

PEER SUPPORT: A CASE STUDY OF THE HELPING HANDS PROGRAM

by

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ABSTRACT

Older adulthood, social support and positive aging are richly researched topics as the population continues to age. However, research focusing specifically on peer support programs for older adults and how individuals give meaning to their experiences of giving and receiving support within these programs is lacking. Addressing these gaps in the literature is necessary to how community programs can help meet the growing needs of older adults in today's society. This case study aimed to understand the meanings the study participants associated with their experiences within a community-based seniors helping seniors program. A constructivist case study design was used, employing document review, interviews and observations to gather the necessary data about The Helping Hands program. The Helping Hands program is a seniors helping seniors program in Mahone Bay, Nova Scotia, that mobilizes older adult volunteers to provide support to those older adults in the community who need additional support to remain in their homes. For the participants who received help, the program had great significance in their lives, and provided them with many positive impacts including enabling them to age in place, facilitated opportunities for companionship, and development of social networks within the community, and the physical help they need to make daily life easier and improved well-being. The volunteers who provided the support found that the program added to their lives in the enjoyment they experienced, the companionship aspect of help events and the fulfillment of helping someone in need. This program is an example of a peer support program that provides opportunities to contribute to the community as well as an avenue to access services within the community for those in need. Positive social networks, engagement and support for older adults living in the community are key aspects to aging positively, which are desirable to individuals.

LIST OF ABBREVIATIONS USED

AFRRCI – Age-Friendly Rural/Remote Communities Initiative

CMHC – Canada Mortgage and Housing Corporation

PHAC – Public Health Agency of Canada

VON – Victorian Order of Nurses

WHO – World Health Organization

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CHAPTER 1 INTRODUCTION

1.1 STATEMENT OF THE PROBLEM

By 2050, 25% of Canada's population will be 65 years or older (Statistics Canada, 2011). According to Statistics Canada, Nova Scotia has the highest percentage of older adults in of any province in Canada (Statistics Canada, 2013). Seniors are currently the fastest growing segment of Nova Scotia's population (Nova Scotia Seniors' Secretariat, 2005). Along with the growing number of older adults, most countries are seeing increased costs in health care for their aging populations (Crews & Zavotka, 2006). These increased health care costs can be associated with the increased vulnerabilities experienced by older adults, including chronic physical and mental health conditions (e.g., heart disease, chronic respiratory disease, arthritis, osteoporosis, mental illness and neurological conditions) (Public Health Agency of Canada [PHAC], 2014; Seniors Secretariat, 2005).

Increasing pressures will be placed on provincial health systems as these aging trends continue, which will impact home and long-term care programs and services. In a study conducted by Nova Scotia's South Shore District Health Authority (2005), one of the conclusions was that the current health care system would not be able to meet the needs and demands of older adults in the future in Nova Scotia. With the desire of most seniors to remain in their homes and communities for as long as possible (Nova Scotia Seniors' Secretariat, 2005), additional assistance is often needed outside of what the healthcare system is capable of providing. As the population continues to age, community-based organizations and programs will play a larger role in providing alternative ways to

enhance and maintain health and quality of life for older adults (Nova Scotia Department of Health, 2006).

Older adults living in the community may experience increased vulnerabilities due to a number of risk factors including living alone, social isolation, or frailty, and may experience an imbalance between care needs and care provided (Albey, 2012). In order to remain in their homes, older adults need to minimize the risks of these vulnerabilities; one way to do this is by supporting older adults in experiencing positive aging. Positive aging refers to an individual's positive wellbeing, independence and productivity in older age (Bowling, 2008). Even when older adults live with illness or disability there is much they can do to "live well" (i.e., maximize remaining interests and abilities). In 2005, the Nova Scotia Seniors' Secretariat developed a *Strategy for Positive Aging in Nova Scotia* that highlighted the importance of positive aging for older adults. The purpose of the strategy is to promote positive aging across a broad range of areas in society in order to improve opportunities for seniors to participate in their communities (Nova Scotia Seniors' Secretariat, 2005). Addressing factors that could negatively affect the wellbeing of seniors (e.g., chronic health conditions, social isolation, and ageism) will promote positive aging, including the provision of supports needed to improve the lives of seniors living in the community (Nova Scotia Seniors' Secretariat, 2005).

One form of community-based support for positive aging is peer support, which is a type of social support among individuals who are seen as peers, and provide physical, information and emotional support (Parry & Watt-Watson, 2010). Studies have primarily

focused on structured interventions implemented to analyze the effects of peer support for service recipients (e.g., Dale, Caramlau, Sturt, Fiede & Walker, 2009; Murrock, Higgins & Killion, 2009), rather than evaluating already established programs. The health benefits and outcomes of peer support for older adults receiving support include improved quality of life and life satisfaction, and physical, psychological and emotional well-being (e.g., Butler, 2006; Colella & King, 2004; Chapin et al., 2013; MacKean & Abbott-Chapman, 2012; McDonald & Brown, 2008). Minimal research has been done to understand how older adults living in the community perceive peer support within a program and why they become involved, from the perspective of both the individuals who are supporting and the older adults receiving the support. Beyond having knowledge of health benefits and possible intervention structures, there is a need to better understand the nature of the experience within these peer support programs, and the perceptions of older adults in order to tease out how peer support works, for whom, and in what contexts.

1.2 PURPOSE OF THE STUDY

The purpose of this case study was to gain an understand of the context of the program (contextual factors that enhance the participants' experience and the program's reach) as well to understand the experiences of individuals both giving support and those receiving support within a peer support program for older adults. The case that will be analyzed is the *Helping Hands Program*, which is coordinated by the Seniors Project in Mahone Bay, Nova Scotia. For the purposes of this research, peer support is defined as a type of social support involving connecting individuals, who are seen as peers with experiential knowledge, in offering support, assistance, mentorship, encouragement, and hope to

others facing similar situations (Butler, 2006; Davidson, Chinman, Sells & Rowe, 2006; Hemingway & Jack, 2013).

1.3 CONTEXT: MAHONE BAY

Mahone Bay is located along the South Shore of Nova Scotia, within Lunenburg County (see Figure 1). The Town of Mahone Bay is considered one of Canada's "loveliest little towns, known for the charm of its people and beautiful coastal surroundings" (Mahone Bay Area Chamber of Commerce, 2015). Some distinctive features within the area and community include its iconic three churches, its status as a world-class location for sailing and boating, its flourishing arts and craft community, and being a tourist destination recognized for its many events and festivals (e.g., the Great Scarecrow Festival, Antique Fair and the Father Christmas Festival) (Age-Friendly Mahone Bay Steering Committee, 2012; Town of Mahone Bay, 2015). For individuals who live in Mahone Bay or visitors to the area, there are resources and services for individuals of all ages including shops and restaurants, galleries, museums, recreational resources, public and private schools and life-long-learning opportunities (Town of Mahone Bay, 2015).



Figure 1. Map of Mahone Bay (adapted from Mahone Bay Area Chambers of Commerce, 2015)

In 2006, Mahone Bay, Nova Scotia had a population that was 33.2% seniors, which is well above the provincial proportion of 14.8% (Nova Scotia Department of Seniors, 2009). In the next 20 years, the population aged 65 and over is expected to increase to over 50% in the Town of Mahone Bay (Seniors Project, 2013). For this growing population, community-oriented services are going to be very important.

In terms of health services for older adults, the Western Zone of the Nova Scotia District Health Authority is responsible for acute and continuing care for the area. There are three acute care facilities within the Western Zone: South Shore Hospital in Bridgewater, Fisherman's Memorial Hospital in Lunenburg and Queens's General Hospital in Liverpool. However, local health services in Mahone Bay are limited (Age-Friendly Mahone Bay Steering Committee, 2012). This can be challenging for those individuals who do not own a car or do not drive anymore since the area does not have public transportation. The Continuing Care that is available through the Western Zone provides access to home care (offered through Lunenburg Home Support Agency and Victorian Order of Nurses [VON]), long term care and protection for vulnerable adults; Age-Friendly Mahone Bay Steering Committee, 2012; South Shore Health, 2014). The VON also offers a 'Meals on Wheels' program and an assisted transportation program for medical appointments and other non-medical visits (e.g., banking and grocery shopping) (VON Canada, 2009). However this transportation program requires advanced booking, and only runs on certain days and times to certain locations, which is restrictive for some individuals. Limited transportation is a common issue in rural communities (Canada Transportation, 2006) and with Mahone Bay not having a public transportation system, having restrictions on a program can be problematic for many individuals living in the community.

The Mahone Bay Centre, which houses the program that is the focus for this study, is located just off the main street in the town of Mahone Bay. It provides a space within the community for culture, recreation, learning and community development (Seniors Project,

2013). In 2007 the Mahone Bay Centre launched the Mahone Bay Area Seniors Project, which is dedicated to “giving seniors in the Mahone Bay area the best quality of life, keeping local seniors active, healthy and happy and living safely in their homes for as long as possible” (Seniors Project, 2013). Its mission includes three aspects: offering seniors a range of recreational, social, cultural and life-long learning activities; providing volunteer assistance around the home; and presenting information on important subjects such as health care, long term care, transportation, and housing (Seniors Project, 2013). Within the Seniors Project is the Helping Hands program, a seniors helping seniors program, which provides the case context for this study.

The Helping Hands program is intended to mobilize senior volunteers to help other seniors in their homes (Seniors Project, 2013). The main theme of the program is support, with a focus on assisting around the home and socializing with others (Seniors Project, 2013). By providing help with simple household tasks (i.e., simple yard work, picking up the mail, running errands and transportation), the program hopes to enable older adults to remain in their homes for as long as possible (Seniors Project, 2013). The social aspect of the program provides individuals with additional emotional and social support that is needed by individuals who live alone or are socially isolated in the community. The program’s objective is to enhance the overall well-being of the individuals in the community (for both volunteers and recipients of support), including the prevention of vulnerability and social isolation (Seniors Project, 2013).

1.4 RESEARCH QUESTION

The purpose of this study was to understand the overall meanings associated with participation in the Helping Hands Program, particularly as it relates to positive aging in the community. Specifically this study was designed to answer the following question and sub-questions:

1. What are the meanings associated with participation in the Helping Hands Program for the older adults who provide and receive the service?
 - a. What is the nature of their experiences?
 - b. What are individuals' perceptions of their experiences within the program?
 - c. How, if at all, is participation connected to individuals' leisure experiences?
 - d. What perceived benefits are associated with participation in the Helping Hands Program?

Meaning is both based on perceptions and evaluation (or valuing) of experiences. For example, Janoff-Bulman (1989) referred to the meaningfulness of the world as being a result of individuals' beliefs about the extent to which good versus bad outcomes occur. For Richer and Ezer's (2000) 'meaning' involves the influential relationship between personal beliefs (an individuals' existing attitudes, expectations and values), existential meaning (a person's global representation of his or her place in the world) and situational meaning (a person's perception of a new event). In the context of this study 'meaning' is defined by the individuals' *perceptions*, including perceptions of experiences within the

program in relation to perceived need for and valuing of the program, as well as perceived impacts experienced because of the program.

1.5 EPISTEMOLOGICAL FRAMEWORK

In order to gain the desired understanding about the program and the experiences individuals have within the program, a constructivist case study design was used, employing document review, interviews and observations to gather the necessary data.

Within the interpretive framework that is used by qualitative researchers, this study applied a constructivist paradigm (Creswell, 2013), which is interested in the ways in which people create, perceive and understand their worlds (Williamson, 2006).

Knowledge of a specific phenomenon or event can be constructed through an individual's experience and how he or she comes to understand it (Stake, 1995). This study sought to understand the subjective meanings older adults have constructed about this peer support program in relation to the idea of positive aging. An individual's subjective perceptions of his or her support networks are generally better predictors of support than objective assessments as they focused on support the person believes would be available if needed (Sarason, Sarason, & Pierce, 1994). Using constructivism (the participants' perceptions and descriptions) patterns of meaning were inductively developed by working back and forth between the themes and data gathered from the participants' interviews (Creswell, 2013).

1.6 SIGNIFICANCE OF THE STUDY

With the understanding of how peer support is perceived by older adults living in their communities, not only from the perspectives of individuals receiving the support but those who are providing it, health care professionals or community workers/support workers can develop and improve community-based programs for older adults. As well, the Helping Hands program will gain knowledge of how the participants of the program perceive their experiences and their thoughts about the program. This knowledge can be used to further develop the program model in order for it to be improved and used by other volunteer organizations serving older adults.

1.7 CHAPTER SUMMARY

This chapter introduced the purpose, significance and need for a constructivist case study in order to understand the perception of older adults involved in a community-based peer support program in rural Nova Scotia. As described in this chapter, the majority of older adults want to remain in their homes and communities for as long as possible; however, they require additional assistance in order to do so. The current health care system will not be able to support the number of older adults and their increased needs as the population continues to age. Further, a “seniors helping seniors” program within the community has the potential to address the needs of older adults that are currently not being met by the health system. Understanding the perceptions of and reasons for continued involvement in a peer support program could add insight and knowledge in the development of a program model that could be used to assist other seniors who want to age in place in their communities.

CHAPTER 2 LITERATURE REVIEW

This chapter will review literature regarding positive aging, aging in place, supportive communities, and peer support and the connections between these constructs in order to understand the current meaning of peer support for older adults living in the community.

2.1 INTRODUCING KEY CONSTRUCTS

As people age, it has been found that they want to remain as active and independent as possible for as long as possible (Rantz et al., 2013). For many adults independence includes remaining in their home, known as *aging in place* (Yen & Anderson, 2012). In order for older adults to feel confident and comfortable to remain in their homes, the community around them needs to be able to provide the needed supports. Age-friendly communities (Federal/Provincial/Territorial Ministers Responsible for Seniors, 2006) support and enable people to age actively by promoting the inclusion and contribution of, and respect for, older adults in all areas of community life. Within these communities, social support can be provided through community-based programs involving older adults such as peer support. These programs can assist older adults in avoiding or lessening the burden of vulnerabilities experienced with age. As well, such programs provide an opportunity for those older adults who are able to participate in civic engagement and provide support for those who are in need.

Positive aging is a concept that views aging as a lifelong process and celebrates later life as a time for activity, enjoyment, growth and exploration (Dionigi & Horton, 2012). It encompasses engagement in life despite challenges (Phillips & Ferguson, 2013), and

participation in meaningful pursuits as a means to increase well-being (Bowling, 2008). To the extent to which older adults are able to experience positive aging depends on whether or not it is recognized and promoted within the community. The connections between these constructs, as further outlined in the following diagram (Figure 2), highlight how important the community structure and social support available are for individuals living within it in order for them to experience positive aging.

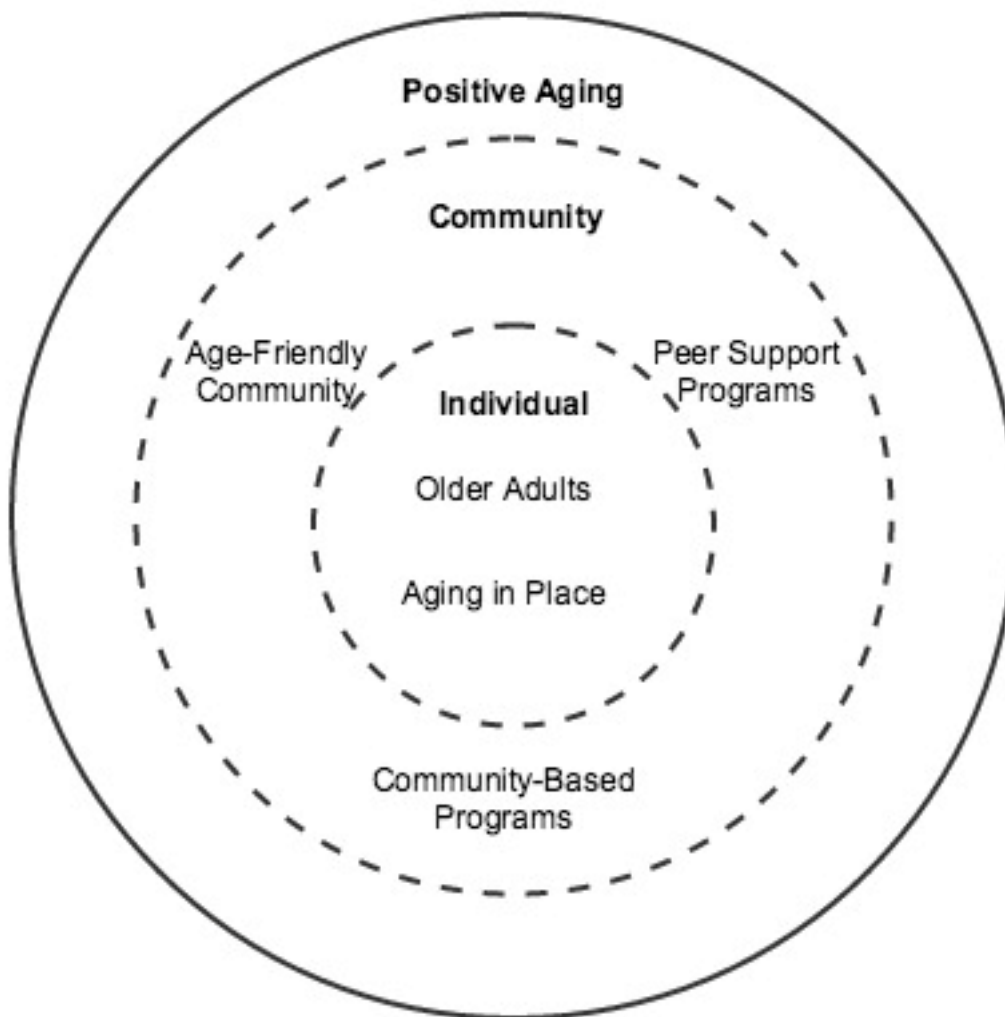


Figure 2. Connecting the Constructs

2.2 POSITIVE AGING

Positive aging is a concept that views aging as a lifelong process and celebrates later life as a time for activity, enjoyment, participation, growth and exploration (Dionigi & Horton, 2012). Despite the tremendous amount of research on this concept, the definition and features remain constant. Research on the concept of positive aging has identified older adults' feelings of control, social relationships and the quality of environmental settings as important to aging positively (Bowling, 1993). Positive aging involves actively engaging in life despite any challenges associated with aging (Phillips & Ferguson, 2013). Engaging in life encompasses participation in chosen activities and meaningful pursuits as means to increase well-being (Bowling, 2008). Participation includes remaining active in society in ways that are meaningful to the individual, and retaining the social, mental and physical health that enables this (Bowling, 2008). An individual's well-being is not just determined by the presence or absence of disease or illness. Subjective well-being, a construct comprised of positive and negative cognitive appraisals of one's life satisfaction (Simone & Haas, 2013), is viewed as a general indicator of positive aging (Baltes & Baltes, 1990; Rowe & Kahn, 1987). As individuals age it is natural for them to move in and out of periods of positive aging as significant changes might occur during this stage in life (e.g., changes in physical functioning, social networks, employment, bereavement) (Australian Psychological Society, 2015). Keeping a positive attitude toward aging is particularly important as it allows individuals to continue to feel good and have a sense of control (Australian Psychological Society, 2015) as they go through the aging process.

There are many possible barriers to positive aging that an individual could experience as he or she ages, including ageism, health issues (e.g., chronic health conditions, frailty, pain), poverty, gender, culture, or ethnicity (The National Seniors Council, 2010) depending on an individual's circumstances. These barriers can make it challenging for older adults to be active and socially engaged (The National Seniors Council, 2010), limiting their participation in their communities.

Aging as decline is a negative concept that emphasizes ill health, withdrawal, disengagement and deterioration (Dionigi & Horton, 2012) as inevitable aspects of the aging process. Ageism is defined as stereotypes of prejudice and/or discrimination against people based solely on their chronological age or on the basis of a perception of them as aged (Iversen, Larsen & Solem, 2009). One difference between ageism and other forms of social oppression is that it is something that everyone, at some time, could experience if they live long enough (Palmore, 2004). Ageism can be seen in the media, where negative stereotypes of aging and older adults are continuously used and have great influence in society (Dionigi & Horton, 2012). One result is that seniors are seen as a social and/or economic burden (The National Seniors Council, 2010). The most highlighted concept of ageism is society's obsession with youthfulness (Clarke & Griffin, 2008). These stereotypes can negatively affect how seniors' abilities, needs and interests are considered in the planning and delivery of services within communities (The National Seniors Council, 2010). As well, an indirect result of ageism is that seniors themselves can begin to conform to social expectation of how they are supposed to behave in society, which could potentially restrict their activities and community participation (The

National Seniors Council, 2010). Positive aging could be seen as a form of resistance or a way to challenge ageism and the dominant discourse of aging as a negative process (Dionigi & Horton, 2012).

In order for older adults to experience and celebrate the benefits of later life, positive aging needs to be recognized and promoted within communities. The *Strategy for Positive Aging in Nova Scotia*, as previously mentioned, highlights the importance of positive aging for older adults in Nova Scotia (Nova Scotia Seniors' Secretariat, 2005). Programs that address factors that could negatively affect the well-being of older adults (e.g., social isolation) will expand the possibility for these individuals to experience positive aging while remaining in their communities (Nova Scotia Seniors' Secretariat, 2005).

2.3 AGING IN PLACE

As people age it has been found that they want to remain as independent as possible for as long as possible (Rantz et al., 2013). For many adults independence includes remaining in their home, a concept known as *aging in place* (Yen & Anderson, 2012). Aging in place refers to the ability to live safely in one's home and community for as long as one can feel confident and comfortable (Morley, 2012; Yen & Anderson, 2012). This continued independence has been suggested to be an important factor throughout the aging process as it facilitates control and autonomy, both of which can improve well-being and life satisfaction (Carr, Weir, Azar & Azar, 2013). Most seniors want to age in familiar surroundings, with some level of independence, instead of in residential care

(Wiles, Leibing, Guberman, Reeve & Ruth, 2012). In a survey done by the Canada Mortgage and Housing Corporation (CMHC, 2008), it was found at least 85 percent of individuals over the age of 55 planned to remain in their present home for as long as possible, even if their health changed.

However, for older adults there are many challenges to aging in place, including general patterns of physical, perceptual and cognitive changes that occur with age (Fausset, Kelly, Rogers & Fisk, 2011), and the availability of services in the community (Salomon, 2010; Wagnild, 2001). Housing-related challenges often create some of the greatest barriers for older adults to age in place, where they feel confident and comfortable. These challenges range from the physical accessibility of the home (e.g., narrow doorways, stairs, absence of first floor bathroom) to the inability to maintain the property due to the size or age of the home and abilities and finances (Salomon, 2010). For individuals with mobility limitations these challenges impact their abilities to meet daily needs (e.g., bathing, dressing and toileting) and engage in routine activities (Salomon, 2010). Without assistance from others (e.g., family, friends, neighbours and other support services) it is often difficult for individuals to age in place (CMHC, 2008; Wagnild, 2001).

As people age they may experience declines in strength, hearing, vision or working memory (Fausset et al., 2011), which can, in turn, result in poor health and social isolation (Bedney, Goldberg & Josephson, 2010). For many older adults health issues challenges their ability to age in place. In Canada, 33% of adults 65 to 74 and 56% of individuals over 75 years of age reported having a disability (Statistics Canada, 2006).

For both age groups, these disabilities included pain (12%), mobility (12%), agility (11%), hearing (5%), seeing (3%) and memory (2%) (Statistics Canada, 2006).

In Nova Scotia, 20% of adults report having a disability, which is the largest proportion of all provinces and territories in Canada (Statistics Canada, 2006). Of these adults with disabilities, 6% are not receiving any help but feel that they need some, and 33% are receiving help but feel that they need more (Statistics Canada, 2006). Disability can be seen as the gap between individuals' abilities and the environments in which they live (Szanton et al., 2011). Age related changes could increase the challenges for an older adult to meet the demands of their environments, and compromise their abilities to age in place.

Within several bodies of literature there have been critiques of aging in place as a concept. For example in the sense of place literature aging in place has often led to a narrow conceptualization of the ideal place for aging and has been critiqued in general for not providing sufficient tools to understand the relationship and transactions between aging and place (Johansson et al., 2013). This study recognizes that there are critiques of aging in place and that there are times where aging in place is not the best situation and helping someone recognize this and supporting them in the move and change in their lifestyle is important. The choice of aging in place is not always the best, healthiest or safest option for some individuals and it is important for programs to recognize this.

To older adults, aging in place is seen as an advantage in terms of independence and autonomy, familiarity and a sense of connection to their home and community (Wiles et al., 2012). In order to support individuals wanting to age in place, communities need to be able to adapt and meet the changing needs of the older adult population (Carstairs & Keon, 2009). Community-based services and supports is one way to address the needs of older adults to age in place even as they may experience declines in their health.

2.4 SUPPORTIVE COMMUNITIES

2.4.1 Age-Friendly Communities

Older adults are an important resource for their families, communities, and economies (World Health Organization [WHO], 2007), only if they live in environments that support and enable their active participation in the community. In 2000, the World Health Organization launched the *Global Age-Friendly Cities Project*, with the goal of promoting the development of accessible and inclusive communities that support active aging (WHO, 2007). Active aging refers to the process of enhancing quality of life as people age by optimizing opportunities for health, security and participation (WHO, 2002). The main objective of age-friendly communities is to increase awareness of what older adults need to maintain active and healthy lives within communities (PHAC, 2012).

The World Health Organization built on existing elder-friendly community frameworks to create the framework for Age-Friendly Cities, including the AdvantAge initiative from the Visiting Nurse Service of New York (Feldman & Oberlink, 2003), American Association of Retired Person's Livable Communities (Kihl, Brennan, List, Gahawala &

Mittal, 2005), and the determinants of active aging (WHO, 2002). From these frameworks eight key features of an age-friendly community were identified, including: (1) safe and accessible outdoor spaces and buildings; (2) affordable and accessible transportation; (3) well built, designed and located housing; (4) social inclusion (opportunities to engage in leisure, social, cultural and spiritual activities); (5) respect for older adults; (6) civic participation and employment opportunities;(7) available and age-friendly communication and information; and (8) community support and health services (Ontario Seniors' Secretariat, 2013; PHAC, 2009; WHO, 2007). See Figure 3.

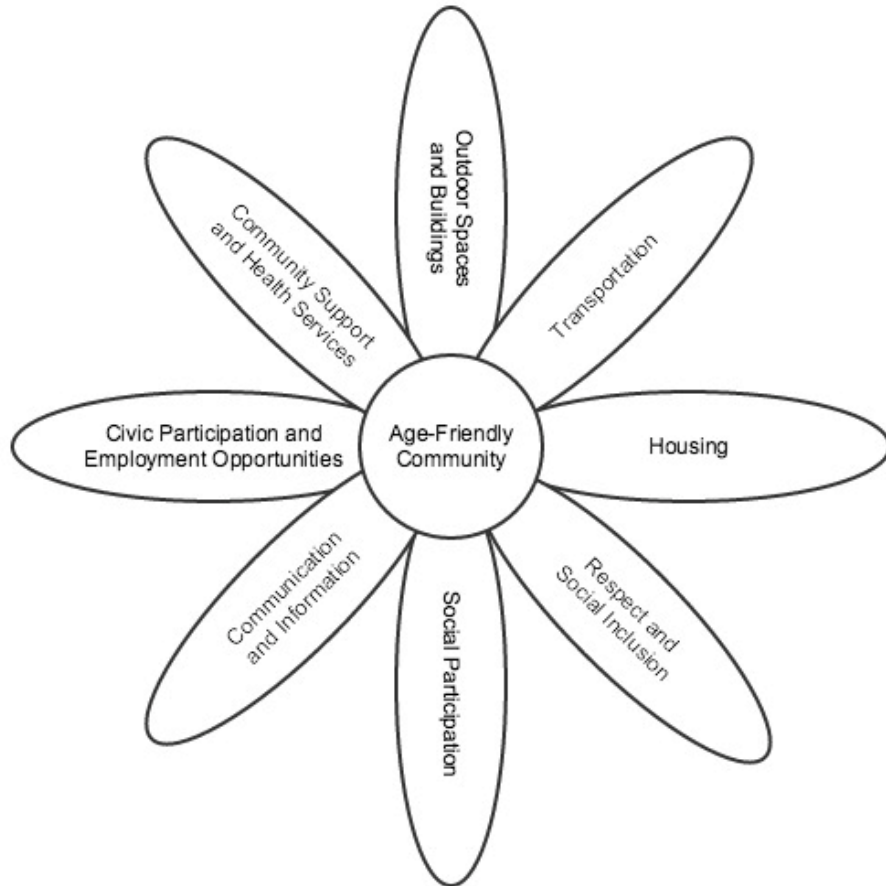


Figure 3. The Key Characteristics of an Age-Friendly Community (adapted from WHO, 2007).

An age-friendly community recognizes the wide range of skills and abilities among older adults, understands and meets the varying needs and capabilities of seniors, protects vulnerable seniors and promotes the inclusion of older adults in all areas of the community (PHAC, 2012; WHO, 2007).

In order to create sustainable communities where older adults can be engaged and included, age-friendly initiatives have started in over 20 countries around the world, including Canada (PHAC, 2012; WHO, 2007). Canada has been a key partner in establishing age-friendly initiatives and has been the country with the most extensive uptake of this approach (Plouff et al., 2012/2013). In particular, communities throughout Manitoba, British Columbia, Quebec, Newfoundland/Labrador and Nova Scotia have committed to becoming age-friendly (PHAC, 2012).

In Canada, it is recognized that more of a focus on supporting aging rural populations is needed as nearly 25% of all seniors live in small communities and rural areas (Age-Friendly Mahone Bay Steering Committee, 2012). The Age-Friendly Rural/Remote Communities Initiative (AFRRCI) began in Canada in 2006, to identify and promote an age-friendly communities guide to help rural and remote Canadian communities (PHAC, 2009). Recently, the Nova Scotia Department of Seniors funded several rural communities, including the Town of Mahone Bay, to engage in a process of identifying age-friendly community priorities (Age-Friendly Mahone Bay Steering Committee, 2012).

In 2012, an assessment of age-friendly features and barriers of the Mahone Bay community was conducted. Key age-friendly features included the beauty of the community, its inclusivity and the many opportunities for social and civic participation. Barriers that affect the age-friendliness of Mahone Bay included issues around transportation, social inclusion, housing option, services provided locally and communication (Age-Friendly Mahone Bay Steering Committee, 2012). Suggestions surrounding each of the characteristics of an age-friendly community have been proposed by community members and the Steering Committee in order to make Mahone Bay even more of an age-friendly community. Specifically to respond to the potential for social isolation, a suggestion was made to have a buddy system for individual who do not have family. The Helping Hands program could act as an avenue to support this suggestion.

Since age-friendly communities are a relatively new concept there are minimal in-depth critiques. However some critics have identified the potential of division of efforts and money towards new program development when programs are already in place in communities that do support age friendly concepts but do not promote their efforts adequately (Golant, 2014). In this context the Helping Hands program systematically developed the program further to fill the gaps and develop a more age-friendly community.

Age-friendly communities can facilitate positive aging for older adults as they influence participation and engagement in society and activities within the community as well as quality of life and well-being and independence for these individuals. Understanding the

experiences of individuals involved in the program (both receiving and offering support) will provide evidence for how the Helping Hands program is contributing to the age-friendliness of Mahone Bay and the community.

2.4.2 Living in Rural Communities

Older adults living in rural areas experience both advantages and disadvantages related to their rural status as compared to city dwelling older adults (Bacsu et al., 2014).

Advantages in small towns include less abrupt retirement, less fear of crime, more involvement in community activities, and receiving more support from local organizations (Butler & Eckart, 2007). However, older adults in rural areas have a fewer number and smaller range of community-based services than those living in larger cities (Butler & Eckart, 2007). A large barrier for rural older adults is accessing social services, mainly due to their capacity to travel, travel distance and lack of access to transportation (Bull & Bane, 2001; Butler & Eckart, 2007; Cherrington et al., 2012). Additional disadvantages for older adults living in rural communities include the increased potential for them to experience social isolation (Bull & Bane, 2001; Cherrington et al., 2012) as well, the large prevalence of chronic health conditions and the accompanied limitations to engage in activity experienced due to these conditions (Butler & Eckart, 2007). There is a need to better understand effective models of care that can be sustained within rural communities.

In 2006, a Continuing Care Strategy for Nova Scotia was released (Nova Scotia Department of Health, 2006). This 10-year strategy included detailed analysis of

community needs and population trends in Nova Scotia and highlighted the importance of providing programs and services in homes and communities to allow individuals to live longer in their own homes (Nova Scotia Department of Health, 2006). This approach is “the most economical, provides the greatest ability to be flexible to diverse needs, and offers individuals the highest level of independence and quality of life” (Nova Scotia Department of Health, 2006, p. 3).

Community-based programs are planned activities that are meant to engage members of the community and provide services in their own environments (Weiss, 1995).

Community-based programs can range from physical activity programs or leisure specific programs, to self-help and educational programs. These programs have the opportunity to assist older adults in many ways including: improving skills, assisting them in being successful in the given activity, normalizing the aging process through assisting them through changes in work, family, society, and health related problems, addressing issues faced by this population (i.e., living alone, frailty) and gaining peer support (Weiss, 1995).

In numerous studies, a reoccurring facilitator for participation in programs is social support, with social support having strong positive impacts on the subjective well-being of older adults (Chogahara, O’Brien Cousins, & Wankle, 1998; Fuller, Stewart Williams & Byles, 2010; Garcia-Martin, Gomez-Jacinto & Martimportugues-Goyenechea, 2008; Hughes, Casal & Leon, 1986). Social support is broadly defined as the “process of interaction in relationships which improves coping, esteem, belonging, and competence through actual or perceived exchanges of physical or psychosocial resources” (Gottlieb,

2000, p. 28). These relationships provide the individuals with social networks that can help with general issues of life (McDonald & Brown, 2008; Sasidharan, Payne, Orgesa-Smith & Godbey, 2006) and provide the needed support for the individual (MacKean & Abbott-Chapman, 2012; Moody & Phinney, 2012). A peer support program has the ability to decrease the demands of the environment by providing people with the supports they need to continue to live independently.

Since many older adults live alone and have had spouses and/or same-aged friends pass away or family members move away they may have less access to these crucial social supports (Smith, 2012) and are at risk for social isolation. Social isolation is when someone is secluded or secludes themselves from other people; this is particularly evident for frail seniors who are living alone and is typically associated with poorer health outcomes (Locher, Robinson, Roth, Ritchie & Burgio, 2005). Social isolation can be prevented if a person has a good support system. Social supports enable people to still interact with other people, to gain assistance from them if needed, and to feel they are still part of something (Locher et al., 2005). Having access to a social support network within the community, such as through a peer support program, could decrease the risk of social isolation for older adults.

2.5 PEER SUPPORT

2.5.1 What is Peer Support?

Peer support is a type of social support that provides physical, informational (e.g., increases knowledge of activities and or services in the community) and emotional

support (e.g., address distress, respect) by someone with similar experiences (Parry & Watt-Watson, 2010). Companionship, social interaction and mutual support (reciprocal exchange between individuals in part due to similar experiences or situations) are main aspects of peer support between older adults (Butler, 2006; Hemingway & Jack, 2013; MacKean & Abbott-Chapman, 2012; Sasidharan et al., 2006). Peer support also extends a natural social network for individuals and has the possibility to complement other social services (e.g., support groups, self-help groups, care providers, etc.; Dennis, 2003). Having a network of individuals within the community as a support system could improve quality of life for older adults through this additional social support (e.g., Hemingway & Jack, 2013; McDonald & Brown, 2008; Segrist, 2011).

Peer support is a form of community-based programming that can be used to help older adults to overcome the possible vulnerabilities associated with age (i.e., social isolation, functional limitations). In community-based peer support programs geared toward assisting older adults, peer supporters (members of the community) provide services such as companionship, light housekeeping, cooking, gardening, and transportation for seniors who need help (Simces, Stephenson & Hutchinson, 2003). Its strength is that it is often adaptable to the unique needs of the individuals. These types of programs can provide individuals with knowledge of relevant resources (Richert, Webb, Morse, O'Toole & Brownson, 2007) in their community (i.e., accessible locations, programs that are being run for older adults and transportation), guidance towards courses of action for specific issues (Dennis, 2003) and social engagement within the community (Waters, Hale, Robertson, Hale & Herbison, 2011). Through involvement in a peer support program

individuals share knowledge and experiences and help each other cope with social and physical barriers they face (American Academy of Family Physicians Foundation, 2013) which can aid in independent living.

2.5.2 Who are the Peers?

Peers are lay individuals who, depending on the program or intervention, are selected by health professionals or are self-selected (i.e., volunteered), and may receive a moderate amount of training in order to provide support (Parry & Watt-Watson, 2010). Peers have characteristics similar to those they are helping and possess knowledge that is concrete, practical and derived from shared experiences (Parry & Watt-Watson, 2010). For older adults this would be individuals who are experiencing similar challenges and barriers as well as possible positive successes to aging. This relationship also diminishes the hierarchy that is often seen between a professional care provider and a client (Bedney, Goldberg & Josephson, 2010), as the peer supporters are considered equal by other individuals (Parry & Watt-Watson, 2010). Depending on the support that is needed, an uneven power distribution can still be seen at times as “helping” implies the unidirectional provision of assistance (Embulendiya et al., 2013). However when sharing between the peer supporter and the individual receiving support moves from the “issue” to a more social context the relationship often changes and evolves into a more reciprocal one, where the supporter also benefits (Embulendiya et al., 2013).

Within community-based programs, peer supporters, also referred to as peer volunteers, peer mentors (Buman et al., 2011 & MacKean & Abbott-Chapman, 2012) or peer leaders

(Waters et al., 2011) are able to provide a supportive environment and meaningful relationships with their peers. Having a peer run program is a low cost alternative to having professional staff (Buman et al. 2011) and decreases the barriers around transportation (Waters et al., 2011) and companionship (MacKean & Abbott-Chapman, 2012; McDonald & Brown, 2008). The peers are able to interact with each other and determine times and locations that work best for them instead of working around a staff member's schedule (McDonald & Brown, 2008; Waters et al., 2011).

Community-based programs that incorporate a peer mentor or volunteer run program are more effective for maintaining and improving adherence to that specific program, may enhance long-term maintenance of the given activities, and can eliminate stereotypes around aging (e.g., Buman et al., 2011; Dorgo, Robinson & Bader, 2009; Waters et al., 2011). As well, these peer led programs provide a social context and social support for the individuals involved (Chapin et al., 2013; Moody & Phinney, 2012; Segrist, 2007; Waters et al., 2011).

2.5.3 Peer Support Programs for Older Adults

As the concern for older adults living alone in the community increases with the aging population, more community-based peer support programs for seniors are being developed and evaluated. Numerous programs consider the community's capacity for assisting seniors, improving health outcomes and decreasing social isolation for seniors living in the community (e.g., Butler, 2006; Simces et al., 2003; WoodGreen Community Services, 2011). These community-based projects allow individuals to remain active

within their communities as well as fill the gaps in service delivery for older adults living in the community who need support (Butler, 2006).

There are multiple benefits that have been identified from peer support initiatives, as well as some negatives. A synthesis of 25 articles on peer support interventions was completed by Embulendiya et al. (2013), highlighting the outcomes of the peer support relationship for the peers involved. It was found that peer support reduced the sense of isolation for both participants as it allowed for sharing of experience (Embulendiya et al., 2013). Most of the articles examined peer support experiences from the perspectives of the individuals who were receiving support. However, from the studies that indicated outcomes for the supporter, helping others was identified as something that improved their well-being, morale and self-esteem (Embulendiya et al., 2013). Many experienced role satisfaction (satisfaction through knowledge of being valued); however this aspect could be negative if they did not feel their help made a difference. Emotional entanglement (when the personal or health problems of the person they were supporting, became too overwhelming and had negative effects on the supporter's well-being) was a risk associated with the emotional connections forged between the individuals (Embulendiya et al., 2013).

Seniors helping seniors programs can be informal groups but are usually independent peer run initiatives or programs within an agency, whose aim is to keep seniors living in the community and in their homes as long as possible (Seniors Helping Seniors, 2013). Peer helpers provide services such as companionship, and practical supports for seniors

who need help (Butler, 2006; Simces et al., 2003). Additionally there are ‘friendship clubs,’ community-engaged art programs, peer-led physical activity programs and support groups, the Red Hat Society®, (Chapin et al., 2013; Hemingway & Jack, 2013; Kerstetter et al., 2008; Moody & Phinney, 2012). The programs, often run by seniors for seniors in the community, emphasize the importance of outcomes around decreasing isolation and increasing health and well-being as well as capacity to maintain independence and increase community capacity for older adults involved in the program and the community (Simces et al., 2003). These programs allow individuals the opportunity to engage in meaningful pursuits by assisting other people within the community as well as provide individuals will the chance to remain in their homes for as long as possible.

2.5.4 Peer Support and Leisure

Leisure participation occurs when individuals take part in formal and informal, active and passive activities (Canadian Index of Wellbeing, 2010) that are relatively self-determined and enjoyable (Howe, 1987). For older adults examples of activities could include gardening, fishing, golfing, volunteering, reading, family activities, painting, playing a musical instrument or exercise (Godbey, 2008). For older adults, involvement in leisure activities is associated with a high degree of well-being and healthy aging (Bowling, 2008; Menec, 2003). Leisure has the potential to support positive aging and a higher quality of life later in life (Harahousou, 2006). However, in order to experience the benefits of leisure activities, older adults must overcome barriers (e.g., functional limitations, lack of motivation or energy, social isolation, quality and availability of

appropriate facilities and opportunities) faced on a daily basis. By making adaptations for their current abilities (Wearing, 1995) and maximizing interests, older adults can engage in activities that they find enjoyable and satisfying and experience the benefits from participation.

Increasingly, leisure is seen as an important aspect in the lives of older adults, providing them with meaning, a sense of identity (beyond their work) (Harahousou, 2006), and a place for self-expression (Wearing, 1995). However, individuals often reduce their level of activity and become more sedentary as they age (Scanlon-Mogel & Roberto, 2004). This decline in activity may be a result of barriers and limitations that individuals are experiencing as they age. These barriers are often affiliated with health, the environment, general attitude toward activity, perception of self, lack of time and available transportation (Albey, 2012; Fuller, Stewart Williams & Byles, 2010). As part of a peer support program individuals can receive support in order to overcome these barriers and participate in leisure. The informational and emotional support provided through peer support (Parry & Watt-Watson, 2010) can provide people with the resources they need to make appropriate and meaningful leisure choices. Understanding what is viewed as leisure within a peer support program as well will add to the understanding of what is meaningful leisure to older adults.

2.5.5 Volunteering as Leisure

One form of leisure, as mentioned above, that many older adults engage in is volunteering. In Canada, 36% of individuals aged 65 and older volunteer their time

through programs and organizations, averaging 223 volunteer hours annually (Statistics Canada, 2010). Volunteering is known as “uncoerced help offered either formally or informally with, at most, token pay and done for the benefit of other people and the volunteer” (Stebbins, 2007, p. 57). For older adults, volunteering has been identified as a component of active aging and healthy communities (MacNeal & Gould, 2012).

Volunteering and leisure share multiple common characteristics; they are both based on activities that are freely chosen by the individual (in most cases), are intrinsically motivated and provide benefits to the individuals (Corbin, 2007). These activities have been found to bring new meaning to the lives of older individuals by not only enabling them to perform useful services but also to function as mentors or guides (Kleiber & Ray, 1993) in meaningful pursuits.

The benefits of volunteering have been well documented. For example, several researchers have found volunteering enhanced life satisfaction, self-rated health and well-being, feelings of self-worth and meaning, a sense of purpose and personal growth and learning (Cocca-Bates & Neal-Boylan, 2011; Gitelson & Frelove-Charton, 2012; Kleiber & Genoe, 2012; MacNeal & Gould, 2012; Thoits & Hewitt, 2001). A meta-analysis of 37 independent studies found that both older volunteers and the people who they serve benefit positively from the experience, especially when it is an in-person (i.e., face-to-face) helping relationship (Wheeler, Gorey & Greenblatt, 1998). One of the main reasons individuals in Canada volunteer is to make a contribution to the community (Statistics Canada, 2010); as well, many older adults want to avoid being perceived as a burden on society and construct their leisure in order to be contributing in some aspect

(Kleiber & Genoe, 2012). Individuals involved in a peer support program, such as the Helping Hands program, are volunteering their time and offering support to individuals within their community. This type of volunteering can be considered leisure if the experience for the individual is either fulfilling or enjoyable, or both (Stebbins, 2006). This could also create a meaningful role for the older adults, and play an important role in identity creation and maintenance (Kleiber & Genoe, 2012), giving them a sense of purpose within the community.

A main barrier to the active engagement of older adults in volunteer activities is an ageist attitude within a community or program, suggesting that older adults' abilities to contribute declines with age (Leonard & Johansson, 2008). Other potential barriers to initiating volunteering activities include negative perceptions of the activity, and concerns about the increasingly regulatory organizational environment (Warburton, Paynter, & Petriwkyj, 2007). Once individuals have committed to volunteering activities there is potential for them to experience burnout. Burnout can be defined as "a state of physical, mental, and emotional exhaustion that may arise when a person is involved in situations of high emotional demand over a prolonged period" (Moreno-Jimenez & Hidalgo Villodres, 2010, p. 1801). Individuals can experience burnout when they are involved in long-term, emotionally demanding situations (Allen & Mueller, 2013). Activities that induce a higher level of burnout are those that require frequent contact with users (e.g., people who are ill or those with serious social problems), who require a large amount of physical and or emotional effort (Moreno-Jimenez & Hidalgo Villodres, 2010), usually resulting in volunteer turnover, where individuals quit or leave the

program (Allen & Mueller, 2013). Burnout can also lead to other conflicts, such as those between family life and volunteer work (Allen & Mueller, 2013), forcing the volunteer to make sometimes-difficult decisions and leaving them drained. Successful volunteer programs are those that address these barriers or they are manageable in enabling the volunteer to experience the benefits.

However, the classification of an activity as leisure is subjective, so not everyone considers volunteering as leisure (Corbin, 2007). Some individuals may feel this way in part, due to their view of leisure. If a person considers leisure as simply for fun (Stebbins, 2007), or is links it to idleness or selfish behaviour (Corbin, 2007), their contribution to their community would not be seen as leisure. According to Stebbins (1998), those who hold these views would feel as though their volunteer work would be trivialized if they were to call it leisure.

2.6 GAPS IN THE LITERATURE

Several gaps have been identified in the existing literature that this study hoped to address. First, the phenomenon of peer support is mostly defined by the authors or researchers involved in the study (i.e. Butler, 2009; Chapin et al., 2013; McDonald & Brown, 2008) offering only their lens of understanding. The participants' lens of understanding (both the peer volunteer and the individuals receiving support) within the programs has been largely left out; there is limited evidence regarding what the program means to them, the reasons why they joined and the meanings they give to the concept of peer support and their experiences within the program. Second, multiple articles provided

description of the effects of peer support for the individuals who were receiving the support (e.g., Buman et al., 2011; Hemingway & Jack, 2013; Segrist, 2008); however the effect of the support and relationship on the peer providing support is rarely discussed or identified. Lastly, a gap exists regarding knowledge of the importance and effects of peer support programs for older adults living in rural areas and communities. Within the existing literature, the physical environment and community outside of the program was not discussed as an important aspect to the program; however as mentioned previously rural dwelling older adults experience different issues versus those living in a larger city. The environmental factors could interact with the program as well as the support that is received and given within the community. Further research is needed to get a better understanding of how older adults perceive the concept of peer support within a program, from both perspectives within the peer support relationship and how the context of the program plays into the experience of the support.

2.7 CHAPTER SUMMARY

From this review of literature, certain areas stand out in significance: the importance of aging in place for older adults, effects of supportive communities, and what peer support is and how it is provided for older adults living in the community. As well, the multiple impacts of these peer support programs have been highlighted, along with aspects of volunteering and meaningful leisure. Peer support programs for older adults have the potential to have great impacts on life satisfaction, subjective well-being and quality of life for individuals involved. The main focus of this research is to gain an understanding of how older adults living in the community perceive their experiences within the

Helping Hands program from the perspective of both the giver and receiver of support. Highlighting the nature of the experience, why it is important and allowing the participants to construct their own meaning of the program and peer support through a constructivist case study approach.

CHAPTER 3 RESEARCH DESIGN AND METHODS

The purpose of the current research study is to understand the overall meanings associated with participation in the Helping Hands Program, particularly as they relate to positive aging. Specifically, this study is designed to examine older adults' participation in the Helping Hands program (both as service providers and receivers), including understanding the nature of their experiences, the meanings associated with participation, and connections to leisure experience and positive aging for the individuals involved. Specifically, the research questions guiding this study are:

1. What are the meanings associated with participation in the Helping Hands Program for the older adults who provide and receive the service?
 - a. What is the nature of their experiences?
 - b. What are individuals' perceptions of their experiences within the program?
 - c. How, if at all, is participation connected to individuals' leisure experiences?
 - d. What perceived benefits are associated with participation in the Helping Hands Program?

Following this is a detailed outline of the methods used to collect and analyze data to answer the research questions.

3.1 CONSTRUCTIVIST FRAMEWORK

The constructivist paradigm asserts that perceptions of reality are located in time and place, and are constructed by the individual or individuals (Guba & Lincoln, 1989, as

cited in Wilson & Clissett, 2011). The ontological assumptions related to the nature of realities in a constructivist worldview are that there are multiple realities constructed in the minds of the individuals in the study (Al-Saggaf & Williamson, 2006). In this case the multiple meanings that older adults have constructed about their participation in the Helping Hands program were explored. Using the constructivist paradigm allowed the individuals involved in the study to share their subjective meanings associated with participation in the program. Meaning is a core element of human experience, resulting from daily life. In western culture, meaning is often associated with purpose, value and individuality (Heatwole Shank & Cutchins, 2010). Hasselkus (2002, as cited in Heatwole Shank & Cutchins, 2010) extended the definition of meaning to include “the affective, perceptual, and symbolic experiences which are personally and socially constructed” (p. 4). This perspective is valuable in understanding how older adults perceive peer support within the program and what impact it has on their quality of life (either positive or negative).

3.2 CASE STUDY

3.2.1 Case Study Approach

A case study approach was selected as the best way to answer the research questions. It is a form of empirical inquiry that investigates a contemporary phenomenon within its real-life context, when the boundaries between the phenomenon and the context are not clearly evident and in which multiple sources of evidence are used (Yin, 1984). The type of case study that will be used for this research is an instrumental case study, where the researcher focuses on an issue and selects one bounded case to illustrate this issue

(Creswell, 2013). This study is an instrumental case of a seniors helping seniors program used to explore the meanings of peer support for older adults. The Helping Hands Program provides an opportunity to facilitate our understanding (Stake, 1994) of the experiences related to peer support within the program. The informants through whom the case can be known (Stake, 1994) included the program organizers and the older adults who are involved in the Helping Hands program as someone either giving support or receiving support.

In case study designs, multiple forms of data collection can be used including interviews, observations, documents and artifacts in examining contemporary events in order to gain an in-depth portrait of the case (Creswell, 2013; Miller & Salkind, 2002; Yin, 1984).

Using multiple sources of data allows for data source triangulation, which is an effort to see if what we are observing and reporting carries the same meaning when found under different circumstances (Stake, 1995). Guided by the constructivist paradigm, efforts were made to preserve the multiple realities of the individuals involved in the program (Stake, 1995).

As part of the case study design, an appreciation of the uniqueness and complexity of the case is important (Stake, 1995). Guiding questions were used to explore the nature of the experience for the individuals (i.e., how they are involved in the program, why they are involved, positive or negative experiences), the meaning they associate with the experience of giving and receiving support, the connection to their leisure experiences (i.e., do they view volunteering as leisure, are they engaging in meaningful leisure during

the program) and any perceived benefits associated with participation. The context of the Helping Hands program was examined through analysis of program documents and guiding questions to the program organizers to understand the background of the program, key characteristics, partnerships, and lessons learned.

3.2.2 The Case: Seniors Project and The Helping Hands Program

The Helping Hands Program was selected as a case because of the interest from the organizers of the program to evaluate the Program. As well this case provides an opportunity to study the phenomena (Stake, 1995) of an aging population and a peer support program for older adults. Access to the program was achieved through one of the organizers, who acted as the ‘gatekeeper’ between the researcher and the program (see Appendix A; Letter of Support from Helping Hands Program). Through multiple data collection methods (see Section 3.4.4 Data Management and Analysis Procedures) the case will be described further in the following chapter.

3.3 VALUES OF THE RESEARCHER

The axiological assumption in qualitative research refers to the role of values and it is important for the researcher to acknowledge the values that shape his or her interpretation (Creswell, 2013). As a student, I have had the opportunity to study adult development, families and well-being, specifically focusing on older adults in today’s society. With many courses focusing on the aging process, I have tried to understand barriers and facilitators to positive aging and learn ways to improve well-being through program development for this population. As part of an undergraduate degree program, I worked

as a placement student at the Acquired Brain Injury Day Program at Saint Joseph's Health Center in Guelph, Ontario. The knowledge and experience that I gained from this placement was immense. I had the privilege to work with many older adults of varying abilities. During my master's thesis, I have had the opportunity to volunteer at a community center for seniors in Halifax, Nova Scotia, working with the older adults at the center to organize participant-run events and activities. Through these experiences the understanding of how proper programming and support can aid individuals of any ability has had a large influence on my values toward this population and what can be done to improve their well-being and life satisfaction.

My personal and educational experiences have influenced my interpretation of the constructs presented in this study. These experiences are also the inspiration behind choosing this case of a seniors helping seniors program within a community. However, I have endeavored to use this knowledge and insight about older adults and programming to assist in my understanding of what is being researched (Dupuis, 1999). In doing so, I tried to be reflexive and continually aware and deliberate about how I am including myself and my values throughout the research process (Dupuis, 1999). Specific strategies that were used to practice reflexivity through data collection and analysis included being intentional about my interpretation (make a conscious effort to see the positive and negative experiences experienced by the individuals within the program), re-examining the data multiple times to ensure thorough understanding and discussion with my supervisor and with peers external to my study to gain different perspectives.

3.4 STUDY DESIGN

3.4.1 Participant Recruitment

Convenience sampling was used to recruit individuals within the Helping Hands program (including program organizers, those who are serving as the peers providing support, those receiving support). In order to be included in the study, individuals: (a) had to be active members of the Helping Hands Program, either as a program organizer, a volunteer giving support or an individual receiving support; (b) had to be able to recall and talk about participation in the program; and (c) had to agree to the use of audio recorders to record the interview. In addition some volunteers and help recipients were asked to consent to the researcher observing a help event.

Once ethics approval was received, recruitment began. Methods of recruitment included: (a) an announcement at a volunteer meeting, and (b) sending out an information letter to the members of the Helping Hands Program (see Appendix B; Recruitment Instruments). The program organizers(s) were approached in person and via email to ask them to participate in the study as key informant(s) (see Appendix C; Key Informant Consent Form). Initially two program organizers were approached to participate in the study, and both agreed. A third program organizer was approached later in the recruiting process for additional insight and information into understanding the program from a different perspective. To recruit volunteers providing help within the program, an announcement at the volunteer meeting was made briefly explaining the study and how to participate in the study and a postcard was provided as a piece of information that individuals could take away (Appendix B). To recruit individuals receiving help within the program, the

program organizers generated a list of potential participants; they identified people who they felt were able to take part in the study, represented a range of experiences, and met inclusion criteria (e.g., ability to converse and remember past help events). As well the program organizers took into account which individuals they felt would be the most comfortable in responding to the interview questions. The program organizers provided potential participants with an information letter about the study briefly explaining the study; The interested participants and volunteers then contacted the program organizer who was acting as the 'gate keeper' about participating in the study. If the help recipients expressed interest then the program organizer obtained permission to share their names and contact information with the principal investigator. The gate keeper then organized a meeting time for the individual participants and volunteers with the principal investigator.

Initially there were six volunteers and eight participants who had contacted the program organizer about taking part in the study; however due to scheduling conflicts (between the principal investigator and the individuals) one volunteer and two participants were unable to find time for an interview. As well the two participants who were interested live in a long-term care facility, which was outside of the scope of this study, and additional ethics approval would have been needed in order to interview them. The two help events that were observed were suggested by the 'gate keeper,' and selected since the participants were willing to have the principal investigator observe the event, and they were both help events that occurred regularly within the Mahone Bay area.

3.4.2 Informed Consent

To complete the informed consent process a meeting time was then set up at the Mahone Bay Centre for potential participants to meet with the principal investigator. During this meeting the study was explained further along with what was expected for the interview and/or observation of a help event. In addition to answering any questions and providing further information as needed the individuals could decide which aspects of the study they would be comfortable participating in (see Appendix D; Interview Consent Form and/or Appendix E; Observation Consent Form). Since the program organizers suggested individuals who they felt were able to contribute to the study, the individuals' competency level (e.g., ability to recall information about their involvement in the study) and their appropriateness for the study (e.g., aspect of involvement within the program; volunteer or participant) were left up to the program organizers.

3.4.3 Data Collection Procedures

Once informed consent was obtained, data collection began. In the current case study, documents, interviews and observations were used to understand the context of the case, the experiences of the individuals involved and the meaning they attach to participation in the program. Data collection began with the document review, then key informant interviews, followed by the individual interviews with participants and the dyadic observations of the help events.

Documents were obtained from the program organizers to assist in developing an in-depth understanding of the program context, including its aims and goals for the

participants who are involved. These documents included general information about the program, proposals from within the program that describe its purpose, aims and growth over the course of development and improvement of the program (i.e., grant proposal that has in depth background of the program and future goals). As well, the tracking of help event documents providing information about the frequency and type of help events that took place throughout the past year. This document review was used to build a description of the context of the program for this case study.

Semi-structured interviews were completed with three key informants from the program. The purpose of the key informant interviews was to build on the context of the Seniors Project and Helping Hands Program providing further background information (see Appendix F; Key Informant Interview Guide). As well, the questions were aimed at understanding any lessons they have learned in implementing and maintaining the program, what experiences they have had and what effects and/or impacts they have seen in themselves and the participants of the program. These interviews took place at the Mahone Bay Centre in one of the private meeting rooms. Each interview was audio recorded (by permission from the participant) and lasted between forty-five minutes and ninety minutes.

Semi-structured interviews were also completed with the two groups of participants (those who receive support and those who give support with the Helping Hands Program). (See Appendix G; Participant Interview Guide, Appendix H; Volunteer Interview Guide). Six individuals who receive support, and five volunteers from the program were included

in the study. These interviews were set up either at the Mahone Bay Centre in a reserved and private room, or at a convenient location chosen by the participant. The interviews were between thirty and ninety minutes and were audio-recorded (by permission from the participants) and transcribed by the researcher.

Lastly, direct observation of two help events took place with two dyads of individuals who agreed to be involved in this aspect of the study, and took part in regular help events together. Once both individuals had consented to take part in the study, a help event was set up for the principal researcher to observe. The help events that were observed included home visits and outings in the community (e.g., going grocery shopping, to the post office, out for lunch etc.). They did not involve attending or driving to medical appointments where privacy could have been an issue. Field notes, an observation guide, and follow-up interviews were used to inform this aspect of data collection. Field notes were recorded in a notebook by the principal researcher during the help event. The researcher used an observation guide in order to guide observations of the event and the participants (Appendix I; General Field Note Observation Guide). During the help event the principal researcher sat off to the side or in the back of the car depending on the event and observed the natural interaction between the participant and the volunteer, taking notes, as it happened. In some cases the principal researcher was involved in the conversation depending on the topic of discussion (e.g., when passing a landmark in town they would describe its significance to the principal researcher). Immediately after the help event a follow-up interview took place (in a location chosen by the participant where they felt comfortable) with the help recipient. The purpose of these follow up interviews

was to understand the help event and allow them to explain what was important and meaningful to them (Appendix J; Observation Follow-up Interview Guide). This allowed the participants to clarify and confirm anything that occurred during the help event for the researcher, and offer feedback, in order for the researcher to get a clear understanding of the experience that was observed. Since both of the volunteers who took part in the observation of the help event also took part in the interview aspect of the study any follow up questions the researcher had were clarified during the interview. This was done to minimize the time commitment for the volunteer and disruption of the regular events for the participants. The field notes and follow-up interviews were used to structure the description of a ‘typical’ help event, and inform the researcher’s thinking moving forward with analyzing the participant and volunteer interviews.

3.4.4 Data Management and Analysis Procedures

The data collected and produced during this study was comprised of documents from the program, field notes from the observations and transcripts from the interviews. During analysis of the data, program documents were stored in a secure cabinet in the home of the principal investigator. All digital information was stored on a password protected, private computer.

The program documentation and program organizer interviews were used to get an in-depth understanding of the program context (or the case). In order to explain the phenomena of positive aging, peer support and experiences within the program from the views of the participants, analysis focused on data from the individual interviews (with

the participants and the volunteers). Throughout the analysis, efforts were made to situate the case within its context to ensure the analysis was of issues that were presented within the case and to remain constant with the original purpose of the study (Yin, 1984). This was done by endeavoring to construct the understandings of the participants and their experiences within the interpretation of the program context and the community.

The data from each transcript was initially coded into main categories based on the research questions and relevant literature (see Appendix K: Initial Analysis). Following this, thematic analysis was used to analyze the interview transcripts. Thematic analysis involves identifying, analyzing and describing key themes and patterns within the data (Bacsu et al., 2014; Braun & Clarke, 2006). The transcripts of the program organizers' interviews were analyzed first, followed by the participants' transcripts and then those of the volunteers. For each group the following procedures were used. First, one transcript was independently read and reviewed by the primary researcher and her supervisor using an inductive approach (e.g., looking for key ideas in the transcripts, without attention to the literature; Creswell, 2013). Second, after the initial reading, a list of emergent themes and sub-themes were developed. Following this step the researcher and her supervisor met to identify areas of agreement and disagreement in the list of themes and developed a final list that was used to analyze all of the transcripts. Lastly, categorical aggregation (seeking a collections of instances from the data to find meaning that is relevant to the issue) and direct interpretation (single instances that draw meaning) (Stake, 1995) were used to search for patterns, and consistency, tease out relationships and probe the "issues" (Stake, 1995) from the interviews. The codes that were developed for the program

organizers were selected to present an in-depth picture of the case, from the beginning of the program to what is needed for it to run efficiently and where it is going in the future. The sub-codes that were identified emerged from the data and what the program organizers discussed as important aspects within the categories. A final in-depth description of the case was constructed (and is presented in the next chapter), using the key themes that were identified to summarize the key aspects of each category and show how the program connects with positive aging, the meanings associated with participation and how peer support is socially constructed within the case.

3.4.5 Trustworthiness

Trustworthiness has been described as truth, applicability, consistency and neutrality (Lincoln & Guba, 1985). In order to maintain trustworthiness, field journals were kept that reflected on observations and interviews by taking notes to validate the observations. Transcripts were then read and reviewed in parallel with the field journal to ensure the correct meaning was being portrayed in the transcript. Gathering and collecting material through three means (interviews, observations and documentation) was used to triangulate meaning within the context of the study to maintain consistency.

To provide validation and clarification of the information (Stake, 1995), confirmation of data was done after observing the dyads of participants, by checking with the participants about what the researcher observed (e.g., asking about the help event, if it was a typical help event, confirming what they experienced and what it meant to them). As well after the interviews were transcribed, participants could voluntarily examine drafts of their

transcript to review the material for accuracy and acceptability and provide any feedback to the researcher (Stake, 1995). Four individuals requested to receive the transcript of their interview for review (which were sent directly to them by the researcher either by email or regular mail). Participants were asked to make any changes they had within two weeks of receiving the transcript, however if they did not feel they needed to make any changes they did not have to get in contact with the researcher. Two out of the four individuals contacted the researcher with comments about what they had shared in their interview. Comments that were received were primarily around aspects of the transcript they wanted to remove (e.g., statements they felt were not appropriate, personal information). However these aspects did not affect the analysis of the interviews.

3.5 ETHICAL CONSIDERATION

The protection of human subjects was respected during as well as after this study. The participants' rights, confidentiality, and privacy were respected throughout the study and will be respected in any publications or presentations following the study. Participants were told that a pseudonym will be used during the study and maintained after the study in lieu of their actual names to ensure confidentiality. Following review by the Social Sciences and Humanities Research Ethic Board at Dalhousie University, the study proceeded. As well, the researcher had successfully completed the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans computer based course on research ethics. Any data that were collected was stored in a secure location in a locked filing cabinet (for any physical documentation) as well as a password protected computer system that only the researcher and their thesis supervisor having access to it. As well, if

at any time during the study an individual decided to withdraw from participating they were assured that they could without any repercussions from this researcher or the program. However no participant withdrew from the study at any time.

3.5.1 Risks

There was minimal to no anticipated risk associated with participation in this study. Potential risks included feeling uncomfortable talking about reasons for joining the program, for example around poor health or wellbeing; however participants were reminded that they did not have to discuss anything they did not feel comfortable sharing. If a participant experienced any discomfort during any aspect of the study, he/she was given the option to stop, not answer the question, or withdraw from the study at any point, without any repercussions. This did not happen during any of the interviews that took place. Confidentiality and privacy were maintained throughout the study and afterwards. In the case of the observation of the help events, confidentiality could not be guaranteed; however help event participants were asked not to share the identity of other participants or information from the help event with anyone outside of the help event itself. Although there was some probability that confidentiality may be breached, the accompanying risks to participants were minimal as the objective of the observation and follow-up questions was to understand the help event, what took place and what was important to the individuals and not to discuss personal information. In the description of the help events that was developed from the observations, explicitly identifying information about the participants was removed as to ensure confidentiality. The aim of the interviews was to understand the participants' perspectives of the program and their experiences. The

participants guided the interview by providing information that they were comfortable and confident in sharing minimizing the chance for stressful memories to arise. Lastly to ensure confidentiality during the analysis of the results, identifying information was removed from the data (e.g. specific locations, days of the week, activities). A program organizer was contacted to provide understanding of specific kinds of participant and experience details that may be identifying within the context of the program and the community.

3.5.2 Benefits

There were no direct benefits for the participants. However, the results from this study could have benefits in advancing program development for older adults by understanding individual's perception of the program and support and the meaning it has in their lives. As well, understanding the program and context could provide a model for programs that are serving similar populations with similar needs. The individuals who took part in the study did express that they wanted to help the program however they could and seemed to enjoy sharing their story of involvement.

CHAPTER 4 RESULTS

4.1 INTRODUCTION

The purpose of this case study was to understand the perceptions and experiences of the participants of the Helping Hands Program, and the meaning they place on their involvement in the program. The findings include information from the program organizers, participants and volunteers to highlight the meanings associated with participation in the program from their perspectives. A description of a ‘typical’ help event between a volunteer and participant is presented, using two vignettes from observed help events. Documents from the program and the information shared by the program organizers provided information regarding the context of the program (e.g., program characteristics and key attributes of the program). Participant and volunteer voices are used to illustrate the meanings associated with participation in the program, through the main themes that have been constructed. Note that pseudonyms and study participant numbers are used throughout; any identifying information has been removed and quotations have been edited for clarity.

4.2 CONTEXT: THE HELPING HANDS PROGRAM

As described previously, the Helping Hands program is a seniors helping seniors program that engages older adults to volunteer and assist other individuals who need support within the Mahone Bay community. The program’s objectives are to enhance the overall well-being of the individuals in the community, including the prevention of vulnerability and social isolation and to enable seniors to remain in their homes for as long as possible (Seniors Project, 2013). The Helping Hands program is intended to meet the needs of

older adults living within the Mahone Bay area who need assistance around the home or doing activities in the community but who do not have family, friends or neighbours who are able to provide support (South Shore Helping Hands, 2014). Using the program documents and the information gained from the program organizer interviews, this next section will describe the context of the Helping Hands program as the case for this study. Below, the history of the program is provided followed by a brief description of what the program provides to the community then moves into the program organizers' descriptions of key attributes of the program and their thoughts for the future of the Helping Hands program.

4.2.1 Beginning of the Program

When the Mahone Bay Centre started in 2001, it struggled to reach its goal of assisting the greater community of Mahone Bay. As many individuals who were involved in the Centre's start up were 'come-from-aways' (e.g., people not originally from the community), people in the community did not trust them and in turn did not think such a centre, was a good or viable idea. It took time for the Centre to build trust and awareness within in the community and the older adult population. A new Chair was appointed at the Mahone Bay Centre in 2006, who brought in key individuals on the Board and with good leadership they helped to remove the negative view of the Centre within the community. Program Organizer 2 described the beginning of the Helping Hands Program as having similar struggles. "Because the Seniors Helping Seniors Project (now Helping Hands) came out of the Mahone Bay Center which was not the trusted organization in this community...it didn't catch on." Program Organizer 2 noted:

It needed to be the right time, the right person, and the right place, and if you don't have all of those and I think in 2007 it wasn't the right time. And then I think it just took a while for that time to fall in to place. Certainly it was the right person because [program organizer]'s got, I mean his passion... There's no question that this wouldn't have gotten nearly as far as it has if it wasn't for him. And I think Mahone Bay was a good place to start.

To support the need for the program the program organizers explicitly tried to align the program with the policies that were being developed at that time by the province and local health authority. Strategy reports (*Aging Matters* produced by the local health authority, and *Positive Aging Strategy* produced by the Nova Scotia Seniors' Secretariat) were reviewed to highlight the challenges that Mahone Bay seniors were facing and to outline a way to address them: "And that was the blueprint you know, it's not rocket science... what are we going to do about helping people stay where they're better off in their own homes, which led to the idea of Seniors Helping Seniors" (Program Organizer 1). Understanding of what is needed for older adults and what the province is aiming to do from a policy perspective allowed the program organizers to build a program to fit those needs.

Initially, the program was described as being fairly informal, in that if someone needed help with anything that was within the broad scope of tasks the program was willing to do, they would just call the program organizer and he would essentially send a volunteer over to provide the needed support, or he would do it himself. Response from local seniors through the first years of the program was low; by 2012 the program was only performing one help event a week (New Horizons Grant, 2014). The program organizers identified that there were people who were willing to offer help but there were very few seniors who were asking for help. Program Organizer 1 attributed the reasoning behind

this as being “around the whole challenge of pride, dignity, refusing to acknowledge you need help, not wanting to ask for help, etc. tremendous positive qualities that can act against accepting the help that might be needed.” Other reasons why people were not accessing the program were described by the program organizers as including individuals not trusting the program (mainly because they did not know enough about it or about the people involved) and misconceptions about what the program actually provided.

By 2013, the Helping Hands program increased the number of help events that were being performed from one to five per week (New Horizons Grant, 2014). The program now serves over 30 seniors in the community, some on an ongoing basis (e.g., weekly companionship or grocery trips) (New Horizons Grant, 2014), and has over 30 volunteers. The program organizers attributed this increase to three main impacts: 1) increased word of mouth in the community about the availability of the program, 2) several cases of desperation where individuals had nowhere else to turn, and most significantly 3) developing cooperation with the South Shore Health Continuing Care and other health care team members (New Horizons Grant, 2014).

4.2.2 Overview of the Program

The Helping Hands program and the Mahone Bay Centre have done multiple campaigns to promote awareness of the program (seeking those interested in volunteering as well as those in need of support within the community) through the use of flyers, church bulletins, and notices on the website. However, according to Program Organizer 1, word of mouth has been the most effective method to promote awareness:

I think over time through word of mouth, people just become more aware, and it's become more aware that... 'this is ok, I don't have a problem with this.' And then the more people talk to other people I mean that's certainly an aspect of it and so that has been one of the essential things.

The program organizers believe that when an individual first hears about the program from a friend, family member or neighbour—in other words, someone who they know and trust—they are more likely to have confidence in the information and inquire about the program.

The Helping Hands program receives referrals for seniors in the community who need additional assistance that is not supported by care providers in the community (Seniors Project, 2013) such as Continuing Care and other health care team workers of South Shore Health (the regional provincial health authority). Referrals may also come from the Queen Elizabeth II Rehabilitation Centre in Halifax, the Kidney Dialysis Clinic in Halifax, the Geriatric Assessment team from the district, other community agencies (e.g. VON) and direct requests from the public for assistance (New Horizons Grant, 2014).

The referrals usually come in the form of a phone call from a care coordinator or support worker to a program organizer. The referrals and requests are received and considered by a program organizer and then delegated to a volunteer within the program. Volunteers are set up with individuals on a daily, weekly or monthly basis, depending on the needs of the individual and the availability and desire of the volunteer (South Shore Helping Hands, 2014).

Once a volunteer has gone through the screening process (complete application form, interview with a program coordinator, completion of a Criminal Record and Vulnerable

sector check, proof of valid driver's license and two references) the volunteer is matched with a person who needs help with tasks that he or she has identified as having an interest in or would be willing to help out with. Some of the tasks (known as help events) that volunteers in the Helping Hands program can help with include: "transportation to and from appointments, picking up the mail, changing light bulbs or mouse traps, minor home repair and/or painting, moving furniture, yard clean up, snow shoveling and piling of firewood" (South Shore Helping Hands, 2014, p. 4). The actual support provided varies depending on the needs or interests of the individual who is receiving the support, with drives to medical appointments or local services that they could not otherwise access without a vehicle (e.g., the Food Bank, groceries, the bank, etc.) the most frequently requested help. In terms of the household 'chores' the actual activities that take place depend on participants' specific needs. In this way members of the community are able to use their skills (those offering support), socialize with others and have their everyday lives made easier (those receiving the help) (Seniors Project, 2013).

4.2.3 Key Partnerships

Along with individuals in the community being aware of the program, there are key partnerships with organizations within the community that are essential for the program to reach the intended population. Key partnerships are nuanced and require different approaches to identify organizations or groups in the community that can endorse and support the project.

I did start out in this in talking to the churches... but I must say I haven't felt the churches kind of rallying around oh this is a great program. They've endorsed it with advertising stuff but not as active and productive as I would have liked.
(Program Organizer 1)

The key partnerships that program organizers identified as most important at the beginning of the Helping Hands Program included those with already trusted organizations within the community. This provided them with an organization to connect with and which facilitated the program. For The Helping Hands program in Mahone Bay this became the Mahone Bay Center. However Program Organizer 2 acknowledge that this looks different in every community:

Because every community is different like you know in another area, there's no health center, in [community X] there's a health center but it's sort of looked upon as the funny thing, it's inaccessible and you just go there for doctor's appointments but like it's not used to its potential where as in [community Y] the entire community seems to revolved around the health center.

These key partnerships can assist at the start of a program in order to identify the people who are in need and what their needs entail.

The partnership with South Shore Health (the formal health system in the area) was identified as a key partnership that was extremely beneficial in growing the program. Since 2012, "the formal health care system started to recognize Helping Hands as maybe a solution to some of the issues" (Program Organizer 2), and since then the program has had "18 or 19 referrals from the care coordinators" (Program Organizer 1). The care coordinators heard of the program by word of mouth within the community, from receiving information from one of the program organizers, or from direct contact or experience with the program themselves (providing them with first hand experience of what the program is capable of doing for individuals living in the community). When they feel that one of their clients could benefit from the Helping Hands Program, they first suggest it to the individual and, if they are interested in it, the care coordinator then

sends a referral form into the program. Once the program has received the referral, one of the program organizers follows up with the individual and sets up an initial meeting. One program organizer discussed how the cooperation with South Shore Health was something he had wanted for some time since he knew the care coordinators were in the homes of the individuals who needed support and believed the program would be able to fill the gaps that the health care system was unable to address.

...They didn't say let's establish a partnership, they just quietly started to refer people to us. And we had already established with them the 'creds' if you will, the credibility that we're serious and we'll be trying to do the right thing on all of this.
(Program Organizer 1)

Program Organizer 2 pointed out that "at least in Nova Scotia, the philosophy is we're going to do more in the community to keep people home," which added to the program's credibility with the formal health care system as this is one of their main goals as well.

Lastly, an interesting partnership that is sometimes not considered, depending on the situation of the individual who is accessing the program, is with the individual's family. For some older adults in the community this is not a necessary consideration, as they do not have family, or their family is not actively involved. However for others, especially those where their family cannot be there for the individual (daily or even weekly), it was noted as important to keep an open line of communication with the family. Typically, this partnership or relationship is formed either from initial contact with the family requesting services for their family member who is in need of support, or through the individual receiving support introducing someone from the program to their family. In some cases it allowed the program organizer and volunteers to learn more about the participant, as well keep them informed about what is happening with their family member. These

relationship have been established on an individual basis depending on what the certain participant and his or her family are comfortable with and interested in the program providing.

4.2.4 Key Program Characteristics

The program organizers identified key characteristics of the program that make it possible to meet the needs of the individuals in the community and provide an opportunity for individual's to get involved in their community. The key program characteristics that were discussed by the program organizers included: aspects of the program structure, the volunteers, financial resources, and the balance between formalization and maintaining flexibility of the program.

Within the structure of the program there is a steering committee that reviews and makes decisions for the program (e.g., regarding the scope of the program, the future of the program, events, and fundraising). A part time program coordinator has been hired with resources from grants that the program has received. The program organizers identified having a program coordinator as an important aspect of the program. One of the program organizers describes the role of the program coordinator:

There has to be one person or some system of people who can take the referrals, who can know who's available, who can schedule things, and who can follow up with volunteers...I think it's necessary you know someone has to be kind of managing what's going on. (Program Organizer 3)

However, one of the program organizers is still receiving all of the requests (with minimal assistance from the program coordinator), and continues to be solely responsible for putting the call out to volunteers to see who is available and willing to provide the

needed support for the help event. This allows the program organizer to have control and knowledge about the help events that are taking place and who the individuals are that are involved. When it is an individual who is new to the program, the program organizer is the one to make first contact with that person to assess their needs, identify potential risks, and begin to consider which volunteer would be a good fit depending on what is needed.

Well I've always insisted on making the first contact with a requestee, whether that be the person or the person's relation, to suss out whether there are any risks involved in this, are there downsides are there things we oughtta be looking out for, are there things we oughtta be staying away from that kind of stuff. So I've had that in mind as we've gone forward. Other than that, of course more recently with an increase requests for visitation for older woman I always make sure that a woman comes with me. (Program Organizer 1)

The program organizers explained how they would consider specific qualities in the volunteers, such as being genuine, having a sincere interest in people, and wanting to help. Program Organizer 3 described the importance of these qualities and the impact they can have on the participants:

I do think that shared interest has to be there, there has to be some kind of connection and then I think people need to be dependable. People who need the help need to know that they'll get it when they expect it...I think people who are volunteering are already aware of that and want to be making sure that they're doing what they say they'll do.

The Helping Hands program has now figured out a fairly consistent list of volunteers (30 individuals) to whom requests can be sent out that the program has received. It has only been recently the information on the volunteers (e.g., screening process, contact information, emergency contact) is being collected and that volunteers have been provided with information (e.g., program policies, appropriate behaviour).

We started actually doing those volunteer screening pieces.... there's a handbook that has some policies in it, around remuneration of services and confidentiality and appropriate behaviour and all that sort of stuff and then those specific forms

or pledges that they have to sign off on. So anyways those tools have been created and they've gone before the steering committee. (Program Organizer 2)

These aspects help to protect the volunteers as well as the program in the event that anything unforeseen should happen during a help event, as well as providing the volunteers with confidence entering a help event.

One of the program organizers, who is more involved with raising and applying for financial resources for the program, discussed the need for funding for the Helping Hands program. He highlighted that,

It does take financial resources and that's what we're pushing for...we were able to get the resources to hire [program coordinator] but what we need is ongoing provincial money to pay for a coordinator to provide that community organizing thing full time and so that's another critical element. (Program Organizer 1)

The Mahone Bay Centre has benefitted in recent years from capital grant funding and program grants through Atlantic Canada Opportunities Agency and New Horizons for Seniors Program for building refurbishment, renovations of the Seniors Room, gym renovations and the start-up of the Seniors Project, including Seniors Helping Seniors (now Helping Hands) (New Horizons Grant, 2014). The Helping Hands program itself has also been able to get a number of government grants from the Positive Aging Fund from the province, the federal New Horizons for Seniors Program for various things, including hiring a part-time coordinator (New Horizons Grant, 2014). The program organizer discussed how it is important to him to demonstrate the value added to the community when he is trying to raise money and apply for grants on behalf of the program:

One of the first things that I encountered was a discussion on the Board about fundraising and I expressed the concern that I wouldn't feel very comfortable

going to people in Mahone Bay or actually going out to governments for money unless we could show that we were adding value to the community. Why would people want to support us, why would governments want to support us and how can we do that? (Program Organizer 1)

Lastly, the program organizers discussed the balance that the Helping Hands program needs to maintain between formalization and maintaining the flexibility of a ‘grassroots’ program. Program Organizer 2 outlined the steps that the Helping Hands program has taken to formalize the program since South Shore Health started to recognize the program as a solution to fill the gaps in services within the community. She noted they researched volunteer insurance, the importance of trust, that they implemented a screening process for volunteers (including police checks, drivers’ pledge, and licensing), and that they introduced confidentiality agreement documentation between participants and volunteers. She believed the confidentiality agreement is especially important in a small town as the community is very tight knit and people could potentially identify the participants of the program. As well as these tools that are being developed, the program organizers have recognized that the volunteers need more support and have discussed adding a continuing education component to the program. Since the volunteers are going into the homes of individuals in the community they need to not only be aware of the different circumstances but also require knowledge of how to deal with situations that may arise. Program Organizer 3 discussed this aspect for volunteers and outlined what it could involve by saying:

I mean volunteers need some kind of training, and that what’s required probably depends on what you’re doing in the group...if we’re out there doing more moving beds than anything else, maybe we need some training on proper lifting. If people are out there just spending time with people who are lonely and need company then it’s more about boundaries and figuring out what’s appropriate and what’s not so it’s really I think it’s a wide range of things and it really varies.

The program organizers expressed concern that for many programs, as they begin to formalize their processes and policies, they sometimes lose their ability to be flexible and meet the unique needs of individuals in the community. They talked about not being 'rigid' in what the program can still do, but also not set up unrealistic expectations for people in the community.

When you're doing grassroots community development those policies and procedures even though there's a reason why they exist sometimes theoretical and practical don't fit and that's where it really becomes evident when you're doing that grassroots stuff so I guess that's the one thing it has to be flexible enough to work with the community. (Program Organizer 2)

Allowing the program to be flexible fills the gaps that the other more formal programs cannot meet for the individuals in the community. This was described by one of the program organizers, using the VON as an example of a formalized program not being able to meet the needs of individuals:

But if the need is there well I'm glad we're here to help to meet it because the official system does not respond properly. The VON has a vehicle that operates two days a week, doesn't offer the flexibility that we offer it does not offer you getting the groceries into the fridge and stuff like that which is part of what you end up doing or whatever and you know the flexibility of oh could we drop off at the drug store on the way home or the Save Easy or where ever. (Program Organizer 1)

The program organizers expressed their beliefs that maintaining the balance between formalizing the program (in order to add value to it and protect those involved) and the flexibility of a grassroots community program will allow the Helping Hands program to continue to evolve and meet the needs of the Mahone Bay community.

4.2.5 Lessons Learned

Through developing, organizing and coordinating the Helping Hands program the program organizers identified some of the lessons that they have learned along the way. They are hoping that further development of this program will assist them to better meet the needs of the community. One program organizer highlighted the importance of being able to change the original thought for the program (helping older adults living alone to remain in their homes safely) to be responsive to what is actually needed in the community. For example, as the Helping Hands program has evolved there has been increased unmet needs for transportation for older adults living in the community:

So many of the comments from people in rural Nova Scotia related to transportation and that was not my original vision. My original vision was helping people, little old ladies, living alone in Mahone Bay in big homes or little homes, in their homes safely and, we have some of that. (Program Organizer 1)

If the program had started out with only the original vision, a large gap of services in the community would not have been filled and many individuals would not have benefited from the program and remained in their homes and community. Along with this idea, comes another lesson learned regarding maintaining a small, manageable scope of the program:

With this program here in Mahone Bay the problem being it was slower to take off so their task list is quite long and now they're getting to be very busy. And so it's almost like they're not able to meet and if anything pretty soon they'll be at capacity. So with other communities I guess the caution and the lesson learned from Mahone Bay is start out with the small and give it time. (Program Organizer 2)

Instead of starting with a list of everything that program organizers hope to be able to accomplish, they recommended to start with something small and give the program time to grow and evolve. Lastly, a more general lesson about starting a program and what to

expect in the first four years of development from the community in order to have a sustainable program was described by one of the program organizers:

Don't expect anything in the first year, don't really expect a whole lot of movement in the second year, third year you're going to get a little bit of uptake, fourth year you're going to go. And if you have the commitment and the patience for that, but those programs that they start for a year and then they don't see results so they stop. Well it's only in the second year that people start talking about it, the third year people start saying oh I'm going to try that out the fourth year there you go. So results are slow but there. (Program Organizer 2)

Being patient and committed to what the program aims to accomplish will give the program time to develop and the individuals within the community time to understand the program and take advantage of its purpose.

4.2.6 Future of the Program

As the Helping Hands Program is a relatively young program, it still can evolve and develop in the years to come. The program organizers shared many hopes and ideas for the future of the program. All of the program organizers discussed their hope that the program is sustainable as they continue to see the value of it and need for it within the community. For different reasons the program organizers all talked about the program's need for core funding and hope that this will happen in the future. Program Organizer 3 talked about how having funding would give people confidence in the program:

I'd like to see it have core funding so we can continue this so that would be nice.... I think people become skeptical of programs too that don't are just pilot projects because you know they don't want to invest too much in something that's going to be here and then gone in a year.

Another program organizer highlighted that, in order for the program to continue to fill the gaps within the formal health care system ongoing funding would be needed:

Well I mean it's quite simple, I would like to see the provincial government fund positions in each of the areas...I mean essentially in the various parts of the province to act as mobilizers of volunteer help to address the gaps in the continuum of care and it's clear that they think we can fill some of those gaps. And the hope and dream is that that kind of model could be used throughout the province! (Program Organizer 1)

Lastly the program organizers highlighted their desires to see the program expand to other areas within Nova Scotia in order for more communities to experience the benefits of the Helping Hands program. Using the Helping Hands program as a model, other communities could take the lessons learned in Mahone Bay to expand this program to their community.

I think it would be really neat if every community, little community or groups of community, however it works, within Nova Scotia had something like this... There's lots of attention right now and for the next 10 years the community's going to have to do something so you know, they're just going to have to do something. The way that our baby boomer generation thought that their end days were going to play out, is not it. So they just need to face reality and they need to figure it out so this is a solution. But I think it would be awesome if you could have like a movement across the province and why not. (Program Organizer 2)

With the hope of continued expansion and improvement within the community, understanding perceptions of the individuals who are involved in the program will allow for a further understanding of the program.

4.2.7 Summary of Context

In the beginning the Mahone Bay Centre and Helping Hands program had to overcome adversity within the community and build not only awareness of what the program was capable of but also trust among community members. This took time but with the right people involved at the Centre and key partnerships within the community (including the formal health care system) they were able to become a trusted program within the

Mahone Bay community. The program organizers talked about key characteristics and aspects of the Helping Hands program (structure of the program, volunteers, financial resources, alignment with policy, and maintaining the ability to be flexible to meet the needs within the community) as well as lessons learned and what they would like to see for the future of the program.

4.3 INTRODUCTION TO STUDY PARTICIPANTS

4.3.1 Study Participants

The population of interest for this study was the older adults who are currently involved in the Helping Hands Program at the Mahone Bay Centre. In addition to the program organizers, older adults who were either volunteers (n = 5) or receiving support (n = 6) through the Helping Hands program were recruited to participate in interviews.

Additionally, two dyads of individuals who are paired together in the Helping Hands Program and take part in regular help events were recruited for an observation session (where the researcher observed a help event). Both of the volunteers who were observed in the help events were also interviewed whereas neither of the participants who took part in the help event observations were part of the interviews. This number of participants (n = 16, including the program organizers) allowed for a variety of perceptions while allowing the study to be completed within the scope of a master's thesis (Table 1).

Table 1. Summary of Study Participants

Type of Participant	Female	Male	Total
Participants	3	3	6
Volunteers	3	2	5
Participant Observations	1 dyad (1 participant, 1 volunteer)	1 dyad (1 participant, 1 volunteer)	2 dyads (4 individuals)
Program Organizers	2	1	3

The volunteers within the Helping Hands program can be categorized into three groups: (1) those who are very interested in helping other people and will volunteer their time multiple times every week (will do anything that is needed; companionship, driving, household tasks, etc.), (2) those who are most comfortable driving individuals to health care appointments, and (3) the ‘heavy lifters’ (i.e., those who help by moving furniture, yard work etc.). This study was expected to get individuals from each of these groups of volunteers; however volunteers from the ‘heavy lifter’ group were not interviewed. This was due to schedule conflicts with the individuals who wanted to take part in the study and the principal investigator. However, the sample of the volunteers included in the study is representative of the other two groups of volunteers and provides an in-depth picture of the volunteers that are involved with the program as majority of the volunteers within the program fall in these first two groups.

The participants who were recruited included individuals who have received support from many aspects of the program. The program organizer took this into account when developing the list of individuals for the study in order to get a variety of individuals and perspectives of the program. The most common help events include drives to health appointments (ranging from once to multiple times a month), errands around town (vary from once in a while as needed by the individual to weekly), help moving and setting up homes and apartments (usually once per individual and could take multiple days to help set up new home), household tasks (e.g., gardening, moving furniture, building proper steps to get into a house, ranging from once to multiple times a year), companionship (house visits are usually weekly or monthly). These help events reflect the range of supports that the Helping Hands program provides individuals in the community. The regularity of the help events greatly depends on the individual and their current situation. In terms of the companionship support available these are usually regular pairings and help events take place weekly or a few times a month. However for those accessing the driving support, it depends on the health issue or errand that is needed to determine the frequency and regularity of the help events.

4.3.2 Characteristics of Program Participation

This section outlines what the participants have been doing within the context of the Helping Hands program, including: how long they have been receiving support from the program, how they heard about the program, and the specific support they receive. The participants that took part in the study have been receiving support through the Helping Hands programs for one to two years. In general information about the program was

provided through the Mahone Bay Centre, however having access to the centre in some way was necessary in order to learn about the services provided. With Mahone Bay being such a small town, finding out about the program through word of mouth was common, either through friends or neighbours. The other way individuals found out about the Helping Hands program was through Continuing Care or Community Support workers in the area who recognized that the individual could benefit from the supports available through the program that are outside of what continuing care are capable of providing (e.g. driving, errands, help moving or companionship). Table 2 summarizes these aspects of the participants' perspectives of the Helping Hands program below.

Table 2. Summary of Participant Involvement in the Helping Hands Program

Participant Number	Gender	Time with Program	How they found out about the Program	Support Received
1	Male	2 years	Through the Mahone Bay Centre and word of mouth (neighbour)	Drives to medical appointments and errands (only if needed while out for an appointment)
2	Female	2 years	Word of mouth (friend)	Drives to medical appointments
3	Female	2 years	Word of mouth (friend)	Setting up a medical bed in home Assistance moving to a new apartment (3 times)
4	Male	2 years	Hospital in near by town	Drives to medical appointments Assistance moving to a new apartment Maintenance around the home (e.g. set up cabinet, hooked up DVD player)
5	Female	2 years	Home care support worker	Maintenance around the home (e.g. installed a cupboard in laundry room)
6	Male	2 years	Adult Community Support worker	Drives to medical appointments Companionship (volunteer visits and talks about his writings)
7	Female	1 year	Home care support worker	Drives to errands Companionship (outings with the volunteers)
8	Male	1 year	Care coordinator	Drives to errands Companionship (volunteer visits, social activities)

4.3.3 Characteristics of the Experience for the Program Volunteers

This section describes what the volunteers have been doing within the context of the program. This includes the type of support that they provide for the participants, how long they have been involved, and how they found out about the program. The volunteers

that took part in this study had been involved in the program since the first year the Helping Hands program started running help events (2013). They became aware of the program and subsequently got involved for one of two reasons: their relationship with the program founder, or their connection with the Mahone Bay Centre. This connection was to other programs or organizations that are run out of the Mahone Bay Centre (e.g. the Food Bank, a summer child care program) and it enabled them to become aware of the Seniors Project and the work that was being done with the Helping Hand program (e.g. driving, companionship, building/home maintenance). Table 3 summarizes the involvement of the individual volunteers that took part in the study. Some of the volunteers have been with the Seniors Project since the very beginning of development of the program, which was then called Seniors Helping Seniors, which accounts for the extended time with the program.

Table 3. Summary of Volunteer Involvement in the Helping Hands Program

Volunteer Number	Gender	Time with Program	How they found out about the Program	Support Provided
1	Male	2 years	Was involved at the Mahone Bay Centre at the beginning of the program	Driving (e.g. medical appointments, errands) Companionship Statistical Information for program (e.g. number of help events in 2013, type of help events provided)
2	Female	2 years	Husband is greatly involved in the program	Driving (e.g. medical appointments, errands) Companionship Home maintenance (e.g. gardening) Assisted with moving
3	Female	2 year	Through the Mahone Bay Centre	Driving (medical appointments)
4	Male	2 year	Wife was involved first	Driving (medical appointments) Considering visiting a participant (for companionship)
5	Female	2 years	Word of mouth (her daughter heard about the program through the Mahone Bay Centre)	Driving (e.g. medical appointments, errands) Considering visiting a participant (for companionship)

4.4 THE STORY OF A HELP EVENT

The aim of this section is to describe a ‘typical’ help event. Using my experience during the observations of two help events I will provide a description of the support that was provided and received during these events. This is intended to assist in the understanding of what the Helping Hands program does for the participants involved. As noted previously, two dyads from the program took part in the observation of the help events. Both participants have been receiving support from the Helping Hands Program for a year previous to taking part in the study. This observation process was used to help me to

understand the context of the program and what happens during a ‘typical’ help event. These observations were not thematically analyzed; instead they were used to inform my thinking regarding the significance of what people were saying in the participant and volunteer interviews. As well, the volunteers involved in these help events both took part in the interview portion of the study and therefore their follow-up interview questions were asked during the interview to minimize time involvement for the volunteers and further disruption of the participant’s usual events.

4.4.1 “It’s What She Would Have Done if She Were 30 Years Younger”

For me, the beginning of the help event started at the Mahone Bay Centre, where I waited to be picked up by the volunteer (Heather, pseudonym). Once Heather arrived we drove over to the participant’s (Sandra, pseudonym) home. Heather used the drive from the Centre to Sandra’s home as a time to give me some background information on Sandra and what the Helping Hands program has done and continues to do for her.

Heather described Sandra as an isolated senior, her family is not around all the time, and she does not drive any more. Heather (or another volunteer; there are two others from the program who help Sandra if Heather cannot make it) comes every week and takes Sandra into a nearby town to do her groceries and any other errands she has to do. As Heather explained later she will take Sandra where ever it is she needs to go because "it’s her day, it’s what she would have done if she were 30 years younger, so that’s important.” As Heather was talking about these outings she said things like “we have the most fun” and “it’s always a great afternoon” to describe the time she spent with Sandra. As well

Helping Hands volunteers have put in a new back step at her house, to make the step out of her house safer for her. Heather mentioned that since the program did this for Sandra, her family has become more involved and rebuilt the front steps of her house and put in a railing for her as well. When we pulled up to the house, Sandra had already starting coming out to the car. Heather pointed out that she never has to go into the house because Sandra is always ready; it was evident that they had a regular schedule. I quickly moved into the back of the car and Heather helped Sandra with her purse and cane as she got into the front seat. Heather introduced me to Sandra and described what I was there to do and that I was going to join them for the afternoon (I went through the consent forms and we were on our way).

As we drove to the nearby town Heather and Sandra talked with each other the entire time. Heather told her about events that were coming up in her life such as the Christmas event at the museum in town, still needing to get all the wood stacked at her house, and her son coming to visit. Sandra was telling Heather about what had happened the day before with the weather, and was looking through the multiple flyers that she had brought, pointing out all the good deals and what she needed to get at the grocery store. Once we arrived at the grocery store they had a routine to get Sandra out of the car and into the grocery store while Heather parked the car. Using a shopping cart that Heather brought over for her, instead of her cane, Sandra and I started into the grocery store and Heather quickly caught up.

We started down the aisles of the grocery store, and Sandra knew exactly what it was that she needed and how much she needed to get for the week ahead. Sandra and Heather walked through the aisles, both picking out the food that they needed. Sandra pointed out all the good deals and what deals other stores had on that could be honoured here so they were both getting the deals which Heather thought was “just great!” As we went through the store, Heather stayed back a bit to allow Sandra to do everything herself. Once they had gotten all of their items, we lined up at the cash. As we were waiting Heather brought up a time when they were at a different grocery store and the man who had started packing Sandra’s things was someone Sandra had gone to high school with who she hadn’t seen in 50 years. Heather added that it was great to see him as she remembered that encounter. As soon as they both had their things rung through Heather went to get the car. Sandra pushed her cart out and met Heather at the same spot where she had been dropped off. Heather helped Sandra load her bags in the car and get back into the front seat. Again on the drive back to Sandra’s house they chatted back and forth about the deals that they had found and about upcoming things they were going to do together. Next week Sandra had her social club, which was run out of the local grocery store, so Heather was going to take her to that and then they would do the groceries. As well, the group of volunteers that help Sandra were going to take her out for lunch just before Christmas so Heather mentioned that to remind her that it was coming up. When we got back to Sandra’s house, Heather helped her out of the car with her purse and her cane and Sandra began to make her way into the house. Heather helped unpack the groceries and put them away in the fridge and cupboard for Sandra, which appeared to be part of their regular routine.

Since this help events occur regularly, Heather and Sandra know that Heather will be back in a week to help her again. Heather described the end of a help event as trying to make it as easy as possible:

Don't rush around to make it too business like, you know, keep the warmth, keep the human, the giggling, the little hug when you leave, it's the touch that she doesn't get, that's not for everybody I know, but part of that it's the grin because you're leaving, all of a sudden you've been a big part of their day and then all of a sudden you're leaving and it's quiet where you've been chatting back and forth all day.

As well, she pointed out that it is about learning about the person to be able to do it right. To know what is needed in order to make it as easy as possible. Heather made sure that Sandra was okay, had everything that she needed and knew about what was coming up the following week and then once she felt it was a good time Heather left.

4.4.2 "I Don't Know What I Would do Without it"

Again, the beginning of the help event started for me, at the Mahone Bay Centre, where I waited to be picked up by the volunteer (Greg, pseudonym). We drove over to Robert's (pseudonym) home together, and again during the drive from the Centre Greg gave me some background information about Robert and what the Helping Hands program has done and continues to do for him.

Greg talked about Robert and the many things that he has done to provide support for him over the past year, including a little bit about Robert's history (e.g., where he grew up, his work, and where he is now), the reason he was connected with the program. Robert was referred to the program through a care coordinator working with South Shore Health; the

Helping Hands program set Greg up with him to offer companionship and assistance with errands around his community. Robert is somewhat isolated although he has some family support that was initiated by Greg (a relative who lives near the area and a younger sibling), and has started to make connections with people in his building (after three years). Greg talked about the many things he has done with and for Robert (e.g., set up him attending Thanksgiving with his family, made a family tree, listening to him play music, taking him for ice cream). When we arrive at Robert's home Greg introduced us and explained why I was there and what I was going to be doing (again I went through the consent form and then let them do what they usually did).

Sitting together in the living room of Robert's apartment the help event started with some time for them to socialize. Greg asked Robert how he's been, what he has been up to, and if he got any exercise, to which Robert mostly answered with one-word responses—"fine, good, not much"—and then told him to stop quizzing him after the exercise comment. Talking with Greg after, he mentioned that he thinks Robert should get more exercise, but that he will not push the issue because that's not his place. Robert asked Greg how he was doing, and if he got a haircut. They went back and forth a little more and then decided to get into the readings that they do each week, an activity chosen by Robert. They took turns reading and Greg helped Robert through a passage when he stumbled over a word. After the reading they discussed the passage and what it meant to them. Then Greg asked Robert if he would play something on his accordion. Robert played a song that he thought everyone would know. As he played, Greg sang along at the parts where he remembered the words and listened to the rest. Finding music has been

something that Greg has helped Robert do over the last year. They continued with a conversation and then decided that it was time to go out. Greg helped Robert get ready. He had brought him a raincoat as it was raining that day. He got him his walking stick and reminded him to bring the letter he had to mail and his keys.

Greg went and got the car and brought it closer to the building for Robert. We all got into the car and headed to town. They talked back and forth along the way, joking with each other about different things (e.g., Greg's haircut, Robert having to wear a seatbelt). We stopped first at the post office, where Greg parked right out front and Robert got out and quickly went in and dropped his letter off and picked up his mail. We then went up a few blocks to the bank. This time Greg went in with Robert to help him handle an issue he was having with a cheque that wouldn't go through which was intended to pay for a specific support service that Robert needed. Greg seemed to know a great deal of information about what was happening and also was able to converse with the individual behind the counter in order to get this straightened out for Robert. Once that had been dealt with we got back in the car and headed lunch. We all went in and since it was Greg's turn to pay he ordered for himself and Robert. Once we got our food we sat down at a table by the window. They talked more over lunch until Robert went out to have a cigarette. Greg and I walked around to the car and waited until Robert was finished and he joined us. The last errand that Robert needed help with was to go to the pharmacy. We drove over and Robert went in to get what he needed. Greg said he usually waited in the car if it was a small thing that Robert could just go in and get himself. Sometimes they would stay and do groceries if needed and Greg would go in and do some of his own as

well. When Robert returned, after picking up his prescription and conveniently getting his flu shot, Greg said there was one other stop that was part of their routine. Robert clarified this by saying jokingly, “it’s the only thing I look forward to; I get ice cream.” We drove over to a convenience store and each got an ice cream cone and ate it in the car since it was raining. They would usually sit at the picnic table outside. Once everyone was finished their ice cream we headed back to Robert’s home.

Since this was a regular help event, both Greg and Robert knew that Greg would be back in a week to help again. Robert described his anticipation of this weekly event by saying: “I don’t know what I would do without it, I’m so used to it, that I look forward to it every week.” Greg made sure that Robert was okay, comfortable, had everything that he needed and knew about what was coming up the following week. Once he felt it was a good time, Greg left.

4.5 PARTICIPANT PERSPECTIVES

The Helping Hands program holds different meaning for each of the participants receiving support through the program. In order to understand the meanings they have attached to participation, data collection and analysis focused on the participants’ perceptions of the program, their need for support, their experience within the program, and the impact the program has on them. Table 4 provides an overview of the themes that are described in the following section. The themes were inductively coded from what the participants disclosed in their interviews.

Table 4. Description of Themes for Participant Perspectives

Theme	Sub-themes
Receiving Help that Mattered	<i>Based on Needs Not Age Responsive, Non Judgment Support Compassionate Volunteers</i>
Wanting to Stay at Home	<i>Pragmatic Need for Help Vulnerability and Uncertainty</i>
Companionship and Reciprocity	<i>Shared Activities Giving Back Through Leisure Social Participation</i>
Why This Matters	<i>Positive Impacts Impact on Well-being</i>

4.5.1 Receiving Help that Mattered

This theme highlights the participants' perceptions and impressions of what they have experienced during their participation with the program. The perceived need for support from the Helping Hands program was distinct for each participant and the support received was based on that need, not on any other requirements (e.g., age or ability). The participants described the support that was received as responsive and everyone felt welcomed and comfortable with the volunteers. Lastly the participants frequently described the volunteers within the program using the term 'compassion' and provided examples of what this meant to them.

Based on Needs Not Age

The participants who are involved in Helping Hands understand the purpose of the program and the importance of it for individuals living in the community.

There is a real need, there is across the country actually, but here because so much of it is a rural type of population and people are in you know isolated groups here and here and all getting older. That's something that more and more people are going to have to get involved in I think, just to survive. Because life is not getting easier for anyone. (Participant 3)

By recognizing that there is a need within the community and this program is something that can help those isolated individuals they are able to more directly highlight the purpose of the program not only for themselves but others in the community. For example, from the support that Participant 6 is receiving and what he knows the program offers he understands that "it's all things that you know help out the people that can't help themselves." Participants discussed who could access the program, in terms of whether there were criteria for being able to access the services or not. Participant 1 explained it as, "although it's seniors helping seniors I don't think there is any age requirements, it's ability requirements I think more so than anything. And they don't place any parameters on people's income or ability to live on their own." Participants expressed that it was reassuring to them that, no matter what their circumstances were, the program would be there to offer support. This included always having a drive to medical appointments, having someone come to the house, and any tasks that were needed throughout the home. One participant described this as,

Any time I need anything all I have to do is pick up the phone and I call the program and I say well I'm stuck I need this or if I need food, if I need a lift any place or whatever just a phone call away they're going to be here to help me out in any way shape or form. If I need furniture to be moved or they're there, you know no questions asked nothing. (Participant 4)

As well they acknowledged that the program was in place to make sure that *essential needs* were taken care of (e.g., getting to appointments, being able to get groceries or having social interaction) which was important to the participants.

You know what I think of it, it's like a help line for seniors. Really it is...they would not leave a senior just grappling at straws as we're thinking what the heck am I going to do. (Participant 5)

Unfortunately some participants described having heard of people within the community who are taking advantage of the services offered by the program:

They have a big fancy house obviously must have money but they were expecting these older people to go up ladders and paint their houses and everything well that's not this service is about you know. It's helping with things that you need in your daily life just to get by. But there are people in this world who will take advantage unfortunately. (Participant 3)

Overall, the participants realized that the program was for those who needed the support in order to make their everyday easier and allow them to remain in their homes within the community. This was also seen when participants talked about what they would use the program for and when they would access other services or get assistance from friends and family.

Responsive, Non Judgmental Support

All of the participants held extremely positive perceptions of the program, describing the program as “really wonderful, it's invaluable in a community like this” (Participant 2) and “they've been helping me far beyond words can say” (Participant 1). The main perceptions that came from the participants about the support they received from the program was that it was very accommodating to their needs, they felt comfortable accessing the services and that it was a necessary program in the community. For those that needed assistance around the home or local errands, the common description of their experience was similar to this participant,

I will say before I met [program organizer] I was very worried, you know because I'm a woman on my own and I used to think what's going to become of me. But

when you hear of programs like that and you pick up the phone and immediately they come to your assistance, there's no delaying. Yea and they're prompt, they're courteous, I can't say enough favourable things about them. (Participant 5)

Along with accommodating the needs of the participants the program and those involved within it create a very comfortable non-judgmental environment for the participants.

Several of the participants talked about not being afraid to approach or contact the program, and feeling very welcomed by everyone who was involved in the program. This can be seen through statements such as this one, "but there are Helping Hands, nobody judges nothing, everybody's equal" (Participant 4).

Compassionate Volunteers

The other perception of the program that all the participants held was about the volunteers who were involved in the program. Participants discussed appreciating the volunteers, knowing that someone would always be there if they needed, always being helpful and not cancelling and leaving them stranded. A common word that was used to illustrate the type of individuals who were volunteering with the Helping Hands program was '*compassion.*'

They obviously are very compassionate people and that's how you end up being in that kind of a program but they kind of take the lead sometimes and say you know I haven't heard from her I wonder how she's doing, so it's nice to be remembered yea. (Participant 3)

The participants were able to explain the value of the volunteer's understanding of the needs of the population and providing the necessary support, expressed through everyday interactions,

I mean the program understands the elderly too, people that have no family and how much it means like to just have a routine of well we'll go out to the post

office on Friday and then we'll go out for a coffee or we'll go for lunch, it's just the routine and I think it's funny but I find myself you function better with a routine you know you really do. Sometimes it's hard to instigate those things but it's you've got something to look forward to, if someone especially older people who can't get out you know to have somebody coming every Friday, and you can get your mail or you can get your whatever and have a little outing. It's just very isolating to be, as much as you're home or your apartment might be lovely it's still four walls. So I'm sure [program organizer] has a grasp on what's needed whether it's doctor's appointments or whether it's just a social, someone dropping by having a cup of tea or someone you know just calling to check on you.
(Participant 3)

The participants discussed how people from the community who believed in what the program stood for worked together to provide the needed support. Highlighting how the compassionate and kind nature of the individuals involved in the program attracts similar people, which is noticeable by the participants.

Everybody has that same attitude that whole gang that's there, everybody has that attitude, they'll work they don't care about their time you know. So I find that's great, I never knew about that before, but now I do because I'm involved in it.
(Participant 4)

"Yea, they are wonderful, wonderful people. You'll never get any better. It's a wonderful thing." (Participant 7)

From the first time the participants interacted with the Helping Hands program it was positive and their needs were always met which was encouraging and provided them with confidence in the program. As well some of the participants highlighted how the program matched volunteers with the support needed by certain participants.

It was very positive because they were very careful in selecting people to drive you who gave you some confidence in them you know because your just meeting somebody for the first time and they're driving you in their car somewhere it's sort of, as I said you feel very vulnerable. (Participant 2)

Feeling confident in the volunteer that was driving them to an appointment or who was coming into their home provided participants with comfort and trust in the program and volunteers who are involved.

4.5.2 Wanting to Stay at Home

This theme describes the support that was provided and how it enabled the participants to remain in their homes, which was something all participants expressed was important to them. The motivations for needing to reach out to the program for the participants revolved around financial needs, poor health, and no longer driving, which were the more practical or pragmatic needs for support from the program. As well the participants were able to recognize that they were having trouble due to declining abilities and were thankful for the support from the program when they needed it. The participants expressed feeling vulnerable and uncertain about their situations and discussed how the program was able to provide them with the comfort and confidence to remain in their homes.

Pragmatic Need for Help

The support that is received by these participants within the Helping Hands Program includes driving, help with moving, help within the home and companionship. Numerous volunteers within the program offered this support. Driving was an aspect of the program that many participants discussed whether it was driving to medical appointments in the area (e.g. Lunenburg or Bridgewater) or into Halifax, or going to do errands.

The services that I do get from the Helping Hands is to medical appointments for the most part although sometimes if I'm out for a medical appointment and need groceries or drug store things like that we will do it. (Participant 1)

For many this allowed them to be able to get to their appointments and access the needed medical care. Without the support from the program they would not be able to get there

since there is no public transportation in Mahone Bay and taxi services are expensive. Getting the physical help that they needed meant being able to get to their appointments, out to do errands, move from a house to an apartment, or tasks around the home. An example of this is outlined by one participant around having a medical bed set up in her home for her husband.

My husband especially would say oh my god you know what are we going to do, how are we going to get that bedroom set up you can't get a double bed set up and you can't do this by yourself. I said well the Helping Hands program is helping, Oh ok, you know. (Participant 3)

Knowing that the program would be there to help with what the participants needed provided them with reassurance and confidence. This allowed them to remain in their homes as they could seek out the care and services that they needed and did not have to live somewhere like a nursing home or long-term care home.

When participants discussed financial reasons for needing to access the services of the program, they talked about not being able to afford a taxi to get to medical appointments outside of the Mahone Bay area.

At this point in my life I just can't afford to take or get a taxi, you know, taking a taxi from here to the city and back you looking at 2-250(\$). You know, I don't have that kind of money. (Participant 1)

For many individuals having to get to Halifax for medical appointments, they would not be able to do so if it were not for the support from the Helping Hands program. Those individuals who do not drive had similar concerns. They also do not want to be a burden on friends and or family who they could ask for drives to appointments or to other services.

Because there's such a need for people, older people especially I mean you have I have no family, I have a couple cousins in the States but I was an only child so it's very difficult for me, and I don't drive, I'm always hesitant to bother friends because everybody has a busy life. (Participant 3)

Some participants did have suggestions about what could be added to the program to improve it. These included providing transportation from surrounding areas to the Mahone Bay Centre for the activities that they put on there (e.g. Life Long Learning courses, exercise programs), getting more volunteers (as they recognize the increasing need from the community) and having a phone support system for those individuals who are living alone in the community (in order to have someone to talk to when they need to hear a voice).

Vulnerability and Uncertainty

Participants generally felt comfortable with the support that they were receiving through the program and felt more comfortable remaining at home knowing that the program was there if they needed.

And it's a comfort to know they're there... So it's always nice to have a program that's there that you can look at and say well maybe I can make some use of this and you're not afraid to approach them. (Participant 3)

The participants also recognized that the services provided through the program were necessary for individuals living in the community who would be at risk otherwise. One participant described it as, "It's one of the least publicized more useful things. Nobody seems to know about it until they're in trouble, and then it's there" (Participant 2). This sometimes sudden constraint of not being able to do activities that they had normally done left these individuals in a state of uncertainty. As described by this participant,

I've always been a very independent person and done everything for myself and to suddenly be in a position you know you really feel vulnerable and that was something I had never ever experienced in my life and here were these wonderful people who were all so friendly and nice and all members of the community.
(Participant 2)

Having the Helping Hands program offered these individuals that sense of reassurance that they were lacking in these times of ill health, by providing them with the needed supports. This also made life easier for many participants. Knowing that someone is going to be there to help, or knowing that they can get to their appointments was a great relief for many participants.

And this is where again that program is most beneficial because it relieves stress, it removes obstacles that you're sitting here worrying about how am I going to do this, and you know I'm a tough old turkey, if they didn't come I would try to tackle it, I'd probably kill myself, fall off a ladder but these are for me it's a stress I don't have to think about, it's [volunteer] I'm going to hand this over to you because I can't deal with it, I can't do it, and they come through you know.
(Participant 5)

The idea of providing support to one another was seen as a valuable service by the participants, and knowing that the program was available when they needed it. The participants also realized that the program was allowing and assisting them to remain in their homes through times of uncertainty by filling gaps in services (e.g. flexible driving times, moving beds) and understanding the needs of the population.

The majority of participants accessed varying supports through the program due to health reasons that either prevented them from being able to drive themselves or from difficulties in doing tasks around the home. Individuals received support from the program in their homes to make things easier for them and allow them to remain in their homes longer. This consisted of setting up or installing different pieces of furniture

within the participant's home as well as some maintenance around the home that the participant was not capable of accomplishing safely anymore. Having the volunteers from the program come in to their homes and assist them allowed many of the participants to feel more comfortable within their homes. This additional support within the homes created a more manageable environment for the participants even with declining abilities and enabled them to feel confident staying in their homes.

4.5.3 Companionship and Reciprocity

This theme highlights the participants' perspectives of the companionship that they experience with the Helping Hands volunteers and the reciprocity within the relationships and the program. The participants discussed the 'give and take' between the individuals and how they try and give back when they can. As well, some participants gave back to the program (or the Centre) through their leisure activity (e.g., baking and different art activities). Finally the idea of companionship was reflected in the participant's explanation of their social participation within the program.

Shared Activities

Within the relationships between the participants and volunteers of the Helping Hands program is the idea of reciprocity and the 'give and take' between the individuals. From the participants' perspectives, they recognize that they are receiving direct support from the volunteers; however they do try and give back when they can. The participants would try and make it easier for the volunteers and only book appointments or errands during times that worked for the program.

Good. I mean you know there is very seldom that I'll call and they can't accommodate the times. And I mean I try to bend over backwards to get my appointments within the time that they can look after me. Which is great.
(Participant 1)

This was usually more of a concern for those individuals who needed drives into Halifax for appointments, which was a full day commitment sometimes depending on the length of the appointment. For others this occurred in the conversations that they would have with the volunteers where they shared a common interest and would provide the volunteer with stories or information that they did not know of before. This was reflected in Sandra's sharing information about the good deals at the grocery with her volunteer Heather during the observed help event. For some, what they felt they could offer was their ability to be flexible in when they set up their appointments or errands, which would help the volunteers set up their schedules as well.

I try and be as flexible as I can you know if they have other commitments and what not you know I understand there's only so many volunteers in this... You know I realize it's all volunteer work so I'm only too thankful to you know to help them that way. (Participant 1)

Other participants who were more able or interested in offering their time or abilities back to the program perceived that as the reciprocity experienced within the program.

I think what goes around comes around. So I said if there's ever a time you know... I'd be happy to help because I think you have to pass on that act of kindness. Whether it's a formal group or not I think it's important to do that yea. Because we all have our specialties. (Participant 3)

Even though the program and volunteers did not ask for anything in return, most individuals were so grateful for the support that they had received that if the program ever needed anything they would be more than willing to help.

Giving Back Through Leisure

As discussed above, the idea of reciprocity within the program was something that all the participants mentioned. For two participants the reciprocal acts that they did for the program or the Mahone Bay Centre was through what they considered leisure in their lives. One individual enjoys baking and would try to donate to events that are going on in town, or if the Centre or Helping Hands program was putting on an event he was more than willing to help in that way.

You know it keeps me busy that way...So I try to keep busy making things so if I can find someone who can use some of it once in a while fine that's great...I've got a cupboard full of stuff (laughs). It's good to keep in that way, if someone needs something I've got extra I don't mind passing it around. (Participant 1)

As well, this individual has given the volunteers that have helped him their favourite dessert or some homemade jam to say thank you for helping him. Another individual enjoyed painting and would spend many hours painting during her free time.

A lot of my input is usually on an artistic end and with local festivals. I've painted a lot for the different festivals and that over the years...but I try and do that sort of thing whenever I can. It's a little pay back you know. (Participant 2)

Again for this individual it was her way of giving back to the community that had provided her with the support that she needed using her abilities in an activity that she enjoyed.

For the participants the support that they received through the Helping Hands program was not seen as part of their leisure. This was because, for many participants, they were receiving drives to medical appointments or assistance around their homes, which was necessary for their health or to enable them to remain in the community. However, there were aspects of their experiences with the program that they did consider as leisure. This

was mainly the social interaction with the volunteers, or their social participation within the program.

Social Participation

Another form of support that was received by the participants was companionship from a volunteer within the program. This could be seen in the relationships discussed between the participants and the volunteers as well as consistent visits from a volunteer. one participant highlights what the companionship has meant to them:

“I don’t know what I would do without him, I’m so used to it, that I look forward to it every week. We joke a lot, fussing but we don’t mean it. We both still have a sense of humor so it’s fun. But he does all he can for me anyway.” (Participant 8)

Many of the participants recognized this as a way to avoid experiencing isolation and appreciated the support from the program in this respect. The relationships that were formed with the volunteers allowed the participants to have someone to talk to which for those living alone was a needed support.

The relationships that were formed and the social interaction during the help events within the program were aspects of the support received that were valued by the participants and features of the program that they looked forward to. The program offered an opportunity for many of the participants to broaden their social networks within the community, “I got out and this and that you know, I was happy, it got me out of the house, I met somebody new, it was good” (Participant 4). For those participants who are receiving drives from the volunteers, the discussions to and from their appointment are something that they enjoy. “Yes very much so. Well just in conversations with people

you know you find out you have similar likes or dislikes or interests” (Participant 2).

Many of the participants have formed friendships with the volunteers that have provided support for them.

I mean I talk to the people that drive me you know we actually have developed I like to think developed fairly close relationships with a few of them and you know we interact somewhat outside of the parameters of the program and that’s good too. (Participant 1)

For some this new friendship meant more to them since they were living alone in the community. “Just to know you know as I say one of the girls, she calls me periodically and she’ll say let’s go for coffee and you know you feel like going out, how’re you doing?” (Participant 3) Having someone in the community who would reach out to the participants if they had not heard from them in a while was a reassurance for many and a way to avoid isolation for these individuals.

4.5.4 Why this Matters

The perceived benefits or the beliefs and feelings about the outcomes associated with the program, for the participants can be seen through their description of the impacts the program had for them. This included their discussion of how the program filled the gaps within community services and how it has enhanced their well-being.

Positive Impacts

The benefits that the participants identified included getting the physical help they needed, making life easier, remaining in their homes and community, and connecting with people. This was seen as a positive impact for many of the participants who experienced the benefits of less stress and worry due to assistance provided from the program.

In accordance with one of the main goals of the program, the participants highlighted another impact from the program, which was feeling like they could remain in their homes, and independent because of the help they received. For some this was because of the physical support they received (e.g. driving or help around the home), similar to this participant, “oh it’s, allowed me to you know to remain where I am a few miles out of town that I wouldn’t have to consider coming in to town to be real close to services and things like that” (Participant 1). For others, the social and companionship aspect of the program also allowed them to remain in their homes.

Without them I wouldn’t be sitting here I know I wouldn’t be because I had so much conflict and everything was being ripped away that it was just having that group to support in whatever way they could it got me through, it got me through. (Participant 3)

The Helping Hands program provides people with opportunities to connect with individuals in the community and for many this had a great impact on their lives.

Well, the impact for me is wow you know there’s truly people out there that care you know and it doesn’t matter what age group you’re with you are not ever forgotten you know there is help there and there are people that are fighting on your behalf. And that’s really my summation of the whole thing. (Participant 5)

Especially for those individuals who were living alone, this connection with someone had a large impact on their lives.

Impact on Well-being

The support received through the program has had an impact on the well-being of many of the participants. Through the practical support, reassurances that decreased stress, social interaction and increased independence all contributed to enhancing individual’s

well-being. “It certainly does a lot for the well-being to know that there are people there and ready and willing to help if they can” (Participant 2). For those who are using the program to get to appointments it has improved the health care that they are able to access. A participant highlighted this by saying, “without it I’d probably wouldn’t be as healthy as what I am because I wouldn’t be able to get to see the doctors. At least on a regular basis, but this way I can” (Participant 1). Without the support that these individuals are receiving through the program, their wellbeing and quality of life would be significantly changed as they have all benefited from different aspects of the program.

4.6 VOLUNTEER PERSPECTIVE

In order to understand the meaning that the program had for the volunteers involved, it was important to make sense of how they viewed the program, how and why they were involved, their impressions of the program and how they perceived the outcomes associated with the program. The following table (Table 5) describes the themes inductively constructed from the volunteer interviews that will be presented in the following sections.

Table 5. Description of Themes for Volunteer Perspectives

Theme	Sub-themes
Doing Meaningful ‘Work’	<i>Perceived Need</i> <i>Supporting, Safety/Ability to Remain Home</i> <i>Compassionate Contribution</i> <i>Challenge of Aging Volunteers</i> <i>Is this Leisure</i>
Companionship and Reciprocity	<i>Shared Activities</i> <i>Social Participation</i>
Doing for Me	<i>Positive and Enjoyable</i> <i>Well-being</i> <i>Learning Experience</i> <i>Challenges of Burnout and Loss</i>

4.6.1 Doing Meaningful ‘Work’

This theme outlines the experiences the volunteers have had through their participation in the program. The volunteers shared perceptions of the program (the perceived need for the program, if they consider it leisure), the support they have provided, and what motivates them to continue to participate. As well the volunteers expressed concerns about the aging demographic of volunteers involved in the program.

Perceived Need

The volunteer’s perceptions of the concept of the program were generally positive. Many volunteers agreed with the idea of mobilizing individuals within the community who are able to provide support to those who are in need, and reiterated it throughout their interviews. As well, the volunteers understood that they were the ones out in the community taking action on issues that have been identified and supporting the needs of individuals. As Volunteer 2 said, “And I have, I listen to people who have had just the

occasional little touch of help, and it means something to them it does, and it puts a good face on our community as well, it's just we're not all talk and paperwork we're people that's what I want our community to be." These volunteers seem committed to the idea that this is something communities should be doing for each other, to ensure that people can live comfortably into old age in their community and home. The volunteers described being impacted by seeing how these individuals have been coping on their own as shaping their perceptions of what the program is capable of doing.

It makes me sit up straight and think about what is important, what is necessary, what isn't you know what's frivolous and where I'm going with this for myself, there are some very different personalities and how they cope... absolutely amazing and you've got your come-from-aways who come here that eventually need some help and you have the ones who have lived here all their lives, or in the woods all their lives and their needs are a bit different but we're still people.
(Volunteer 2)

Recognizing the need for the support provided by the program for the many people living in the community was one of the reasons motivating the volunteers to participate in the Helping Hands program.

All the volunteers described what they believed as being the need for the program within the community and the need for volunteers in general to allow programs like this one to happen. Volunteer 3 described it as "the fact that I guess it is needed and at some point you know maybe 20, 15 or 20 years down the pipe we might need some help and volunteers it's getting harder and harder to get volunteers we're experiencing that in the food bank and I know other groups in town are experiencing it because young people are busier perhaps and so yea." The need for driving was clearly identified and seen as an issue for those individuals who did not drive any more,

The focus for a lot of things of course is Bridgewater. So if you live in Lunenburg or Mahone Bay and don't have a car you need a ride, and if you don't have family close by or so it's, how do you get there? And it's not going to get any less, the population is clearly aging, we all know that, I think it's aging faster in Nova Scotia than probably any where else in the country really. So there's going to be an increasing need. (Volunteer 4)

With this understanding of the aging population and need for services, the volunteers viewed the program and the aspects of the program that they took part in as necessary for the community.

Supporting Safety/Ability to Remain Home

As outlined in the Volunteer Handbook, household chores or repairs do not include regular household cleaning, meal preparation, personal care, carpentry and electrical repair covered by building codes or medication dispensing. “[Volunteers] have built maybe 4 steps for people to make it easier for them to get into their houses, because that step is too high when your knees are bone on bone” (Volunteer 2). Other things that have been built for individuals in their homes include cupboards, railings and pathways, in order to make life easier for them in their homes. Additionally support within a participant's home has included trying to make it safer for that individual to remain in their home,

You know it's stuff on stairs going up, just amazing, so you start with not on the side with the railing till it's clear and ah did you want these upstairs, I could do that for you. Well yea I was going to take them up the next, oh just give me a minute and I'll take care of it, where should I put it up top? Just, but that's constant help. (Volunteer 2)

Along with making things safer, the volunteers perceived they had a role in making the participants' days a little *easier* through the kind of support that they provided. The

volunteers described knowing that they had made someone's day easier or made someone else a little happier, as one volunteer illustrated by saying,

It just means a lot to know that you are making someone else smile too and feel good about their day and it isn't a burden. Like a lot of people do not like to ask for help but once they know that you feel good about giving what you have to give they're fine, they're fine. (Volunteer 5)

By doing these seemingly simple tasks such as unpacking groceries, clearing the stairs so they do not fall or building a step that they are able to walk up, the volunteers believed they were able to support individuals in the community and allow them to remain in their homes. As well, having to think about someone else's needs was highlighted as a way for the volunteers to prevent withdrawal themselves.

It adds to my life it truly, truly does. It's someone else to think about and it's nice. The more responsibility you have, sometimes the better because you can withdraw if you don't. (Volunteer 5)

Compassionate Contribution

A motivation for the volunteers to participate in the program was because the volunteers wanted to do something where they were being helpful. Whether it was because they did not get the chance to help with their parents, or they just saw the people in the community and knew that helping people was something that suited them, they were involved in the program to provide the support that was needed. Volunteer 1 spoke about this explicitly,

Well I think if you probe deeply, I've been reading material and books and so on, on the subject of compassion which is sympathy is gee I'm sorry he's sick, empathy is well I understand he's sick because you know I went through the same thing, but compassion is those two but it involves action. So that with passion means action. So I think that it, and it's not for just outside, it's for my own family too and I want to be helpful.

The volunteers of the Helping Hands program, being older adults living in Mahone Bay themselves, have more of a chance of exhibiting compassion in the support that they are providing individuals.

It's when you learn the person enough to be able to do it right. Like putting the groceries away, very helpful at the end of the day. Getting the shoes off, and getting the warm slippers on, and not rush around to make it too business like you know, keep the warmth. (Volunteer 2)

Challenge of Aging Volunteers

As it relates to the program itself volunteers expressed concern related to the aging demographic of the volunteers. Along with the need for more volunteers, the concern and challenge of dealing with the rapidly aging volunteer group within the program and community was identified.

If you look at the, when we have our meetings together and you look at the room they're all people that are probably 60, 65 and older that are doing it and that's part of it seniors. But how much longer is this group going to be able to do this because some of our people are 80 years old and still you know they may not be driving in to Halifax but they're driving locally so that is a concern. (Volunteer 3)

Being a seniors helping seniors program, it is expected that all the volunteers would be older adults. However the concern is that there are not going to be 'new' seniors coming in to take the place of this group of volunteers as they age. The volunteers expressed concern about how to get other healthy seniors who live in the community participating in the program.

'Is this Leisure?'

Interestingly, a majority of the volunteers in this study did not consider their participation in the Helping Hands program explicitly as leisure. However they viewed their

participation in the program more as their contribution to the community and not their ‘true leisure.’

Well I’m a little worried about this comparison of work and leisure because I’m retired, I’ve finished my work-work, which had responsibility, pressure and stress and everything else, and so now it’s in retirement what is leisure in retirement but what is contribution rather than work? So Helping Hands is contribution and the rest of, doing our garden, going to you know going out to eat with my wife, or to a movie or whatever that’s true leisure. (Volunteer 1)

Nonetheless, they did use terms that are used to describe leisure to portray their experience with the program, such as fun, enjoyable, something to look forward to, and feeling good. Volunteer 4 described this by saying “It’s a positive, like you feel good without a doubt. You know you feel like you’re making a contribution and maybe it’s always, I always you just you feel positive.” One individual did feel that her participation in the program was her leisure. “Yea, to me it is. Yea to me it is because I enjoy it, I’m very relaxed in a car and I think that people I have driven have commented on that too that I am a relaxed driver so” (Volunteer 5). For her driving in general was something she would do in her leisure time and so doing it in the program was leisure.

4.6.2 Companionship and Reciprocity

This theme highlights the volunteer’s perspectives of the companionship that they experience within the Helping Hands program with the participants and the reciprocity within the program and relationships. As well the volunteers described the shared activities that they do with the participants that facilitate the relationship between them and involve interests that they share. Lastly, the aspect of social participation within the Helping Hands program was emphasized by the volunteers.

Shared Activities

The experience within the program for the volunteers includes their perception of reciprocity within the relationships that they have formed with the participants of the program. The volunteers explained what they were getting out of the help events or from the participants, and how the participants were giving back in some way. All the volunteers found that there was an exchange between them and the participant, and that what they were getting out of it was worth what they were providing to the participant. As described by Volunteer 5, “Oh my gosh, and I get I think I get more than they do. Oh I do I do I think I get so much from them. Yea there’s a lot of good people around, it’s nice.” There is a sense of give and take between the participants within the program. This give and take can be seen through the volunteers' perceptions of how the participants were giving back specifically as well. “It’s not just I’m doing something for you, we chat and you know talk about the obituaries haha or just whatever... Yea that was good and then they can make a cup of tea for you or whatever” (Volunteer 2). As well some participants were giving back in other ways within the community, which Volunteer 1 recognized as a perfect way to build a community by giving and receiving for our needs:

[Participant] himself is giving, because he goes to the VON twice a week, VON Adult Day program and he reads to them after lunch because he’s got a very nice voice and as a teacher he reads very well. And I think that’s the thing, if we can all be giving and receiving for our needs that would be perfect, because I have to get someone to shovel our porch... So I’ve been getting a neighbour, to come up and do it and he’s delighted and when he leaves he says now look don’t be afraid to call me any time. So we can build a community like that I believe it’s great.

Several volunteers identified that the reciprocity within the relationship was not usually with ‘goods’ or monetary reimbursement, as many of the participants did not have the means.

It's never with stuff because they don't have the money, a lot of it comes down to you know just not having the means the one who we go shopping, she's going to give me all the good deals, you know where to go and how to do it and all of that. A couple times they've wanted to give me money for something I've done and I never let them do that but I have said that if in a week they still felt the same way they can put a little bit of money in an envelope and give it to the Seniors Project because that would just make it better. (Volunteer 2)

As well, the volunteers all discussed additional supports or small actions that they did during a help event in order to make it easier, or less awkward for the participant. This included phoning the participant the day before to introduce themselves if it was a new participant to them, or for many tying in an errand or appointment the volunteer needed to do while driving a participant. This made it useful for the volunteer (they can get what they need as well) but also takes some of the pressure or awkwardness away from the participant.

I always, always try to tie in an errand or two so I can say oh this is just good for me too, I need to do this, sometimes it's Bridgewater well I do food shopping or I do something, I tie it in with what their needs are and then that helps right if for them, they don't feel like this is something really big, this was just something I'm doing you know and it's fine so. (Volunteer 2)

For some it was unique opportunities that they provided to the participants that were meaningful to both the participants and themselves:

“after an operation in Halifax, I asked [the participant] if she wanted to go to [specialty grocery store] as I knew she liked to cook but couldn't find really good food in the area. Well you should have seen her face, it just lit up...and we were at [store] for 3 hours. So it's things like that, just in the right place, it was really good.” (Volunteer 5)

These additional supports provided by the volunteers are things that were not expected of them but they provided to the participant to make the experience easier and more enjoyable.

Social Participation

As noted by the participants, another form of support provided by the volunteers was companionship. For the volunteers, companionship was seen through the conversations and interactions they have with individuals while performing another type of support (e.g. driving). For example, Volunteer 4 explained: “well we had the one guy that we’ve talked about that I might go and visit, we have similar interests so I might go and do that, and I’ve told [the program organizer] if he needed a drive we’d drive him because we have good conversations on the way in and that.” For other volunteers it is more of a deliberate activity, where they go to the individual’s home or apartment and visit with them. “He is depressed I think or you know I’m trying to lift him out of that. I meet with [participant] every [specific day of the week]...we have our usual routine, and we’ll go do the errands he needs to do that week and then go for lunch in town” (Volunteer 1). The interest and need for companionship to avoid isolation for older adults has increased since the beginning of the program and more volunteers are willing to take it on for the individuals who they have provided other services for and have already built a relationship with.

As noted above, although the volunteers did not view their overall participation in the program as leisure, there did experience the social participation aspect within the relationship as being leisurely. For some volunteers they met people within the community who they would not have met otherwise, and have increased the circle of people that they know and who they consider friends.

I met a lot of people in Mahone Bay that, had I not belonged to this group and the food bank I wouldn’t have met or we wouldn’t have now, so I increased the circle of people I know and in some cases they are now friends. (Volunteer 4)

As well, the social aspect when driving participants to do errands or to appointments was seen as part of their leisure. “Part of it is my leisure haha because it’s fun to as I say driving [participant] to Halifax oh man you get the most interesting stuff out of it” (Program Organizer 1). The volunteers also recognized that this socialization was important to the participants as many of them live alone in the community.

4.6.3 Doing for Me

In this section, the sub-themes outline the positive and negative perceptions the volunteers have about the outcomes associated with their participation with the Helping Hands program. This includes the positive and enjoyable aspects of the program, how it impacts their well-being, and the learning experiences they have. As well the volunteers discussed their concern for over committing or getting ‘tied down’ because of the program.

Positive and Enjoyable

Many volunteers chose to participate in the program because for the most part, they were participating in something that they enjoyed.

Well I love to drive, I’ve always had a job where you drive so and the need for the people in this area is great, there a lot of people without vehicles, there’s a lot of people that don’t want to drive any more and there’s a lot of people that can’t see to drive. So when my daughter mentioned the program to me, I signed up for it right away. (Volunteer 5)

Other volunteers who were drivers chose driving as a first step into the program.

I got involved initially and I wanted to do something that I enjoy, which is driving. I wanted to help other people and I just thought this was a step into the program, let’s see where I would go from there. (Volunteer 3)

The volunteers' perceptions of the program, as described above, resulted in their experiences being viewed as personally rewarding. For example, Volunteer 5 said, "It's all positive, just completely positive. It has definitely added to my life, definitely." The perception of their experience as rewarding did not seem to depend on their level of commitment within the program. The commitment levels of volunteers ranged from actively involved doing help events or other aspects within the program (e.g. answering calls from participants) frequently every week, to doing two to three help events a month. Two actively involved volunteers described their commitment level as being "very glad to have been part of this, an active part, as opposed to just, I don't want to be on a committee...just hearing reports of what's being done" (Volunteer 1) and being "quite comfortable with it, it could be that I could do stuff every single day which I mustn't because I got other things on my platter too but it's neat" (Volunteer 2). Another volunteer who is less involved described his experience with driving participants to various things, "so the driving side is probably the you know, most flexible, I mean you know far enough in advance I say you can schedule something else you know...The big thing that I've liked everyone we've driven has been great really, it's been a very rewarding experience yea" (Volunteer 3).

Well-being

In terms of impacts on well-being and quality of life for the volunteers many talked about the joy that came out of participating, always looking forward to participating, and finding it very satisfying. One volunteer experienced improved mood after a regular help event that he is involved in,

I would say if I'm, for whatever reason, a little down on a [specific day of the week] morning I usually feel a lot better after coming home from [participant]'s. So if I'm in a bad mood it improves it to go and do that with [participant], instead of taking it out on my wife or my dog. (Volunteer 1)

These positive impacts experienced by the volunteers have great benefits in terms of their overall well-being and satisfaction in their lives. For the most part the volunteers discussed how rewarding the experience was, getting to see how 'tough' and 'resilient' the individuals are, and how they felt good after participating. As well, many volunteers highlighted that participating in the program has enriched their lives, and broadened their views of community and dealing with different disabilities as you age.

As far as the people I drive you just get a different perspective of life because you're right they wouldn't be people that I normally socialize with. But you get a different experience, and it's very rewarding that way. (Volunteer 4)

Learning Experience

For some volunteers, the reciprocal gain they experienced was through learning something that they may not have known otherwise. Whether it was about a unique interest that they shared with the participant (e.g. model trains, or gardening), or finding the best places to shop because they have the best deals that week, the volunteers described how the participants provided them with extra information or knowledge. An example of this was seen through this description from Volunteer 2:

And it was wonderful because she had plants and she needed to dig the roots up for winter so I went and got the shovel and asked her to tell me where and what she wanted and all and she looked horrified at the shovel and she just said this way, and she just put her fingers down in the soil because it was wonderful soil, and she just lifted it out. And you know it was a learning experience and I've learned from every single person I've helped in some way, but it was neat.

Opportunities like this one helped to remove the pressure within the relationship between the participant and the volunteer, as the participant was able to provide the volunteer (the

individual who is providing the support, and may be seen in the position of power) with something that could help them.

Challenges of Burnout and Loss

The volunteers expressed concern about their participation in the program in terms of not wanting to over commit their time and getting ‘tied down.’ This can be seen among the volunteers who a part of the program, such as Volunteer 5 who said “I wish I could do more but there’s things I want to do in my retirement too haha.” As well, not wanting to get tied down to having a structured schedule where she had to be committed to the same time every week was identified by Volunteer 3 as being something she was not ready for yet.

Because I’m only at this stage involved with the driving and he gives me enough notice to ask me to drive so I don’t see that that needs to be changed. We’re not involved with visiting seniors in their homes so, that’s quite a I don’t know if I want to get, this sounds terrible, but tied down to doing that exactly, because we have other things that we do and want to do as well so. (Volunteer 3)

One of the volunteers described a negative aspect of his experience within the program, saying that he got carried away and got doing too much:

It’s mostly positive. The only negative thing was getting in too deep with [participant] because now you know you can’t back out, and my dear wife doesn’t like it that every [day of the week] afternoon I’m just gone for 4 hours and that’s my own fault. I could have set a 2 hour thing with [participant] and not got into the driving and not visit the relatives, it’s my own fault...Everything I did I wouldn’t do it for long, you know I don’t need to do things that are eating up time that I could be doing things with my wife. (Volunteer 1)

However even with the negative perceptions or concerns of varying aspects of the program, the experiences of the volunteers were seen as being rewarding and their continued participation is evidence of that.

A negative impact that was brought up by the volunteers was when a participant passed away and how that affected them and their view of participation in the program. “The very first lady that I started driving, she passed away, and that really, really did bother me for a long time and I thought I don’t want to do this anymore, but then I realized no it’s ok” (Volunteer 5). Since they do form relationships with the participants that they are involved with, the volunteers are largely impacted by something like this. However being able to realize that it is ok, and continue to find the positive benefits and be able to help the individuals who still need it was important.

4.7 CHAPTER SUMMARY

This chapter outlined the results of the case study that was conducted. The program organizer interviews and document review outlined the context of the program in more depth, along with the description of two help events to better set the context of the program. This was followed by the explanation of the participant and volunteer perspectives of their experiences with the program to get an understanding of the meaning it has for them. From the presentation of the results, commonalities and relationships are evident across the participants of the study (program organizers, volunteers and participants). Aspects about the program that all study participants (program organizers, volunteers and participants) identified as important included understanding the purpose of the program, filling the gaps in services in the community, trust, connecting the right people (volunteer to participant), and preventing isolation for individuals living in the community.

CHAPTER 5 DISCUSSION AND CONCLUSION

5.1 INTRODUCTION

This study aimed to understand the overall meanings associated with participation in the Helping Hands program, for both the individuals receiving and providing the support. Fourteen semi-structured interviews were undertaken with the program organizers, participants and volunteers in order to allow them to describe their expectations, perceptions and experiences of participation in the program. As well, two help events (between two different dyads of participants and volunteers) were observed to further understanding of what takes place during the help events. In this chapter, the research questions are revisited to highlight the key findings of this study and how they relate to relevant literature. These findings will be considered in relation to the leisure, peer support, positive aging (including age-friendly communities) and aging in place literature. Additionally, the research findings provide implications for practice in terms of working with older adults in community programs. Lastly the limitations of the study and need for future research will be identified.

5.2 REVISITING THE RESEARCH QUESTIONS

The following questions guided the research in this study:

1. What are the meanings associated with participation in the Helping Hands Program for the older adults who provide and receive the service?
 - a) What is the nature of their experiences?
 - b) What are individuals' perceptions of their experiences within the program?

- c) How, if at all, is participation connected to individuals' leisure experiences?
- d) What perceived benefits are associated with participation in the Helping Hands Program?

The key findings that correspond to the research sub-questions are provided below.

5.2.1 Summary of Key Findings Regarding the Nature of the Experience

The individuals who access the Helping Hands program and provide the support heard about the program either through word of mouth within the community or the Mahone Bay Centre. The main types of support include driving (e.g., to medical appointments in the surrounding areas and Halifax, and to do errands around the Mahone Bay area) and tasks around the home (e.g., gardening, unpacking groceries, building steps into the home). All study participants identified the overarching purpose of the program was to meet essential needs, not only themselves but also others living in the community. The companionship between the participants and volunteers of the program was a defining feature of the experience for both the helpers and help recipients.

5.2.2 Summary of Key Findings Regarding Participants' Experiences within the Program

The perceived need for support (e.g., not be able to drive, not wanting to be a burden on friends and family or health issues) is what motivated service recipients to connect with the Helping Hands program. For the volunteers they recognized these needs of individuals living within the community and wanted to be of help. As well, for many of

them, the support they were providing involved doing something they enjoyed. All the individuals who took part in this study had positive perceptions of the Helping Hands program. The participants found that it was a necessary program within the community, that it was very accommodating to their needs, and they felt comfortable in contacting the program to access the support. The volunteers highlighted two main concerns that they had for the program, which included not having 'new' seniors in the community who are able to volunteer and not wanting to be so tied down by volunteering that they have no time to do what they want in their retirement. Additionally the idea of reciprocity was identified as an important aspect within the relationship between the participants and volunteers.

5.2.3 Summary of Key Findings Regarding Leisure Experience

For the participants, accessing support through the Helping Hands program was not considered part of their leisure. As well the volunteers who took part in this study did not view volunteering within the program as leisure. Volunteering for these individuals was seen as contribution to their community and was not an activity that they considered to be leisure. However both the participants and volunteers considered aspects of the program to be leisurely, such as the social participation within the program. For these individuals the social interaction within the program was enjoyable, something they looked forward to, and prevented social isolation.

5.2.4 Summary of Key Findings Regarding Perceived Benefits

For the participants, having the support of the Helping Hands program meant they could get the physical help that they needed (either in their home, or getting to appointments or doing errands) which made life easier for them. As well it enabled them to remain in their homes and community because they were able to gain access to services and accomplish tasks they otherwise were not able to. In terms of the key impacts for the volunteers they expressed that participation in the program was a rewarding experience that enriched their lives in many ways and brought them joy. For both the participants and volunteers the program positively impacted their well-being and quality of life and prevented isolation in the community by providing opportunities for social participation.

5.2.5 Summary of Key Findings Regarding the Meaning Associated with Participation

As noted previously, the overall purpose of the study was to understand the meanings associated with participation in the Helping Hands program. By understanding the sections above (nature of the experience, perception and experience within the program and the perceived benefits), the meaning the participants and volunteers associated with participation became clear. For the participants, the responsive, reliable and compassionate support that they received from the volunteers meant they were able to have their needs met in a comfortable and convenient manner. As well, the needed support that they received enabled them to remain in their homes and maintain a level of independence that they desired. Receiving support from the program also enhanced participants' well-being by providing not only the practical support which decreased

stress but increased their independence and social interaction. For the volunteers providing support through the Helping Hands program presented them with an opportunity to participate in meaningful ‘work’ that contributed to the community. They recognized the need for the program within the community and wanted to be helpful and assist others in remaining in their homes safely. As well for the volunteers providing the support was an enjoyable and rewarding experience, which contributed to their overall well-being. An aspect of the program where both the participants and volunteer derive meaning is through the companionship and relationships that form between individuals involved. The social participation and interaction with peers is something that all individuals appreciated and valued through their participation in the program as a way to prevent social isolation and remain involved in the community.

5.3 DISCUSSION

5.3.1 Leisure within the Helping Hands Program

As this thesis is part of a leisure studies master’s degree, the results from this study were very interesting in terms of how they relate to the leisure literature. However both the volunteers and help recipients did not consider their participation in the program to be part of their leisure. Despite that, there were specific aspects of the program (e.g., social interaction with the volunteers) that they did find enjoyable and looked forward to them during a given help event.

The volunteers within the study did not consider their participation in the program as an aspect of their leisure. In fact, many of the volunteers did not want their participation in

the program to constrain their ability to participate in other activities that they enjoyed. It was only upon questioning during the interview did they even consider the idea that volunteering could be part of their leisure. To me this showed that they did not identify with the term 'leisure' in regards to their volunteering. However for the majority of the volunteers the program was something that they *chose* to participate in, they found it enjoyable and volunteering did provide them with positive impacts and rewards.

Therefore, in some ways, despite them not perceiving volunteering to be leisure, their participation did have leisure-like qualities. This included it being a freely chosen activity, intrinsically motivated, and providing many benefits to the individual. These findings are consistent with ideas from Corbin (2007) and Stebbins (2006) around similarities between volunteering and leisure and when volunteering is considered leisure. However even with these similarities between volunteering and leisure the volunteers in this study did not perceive their participation in the Helping Hands program as leisure.

The volunteers in this study generally felt that their participation in the program was their contribution to the community in their retirement. Volunteering as contribution instead of as leisure is consistent with the main reason individuals in Canada volunteer (Statistics Canada, 2010); this also supports the assertion that, as individuals age, they want to make a contribution to the community they live in. Robertson (2007) discussed how in society work is valued over leisure and Canadians tend to value those who are making a contribution to society in some way over those who are not. This is true even if the individual has earned retirement from a lifetime of occupational sacrifice and commitment (Robertson, 2007). Kleiber and Genoe (2012) also commented on how older

adults want to avoid being perceived as a burden on society; contributing through their volunteer participation is one way of achieving this.

This idea of volunteering as contribution to the community or meaningful ‘work’ (from what emerged from this study) and not as leisure coincides with the debate around what is work and what is true leisure. Commonly work and leisure are kept as distinct terms. According to Kelly (1990) while either may be enjoyable and central to an individual’s life only work contributes to the “survival and well-being of society” (p. 77) and is therefore viewed as being productive. In contrast, leisure is seen as “the free expression of the self and of satisfying relationships *for their own sake*” (Kelly, 1990, p.77) or for older adults in retirement “freedom from purpose and demands” (Siegenthaler & Vaughan, 1998, p. 61). Considering these two distinctions, the volunteers in the Helping Hands program view the support they provide as productive and meaningful to the community and because of this do not view it as leisure but as meaningful ‘work’.

The results from the volunteer interviews also showed their concern with not wanting to get tied down or constricted by their volunteer participation with the Helping Hands program. They expressed wanting to maintain a flexible schedule so that they are also able to do the activities that they want to, as there are things that they want to do in their retirement. This idea of not wanting to get tied down through a long term volunteering commitment is increasingly apparent in the literature on volunteering (Corbin, 2007). This is resulting in what MacDuff (2005) identifies as episodic volunteering; more specifically, for the participants in this study, occasional episodic volunteering. This is

when a volunteer works regularly for a program or organization but for short periods of time (MacDuff, 2005). Only participating occasionally reflects the individuals' desire for more flexibility and allows them to control their time commitment, which was important to the volunteers in the Helping Hands Program.

I began this study with the assumption that participation in the Helping Hands program would act as part of individuals' leisure, especially for the volunteers. However, from my experiences throughout this study I have come to realize that leisure depends on individuals' perspective and personal ideas of what is leisure or leisurely within their lives. For this cohort of individuals, their views and perceptions of leisure are different from how younger cohorts (e.g. individuals in their 20's, 30's or 40's) define and understand what leisure is and looks like in everyday life. The volunteers from the Helping Hands program did not view their participation in the program as part of their leisure but as their contribution to the community. By allowing them to define it, their ideas of what they were adding to the community were not 'devalued' by my perceptions of leisure. It is important to allow the individuals within a study to define leisure (or the activity under investigation) in order to understand the value they perceive it to have.

5.3.2 Looking at Key Findings in Terms of Peer Support Literature

The perceptions from the research participants provide a strong case for the value of the Helping Hands program in the Mahone Bay area as an exemplary peer support program. This seniors helping seniors program provides an opportunity for seniors in the community to offer support (around a specialty or interest that they have) and for seniors

who are less able to gain the assistance that they need. Both the participants and volunteers recognized the need for this program in the community to prevent isolation, to make individuals' everyday lives easier and to enable them to remain in their homes safely. This was seen when participants talked about what they would use the program for and when they would access other services or get assistance from friends and family. As well this was evident when the volunteers talked about why they were motivated to help and participate in the program highlighting what they saw or heard about in the community.

The volunteers in the study explained their motivation for participating in the program as wanting to be helpful and contribute to their community. This program provides an avenue to mobilize people in the community to provide the needed support. Butler (2006) also found that a peer support program for older adults augmented and extended natural helping, and therefore was easily accepted by individuals living in the community. The practical supports that are provided by the Helping Hands program are similar to those in other peer support programs (e.g., Butler, 2006; Simces et al., 2003; WoodGreen Community Services, 2011). However the volunteers in the current study also provided additional unique supports for the participants during the help events. This occurred, for example, when a volunteer took a participant to a specialty grocery store to get better ingredients for baking or making it easier for the participant by scheduling their own errand or appointment for the same time they were driving the participant.

Companionship and social support were aspects of the relationship that occurred during the help events that were particularly meaningful to both the participants and volunteers. Multiple studies have also found that peer led programs for older adults provide a social context and social support for the individuals involved (e.g., Chapin et al., 2013; Moody & Phinney, 2012; Segrist, 2007; Waters et al., 2011). The social support occurred during the conversations during the help event as well through deliberate acts from the volunteers to reach out to the participants (e.g., regular visits, phone calls). Smith (2012) highlighted that as people age they have less access to crucial social supports as family members may have moved away, and spouses and friends may have passed away. Having a program that can provide the needed social support can help to prevent social isolation for these community dwelling older adults. Dennis (2003) noted that peer support can extend a natural social network for individuals and has the possibility to complement other services. This was seen in the current research study through the referrals to the program from the Care Coordinators through South Shore Health. The Helping Hands program is able to complement the services that are being provided by providing the additional supports beyond those available through the formal health care system is not able to.

Multiple studies looking at peer support programs have emphasized the occurrence of *mutual support* between participants (e.g., Hemingway & Jack, 2013; Kerstetter et al., 2008; MacKean & Abbott-Chapman, 2012; McDonald & Brown, 2008). According to Hemingway & Jack (2013) participants and volunteers viewed themselves as assets to each other, offering support, advice and friendship. As well same age peers were able to

share understandings of common stage-of-life experiences (MacKean & Abbott-Chapman, 2012). In the current study this idea of reciprocity was something that strongly arose throughout the interviews with the participants and volunteers. The volunteers pointed out how the participants were giving back to the community or the program through their own expertise or enjoyments. The volunteers explained that each help event was a learning experience and the participants were able to teach them about things they would not otherwise have known.

The individuals who took part in this study expressed a positive perception of the Helping Hands program and the many positive impacts it has on their well-being and quality of life. These findings are similar to those from MacDonald and Brown (2008) and Hemingway and Jack (2013) and the results of the peer support program for older adults that they studied. The participants and volunteers described the program as being something they looked forward to and enjoyed, specifically the social interactions during the help events. As Simces et al. (2003) noted social support is associated with enhanced physical and psychological well-being in seniors, and seniors with higher self-esteem are more likely to engage in positive health behaviours. Several other studies highlighted improved well-being as a main perceived benefit for attendees and volunteers of peer support programs for older adults (Chapin et al., 2013; Dorgo, Robinson & Bader, 2009; Hemingway & Jack, 2013; MacKean & Abbott-Chapman, 2012). McDonald & Brown (2008) discussed how being a member of the peer group that they studied acted as a 'life force' and greatly enhanced their lives. Similarly the participants in the current study talked about the program as a 'help line,' feeling comforted knowing that there are people

in the community who are there to offer support. They described not knowing where they would be if it had not been for the program. As well the volunteers talked about how being involved in the program has added to their lives. A valued aspect to the program is the peer-to-peer component as it has supported companionship and social participation for all parties.

Lastly, the type of volunteer services that people engage in has been found to moderate the benefits among older volunteers. Wheeler, Gorey and Greenblatt (1998) noted that those who engaged in direct helping seemed to derive greater rewards (including higher quality of life scores) from volunteering than other elders engaged in more indirect helping roles (i.e. not face-to-face helping relationships). In the current study, some of the volunteers identified enjoying a more hands on or active role in the program versus just being on the Helping Hands program Board or doing behind the scenes research. As well the volunteers all expressed experiencing rewards from volunteering in the program, no matter their involvement. Whether they were volunteering more than once a week doing errands and house hold chores for participants, or driving to medical appointments once every two weeks, they expressed similar levels of enjoyment and reward from their experiences. This implies that the quality of the time spent providing support for individuals is more valuable than the quantity of time spent or number of help events completed to experience the positive outcomes.

For many of the reasons highlighted above the volunteers in this study were seen as not just volunteers but as *peers*, based on shared experiences of age but more importantly

living in the same community. Because they were from the same community as those needing helping, they understood what it meant to live there without access to transportation or other supports. Whether it is because they are the same age, have gone through similar experiences, or share interests, the volunteers are able to extend this natural social network to individuals in the community and provide the needed support.

5.3.3 Looking at Key Findings in Terms of Positive Aging Literature

This section is going to follow the structure provided in Figure 4 of how positive aging can be constructed starting with the individual and moving out into the greater community. All individuals within this study reported experiencing positive effects on their well-being from participating in the Helping Hands program; in turn this contributed to the possibility for them to experience aging in place. The programs aims and goals for the older adults living in the community connects greatly with current policy around positive aging in Nova Scotia. Lastly, the Helping Hands program is adding to the age-friendliness of Mahone Bay as a community by providing avenues for individuals to engage in civic participation, gain information, improve aspects around the home, transportation, increasing social participation for individuals.

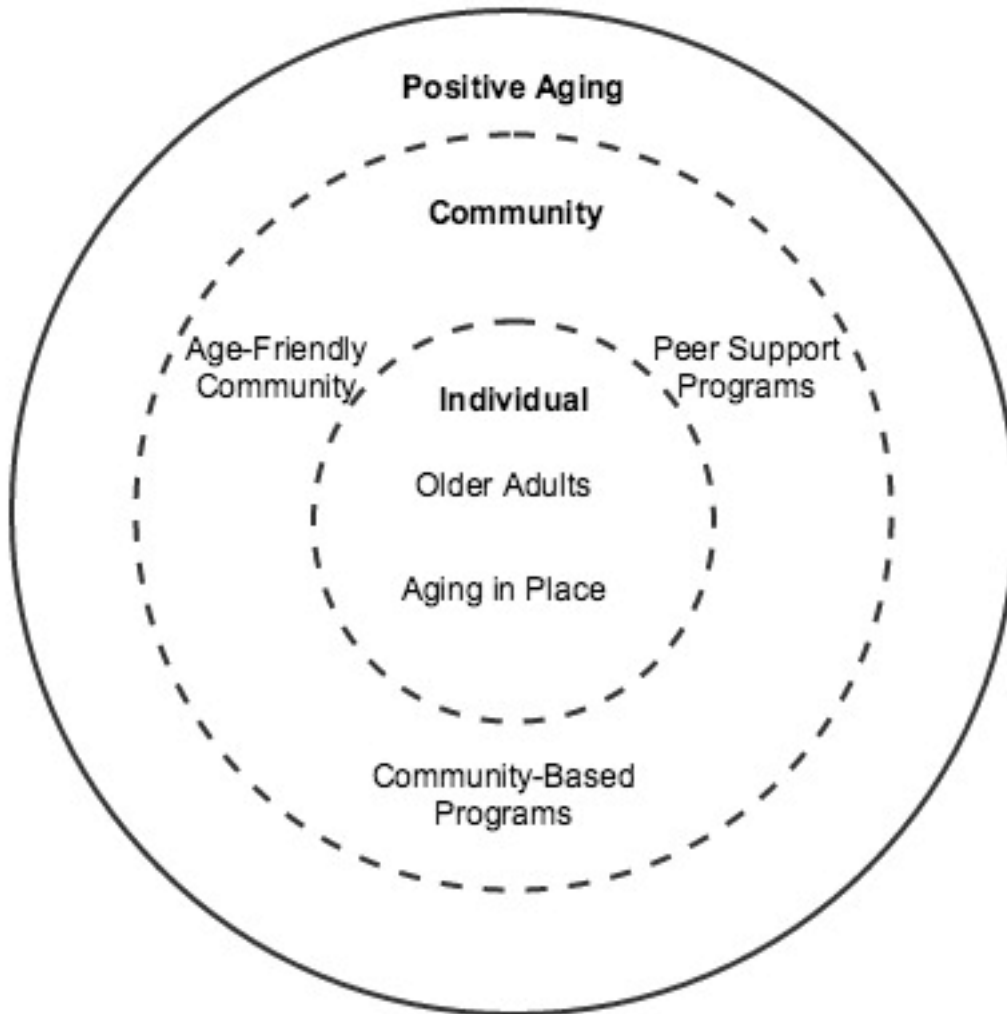


Figure 4. Connecting the Constructs

In order to meet the demands of individuals wanting to age in place, communities need to be able to adapt and meet the changing needs of the older adult population (Carstairs & Keon, 2009). The Helping Hands program (all of the individuals involved) recognizes the need for the program in the Mahone Bay community, and what supports are of high demand. This helps to accomplish one of the program’s aims of supporting individuals in the community and enabling them to age in place. For the participants who access the transportation services through the Helping Hands program, being able to get to medical

appointments that otherwise they would not have been able to improved their health and well-being. For other participants who receive support in their homes (e.g., small repairs, gardening, unpacking groceries) it has made their daily lives easier and enabled them to feel more confident and comfortable remaining in their homes.

The findings from this study are similar to those from a program in the United States, the “Village” model, a consumer-driven approach for assisting older adults living in the community (Scharlach, Graham, & Lehning, 2011). The “Village” model promotes well-being, independence, provides services, information and aims to help members live in their homes for as long as possible by providing peer support networks within each “village” to provide the needed supports. This concept is similar to that within the Helping Hands program and how they go about providing services for those older adults within the community who need it. Similarly, when Davenport, Rathwell and Rosenberg (2009) looked at aging in Atlantic Canada in terms of service-rich and service-poor communities they found that aging in place was most common in communities where seniors have access to a wide range of formal services. However rural areas were commended for their citizens’ ability to solve problems creatively and “take care of one another” without extensive amounts of formal support (Davenport et al., 2009, p. e156). For individuals living in Mahone Bay (a rural community) the Helping Hands program acts as this ‘creative way to solve a problem’ and provides the support for them to access the for formal services that are needed.

Moving into the community considerations of positive aging, the key characteristics of an age-friendly community provide a lens to examine whether and in what ways the Helping Hands program is an example of a community-based service that contributes to creating an age-friendly community. As noted in Chapter 2, the key characteristics of an age friendly community are: safe and accessible outdoor spaces and buildings, affordable and accessible transportation, well built, designed and located housing, social inclusion (opportunities to engage in leisure, social, cultural and spiritual activities), respect for older adults, civic participation and employment opportunities, available and age-friendly communication and information and community support and health services (Ontario Seniors' Secretariat, 2013; PHAC, 2009; WHO, 2007) (see Figure 2). The characteristics where the Helping Hands program appears capable of impacting for individuals living in the community were: transportation, civic participation, information and communication, housing, and social participation.

The town of Mahone Bay does not have public transportation and taxis services are expensive and not easily accessible (Age-friendly Mahone Bay Steering Committee, 2012). The Helping Hands program provides individuals who do not have access to transportation (either because they do not or cannot drive) with drives to wherever they need to go (e.g., medical appointments around the Mahone Bay area and Halifax, errands around Mahone Bay etc.). This allows these individuals to remain in their homes as they still have access to the services that they require. As well the Helping Hands program provides a more flexible alternative to other driving services within the community (e.g., VON driving service) that only run on certain days between certain times. The Public

Health Agency of Canada (2009) highlighted that there may be a discomfort felt by older adults having to be dependent on others to get around the community with regards to a loss of their independence and pride. However individuals in this study expressed that they were appreciative of the compassionate individuals who were so giving of their time. As well they saw that the program enabled them to maintain their independence by allowing them access to services within the community that they otherwise could not get to.

Lui and colleagues (2009) found that age-friendly communities are regarded as not just a space with a range of services but one that facilitates and recognizes the contribution and participation of older adults in the community. The volunteer opportunities provided in the Helping Hands program enable older individuals to engage in civic participation. The volunteers within the study expressed how their participation in the program was their contribution to the community in their retirement. This enables older adults living in the community who are capable to provide support to others using the skills and abilities that they have and make a difference within the community. Those individuals receiving support can also give back and provide assistance to the program and their community. This was seen through the many reciprocal acts that the participants performed (e.g., arranging appointment times that worked with the program) or through their leisure interests (e.g., baking, art).

The Helping Hands program has the opportunity to be an avenue to communicate necessary information to older adults in the community who may not know about

services that are available. Since the volunteers are in face-to-face contact and many times in the homes of the individuals who are receiving support it is a good opportunity for them to discuss events and services that are available. In providing this information it allows the older adults to be better connected to their community and supports them in their daily activities (PHAC, 2009). However, the Helping Hands program experiences a challenge itself in getting information out about the services that they offer. Information and knowledge about the Helping Hands program was found to spread primarily through word of mouth from individuals who knew about the program and what the Mahone Bay Centre was doing. However, as pointed out by the Age-friendly Mahone Bay Steering Committee (2012), people who live outside of town and or alone may not hear about what is happening. The Helping Hands program has had other campaigns (e.g. flyers, notices online) to promote the program and inform the community.

Housing is a key characteristic of an age-friendly community that the Helping Hands program contributes to by enabling individuals to remain in their homes. Housing challenges, including the accessibility of the home, and maintenance of the home and property can create barriers for individuals to remain in their homes (Salomon, 2010). The Helping Hands program provides supports around the home (e.g., small chores) as well as some maintenance (e.g., building shelves). As well the program has put in steps and walkways leading into people's homes, which allows them to be able to walk more safely in and out of their homes. Additionally they have put in railings going up the steps of houses and into the basement. This has a strong influence on personal mobility within

the homes and safety from injury (PHAC, 2009) for individuals living in their homes, which provides them with more confidence in being able to remain in their home.

Lastly, the recent discourse on age-friendly communities emphasizes the critical role of quality of social relations like respect and inclusion in the enhancement of quality of life of older people (Lui et al., 2009). The current study of the Helping Hands program found that participation in the program helped in reducing social isolation for those involved. For the participants, the companionship that formed through the relationships with the volunteers provided them with social interactions. The volunteers discussed how having the dependence of another individual and the schedule of the program added some structure to their lives and prevents them from being isolated themselves. Social networks, and social participation are important to healthy living (PHAC, 2009) and help give people the emotional and practical resources they need (Seniors' Secretariat, 2005). By providing an informal social network through the Helping Hands program, individuals within the community can experience the benefits of positive aging, including impacts on their physical and mental well-being.

Considering community-based programs and how they can have an impact on positive aging, the aims and goals of the program play a large part. In creating the concept for the program and in seeking funding opportunities, the Helping Hands program organizers considered the policies that were at the forefront of the government and local health authorities. Aligning the goals of the program with the Positive Aging Strategy (Seniors' Secretariat, 2005) gave funding agencies more confidence in the program to fulfill the

objectives within the policy. As well, recognizing the importance of adding value back to the community and finding out what the needs are of vulnerable community-dwelling seniors gave more reason for the formal health system to support the program.

In summary, the Helping Hands program has positive impacts on an individual level for those who are involved, which helps prevent social isolation and enable aging in place. It is a program that recognizes the importance and potential of positive aging and is assisting in creating an age-friendly community for the town of Mahone Bay. All of these sections of what the Helping Hands program is providing enables individuals to experience positive aging and the associated benefits.

5.4 IMPLICATIONS FOR PRACTICE

This research has implications for practice within community-based programming for older adults and peer support programs specifically. It was evident in the findings of this research that the Helping Hands program filled many gaps in services for older adults living in the community. As the majority of older adults want to age in place, there is an increased need for community programs that are meeting the needs of aging populations and providing appropriate supports. In order to fill the gap between services, seniors helping seniors programs need to have established partnerships with not only other community programs but also formal health and continuing care services. By understanding what the current provision of services are within the continuum of care (having mapped the resources within the community) a program can better fill the gaps that are apparent. An essential feature of the success of the Helping Hands program was

the referral processes the program had established with the regional health authority.

With established partnerships, formal health and social services programs recognize and *trust* the ability of a senior helping senior program to address the health and well-being needs of the older adults in their jurisdiction.

Programs need to be conscious of current policies that are at the forefront of government and the health care system, such as the *Strategy for Positive Aging* (Seniors' Secretariat, 2005), and align their goals in order to provide purpose and structure to the program. As well government and other funding agencies need to recognize the need for programs like Helping Hands that provide the necessary support within rural communities for older adults and aid in supporting these programs to make them sustainable within the community. The Helping Hands program fills the gaps in services provided, as it was developed to support the unmet needs of individuals in the community. By creating a more age-friendly community it will promote wellness while enabling older adults to participate in meaningful community activities and live comfortably at home further into old age (Age-Friendly Mahone Bay Steering Committee, 2012). By utilizing the model of an age-friendly community to examine the Helping Hands program, the research highlights possible connections between experiences within a peer support program, the meaning participants attach to the support given and received and its effects on positive aging.

The volunteers who provide the support, as seen from this study, need to be compassionate and recognize what is needed within the community and expected of them

by the support recipients. The program needs to have structures in place that will provide the volunteers with the proper information and reassurance in order to feel confident going out in the community to provide support. A concern that developed from this study was around the volunteers not wanting to be ‘tied down’ by their commitment to the program. The program needs to recognize and understand that individuals want to still take part in other aspects of life, and have a system set in place to replace volunteers as others become busy. As part of this it is important that the program organizers consider the idea of episodic volunteering as the program is recruiting new volunteers so that everyone is aware of the type of commitment individuals are willing to provide to the program. Program organizers can promote the program to potential and current volunteers by advocating for the value-added benefits of volunteering (e.g., helping others, contributing to the community, etc.) in a hands-on peer support program. As well as sharing the benefits that current volunteers have experienced and the impacts they have had on individuals in the community, highlighting the impacts of the peer aspect within the program (e.g., preventing social isolation) would help potential volunteers to understand how important their work was to the health and well-being of others in their community. To not only attract potential volunteers but also to maintain participation of current volunteers programs need to understand individual’s motivations for joining the program, and being intentional about providing ways for them to experience their motivations in order to maintain their interest in the program.

As seen in this seniors helping seniors program, peer support within community-based program for older adults can be beneficial for both the individuals receiving and

providing support. Programs need to be aware of the individuals within the program and either what their unique needs or skills are and how they can be met or utilized within the program respectively. As well it is important to be able to connect the right people (e.g. volunteer to participant), considering the whole person in the process in order to make a match that will work for both individuals.

In terms of specific implications for leisure programs and programmers, by incorporating a peer support component within a leisure program this might enable people who might not otherwise participate to have the confidence to give a program a try. As well the companionship that can develop between individuals would benefit both partners. Being intentional about cultivating common interests between peers in order for both individuals to be able to participate and provide their own talent to the experience.

Having a peer in the community to inform others about programs, and encourage people to join or continue to go could be helpful. As well if they can coordinate drives to get to the program among peers within the community that could eliminate a barrier to participation.

5.5 LIMITATIONS AND NEED FOR FUTURE RESEARCH

The aim of this research study was to understand the overall meanings associated with participation in a peer support program for older adults. This was done through obtaining the perceptions and experiences of participants, volunteers and program organizers of a specific case, the Helping Hands program. Given this was a case study of a single program and the small number of participants who took part in interviews and

observations were limiting factors to this study. As a result the findings from this study cannot be generalized across target populations or to other diverse contexts; however the findings do allow for some transferability between similar contexts (e.g., rural communities). The triangulation of data that was gathered (program documents, semi-structured interviews and observations) allowed for an in-depth look into the Helping Hands Program. However only being involved with the case and participants for a short period of time provided a limited view or ‘snap shot’ of what takes place in the Helping Hands program. A longer involvement with the program could have provided a different view and understanding of the case. Additionally only looking at one case (the Helping Hands Program) is a limitation to this research and an area where future research is needed. Analyzing multiple peer support programs for older adults in varying communities (rural and or urban) would increase the scope and understanding within this area of research.

Further research is needed in terms of study methodology, implications around leisure and reciprocity for support recipients. As this was a qualitative study further research could employ the uses of validated measures to evaluate impacts of participation (e.g. in relation to well-being or sense of belonging). However, other qualitative methodologies could add unique perspectives into participation and impacts of the program for individuals including an ethnographic analysis and representation of the program. Using ethnography could allow for further exploration into the program, beliefs of the participants, and issues facing the group. As well a collective case study (or multiple case study) design would enable researcher to study programs from several sites to identify

unique and common features of seniors helping seniors programs. A study that looks more critically at the volunteers' experiences could also help to develop a more nuanced understanding of the connections (or disconnections) to leisure. Lastly an intervention study could be of value to understand the potential impacts focusing on finding ways for help recipients to give back, to draw on the peer-to-peer aspect of the program.

5.6 CONCLUSION

The overarching question that guided this study was “what are the meanings associated with participation in the Helping Hands program for the older adults who provide and receive the service?” For the participants the program had great significance in their lives, and provided them with many positive impacts including enabling them to age in place, companionship and social networks within the community, get the physical help they need to make daily life easier (e.g., chores around the home, drives to medical appointments and to errands etc.) and improved well-being. The volunteers who provided the support also found meaning within the program as they found it extremely rewarding and added to their lives in the enjoyment they experienced, the companionship aspect of help events and fulfillment of helping someone in need.

As the proportion of older adults in the community increases, the need for community-based programs that can meet the needs and be sustainable are greater. This research provided an outline of the distinctive characteristics of the Helping Hands program and the support and services that are provided. By understanding of the needs of individuals within the community, the Helping Hands program impacts these older adults' abilities to

experience positive aging. This program is an example of a peer support program that provides opportunities for contributing to the community as well as an avenue to access services within the community for those who are in need. This demonstrates that positive social networks, engagement and support for older adults living in the community are key aspects to age positively, in the community and home, that are desirable to individuals.

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APPENDICES

APPENDIX A: LETTER OF SUPPORT FROM HELPING HANDS PROGRAM



MAHONE BAY CENTRE

“Building at the Heart of the Community”

June 21, 2014

To Whom It May Concern:

Re: Beth Hagarty’s Research Project on Seniors

Several months ago Beth Hagarty approached us, along with her thesis advisor, to see if we would cooperate on a research project for her Master’s thesis, entitled **Peer Support: A Case Study of The Helping Hands Program**. We were happy to do so.

Seniors Helping Seniors (SHS) has been a program of the Centre’s Seniors Project since 2009. The purpose of the program is to mobilize volunteers to help seniors with occasional household chores that are becoming too difficult or hazardous, and to help get to appointments and run other errands. The idea is to enable seniors to remain in their own homes, safely, longer than might otherwise be possible. There is also a strong element of addressing the risk of social isolation.

The program has grown significantly in the past two years, in part because of increased referrals from the local health authority, South Shore Health, and their Care Coordinators. We have just launched a new 15-month, \$81,000 pilot project, Helping Hands, to extend the Mahone Bay area model to other communities in the health district.

We believe that our current project will provide Ms. Hagarty with a rich vein of experience of seniors, both volunteers and recipients, to analyze what participation in such a peer support system means to them. It also has the potential of informing us as we move forward with our pilot project, including possible evidence to attract future participants in the expanded program. We will ensure that participants’ privacy is protected.

We are also pleased, more generally, that such increased attention is being paid in the academic research community to this important volunteer activity as part of the wider effort to respond to the challenges of an aging population that our society faces.

Sincerely,

Ted Hobson
Director
Mahone Bay Area Seniors Project

MAHONE BAY CENTRE SOCIETY, a not-for-profit, community-based organization
tel (902) 624-0890 fax (902) 624-0485 welcme@mahonebaycentre.com
45 School Street, Box 489, Mahone Bay B0J 2E0

APPENDIX B: RECRUITMENT INSTRUMENTS

Explanation of Study/Mail out letter



Hello, my name is Beth Hagarty and I am a graduate student at Dalhousie University. I am conducting a study to understand people's experiences in the Helping Hands Program and what it means to you to participate in the program. This understanding will help learn about what's important in community-based programs for older adults. I am looking to speak with individuals who are currently involved in the program as either a volunteer offering support or individuals receiving support. I am very interesting in hearing about your experiences. There is no preparation that is needed to be involved in the study, just knowledge about your experiences within the program. The commitment to this project could be in two ways: (1) a one-on-one interview with myself and/or (2) allow me to observe a help event that you are involved with (agreed upon by both individuals involved in the help event). You can decide to be involved in one or the other or both of these.

The interview will be set up in a mutually agreed upon location that is readily accessible to you. The time commitment for the interview will take approximately forty-five to sixty minutes. As well, the observation will take place during a mutually agreed upon help event between all individuals involved. I will follow up these observations with questions about what was important to you in the experience. The time commitment for observing the help event will depend on the event being observed (if it is a short home visit it may be an hour; if it is a longer outing or community event it may be four to five hours). At all times during the study, your confidentiality will be maintained.

If you have any question or are interested in participating in this study to advance the knowledge of community-based programming for seniors please contact me through email at bhagarty@dal.ca or telephone at 226-820-4317.

Thank you very much for your time.

Beth Hagarty

Primary Researcher

Beth Hagarty
Masters of Arts in Leisure Studies Candidate
School of Health and Human Performance,
Dalhousie University

bhagarty@dal.ca
226-820-4317

Graduate Supervisor

Dr. Susan Hutchinson
Associate Professor
Leisure Studies
Dalhousie University

susan.hutchinson@dal.ca
902-494-5120

Peer Support: A Case Study of The Helping Hands Program

Study Aim: To understand what participating in the Helping Hands program means to you, particularly as it relates to aging well, leisure experiences, and age-friendly communities.

Are you a current member of the Helping Hands Program?

We want to hear from people like you.

To learn more, or if you have any questions about this project please contact:

Beth Hagarty
bhagarty@dal.ca
226-820-4317



APPENDIX C: KEY INFORMANT CONSENT FORM



Project Title: Peer Support: A Case Study of The Helping Hands Program

Lead Researcher: Beth Hagarty, MA Candidate 2015, School of Health and Human Performance, Leisure Studies, bhagarty@dal.ca

Graduate Supervisor: Dr. Susan Hutchinson, Associate Professor, School of Health and Human Performance, Leisure Studies, susan.hutchinson@dal.ca

You are invited to take part in a research study being conducted by Beth Hagarty who is a graduate student at Dalhousie University, as part of her Masters of Arts in Leisure Studies thesis project. Your participation in this study is completely voluntary and you may withdraw from the study at any time. The study is described below. This description will tell you about the purpose of the study, the risks, inconvenience or discomfort you might experience. Participating in the study will not benefit you directly, but could benefit development of other seniors serving seniors programs. You should discuss any questions about this study with Beth Hagarty.

Purpose of the Study

The purpose of this study is to explore the expectations, perceptions and experiences of participants of the Helping Hands program, which is considered a peer support program for older adults. It will be used to understand the participants' ideas about this support, for both the individuals giving support and those receiving support. The present research study aims to understand the overall meanings associated with participation in the Helping Hands Program, particularly as it relates to positive aging.

Study Design

For this study, you are being asked to participate in an interview with Beth Hagarty, the student researcher. The interview will take approximately half an hour to an hour to complete and will also be audio-recorded (by permission from the participants) and transcribed by the researcher. The interviews will take place in a location selected by the participant, or in a private room at the Mahone Bay Centre. The interviews will aim to build on the context of the Seniors Project and Helping Hands Program providing further background information. As well, the questions will be aimed at understanding any lessons learned in implementing and maintaining the program, what experiences they have had and what effects and/or impacts they have seen in themselves and the participants of the program.

Who can take part in the research study?

You can take part in this study if you are currently a program organizer of the Helping Hands Program at the Mahone Bay Centre and are willing to act as a key informant to the researcher during the study.

How many people are taking part in the study?

1-2 program organizers will be recruited to take part in this aspect of the study.

Who will be conducting the research?

The lead researcher of the study will be Beth Hagarty, a graduate student from the School of Health and Human Performance in Leisure studies at Dalhousie University under the supervision of Dr. Susan Hutchinson.

Possible risks and discomforts

The study aims to have minimal risks and discomforts for the participants. The interview will be in a private room or office at the Mahone Bay Centre for convenience to the program organizers. At any point you are able to stop the interview, or not answer any questions that you feel may put you or the program at risk or discomfort. We do not want to cause any distress for anyone involved.

Possible benefits

There are no direct benefits to those participating in this study. However, the information and understanding gained from participation could benefit the program development in the future.

If you decide to stop participating

You are free to leave the study at any time with no repercussions from the researcher or the program. If you decide to stop participating at any point, you can also decide whether you want any of the information that you have contributed up to that point to be removed and not used.

Confidentiality

The privacy and confidentiality of all participants of the study will be maintained through the research and all written reports or publications released. Pseudonyms will be used in lieu of your actual name in any written reports. All your identifying information will be kept in a separate file, in a secure location. All electronic records will be kept secure in a password-protected file on the researcher's personal computer. Your name and personal information will not be released. This means that you will not be identified in any way throughout this study.

There may be limitations to maintaining the confidentiality of the participants as the Mahone Bay community and Mahone Bay Center are both quite small and closely knit. The researcher will not share who has participated, but participants themselves will have to avoid self-identifying if confidentiality is important to them. As well key informants are asked to not use personal information of any participant involved in the program when providing information during the interview.

Duty to Disclose Abuse or Neglect

The researcher has ethical and legal responsibility to disclose should they become aware of a known or suspected incident of abuse or neglect of a vulnerable adult in accordance with current Nova Scotia adult protection legislation.

Questions

If you have any questions concerning this study please contact the primary researcher, Beth Hagarty by phone at 226-820-4317 or by email at bhagarty@dal.ca. If you prefer, you can also reach my supervisor, Dr. Susan Hutchinson, at 902-494-5120 or at susan.hutchinson@dal.ca. We will also tell you if any new information comes up that could affect your decision to participate.

Problems and Concerns

If you have any ethical concerns about your participation in this study, you may contact the Director, Research Ethics, Dalhousie University at 902-494-1462 or ethics@dal.ca.

Primary Researcher

Beth Hagarty

Masters of Arts in Leisure Studies Candidate
School of Health and Human Performance,
Dalhousie University

bhagarty@dal.ca
226-820-4317

Graduate Supervisor

Dr. Susan Hutchinson

Associate Professor
Leisure Studies
Dalhousie University

susan.hutchinson@dal.ca
902-494-5120

Informed Consent Form

I have read the explanation about this portion of the study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part in this portion of study. I realize that my participation is voluntary and that I am free to withdraw from the study at any time. I consent to have the researcher observe help events under the conditions stated above, with the specific permissions indicated below.

I consent to the researcher taking field notes to capture the context and experiences of participation in the help event.	Yes	No
I consent to the researcher using an audio recorder to capture my thoughts during the follow-up questions immediately after the help event.	Yes	No
I consent for quotes from the follow-up questions to be used in project reports and publications as long as I'm not identified by name.	Yes	No
I consent to all oral information and materials presented during the help event must remain confidential and anything discussed today must remain between those present.	Yes	No
I would like to receive a summary of the final results of this study.	Yes	No

Participant Name: _____ Signature: _____ Date: _____

Researcher: _____ Signature: _____ Date: _____

APPENDIX D: INTERVIEW CONSENT FORM



Project Title: Peer Support: A Case Study of The Helping Hands Program

Lead Researcher: Beth Hagarty, MA Candidate 2015, School of Health and Human Performance, Leisure Studies, bhagarty@dal.ca

Graduate Supervisor: Dr. Susan Hutchinson, Associate Professor, School of Health and Human Performance, Leisure Studies, susan.hutchinson@dal.ca

You are invited to take part in a research study being conducted by Beth Hagarty who is a graduate student at Dalhousie University, as part of her Masters of Arts in Leisure Studies thesis project. Your participation in this study is completely voluntary and you may withdraw from the study at any time. The study is described below. This description will tell you about the purpose of the study, the risks, inconvenience or discomfort you might experience. Participating in the study will not benefit you directly, but could benefit development of other seniors serving seniors programs. You should discuss any questions about this study with Beth Hagarty.

Purpose of the Study

The purpose of this study is to explore the expectations, perceptions and experiences of participants of the Helping Hands program, which is considered a peer support program for older adults. It will be used to understand the participants' ideas about this support, for both the individuals giving support and those receiving support. This study aims to understand what participating in the Helping Hands program means to you, particularly as it relates to aging well in the Mahone Bay area.

Study Design

For this study, you are being asked to participate in an interview with Beth Hagarty, the student researcher. The interview process (including screening process, informed consent process and the actual interview) will take approximately an hour to an hour and a half to complete and will also be audio-recorded (by permission from the participants) and transcribed by the researcher. The interviews will take place in a location selected by the participant, or in a private room at the Mahone Bay Centre. The purpose of the interview is to understand what it means to you participate in the Helping Hands Program. Questions will focus on participant's experiences in the program, the meaning it has for them, potential impacts of the program, and aspects of leisure engagement.

Who can take part in the research study?

You can take part in this study if you are currently participating in the Helping Hands program in some capacity, whether it is volunteering and giving support to individuals in the community or receiving support from the Helping Hands program.

How many people are taking part in the study?

For the individual interviews, I am interested in talking with 3-4 individuals who are receiving support with the program and 3-4 individuals who are volunteering and giving support. The total number of participants will be 6-8.

Who will be conducting the research?

The lead researcher of the study will be Beth Hagarty, a graduate student from the School of Health and Human Performance in Leisure studies at Dalhousie University under the supervision of Dr. Susan Hutchinson.

Possible risks and discomforts

The study aims to have minimal risks and discomforts for the participants. The interview location will be chosen by the participants to allow the space to be easily accessible and comfortable. Aspects of emotional wellbeing may be discussed which could cause some discomfort. At any point you are able to stop the interview, or not answer any questions that may put you at risk or discomfort. We do not want to cause any distress for anyone involved.

Possible benefits

There are no direct benefits to those participating in this study. However, the information and understanding gained from participation could benefit the program development in the future.

If you decide to stop participating

You are free to leave the study at any time with no repercussions from the researcher or the program. If you decide to stop participating at any point, you can also decide whether you want any of the information that you have contributed up to that point to be removed and not used.

Confidentiality

The privacy and confidentiality of all participants of the study will be maintained through the research and all written reports or publications released. Pseudonyms will be used in lieu of your actual name in any written reports. All your identifying information will be kept in a separate file, in a secure location. All electronic records will be kept secure in a password-protected file on the researcher's personal computer. Your name and personal information will not be released. This means that you will not be identified in any way throughout this study.

There may be limitations to maintaining the confidentiality of the participants as the Mahone Bay community and Mahone Bay Center are both quite small and closely knit. The researcher will not share who has participated, but participants themselves will have to avoid self-identifying if confidentiality is important to them.

Duty to Disclose Abuse or Neglect

The researcher has ethical and legal responsibility to disclose should they become aware of a known or suspected incident of abuse or neglect of a vulnerable adult in accordance with current Nova Scotia adult protection legislation.

Questions

If you have any questions concerning this study please contact the primary researcher, Beth Hagarty by phone at 226-820-4317 or by email at bhagarty@dal.ca. If you prefer, you can also reach my supervisor, Dr. Susan Hutchinson, at 902-494-5120 or at susan.hutchinson@dal.ca. We will also tell you if any new information comes up that could affect your decision to participate.

Problems and Concerns

If you have any ethical concerns about your participation in this study, you may contact the Director, Research Ethics, Dalhousie University at 902-494-1462 or ethics@dal.ca.

Primary Researcher

Beth Hagarty

Masters of Arts in Leisure Studies Candidate
School of Health and Human Performance,
Dalhousie University

bhagarty@dal.ca
226-820-4317

Graduate Supervisor

Dr. Susan Hutchinson

Associate Professor
Leisure Studies
Dalhousie University

susan.hutchinson@dal.ca
902-494-5120

Informed Consent Form

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part in this study. I realize that my participation is voluntary and that I am free to withdraw from the study at any time. I consent to participate in the interview process under the conditions stated above, with the specific permissions indicated below.

I consent to the interviewer using an audio recorder to capture my thoughts and experiences of participation in the Helping Hands Program.	Yes	No
I consent for direct quotes from the interview to be used anonymously in project reports and publications.	Yes	No
I would like to receive a copy of the transcript produced from interview for approval, and will provide any changes within two weeks of receiving it.	Yes	No

Participant Name: _____ Signature: _____ Date: _____

Researcher: _____ Signature: _____ Date: _____

APPENDIX E: OBSERVATION CONSENT FORM



Project Title: Peer Support: A Case Study of The Helping Hands Program

Lead Researcher: Beth Hagarty, MA Candidate 2015, School of Health and Human Performance, Leisure Studies, bhagarty@dal.ca

Graduate Supervisor: Dr. Susan Hutchinson, Associate Professor, School of Health and Human Performance, Leisure Studies, susan.hutchinson@dal.ca

You are invited to take part in a research study being conducted by Beth Hagarty who is a graduate student at Dalhousie University, as part of her Masters of Arts in Leisure Studies thesis project. Your participation in this study is completely voluntary and you may withdraw from the study at any time. The study is described below. This description will tell you about the purpose of the study, the risks, inconvenience or discomfort you might experience. Participating in the study will not benefit you directly, but could benefit development of other seniors serving seniors programs. You should discuss any questions about this study with Beth Hagarty.

Purpose of the Study

The purpose of this study is to explore the expectations, perceptions and experiences of participants of the Helping Hands program, which is considered a peer support program for older adults. It will be used to understand the participants' ideas about this support, for both the individuals giving support and those receiving support. This study aims to understand what participating in the Helping Hands program means to you, particularly as it relates to aging well in the Mahone Bay area.

Study Design

For this study, you are being asked to have a help event observed by Beth Hagarty, the student researcher. The observations will be of a regular occurring help event between two participants in the Helping Hands Program. The participants will be asked to take part in the help event as they usually would, and the researcher will take field notes about what is happening during the help event. Immediately after the help event, together the participants will be asked a series of questions about the experience that day and what was important to them. These questions will also be audio-recorded (by permission from the participants) and transcribed by the researcher. The actual help event could range in the time it takes (e.g., a home visit may be an hour whereas an outing or a community event may be 2-3 hours); however the follow-up questions should take between fifteen and twenty minutes.

Who can take part in the research study?

You can take part in this study if you are currently participating in the Helping Hands program in some capacity, whether it is volunteering and giving support to individuals in the community or receiving support from the Helping Hands program.

How many people are taking part in the study?

2-3 dyads of individuals (2-4 pairs of volunteers and support recipients within the Helping hands Program) will be recruited for the observation of help events.

Who will be conducting the research?

The lead researcher of the study will be Beth Hagarty, a graduate student from the School of Health and Human Performance in Leisure studies at Dalhousie University under the supervision of Dr. Susan Hutchinson.

Possible risks and discomforts

The study aims to have minimal risks and discomforts for the participants. The observation locations will be chosen by the participants to allow the space to be easily accessible and comfortable. Aspects of emotional wellbeing may be discussed which could cause some discomfort. At any point you are able to stop the observation, or not answer any questions that may put you at risk or discomfort. We do not want to cause any distress for anyone involved.

Possible benefits

There are no direct benefits to those participating in this study. However, the information and understanding gained from participation could benefit the program development in the future.

If you decide to stop participating

You are free to leave the study at any time with no repercussions from the researcher or the program. If you decide to stop participating at any point, you can also decide whether you want any of the information that you have contributed up to that point to be removed and not used.

Confidentiality

The privacy and confidentiality of all participants of the study will be maintained through the research and all written reports or publications released. Pseudonyms will be used in lieu of your actual name in any written reports. All your identifying information will be kept in a separate file, in a secure location. All electronic records will be kept secure in a password-protected file on the researcher's personal computer. Your name and personal information will not be released. This means that you will not be identified in any way throughout this study.

There may be limitations to maintaining the confidentiality of the participants as the Mahone Bay community and Mahone Bay Center are both quite small and closely knit. Moreover, the participants involved in the dyadic observation will be known to each other. The researcher will not share who else has participated outside the dyads, but participants themselves will have to avoid self-identifying if confidentiality is important

to them. Participants in the observations of help events will be asked not to share the identity or any personal information of other participants, but confidentiality cannot be guaranteed.

Duty to Disclose Abuse or Neglect

The researcher has ethical and legal responsibility to disclose should they become aware of a known or suspected incident of abuse or neglect of a vulnerable adult in accordance with current Nova Scotia adult protection legislation.

Questions

If you have any questions concerning this study please contact the primary researcher, Beth Hagarty by phone at 226-820-4317 or by email at bhagarty@dal.ca. If you prefer, you can also reach my supervisor, Dr. Susan Hutchinson, at 902-494-5120 or at susan.hutchinson@dal.ca. We will also tell you if any new information comes up that could affect your decision to participate.

Problems and Concerns

If you have any ethical concerns about your participation in this study, you may contact the Director, Research Ethics, Dalhousie University at 902-494-1462 or ethics@dal.ca.

Primary Researcher

Beth Hagarty

Masters of Arts in Leisure Studies Candidate
School of Health and Human Performance,
Dalhousie University

bhagarty@dal.ca
226-820-4317

Graduate Supervisor

Dr. Susan Hutchinson

Associate Professor
Leisure Studies
Dalhousie University

susan.hutchinson@dal.ca
902-494-5120

Informed Consent Form

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part in this study. I realize that my participation is voluntary and that I am free to withdraw from the study at any time. I consent to participate in the interview process under the conditions stated above, with the specific permissions indicated below.

I consent to the interviewer using an audio recorder to capture my thoughts and experiences of participation in the Helping Hands Program.	Yes	No
I consent for direct quotes from the interview to be used anonymously in project reports and publications.	Yes	No
I would like to receive a copy of the transcript produced from interview for approval, and will provide any changes within two weeks of receiving it.	Yes	No

Participant Name: _____ Signature: _____ Date: _____

Researcher: _____ Signature: _____ Date: _____

APPENDIX F: KEY INFORMANT INTERVIEW GUIDE

Semi-structured interview guide of the questions that will be conducted by the researcher during the interview sessions with each key informant within the Helping Hands Program:

Good Morning/Afternoon (participant's name),

Before we begin I would like to go over the information about the study as well as the informed consent forms with you (see Appendix B). Do you have any further questions for me before we start?

1. Can you give a brief description of the Seniors Project and the relationship to the Helping Hands Program? (Description of the program, examples of help events etc.)
2. What motivated you to connect with the Helping Hands Program?
3. How are you involved with the program? (What is the nature of this work?)
4. What has the experience working with the program been like for you? (Positive? Negative? Why?)
5. What things are essential to the program running smoothly? Elaborate and provide examples? What seems to make a successful helping relationship?
6. Describe any key partnerships you have developed as part of the program? (Are they necessary for the program to run?) Explain further.
7. How would you describe the support exchanged through the program?
8. Are there any impacts that you have noticed, positive or negative, as a result of participation in the program? Personally, and in the clients and volunteers of the program.
 - a. Probe if not mentioned for: increase the independence of seniors? Increase use of peers for support? Improve the health and well-being of participants? Reducing the use of more traditional health services?

9. Do you have any suggestions for how community-based programs for seniors can be improved to help achieve the goal of increasing health, well-being and independence of seniors in the community?
10. What would you like to see in the future for the Helping Hands Program?

APPENDIX G: PARTICIPANT INTERVIEW GUIDE

Semi-structured interview guide of the questions that will be conducted by the researcher during the interview sessions with each participant who receives support services within the Helping Hands Program:

Good Morning/Afternoon (participant's name),

Before we begin I would like to go over the information about the study as well as the informed consent forms with you (see Appendix I). Do you have any further questions for me before we start?

1. What motivated you to connect with the Helping Hands Program?
2. What services do you receive from the Helping Hands Program? How long have you been participating in the program?
3. What has the experience within the program been like for you? (Positive? Negative? Why?)
4. What aspects of the program keep you participating?
5. How would you describe the support exchanged through the program?
6. What has it meant to you to have a Helping Hands volunteer assist you?
7. What does it mean to be able to connect with other individuals in the community?
8. How, if at all, does receiving help through the program influence your leisure participation? (probes for leisure including what they do in their spare time)
9. How has participating in the Helping Hands program affected your overall well-being in terms of your physical and mental health, social participation, and spirituality?
10. Do you think the program helps you stay more independent? Helps you remain in your home? (If so in what ways has it helped? If not, why?)
11. Are there any impacts that you have noticed, positive or negative, as a result of participation in the program?

(Through the interview probe for information around support, positive aging and leisure experiences, and the domains of age-friendly communities if they are not discussed.)

APPENDIX H: VOLUNTEER INTERVIEW GUIDE

Semi-structured interview guide of the questions that will be conducted by the researcher during the interview sessions with each participant who volunteers and gives support services within the Helping Hands Program:

Good Morning/Afternoon (participant's name),

Before we begin I would like to go over the information about the study as well as the informed consent forms with you (see Appendix I). Do you have any further questions for me before we start?

1. What motivated you to connect with the Helping Hands Program?
2. What services do you provide for the Helping Hands Program? How long have you been a volunteer with the program?
3. What has the experience within the program been like for you? (Positive? Negative? Why?)
4. What aspects of the program keep your participating?
5. How would you describe the support exchanged through the program? What support do you provide the person that you help? Do they provide you with any support?
6. What has it meant to you to provide support to individuals in the community?
7. What does it mean to be able to connect with other individuals in the community?
8. How, if at all, does the relationship influence your leisure participation? Do you consider volunteering leisure?
9. How would you describe your overall well-being, mental and physical well-being since participating in the Helping Hands Program?
10. Do you think the program helps you stay more independent?
11. Are there any impacts that you have noticed, positive or negative, as a result of participation in the program?

(Through the interview probe for information around support, aging well and leisure experiences, and the domains of age-friendly communities if they are not discussed.)

APPENDIX I: GENERAL FIELD NOTE OBSERVATION GUIDE

Aim: To guide observation of a help event within the Helping Hands Program in order to gain an overview of the event, the participants, and the purpose and begin to understand the experience within the program

To be Described	To be considered...questions to ask myself
What are the main activities of the current help event?	What are possible key/defining aspects of these activities? When did these occur?
Who is involved in the activities?	What ways are each participant involved in the activities?
Where is it taking place?	What is the setting and who else is present? How might this setting have an influence on the experience?
What are the explicit goals of the activities?	What is the purpose of each activity?
What explicit impacts do the activities have on the individuals?	Are they enjoying the activity, or not? Are they engaged and interacting or disengaged?

APPENDIX J: FOLLOW-UP INTERVIEW GUIDE

Semi-structured interview guide of the questions that will be conducted by the researcher after observing a help event between two individuals within the program. Both questions will be asked of each participant in the help event.

Thank you again for letting me observe this help event. Just to ensure, both of you have consented to having this short interview audio recorded. Are you alright if we continue? Do you have any questions before we start?

1. How typical was today in how you usually spend you time during a help event?
2. Can you explain to me what was important to you about what just happened during the help event?

(Through the interview probe to get at the meaning of the experience to each individual)

APPENDIX K: INITIAL ANALYSIS

The initial process of analysis that was used was to categorize the data into main ‘codes’ that were developed based on the research questions and relevant research questions. (See Tables 6 and 7 below). Using this deductive approach to data analysis allowed for the most applicable data to answer the research questions be drawn out and identified first. The categories that were developed for the volunteer and participant interviews were guided by the participant interview codes as the interview questions were similar and this would allow for direct comparison between the study participant groups. Upon receiving feedback from my thesis committee members, this coding structure was reviewed and a more inductive interpretation of the data was suggested and ultimately used in my final analysis.

Table 6. Preliminary Codes for Participant Perspectives

Categories	Defining the Categories	Sub-categories
Characteristics of the Experience	The basic features of their experience (characteristics) What they have been doing in the context of the Helping Hands program	Time with program Finding out about services Support received General feelings about program
Experience within the Program	Perceptions of their experiences Their understanding or impressions of their experiences within the Helping Hands program.	Perceived need Perceptions of the program Perceived reciprocity
Leisure	How the participants view and understand leisure within the context of the program	Social participation Giving back through leisure
Perceived Benefits	The beliefs or feelings about the positive outcomes associated with the program.	Impacts Wellbeing and quality of life Community access

Table 7. Preliminary Codes for Volunteer Perspectives

Categories	Defining the Categories	Sub-categories
Characteristics of the Experience	The basic features of their experience (characteristics) What they have been doing in the context of the Helping Hands program	Time with program Finding out about services Support provided Views of the program
Experience within the Program	The perception of their experience What their understanding or impression of their experiences are within the Helping Hands program	Reason for joining Perceptions of the program Perceived reciprocity
Leisure	How the individual views and understands leisure within the context of the program	Social participation Volunteering in relation to leisure
Perceived Benefits	The beliefs or feelings about the positive outcomes associated with the program	Impacts Wellbeing and quality of life