



O4O : Older People for Older People
independent living · active communities · flexible services



O4O Literature Review

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Introduction

This literature review aims to provide the background for the O4O (Older People for Older People) project.

It will consider the links between community organisations (such as social enterprises and voluntary agencies), social capital and health and wellbeing which have been established by previous research. The review will go on to relate these findings to Government policy in Scotland which states that community organisations should be viewed as having positive impacts on: communities, individuals and public services (see, for example, Scottish Government, 2009). Improvements in any of these factors within a community may have positive affects for the other factor (i.e. there may be positive feedback mechanisms between them). The literature review considers the research that has been conducted and published on these factors and thus provides justification and evidence for the policy or otherwise. It also identifies the ways in which community organisations can be best supported through policy or funding mechanisms. Thus it aims to establish how O4Os might impact on communities, individuals and public services, and to identify the best types of support in place for the O4Os.

Communities: it is assumed that the benefits of community organisations are social capital and community capacity building which may, in turn, lead to physical and mental health improvements. These benefits may consequently lead to the promotion of economic capital, job creation and the enhanced financial sustainability of the community.

Individuals: there may be benefits for the people who participate in providing the service (i.e. help givers) and people getting the service (i.e. the help receivers). For the help givers, they

may find that they feel better for helping out and that they build new networks and connections within their community. Their increased levels of self-satisfaction and their own identified place in society may contribute to benefits in their health. For the benefiters, they may get a certain type of tangible help, which may also lead to further benefits associated with increased participation and health improvements.

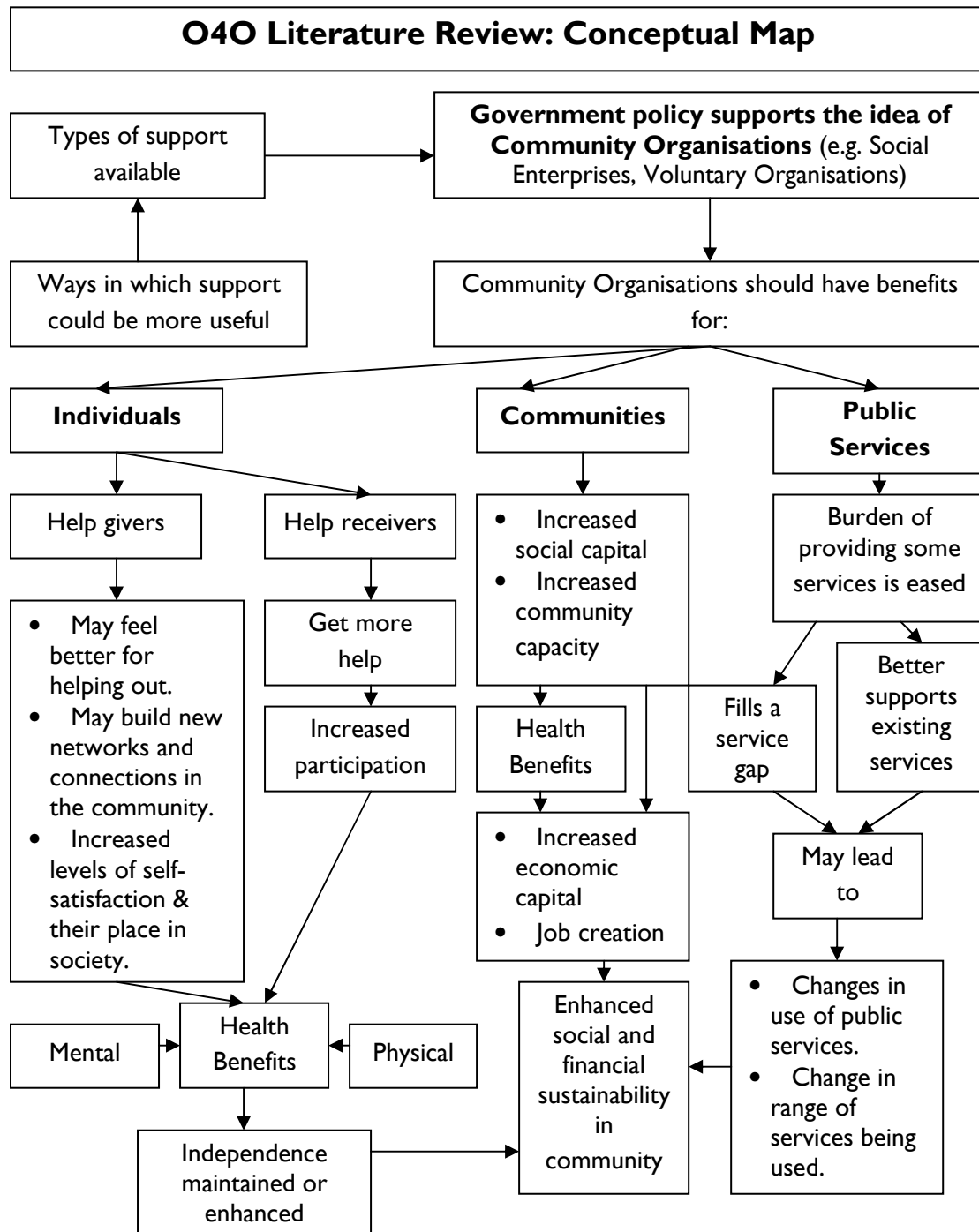


Figure One: O4O Literature Review – Conceptual Map

Public services (such as local authorities and the NHS): may find that their burden of providing services may be eased because the community organisations have provided a service which takes over or fills a gap, or they may find that existing services are better supported and more sustainable. It may also mean that there are changes in the forms of use of services, or the range of services being used.

I. Background

Demographic trends in many developed countries mean that there are an increasing number and proportion of older people in the population, particularly in remote and rural areas (ref). This along with young people living rural areas for education and employment purposes and the neo-liberal agenda has meant that it has become increasingly difficult to sustain and maintain many rural services.

An increase in the proportion of older people in society has, until recently, been associated with being a drain on resources as some older people will have increased dependency and a loss of control, this gradual withdrawal from work roles and social relationships has been called 'disengagement theory' (Gagliardi *et al.*, 2007). It is not felt that older age should not be synonymous with illness as many older people live active and independent lives (Bowling *et al.*, 2003). Gagliardi *et al.* (2007) state that disengagement theory has since been replaced with 'activity theory' which proposes that people age well when they participate in rewarding and manageable daily activities, this suggests that more rewarding old age can be achieved by maintaining roles and relationships. Bowling and Gabriel (2004) also note that ageing is changing in relation to family structure, access to opportunities, experiences, lifestyles, expectations and attitudes.

It costs service providers more to maintain services in rural areas, due to the long distances from urban centres and the smaller economies of scale. Although many services (particularly health services, local schools and shops) are vital to maintaining a 'sustainable' rural community often the economic costs of providing services 'win' over the social costs of depleting them. In many instances, the social effects are not considered when policy makers come to a decision because they may relate to a different policy sector.

A single service closure may have serious social implications for the whole community, thus to be truly sustainable communities may need to consider doing things for themselves to get what they think their community really 'needs' in the future. This can happen in a variety of ways, for example volunteering in community groups or setting up social enterprises. Such bottom-up or grassroots initiatives may enhance social relations which may have further positive community benefits (such as improvements to health etc). The Scottish Government is keen to promote such initiatives as they are seen as vital at sustaining rural communities in Scotland.

Figure One provided the Conceptual Framework of the literature review, although it describes how the themes emerging from the literature review fit together, the literature review itself will explore the themes in a way that is more pragmatic for discussion. To begin, the review will consider the numerous terminologies that have emerged from the literature, which discuss communities shaping their future, as it is important to distinguish between them and to examine how and why they have emerged. It will go on to discuss what the implications of such community involvement and motivation to provide services might be, for example community and individual benefits, and the suggested knock-on benefits, such as improvements to health. The review will go on to consider why governments might value such an approach, and will use the example of policies in Scotland to illustrate this. Next, it will consider the appropriateness of O4O type organisation by examining the ways that communities have provided for themselves and the role of social enterprises.

2. Terminologies which discuss communities being involved in shaping their future.

A plethora of terminologies exist which relate to people being involved with or influencing changes in their communities. These then lead to benefits of such involvement, which also include a range of slightly differing definitions. This section aims to consider these different terminologies, the changes in their use, and what they all mean, before the review will go on to discuss these in terms of implications for community involvement.

Aigner *et al.*, (2001) found that people who are involved with governance and politics at the local level were more likely to be **empowered**.

Abbot (1995) examined the links between **community development** and **participation**. He identified three paradigms in relation to the two concepts; firstly that community development was superseded by participation; secondly, that community development has been re-invented to participation; and finally that community development is a form of participation. However, both processes are seen to increase both the economic and social progress of a community. Abbot seems to feel that the latter is the case, so hence we can view community development as a form of participation. Abbot describes that the UN felt that in some areas, both were open to abuse as they didn't necessarily encompass the views of the community and were seen as a form of manipulation. The UN suggested a move towards **empowerment**, power and control. Thus this suggests that for any community involvement to be effective, it is important that it represents the wants and desires of the local community, not those imposed on it from above.

Abbot (1995) suggests that work which has looked at community development and community empowerment has focused on the successes of empowerment and the failures of development. He describes that community development was originally devised in the UK and US to assist with the social needs of the urban poor (i.e. to help people who were disadvantaged). He suggests that empowerment is at the most positive end of a 'continuum of community involvement', for this to be effective he stresses that the Government needs to be accepting the right for people to be involved in local decision-making processes. Successful community development operate where the balance between the Government's involvement and the needs of the community are in balance.

Lee (2003: 48) also examined community development and described it as being *a process*

whereby those who are marginalized or excluded are enabled to gain in self-confidence, to join with others and to participate in actions to change their situation and to tackle the problems that face their community. Thus it views people as having a right to participate.

Becker *et al.* (1998) consider the links between **empowerment** and public health. They state that it has long been recognised that environmental and community factors influence health. Becker *et al.* (1998) describe empowerment as being a process in which people participate in a community to gain more control, which may improve the quality of community life and promote social justice. They state that it can also be described in terms of outcomes – such as increased political efficacy and social participation at the individual level. Thus it could be argued that they suggest if people participate more in community life, they will become more empowered. As well as individual participation Becker *et al.* (1998: 833-4) describe **community participation** as *a social process of voluntarily taking part in formal/informal activities to bring about a planned change/ improvement in community life, services or resources*. Becker *et al.* (1998) argue that empowerment can lead to increased **community capacity** but should also lead to outcomes. **Community capacity** and **social capital** are clearly related – as increased participation in community groups produces increased community capacity, which, in turn produces social capital (Putnam, 1996).

Organisation of communities

Becker *et al.* (1998) state that it is not known what level of community capacity is needed to organize a community around a specific issue but that intervention strategies should be appropriate for a community's stage of readiness.

Aigner *et al.*, (2001) refer to **citizen participation** as being measured by counting individuals who serve on the governing bodies of community-led organisations. **Participation** is a broader and more widely used term, and the amount of participation in a community is generally measured by the number of people who are involved with local community events or organisations (ref). The UK doesn't differentiate between partnerships and citizen participation but Aigner *et al.*, (2001) believe that it is necessary to differentiate between people who serve on a governing board. Thus it would seem that Aigner *et al.*, (2001) understand partnership and participation to be the same thing. In the UK however, partnerships are more formal and are often set up by organisations who wish to consider local opinions in the decision-making process.

Partnerships – An umbrella structure for stakeholders and interest groups for communities to represent local areas in the decision making process (Aigner *et al.*, 2001).

US initiative ‘empowerments zones/enterprise community’ stressed four key principles which included sustainable community development and economic opportunity for all residents, adopts a bottom-up approach to development (Aigner *et al.*, 2001).

Brennan and Luloff (2007) state that it is important to understand the role of **community agency** in the process of rural community and economic development. They argue that collective community action and agency may be vital in sustaining rural communities. They state that community interaction increases awareness of community needs and provides a basis for action to meet these needs. They describe **community agency** in a similar way to **social capital** as *the building of local relationships that increase the adaptive capacity of people within a common territory* (p53). Factors that shape community agency include levels of social interaction, networks, and individual socio-demographic characteristics. **Agency** is described as the capacity of people to manage, utilize and enhance those resources available to them in addressing local issues. **Wellbeing** recognises the social, cultural and psychological needs of local people, institutions and communities.

Bridger and Luloff (2001) examined links between **sustainable community development** and **social capital** to assess whether ‘creating’ social capital will enhance efforts to sustain communities. Falk and Kilpatrick (2000: 87) describe social capital as *norms and networks facilitating collective action for mutual benefit*. Social capital is argued to facilitate collective action, and argue that its most important feature is ‘trust’ which will increase the likelihood of co-operation, and reciprocity (Putnam, 1993; Falk and Kilpatrick, 2000; Bridger and Luloff, 2001; Lindström *et al.*, 2002). They argue that this is most likely to be found in dense networks of social exchange because increased communication can strengthen trust and increase the likelihood of future action. Kuovonen *et al.* (2006) consider the concept of social capital and view its important dimensions as being networks and norms and that it can be seen to facilitate action for mutual benefit. They describe some of the ways that previous studies have attempted to measure social capital in the past such as: membership of voluntary groups, interpersonal trust, perceived norms of reciprocity, voting behaviour, neighbourhood interaction and feelings about helping others.

Lindström *et al.* (2002) looked at the links between **social integration** and health. They argue that social integration can be defined similarly to social networks, and describe **collective efficacy** – the ability of the collective to act effectively. Further they state that

social integration has been linked to **social cohesion** – as interactions at a personal or neighbourhood level. They also describe **community competence** as the collective ability of a community to solve problems. They describe **social capital** as a new way of understanding modern society and as being a feature of modern society and its effects on health.

Humphreys *et al.* (2006: 33) have also examined the prospect of **sustainable rural health services**, which they describe in their Australian study as *the ability of a health service to provide ongoing access to appropriate quality care in a cost-efficient and health effective manner*. Similarly to Scotland, they argue that it is most difficult in remote rural areas, where it is most difficult to deliver care, coupled with demographic, cultural, technological and political changes. They argue that (34) *sustainability implies a capacity to persist into the future within an environment characterised by ongoing change, and the ability to meet present needs without compromising the ability of future generations to meet their needs*.

Despite the quantity of literature which focuses on the positive effects of strong social relationships in communities and the benefits that these may bring, there is also recognition that it may be more difficult for some people to be included in this process, and that in many cases, these '**socially excluded**' people may be the most important people to include and may benefit most from the effects of inclusion (Lee, 2003).

3. Implications & motivations of and for community involvement (role of volunteering, community and individual benefits and knock-on benefits such as health)

Bowling *et al.*, (1993) considered **life satisfaction** in very elderly people (over 85) living in London., it considered health and wellbeing, social circumstances and the need for health and social services. Subsequent studies now use the term **quality of life** to describe similar characteristics, although they note that although quality of life overlaps with wellbeing and satisfaction they are conceptually different (Bowling *et al.*, 2003; Bowling and Gabriel, 2004; Bowling and Gabriel, 2007). The 1993 study identified variables associated with life satisfaction as being – positive perceived health status, income and levels of social activity. They found that a lack of social activity was associated with loneliness, although participants were generally satisfied with their lives they were least satisfied with their levels of social activity. Social activity was found to be significantly associated with life satisfaction.

In their 2003 and 2007 studies, Bowling and Gabriel try to come to a definition of quality of life emerging from the views of older people themselves. The characteristics they identified as being associated with quality of life were: social relationships, health, enough money, mobility. People were also found to value highly what they no longer had. An active and independent life was also found to be important. In this study, they also acknowledged that definitions of quality of life are likely to change between different generations (Bowling *et al.*, 2003). Bowling and Gabriel (2004) state that social relationships are prioritized by the young; whilst older people prioritize their independence, such as personal control, autonomy and self-sufficiency. Developing these ideas, Bowling and Gabriel (2007) considers rating the themes associated with quality of life in terms of their importance. These were found to be: social relationships, social roles and activities, leisure activities enjoyed alone, psychological outlook and wellbeing, home and neighbourhood, financial circumstances and independence. They found that health was found to be very important to quality of life and that *a socially healthy environment with a good infrastructure contributes to quality of life by providing a neighbourhood that provides social contact, accessibility, facilities for basic needs and security* (p844).

Borgonovi (2008) examined the relationship between volunteering and physical and mental health. Borgonovi used measures of self-related health, which were argued to be reflective of true health and happiness of an individual. He found that formal volunteering was found to correlate with indicators of wellbeing and happiness, and that someone who formally

volunteers, even as little as less than once a month, is more likely to be in excellent health and to be very happy than someone who does not volunteer. In general, he found that the more people volunteer, the happier and healthier they are, and this relationship was not found to be affected by socio-economic characteristics. Borgonovi found an even stronger relationship between health and religious volunteering. He hypothesized that volunteering might enhance people's level of happiness by lowering concerns for relative income. He also examined whether the widely documented positive association between volunteering and well being was causal, however the results suggested that it was not, apart from when an individual was religious volunteering. The study also suggested that volunteering might enhance happiness by making people realize what they can give rather than thinking about what they have.

Brennan and Luloff's study (2007) aimed to provide a better understanding of and to provide the ability to measure collective community efforts that impacted on wellbeing, using case studies from Pennsylvania and Ireland at an individual level. The study assumes that local residents acting together had the ability to positively affect local wellbeing. They found that social interaction was a central element of community agency and that people who routinely acted with others on a voluntary basis were more likely to exhibit community agency. Being involved in such activities increased awareness of community needs and opportunities for participation. The study suggested linking community development with social groups and organisations where people freely participate, and as such support O4O type initiatives. They conclude that venues for the promotion of social interaction should be promoted and seen as a priority.

Bowling *et al.* (1993) did not find any association between life satisfaction and participating in voluntary work, although did find that engagement in activities, particularly crafts such as sewing, and having dense social networks helped to increase satisfaction.

Bridger and Luloff (2001) state that social capital increases the possibility of developing voluntary solutions to problems that have not been solved through market or government interventions. Important to consider the role of social capital in community sustainability in an age of decreased public resources, but its role does need to be better understood. Falk and Kilpatrick (2000) explored the concept of social capital in some depth, as they argued that it had the potential to create desired socio-economic outcomes, but was difficult to measure both economically and socially. It appears to be difficult to implicitly state how social capital can be created, but it would seem that more communities with denser social

networks would appear to have the capacity to facilitate change in their community more easily and respond to 'threats' within their community.

Beeker *et al.* (1998) consider the links between **empowerment** and public health. They state that it has long been recognised that environmental and community factors influence health. In their conclusions Beeker *et al.* (1998: 839) state that *as interventions based on empowerment theory are developed and implemented, it will be critical to determine whether community development and empowerment are empirically linked to positive health outcomes.*

Bowling *et al.* (1993) state that it is difficult to understand whether poor health leads to lower levels of social activity or vice versa or both? Although they conclude that longstanding illnesses can have an effect on satisfaction, it doesn't suggest that a lack of satisfaction contributes to ill health, thus health is a predictor of satisfaction.

Brennan and Luloff (2007) argue that community interactions can shape the wellbeing of local residents. They state that it is necessary that participation is inclusive and contributes to the community from diverse (i.e. excluded) sections of the society.

Gagliardi *et al.*, (2007) examined leisure choices of elderly people in relation to their outdoor mobility. They stressed the importance of older people remaining physically and psychologically active with respect to social relationships and leisure activities. They found that participation in such activities correlates with lower stress levels, life threatening diseases, having health and life satisfaction.

Kuovonen *et al.* (2006) considered what the health benefits of social capital were at an individual and collective level. They suggested that 'bonding' social capital (which refers to relationships between individuals of a similar social identity facilitating co-operation within a group) was associated with better self-reported health. Their study, which examined levels of social capital in the workplace found that people with poor social capital were more likely to have poor self-rated health.

Lindström *et al.* (2002) looked at the links between social integration and health. They describe social participation as a measure of social capital, and argue that it can be used as a predictor of mortality. The study showed that social participation decreases with age and if a person lives alone.

4. Why governments might consider such an approach: the case in Scotland

Humphreys *et al.* (2006: 33) state that as populations decrease in an area *it is unrealistic to expect governments to continue to provide the same quantum of health care locally as may previously have been available, however there is no reason for the residents of these communities to experience diminished access to health care.* Policies relating to community involvement have been encouraged by Governments to 'reinvent' and 'regenerate' communities (Aigner *et al.*, 2001), and also to encourage community integration and participation and to encourage social inclusion (Lee, 2003).

Bowling *et al.*, (2003) also recommends that policy should be concerned with empowering older people to maintain their active contribution to society and to respond more effectively to the challenges of older populations. Bowling and Gabriel (2004) state that the increasing number of older people with higher expectations coupled with policy interest in reducing policy expenditure has led to a political interest in quality of life and policy which aims to enable people to maintain their mobility, independence and active contribution to society. Gagliardi *et al.* (2007) suggest that more rewarding old age can be achieved by maintaining roles and relationships, however does this mean there is potential for policy to encourage older people to participate in additional roles and activities and would this assist in maintaining independent living for longer?

Bridger and Luloff (2001) argue that the local community is a focus of attention by policy makers for the first time in years. They describe a 'recent' political climate of individual responsibility and devolution from government to governance, and state that there is a call for renewal of demographic institutions at a grassroots level. They argue that focusing on sustainability at a local level changes can be felt more immediately and result in more democratic changes being implemented. It is imperative that sustainability at a local level includes the knowledge and efforts of local people. However, they argue that communities typically react to crises and may be limited to local elites. They feel that the state may be the solution to this.

Lee (2003) does describe some issues with funding for community development: firstly it may be short-term and secondly it may encourage the growth of community development managers to the detriment of community development activists. She states that the challenges of community development are to maintain connections between local and national, manage political priorities and strengthen linkages with personal social services. She

also recommends that people who are excluded need the most support.

5. Appropriateness of O4O type organisations – the ways that communities provide for themselves and the role of social enterprises

Lee (2003) describes a green paper in Ireland which emphasizes the need for communities and the voluntary sector to be active so that they can contribute to a democratic, pluralist society, is opportune for decentralized and local government sectors and creates an environment which can provide innovative solutions to social problems, and to enhance and pursue quality of life.

Lindström *et al.* (2002) describe social capital as being a contextual concept in that the amount that an individual can participate relates to the presence or absence of organisations which they can participate in. This suggests that by creating local community organisations, social capital can be created.

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