or larger networks). In contrast, those receiving support with household tasks such as meals, housework, and shopping are older, do not drive, and have networks that are

predominantly women and who live in the same household (as opposed to living in the same neighbourhood, community, or further away). Emotional support is more likely provided to those who are younger, unmarried, and in poorer health by networks that are entirely age 45-65. Finally, those receiving practical support with tasks such as helping make arrangements and providing financial assistance are older, women, have lived longer in the community, and have networks that are predominantly male. Notably, community characteristics did not influence whether a task was received.

In sum, age, gender, martial status, health, and driving status are the most important individual determinants of support received. Network characteristics most often associated with receipt of support are age composition, gender composition, and proximity.

The smaller, more intense networks that provide care to seniors with chronic health problems operate somewhat differently than do support networks. Table 5 provides information on the relationship between network characteristics receipt of different care tasks. These findings provide a picture of how seniors are differentially benefited by having networks of a people with particular sets of characteristics. Receipt of different kinds of tasks can be useful to seniors in a variety of ways. Everyday tasks such as meal preparation and housekeeping are important in helping older adults manage in their home settings and may assist in the maintenance of neighbourhood and community connections. More intense tasks such as personal care make a great difference in delaying placement in residential care.

Characteristics that consistently make a difference in the likelihood that seniors will receive care tasks are having higher proportions of women in their networks, higher proportions of kin, and larger network size. Notably, it is these three network characteristics alone that determine whether seniors receive personal care. In contrast, there are no clear patterns suggesting that age composition makes a difference. Employment status reduces the likelihood of receiving assistance with everyday household tasks but not personal care. When an intense task such as personal care is required, networks with women, close kin, and larger numbers provide that task regardless of personal cost. Since these data are cross-sectional, we don't know how many networks 'choose' one or more members to leave the labour force to provide care as needs escalate.

There has been no explicit exploration to date of the social capital inherent in care networks. However, it's clear that networks have big differences in resources. Equal proportions of networks have lone members as have more than four. And size makes a difference in terms of how much care and what variety of care is provided to care recipients. A minority have all women. Yet having an all-female network makes it far more likely that the care recipient will receive a variety of care tasks, including essentials such as meals, housekeeping, and personal care. Finally, equal proportions have all employed, none employed and mixed, though having a network of employed carers reduces the amount of care and number of care tasks received.

From the perspective of network members, resource differences may be experienced as high levels of strain in some networks as they struggle to meet competing demands of care and other paid and unpaid work. Network sustainability is an important concern in care to older adults and has been the focus of much recent policy development in determining how to provide respite to network members.

Community-Level Networks

Along with having personal networks, individuals may be part of the social, support, and/or care networks of other people. If individuals are members of more than one personal network, then these networks are, in effect, linked. If networks are connected by shared values, emotions, and commitment, then these interrelated individuals likely have developed a common, socio-cultural group identity (Ravanera & Rajulton, 2001; Rowles, 1988). Such interrelationships may result in an extensiveness of social ties that, in turn, define a broader group of networks. The more extensive the ties across a group, the greater will be the tie density (Blokland, 2000; White, 2002).

Such social cohesion can occur at the group level and not only describes relations within a group but also influences the distribution of resources across a group (Beauvais & Jenson, 2002; Bhalla & Lapeyre, 1997). When networks are linked together, the social capital of each network also is linked, providing additional access to resources for group members. Indeed, cohesion is not always a positive dynamic, for a cohesive group can pressure members to conform, to the exclusion of others or to the detriment of the broader group (Jenson, 1998). Yet, the concept of social cohesion is useful for its ability to encompass collective issues not only of social inclusion and shared commitment to a group but also of social exclusion including political and economic marginalization (Jenson; Ravanera & Rajulton, 2001; Social Cohesion Development Division, 2001).

It is from social cohesion that collective action potentially may arise (MacInko & Starfield, 2001; Narayan, 1999; White, 2002). In a community context, networks within a physical setting may be linked providing access to resources for the broader community group. The more extensive the ties between networks, the more cohesive the community. Community is not conceptually dependent on physical location (Wellman, 1999, preface). There may be networks, or groups of networks, that are geographically dispersed across the country, that are linked through shared values, goals, and commitments. The social cohesion of the broad group will determine the overall social capital distributed across the group.

Recent findings on community level support

In the past two years, we have been engaged in a project in which we are trying to better understand what makes communities supportive to the older adults who live there. Part of our approach has been to conduct community-level analyses of rural communities (Keefe et al., 2004). Using the 2001 Census of Canada, we developed a rough proxy for community-level supportiveness which is the proportion of people in the community that said they had helped a senior in the previous month. We found that rural communities differed considerably in supportiveness from less than 1% to more than 50% of community members reporting having helped a senior. This is compelling evidence against the assumption that rural communities are all close-knit and caring and thus good sources of social capital for older adults who live there.

Of all community characteristics considered, four emerged as most important in discriminating among levels of community supportiveness. Highly supportive communities are

relatively small in size, have higher proportions of older adults and of long-term residents, and are typified by relatively higher hours of unpaid work done by residents. Together these characteristics provide a picture of communities in which people may have grown old together, have strong support networks, are known to community members, and in which there is a strong ethic of helping. These findings suggest that smaller communities may actually be 'tight-knit', where dense ties bridge networks, creating a cohesive community group. As many people have lived in the community for a long time, they have had the opportunity to maintain and build network ties with a variety of other people in the community. This bridging of networks may make the group more cohesive, increasing the social capital available in the community. Indeed, residing in a cohesive community may provide individuals with access to resources, even when personal networks are lacking.

Overall, do networks enhance the lives of older adults? Clearly networks differ considerably in social capital. They differ as well in their ability to enhance aging well. In the next section of the paper, relationships between networks and aging well are reviewed from the point of view of what types of social capital might lead to aging well.

Network Outcomes and Aging Well

"*Aging well is most likely to occur when people can take advantage of all the possibilities available to them*" (Adams & Blieszner, 1995, p. 213).

Understanding aging well

A main reason to consider social capital in light of networks of older adults is that networks might enhance positive outcomes for them. The research, practice, and policy literature reflect strong themes about the importance of family members and friends in the lives of older adults. Social ties have been linked to beneficial health and social outcomes (Martire, Schulz, Mittelmark, & Newsom, 1999), to the maintenance of independence in later life (Bowling, Farquhar, & Browne, 1991) and to responsive care to seniors with chronic long-term health problems (Havens, Donovan, & Hollander, 2001). Networks may be a resource for aging well. Yet there also is evidence that networks don't always benefit seniors. Networks may be too fragile to meet their needs in the face of increasing expectations that they will be the main source of support to older adults (Keating et al., 2003). Strong ties inherent in close family and friend networks may mean that expectations for high levels of support may strain relationships and reduce potential for the bonding social capital that otherwise is a strength of close relationships.

This section of the report is devoted to an exploration of what is known about networks and aging well. There is no consensus on what constitutes aging well, making it difficult to evaluate whether social capital might lead to aging well. In fact, there is a vigorous debate about whether the term should be part of our lexicon. Chapman (in press) summarizes the controversy. "Some would argue that aging well is an offensive concept because it suggests that some individuals age poorly, as though aging could be a personal failure… However, it also has been argued that the concept is useful because it moves gerontology away from a focus on dependency, frailty, and

general misery and suggests positive, resourceful images of later life with an emphasis on older adults' assets and abilities" (p. 4).

Despite this caveat, there is merit in using the term 'aging well' as a proxy for positive outcomes for older adults, especially within the mandate of this report. Networks may result in either positive or negative outcomes for older adults. Before considering the circumstances under which social capital might lead to better outcomes, it is important to understand some of the main definitions of aging well. These fall into three main categories. Whether social capital enhances or detracts from aging well depends on which of these is the focus. If aging well means having optimal health and functional status, then the question is whether networks provide the needed resources and access to services necessary to enhance physical and cognitive status. If aging well is having optimal control over one's engagement in society, one might look to whether networks constrain or enhance these opportunities. Finally, if aging well is having the best fit between the seniors' personal resources and their personal and community contexts, then how do networks assist them in negotiating these relationships as their resources change in later life?

A common view of aging well is that it means having a set of health and functional status resources. Resources of the individual often are seen as the key to aging well. Physical and cognitive resources are seen as important because they provide the opportunity for engagement (Rowe & Kahn, 1997). Commenting on this perspective, Chapman (in press) notes: "To age well, individuals were to lead lives that avoided disability and disease, and thereby maintained mental and physical capacities that facilitated productive and social engagement in society" (p. 14).

A second approach is that to age well is to be engaged in work and community activities. There have been different perspectives on the importance of active engagement. Disengagement theory was an early approach to aging well in which the basic premise was that the individual and society were best served by the individual's withdrawal from engagement in productive activities such as labour force participation (Cumming & Henry, 1961). More contemporary theorists argue that those who age well are actively involved in work and leisure activities (Kendig, 2004). This view of aging well is heavily subscribed to in contemporary research and policy. For example, in its declaration of a research agenda on aging for the 21st century, the United Nations Programme on Ageing and the International Association of Gerontology declared social participation and integration as the first research priority (Division for Social Policy and Development, 2002).

The third main view is that aging well has to do with the person-environment fit. Contentment results when there is a "good fit" between the values and preferences that are important to seniors, and their experiences within those domains (Eales, Keating, & Damsma, 2001, p. 292). Ranzijn (2002) argues that the fit "can be improved by either enhancing personal attributes, altering the environment to suit the attributes of the person, or both" and notes that "an older person is not an island but a social being living in dynamic interactions with the social environment, and quality of life for individual persons is inextricably linked to the quality of life of their social network" (p. 47).

Social capital outcomes and aging well

"More social capital will not necessarily always lead to better outcomes"
(Policy Research Initiative, 2003b p. 5)

Given the different definitions of aging well, perhaps a better question is not whether more social capital leads to better outcomes, but whether those who subscribe to views of aging well as maintenance of physical and cognitive resources, of engagement or of person-environment fit would look to different sorts of network resources.

Do networks help older adults maintain physical and cognitive resources toward aging well? The evidence on this question is mixed. Social and support networks have been associated with positive health outcomes, especially when there is high contact with friends (Smith et al., 2002). Early research showed that "the mortality risk for people without social support was two to three times higher than for people who had better social networks" (van Kemenade, Paradis, & Jenkins, 2003, p. 32), though some recent studies have not found a link between social capital and health (Veenstra cited in (Smith et al., 2002).Yet findings that social network size shrinks with age suggest that those who are very old may lack the network resources to enhance physical aspects of aging well.

In sharp contrast to the positive links between social and support networks and maintenance of physical health, care networks are associated with poor health outcomes. Care may be critically important to older adults and family and friend networks are heavily involved in providing care to those with chronic health problems. However, care networks are small and kin focused and may be eroded as a result of the poor health of the senior (Antonucci et al., 2001). This is not to say that care provided by family members and friends causes a reduction in health. Rather, by the time chronic care to a frail older adult is required, networks may not be in a good position to enhance health. As noted earlier, members of support networks may not make the transition into more intense caregiving, resulting in care networks with reduced in capacity. Phillipson (2004) refers to this reduced capacity of networks with strong ties as network overload.

Ranzijn (2002) is critical of the notion that maintenance of physical health might be an indication of aging well, noting that even much of the research into aging well "has been concerned with maintenance of residual function rather than identifying and enabling continued growth" (p. 39). Care networks are focused on maintaining physical and cognitive resources of older adults. It may be that while care networks have a high level of social capital, they are not able to enhance aging well.

A second approach is that aging well is about engagement. "For a growing number of seniors, becoming older is no longer a time of rest and looking backward but a productive period when new careers, interests, and activities are pursued with vitality" (Perry, 1995, p. 152). In fact, analyses of recent studies of time use of older Canadians have shown that the vast majority of older adults participate in at least one active leisure pursuit per day. Retirees are more likely to participate in cognitively, physically, and socially active leisure than those who are still employed (Fast et al., in press). The implication is that such engagement leads to positive

outcomes. From this perspective, the question is how networks provide access to involvement with family and friends or to the broader community.

The long history of research on connections to family and friends, and findings on support and care networks presented earlier in this paper, point to the importance of networks in helping seniors remain engaged with those who know them best. Findings on support and care networks presented above attest to the multi-faceted nature of these links. They can have positive outcomes in enhancing self-esteem through shared tasks and experiences or in providing opportunities for reciprocity within these closely knit groups. For example, older adults are often involved in providing support to grandchildren or to same-generation family members and friends with chronic health problems. And children and grandchildren may be engaged with them in finding information on the internet.

In contrast, a common theme in the theoretical literature on social capital is that this bonding social capital may militate against community linkages. For example, research done in the UK in disadvantaged neighbourhoods in large cities showed strong cohesion among neighbours and friends. However, this social cohesion did not translate into high social capital because of the tensions in the community among groups of residents and a sense of powerlessness to effect community change (Smith et al., 2002).

The differences in the place of networks in engagement are perhaps best understood in light of the functions of different types of networks. As Wenger (1996) has observed: “dense networks provide better access to emotional resources but loose knit networks provide better access to tangible resources and weak ties are particularly important for information seeking” (p. 65). The emotional resources provided by social networks are important in making seniors feel valued by family and friends. Less is known about how networks might foster engagement because we have not explored the place of weaker ties in the lives of older adults.

A third main approach is that those who are aging well have the best ‘fit’ between their personal resources and their environments. Adams and Blieszner (1995) summarize this approach. “To age well, older adults need to develop relationships with people who help them in ways they need and want to be helped. Sometimes feeling dependent is worse for older adults’ subjective reaction to aging than receiving no help. The notion of aging well implies that older adults must actively shape their relationships with relatives and friends rather than passively hope that their needs to help and be helped will be met” (p. 217).

The idea of choice is central to this notion of aging well. Yet much of the activity of care networks is done under duress, sometimes in the face of opposition by cared for persons who mourn the loss of independence that comes from accepting help. Under some circumstances, networks might help enhance choice. For example, care networks might provide assistance in helping older adults make the transition from driving themselves to travelling with neighbours so that community links such as church attendance and bridge club are maintained. The key lies not in how services are provided to seniors but in how they can be assisted in acquiring effective strategies to deal with changes in their abilities to meet their goals (Baltes & Baltes, 1990), in the network resources available to them, and in the amenities and opportunities in their communities. As discussed earlier, the bridging functions that are important to connect seniors to resources

may not be part of these networks. Yet such linkages might enhance a sense of control over decisions that affect the independence of older adults. One of the thorniest problems in developing sound public policy is that of finding the balance between asking networks to do too much and thus reducing their ability to help seniors age well, and public costs.

Programs and Initiatives, the Social Capital Lens, and Aging Well

"We need to know what there is about programs to build social capital that work... and toward what end" (C. Rocan, personal communication, July 2004).

The final section of the report is devoted to a discussion of the place of social capital in directing program and policy initiatives in the area of aging well. Some current programs are reviewed using a social capital lens to consider their possible impact on aging well; questions are posed about whether government should intervene in the development of social capital; and suggestions are made for a strategic policy research agenda.

The social capital lens has proven to be a useful tool in reviewing what we know about networks and aging well. When viewed from a social capital perspective, the review of networks of older adults shows that most of our understanding is of the bonding social capital inherent in support and care networks, with some knowledge of the bridging social capital in support networks and linking social capital inherent in community networks.

Current federal programs were not developed with a social capital lens. However, a number of programs appear to have the potential to build social capital for seniors in ways that will enhance aging well. In this section of the report the objective is to present illustrative examples of programs that may support close ties to others (bonding social capital); those that might provide access to others that can enhance engagement or provide resources (bridging social capital); and those that might foster and help connections among networks (linking social capital). We also present examples of programs that have not worked to enhance social capital in ways that foster aging well.

Programs that enhance bonding social capital

Care networks are an example of bonding social capital where more social capital may not lead to aging well. We know that family/friend networks provide a great deal of care and that care can be critically important in maintaining the functional status of frail older adults. However, care may be costly to recipients because it can strain relationships with family/friend carers and to care networks that incur employment, out-of-pocket, social, and health costs. Most care networks are small and may not have sufficient resources to manage the high demands associated with care. The increasing expectations placed on caregivers to frail seniors seem the antithesis of building or maintaining the kind of bonding social capital that might lead to positive outcomes of aging well.

Two types of interventions might enhance social capital in the networks of frail seniors requiring care. The first is to provide direct support to frail older adults, thus alleviating pressure on networks and on relationships between older adults and their care network members. A

program that should be the pillar of this support is Home Care. Social and health services provided to frail seniors at home can help them stay in their own homes and stay connected to their networks in ways that allow for positive interactions with them. Yet Home Care for those with chronic health problems was missing from the Romanow report and has lower priority than sub-acute care in provincial programs. A recently announced federal-provincial agreement on acute home care could serve as a template for chronic care. Assured access to a set of chronic home care services across the country could go a long way toward alleviating the enforced intimacy experienced by members of close networks and seniors.

The second approach to building social capital in care networks lies in supporting the networks themselves. Networks that can operate without high social and economic costs are more likely to be able to provide the positive links with the older adult that can confirm identity and augment resources to help provide the best person-environment fit. Two types of programs that have the potential to provide this type of support are those that give network members a break from caregiving and those that reduce competing demands of employment and caring.

Respite programs for caregivers could be a key component of support to care networks. The purpose of respite is to give caregivers a break. Services most often include day programs, facility-based respite where the older adult can be placed for a short period of time, and in-home services. All provinces have some form of respite services, though in a recent environmental scan of publicly funded respite programs in Canada, Dunbrack (2003) noted that funding is inadequate and services are not meeting the demand, especially for in-home respite. The author notes that "[a] high proportion of those requiring respite are the elderly spouses of elderly patients, many of whom are living on low incomes. The middle-aged children of the elderly constitute another sizeable group of family caregivers. Their challenges involve managing caregiving while fulfilling responsibilities to younger family members and to a job. Family caregivers of young children face many challenges; most public programs provide supplementary funding to help offset their costs" (p. 1). There is no parallel supplementary funding for carers to older adults. To enhance social capital in care networks, respite programs need to be more available, of a type that caregivers want, and be available to networks rather than individuals. The concept of primary caregiver enshrined in much public policy is not compatible with the social capital lexicon.

The Compassionate Care Leave program also has the potential to enhance network resources. It provides financial support through the Employment Insurance program to employees who take time off work to care for relatives who are terminally ill (Social Development Canada, 2004b). The program allows for a maximum of eight weeks of paid leave – a small portion of the average 2+ years of care to a frail senior. Nonetheless the program has the great advantage of being structured so that it can be shared among caregivers, making it an ideal type of program to support networks. And given its similarity to parental leave programs, there should be potential for expansion to allow for sufficient time to manage care without detrimental effects on care networks. Along with a comprehensive CPP drop-out provision for caregivers, employment related policies could help strengthen networks of carers.

Programs that foster bridging social capital

Support networks and other more loosely knit networks can provide access to others who can assist older adults with maintaining or initiating engagement or providing access to resources. One of the themes in the social capital literature is that social capital is created through civic participation. Thus from a social capital perspective, programs that foster productive or social engagement should help older adults maintain social networks and enhance aging well.

A goal of Social Development Canada (SDC) is the inclusion of seniors and helping them remain active through supporting community-based programs that encourage inclusion. There is great potential here for the department to use a social capital lens to consciously foster the building of social networks that would link seniors to their communities. The new version of the New Horizons for Seniors Program, announced in the 2004 budget, aims to “reduce loneliness and isolation amongst the senior population and to ensure their continued social involvement by supporting and funding a wide range of community-based projects. More specifically, it will enable seniors to participate in social activities; pursue an active life; and contribute to their communities” (Social Development Canada, 2004a). A social capital lens is evident in the language in which the program is described as aiming to “strengthen networks and associations between community members, community organizations, and governments.” This lens could provide the framework for SDC to evaluate how well the program fosters engagement, the strengthening of networks, and aging well.

Another approach to inclusion is for government to be directly involved in providing seniors with the vehicles for gaining access to key social, health, and financial resources. The Canadian Seniors Partnership, co-chaired by the Department of Veterans Affairs and the Ontario Seniors’ Secretariat, is a promising initiative in the area of providing bridging social capital for older adults. Its goal is to help governments and non-governmental organizations better integrate their programs and services in order to improve access to services for older Canadians (Ferguson, 2004).

Members of the Canadian Seniors Partnership have sponsored initiatives such as the Seniors Canada On-Line (SCOL) website that was launched in January 2001. It has links to federal, provincial, and territorial government information that are geared to older Canadians, their families, caregivers, and those organizations that provide support. More recently, the Collaborative Seniors’ Portal was launched in the City of Brockville, Ontario. This initiative enables local residents to access information from all three levels of government in one website called seniorsinfo.ca. The goal is to add more communities in Ontario and to expand the Portal into a national network of web sites for seniors that will enable integrated service delivery (Ferguson, 2004). The ability of government to expand and maintain this network will be key to its success. Support and care networks of older adults lacking in skills to assist in connecting seniors to services as well as rural networks might be especially benefited by this initiative.

Programs that foster linking social capital

Programs that might foster and help connections among networks do not directly enhance seniors' personal networks. Rather they foster linkages among voluntary sector organizations and/or various levels of governmental programs. In social capital language, these linked programs build connections among networks thus providing better access to resources by seniors and their families.

The Canadian Caregiver Coalition (CCC) is a bilingual, national organization representing and promoting the voice, needs, and interests of family/friend caregivers. The CCC plays a key role in linking caregiver groups across the country that are poorly resourced and otherwise isolated and yet are an important support to local caregivers. The networking extends further to include researchers and policy people – a collective that already has produced a number of excellent briefs on strategies to support caregivers. In the short time it has been in existence, the CCC has brought this collective voice to discussions of key caregiver issues: payment for care, men in caregiving, skill development for family caregivers, end of life care, mental health issues, and home care.

This organization is an excellent example of how to develop social capital. It supports networks of carers; it links caregiver organizations; it brings in researchers working on caregiving; it works with government on issues of public policy to support caregivers. It has been supported by foundations, the private sector, and government though its fiscal future is tenuous at best. One of the best investments in building social capital toward aging well would be for government to provide ongoing resources for CCC to continue its work.

A second example is a networked organization that began locally but has built provincial and national linkages. Operation Friendship in Edmonton, AB provides services to marginalized, inner-city seniors including a drop-in centre, an outreach program, recreational programming, a helping hands program, a housing registry, and a number of housing facilities. Program objectives are consistent with helping seniors age well by finding the 'best fit' between their situation and resources available to them. Their services are delivered on the basis that the clients have the right to choose their own lifestyles and that the program is not meant to rehabilitate, but to provide alternatives which could allow them to improve their quality of life (Operation Friendship, n.d.).

Networking is a large part of the work of Operation Friendship. This agency has linkages locally (with municipal government, other inner city organizations, churches, regional health authority, other not-for-profit and private sector organizations, and aboriginal elders), provincially (with government departments), agencies in other cities with similar mandates, and nationally to similar organizations across the country through an umbrella organization called Urban Core Support Network (UCSN). Operation Friendship's major funders are Family and Community Support Services, Alberta Seniors, United Way, and Greater Edmonton Foundation.

Strategic Policy Research and Program Development

In the Policy Research Initiative overview paper on social capital (2003b), three possible approaches for integrating social capital ideas into policy are presented. These are to view social capital formation as the primary policy objective; to view social capital as a tool, among others, for achieving broader policy objectives; and to use a social capital lens for better understanding the various localities, situations, and communities where action is taking place and where policy efforts are (or should be) concentrated.

In our view, the third is the most promising approach in understanding how networks might lead to aging well. In this paper we have attempted to illustrate how some of the localities, situations, and communities of older adults can influence the kind of networks they have and the nature of support they receive. The network lens used in this paper has highlighted some of the potential challenges in developing public policy that would enhance networks of older adults in ways that would lead to aging well. These challenges include better understanding the weak ties of older adults, and the purposes they serve; how community linkages can be useful to older adults; the place of care networks in aging well; the place of families in aging well; and the importance of program evaluation.

1. Better understand the weak ties of older adults, and the purposes they serve.

Relatively little is known about how older adults use or maintain network ties that might bridge them to resources, or what are the resources they seek. There are promising developments in linkages to formal resources through the internet such as the Seniors Portal. And programs such as New Horizons might be used to explore the development of informal linkages through community involvement. Regardless, we need to develop new approaches to determining the nature of social ties and support networks since our current approaches to mapping networks of older adults focus on strong ties, mostly to close friends and relatives. Further, we need to know what motivates the development of linkages, how people use them, and toward what end. This knowledge could inform policy by helping us understand how to articulate desired outcomes of aging well in these programs.

2. Examine how linkages in ‘physical’ and ‘virtual’ communities can be useful to older adults.

Physical communities differ greatly in their social capital potential. Urban research has shown that some groups of seniors may experience social exclusion because of incompatibility between their experiences and beliefs and those of the community around them. Rural seniors differ greatly in whether they are embedded in supportive networks. We need to understand the important themes in the senior-community interface in order to best target programs to enhance linkages. As well, the new commitment to virtual communities such as exemplified by the Canadian Caregiver Coalition should be monitored carefully to determine how seniors, their families, and the voluntary and formal service sectors might be benefited by such connections. Such programs have the potential to forge linkages among networks at many levels.

3. Determine the place of care networks in aging well.

This is one of the most difficult policy research questions when it comes to networks and aging well. We have lots of evidence to show that family/friend care networks are critically

important in helping support frail older adults. And we know that care networks include people closest to the frail senior and thus have great potential for bonding social capital. Yet evidence of costs to those networks and strained relationships suggest that they don't lead to aging well – at least not from the point of view of the main definitions of aging well. We already know that programs that help them remain at home are highly valued by frail seniors. We need to better understand how programs that support members of care networks might enhance aging well.

4. Determine the place of families in aging well.

The Australian government created a Department of Family and Community Services whose purpose is to emphasize the role of families as the cornerstone of a well functioning and socially cohesive civil society (Jackson, 1998). They argue that the value of families in building social capital or social cohesion should not be underestimated. Most of our knowledge of families of older adults is about caregiving. If we wish to create public policy to support social capital and aging well, we need to know more about how families operate to provide social capital to older adults not in need of care. A great deal of public policy has a direct or indirect impact on families. Targeted family research along with an impact analysis of relevant current health and social programs policy would go a long way to understanding how families build social capital and for whom.

5. Evaluate, evaluate, evaluate.

We can't know whether programs are enhancing social capital or fostering aging well unless there are clear evaluation strategies in place that use a social capital lens as the framework.

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Table 1: Characteristics of social and support networks of rural seniors in Canada

Network Characteristic	**Percent of respondents**	
	Social Network	**Support Network**
Network size		
1-2 people	2.2	33.5
3-4 people	6.0	34.4
5-13 people	91.8	32.1
Gender composition		
Female only network	2.4	19.7
Male only network	1.2	13.1
Mixed male and female network	96.1	66.2
Relationship composition		
Close kin only network	1.9	15.4
Distant kin only network	0.2	2.1
Non kin only network	0.8	8.8
Mixed relationship network	96.8	61.0
Age Composition		
Entire network < 44 years old	0.7	5.7
Entire network 45-64 years old	0.9	14.5
Entire network 65+ years old	3.0	11.1
Mixed ages	94.6	65.2
Proximity composition		
Entire network same household/building	8.6	39.1
Entire network outside community	0.9	6.9
Mixed proximity	90.2	54.0

Table 2: Characteristics of care networks of seniors in Canada[3]

Network Characteristic	Percent of respondents	
Network size		
	Emotional & Instrumental tasks	Instrumental tasks only
1-2 people	42.3	80.5
3-4 people	30.3	17.3
5-13 people	17.5	6.5
Gender composition		
Female only network	33.4	
Male only network	33.4	
Mixed male and female network	33.2	
Relationship composition		
Close kin only network	62.8	
Distant kin only network	8.2	
Non kin only network	13.4	
Mixed relationship network	15.7	
Age Composition		
Entire network < 44 years old	15.9	
Entire network 45-64 years old	30.7	
Entire network 65+ years old	21.9	
Mixed ages	31.6	
Proximity composition		
Entire network same household/building	31.5	
Entire network in community/surrounding area	45.4	
Entire network <half day away	1.12	
Entire network > half day away	0.4	
Mixed proximity	21.63	
Employment composition		
All network members employed	33.3	
No network members employed	39.3	
Mixed employment status	27.4	
Duration of caregiving		
All network members caring for <1 year	6.7	
All network members caring for 1-2 years	6.4	
All network members caring for 2+ years	63.8	
Mixed duration	23.0	

[3] Note that all characteristics other than network size are based on network members who provided instrumental care tasks only.

Table 3. Types of support received from support networks (rural seniors in Canada)

Type of support received	Percent of respondents receiving support
Checking up in person or telephone	55.7
Preparing meals	48.6
Housekeeping	35.9
Outdoor work	31.2
Shopping	22.2
Transportation-medical appointments	18.9
Watering plants, feeding pets, picking up mail	18.5
Financial Matters	17.9
Emotional support	17.2
Transportation-social outings	14.3
Transportation-necessary errands	12.7
Making arrangements-information, appointments, services	6.1
Short break from providing care	3.3

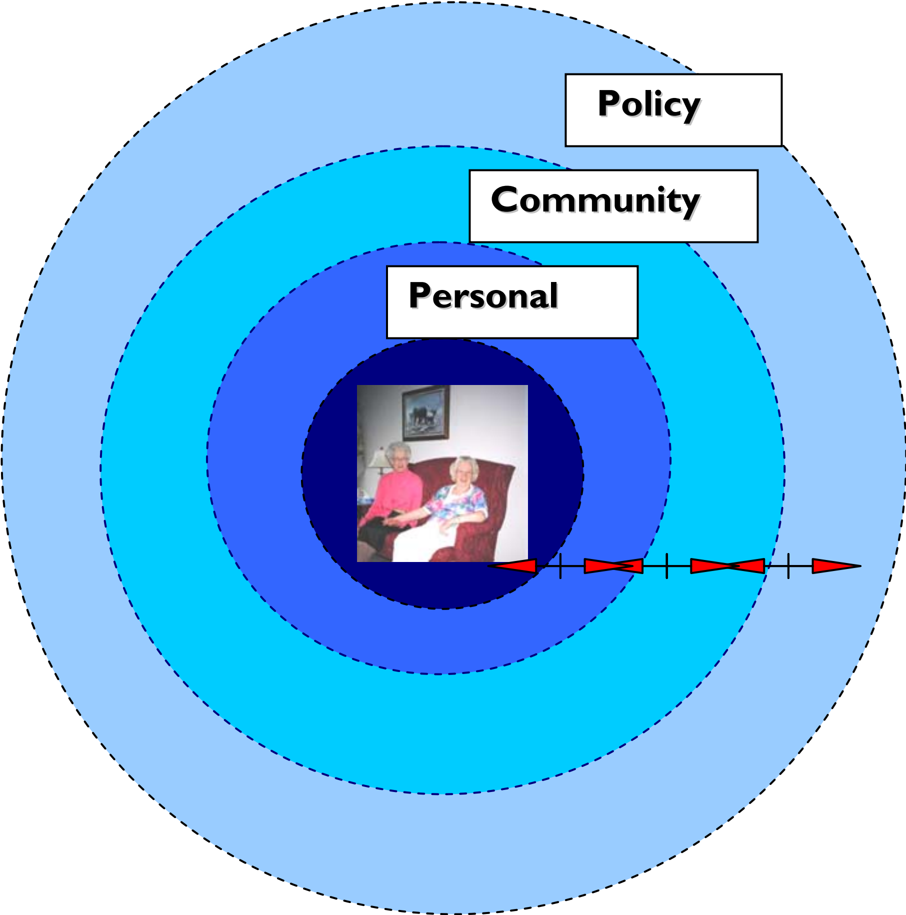
Table 4. Predictors of types of support received by rural seniors in Canada

Support task	Predictors of receipt of task	
	Individual characteristics	Support network characteristics
Transportation (for social, errands, medical)	female, unmarried, poorer health, do not drive	male network, medium size (3-4
Household tasks (meals, housework, shopping)	older, do not drive,	female network, co-resident
Emotional support (checking up, emotional, caregiving break)	younger, unmarried, poorer health	network members age 45-65
Practical support (making arrangements, providing financial assistance)	older, female, long-term resident of community	male network

Table 5. Predictors of types of care received by frail seniors in Canada

Care task	Care network characteristic
Meals	female network, kin, not employed, caring 1-2 years, larger size
Housekeeping	female network, not employed, larger size
Home maintenance	male network, non kin, 65 or younger, larger size
Shopping	female network, kin, mixed ages, same household or nearby, larger size
Transportation	female network, kin, ages 45 and older, same household or community, larger size
Finances	kin, ages 45 and older , same household, larger size
Personal care	female network, kin, larger size

Appendix A: Contexts of Social Capital for Older Adults



Appendix B: Demographic characteristics of seniors living in rural communities

Legion sample compared to 2002 General Social Survey

Demographic characteristic	**Legion Rural Seniors (N=1322)**		**GSS 2002 Rural Seniors[4]**	
	Gender (%)		Gender (%)	
	Female	Male	Female	Male
Age				
65 – 74	47.6	47.1	56.8	62.7
75+	52.4	52.9	43.2	37.3
Marital status				
Married/common-law	79.9	75.2	50.2	79.3
Widowed	17.8	15.0	42.3	10.3
Separated/divorced/singled	2.3	9.7	7.4	10.3
Highest level of formal education				
Elementary school or less	24.8	35.3	22.5	29.3
Secondary school	43.5	38.7	48.9	37.6
Postsecondary degree, certificate/diploma	29.5	20.9	27.5	30.0
Graduate degree	2.3	5.2	1.2	3.1
Income				
0 to $14,999	26.4	9.9	37.0	17.7
$15,000 to $29,999	39.3	36.4	15.1	25.7
$30,000 to $49,999	23.9	39.5	4.8	13.2
$50,000 and greater	10.4	14.2	1.6	7.0
Employment status				
Not employed/retired	96.5	92.1	96.6	88.1
Employed	3.5	7.9	3.4	11.9

[4] Results are from (unpublished) analysis of the 2002 General Social Survey.
Income data from the GSS have 39% missing values. Results must be treated with caution.