



Participation, Roles and Contributions of Seniors

*A Report to Social Development Canada
Knowledge and Research Directorate*

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Table of Contents

Acknowledgements	3
Abstract	4
Introduction	5
Theoretical Approach	8
Defining Key Constructs	9
Roles and Contributions of Seniors in Context	11
Roles and Contributions of Seniors in the Family Domain	12
Roles and Contributions of Seniors in the Community Domain	14
Roles and Contributions of Seniors in the Market Domain	16
Roles and Contributions of Seniors in the State Domain	20
Barriers and Facilitators to Engagement – Introduction	21
Barriers and Facilitators to Engagement in the Family Domain	21
Barriers and Facilitators to Engagement in the Community Domain	24
Barriers and Facilitators to Engagement in the Market Domain	25
Barriers and Facilitators to Engagement in the State Domain	27
Knowledge Gaps	28
Data Gaps	30
References	31

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Participation, Roles and Contributions of Seniors

Abstract

This report addresses one of seven key research themes in Social Development Canada's new Knowledge Plan: advancement of knowledge about well-being and participation across the life course. This same theme was similarly identified as a priority by the International Association on Gerontology in its 2002 "Research Agenda for the 21st Century". As a prelude to embarking on a research program on seniors' participation, roles and contributions, it is first necessary to establish a benchmark as to the current state of knowledge and to identify knowledge and data gaps. This is the purpose of this report.

Based on a review and analysis of extant literature, we understand that to age successfully—that is to enhance, preserve and/or restore quality of life—one needs to be physically, socially, intellectually, culturally and spiritually active. In sharp contrast to society's preoccupation with population aging, the 'dependency' of seniors, and the economic viability of social programs, we conclude that seniors are in fact increasingly contributing to society in diverse and often hidden ways and their contributions do not end when they are no longer paid employees. Rather than seniors becoming dependent consumers of society's resources, they are experiencing increased longevity that is filled with vitality, physical health and productivity.

Yet there remain individual, attitudinal and institutional factors that inhibit meaningful participation/contributions. These include such personal factors as health and functional status, education and income. Attitudinal factors include ageism and gender bias. Institutional barriers include lack of formal supports for those providing care to others, lack of transportation, lack of learning and training opportunities, lack of choice and flexibility in both paid and volunteer work arrangements, disincentives in the retirement pension and tax systems.

Key knowledge gaps revolve around better understanding (1) the concepts of meaningful contribution/participation and inclusive society; and (2) the mechanisms and processes that link participation in/contribution to the family, community, market and state domains and well-being in later life. Data that will move us toward filling these gaps include qualitative data on perceptions of contributions, participation and meaningfulness; and longitudinal, time series and/or retrospective data that will help reveal linkage mechanisms and processes.

Participation, Roles and Contributions of Seniors

Introduction

In a recent report titled 'Research Agenda on Aging for the 21st Century' the International Association of Gerontology established as its first research priority "Identify[ing] the contributions made by older persons to [the] social, cultural, spiritual and economic 'capital' of all nations" (Valencia Forum 2002, p.3). The authors go on to assert that there is a need to better understand what constitutes 'well-being' and 'quality of life' as one ages and the role that meaningful participation plays in maintaining these in later life. They further encourage us to explore the psychosocial determinants of meaningful participation in all spheres of life and the factors that facilitate integration.

Social Development Canada has similarly identified advancement of knowledge about well-being and participation across the life course as one of seven key research themes in their new Knowledge Plan that will guide and support its corporate plan over the next few years (Social Development Canada 2005). But before moving forward on any new research agenda it is important to have a clear understanding of the current state of knowledge. Therefore, in this report we review the literature from such diverse disciplines as gerontology, sociology, family economics, social and economic policy and the health sciences in order to establish a baseline and identify knowledge gaps for future research on the participation, roles and contributions of seniors.

In sharp contrast to society's preoccupation with the aging population, the 'dependency' of seniors, and the economic viability of social programs, seniors are in fact increasingly contributing to society in diverse and often hidden ways and their contributions do not end when they are no longer paid employees (Dosman et al. in press; Herzog et al. 1989; Robb et al. 1999). It is becoming increasingly clear that rather than seniors becoming dependent consumers of society's resources they are experiencing increased longevity that is filled with vitality, physical health and productivity (Ranzijn 2002). The belief that seniors are dependent may be explained in part by society's fixation on paid work as the main form of valued social contribution (Caro and Bass 1995a). Caro and Bass (1995a) argue that these beliefs are based on an over-abundance of data about early withdrawal from paid work instead of trying to understand participation in the formal and informal sectors in later life.

Although retirement affords many the opportunity to cut back on outside obligations, seniors most often continue their contributions to society in new and meaningful ways. For example, many seniors donate their time and expertise to volunteer and non-profit organizations which are now recognized as an important element of Canadian society (Canadian Centre for Philanthropy 2003). Seniors' social engagement, community and civic participation, paid and unpaid work for themselves and others and physically and cognitively active leisure often result in greater self-sufficiency and independence, and successful aging (McPherson 2004; Rowe and Kahn 1997).

Volunteering can promote societal cohesion and a sense of community, build a sense of responsibility and social capital, and help society to provide social services as well as foster social change (McPherson 2004). Volunteers are recognized as being part of the team that focuses on the vision of the organization, which in turn seeks to improve society. In large part, the sustainability and capacity of these non-profit and volunteer organizations depend upon the

continued participation and dedication of its volunteers (Canadian Centre for Philanthropy 2003). In addition, volunteer work is gaining importance as all levels of government continue to cut financial support to many social, medical, educational and entertainment related groups.

It is now understood that to age successfully—that is to enhance, preserve and/or restore quality of life—one needs to be physically, socially, intellectually, culturally and spiritually active (Chodzko-Zajko 2000). Participating in meaningful activities in later life has been linked to a wide range of positive outcomes for individuals: improved subjective well-being, happiness and life satisfaction; reduced loneliness; a greater sense of competence, self-esteem, self-worth and personal control; better physical, cognitive and mental health; ability to adapt to and cope with changes in lifestyle precipitated by widowhood, chronic illness, or disability; better problem solving capabilities; and reduced mortality and morbidity. As Table 1 illustrates, different types of engagement have been found to be associated with different outcomes in later life.

There are important downstream benefits for society when seniors engage in those activities that help them age well. These include cost savings to the health and continuing care systems and other social programs (Victorino and Gauthier 2005) as well as more positive societal perceptions of aging and older persons' place in society. McPherson (2004), for example, observes that active living among seniors serves to change society's perception of their passivity and dependence.

However, as McPherson (2004) notes, positive outcomes arise from engagement in activities that are personally meaningful and chosen freely, not those that are forced or require more involvement than is desired. Kelly (1997) and Katz (2000) similarly caution that it is important to consider the ethics of over-emphasizing participation in productive activity in a society dominated by a powerful work ethic. Tornstam (1992) notes that Western society is so focused on productivity, independence, and effectiveness that anyone who does not live up to these ideals is viewed with contempt or pity. Katz goes so far as to label the notion that "bodies, to be functional, must be busy bodies" the 'busy ethic' and likens it to the work ethic (p. 142). However, he rejects the idea that this "frenzy of activity" is, in and of itself, necessarily healthy. Indeed, Kelly points to the extremely low numbers of older adults attending activities at senior centres as evidence that current retirees aren't just waiting around for others to find them something with which to fill their time. He, too, cautions against over-structuring older people's lives and, like Katz, emphasizes the equal importance of having control over the choice of activities in which one participates. Adams and Blieszner (1995) also suggest that older adults age well when they can strategically select the types of engagement that best fit their needs and preferences.

Table 1: Studies of outcomes associated with seniors' engagement in meaningful activities

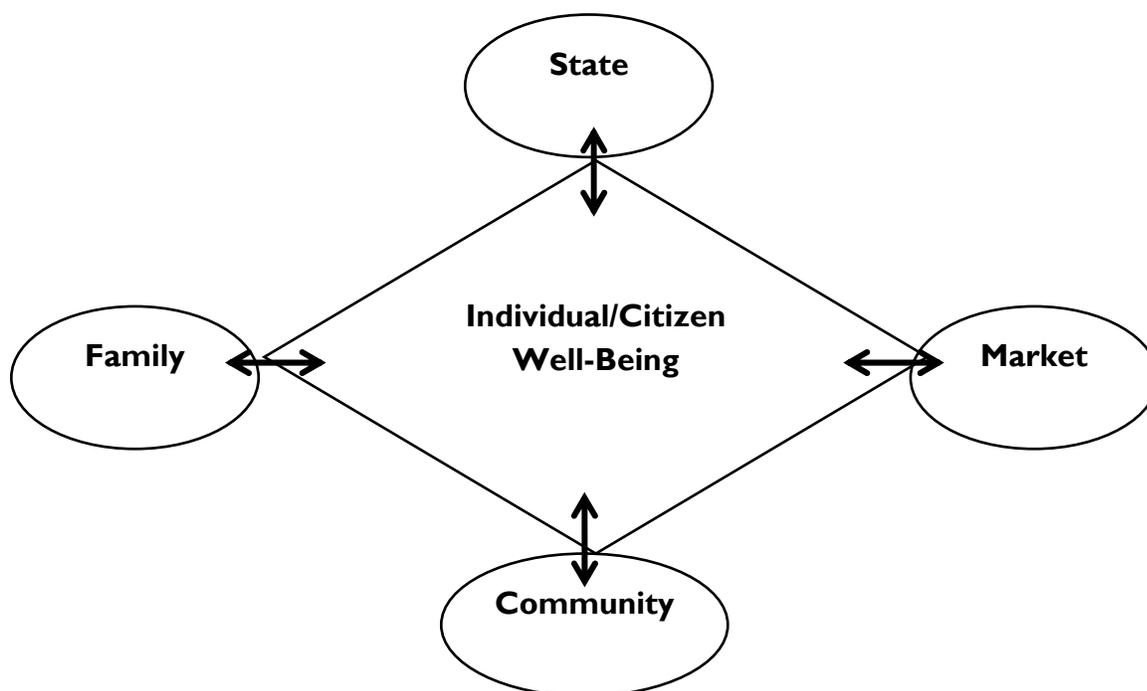
	<i>Productive</i>	<i>Social</i>	<i>Physical</i>	<i>Cognitive</i>
<i>Well-Being</i>	Butler (2002); Dellman-Jenkins et al. (2002); Fox and Gooding (1998); Krause et al. (1992); Lennartsson and Silverstein (2001); Luoh and Herzog (2002); McPherson (2004) Mendes de Leon et al. (2003); Menec (2003); Morrow-Howell et al. (2003); Nocon and Pearson (2000); Schwartz and Gidron (2002); Silverstein and Parker (2002); Strom and Strom (1995); Unger et al. (1997); WHO (1997),	Menec (2003); Nezelek, Richardson, Green and Schatten-Jones (2002)	Keysor and Jette (2001); Lee and Russell (2003)	
<i>Lower incidence of Mortality/Morbidity</i>	Butler (2002); Glass et al. (1999); Lennartsson and Silverstein (2001); Maier and Klumb (2005); Menec (2003)	Glass et al. (1999); Maier and Klumb (2005); Menec (2003)	DiPietro (2001); Glass et al. (1999); Keysor and Jette (2001); Maier and Klumb (2005); WHO (1997)	
<i>Independence</i>	Luoh and Herzog (2002) ; Menec (2003)	Menec (2003); Unger et al. (1997)	WHO (1997)	
<i>Increased Level of Cognitive Ability</i>		Bassuk et al. (1999); Zunzunegui et al. 2003		Narushima (2005); Strom and Strom (1995); Zunzunegui et al. (2003); Wilson et al. (2002)
<i>Improved Health Status</i>	Butler (2002); Lennartsson and Silverstein (2001); Luoh and Herzog (2002)		DiPietro (2001); Keysor and Jette (2001); WHO (1997)	

Theoretical Approach

The body of literature that helps us better understand the participation, roles and contributions of seniors is large, varied and complex. To help us make sense of this literature we have chosen as our organizing framework a modified version of the Welfare Diamond model developed for the Canadian Policy Research Networks by Jane Jensen (2004). The model was developed to identify policy levers for maintaining and enhancing individual well-being and social welfare. It identifies the main contexts that influence well-being, recognizes the ways in which they influence it, and helps identify when and how the contexts “fail” to maintain well-being. According to this model, market income, earned by oneself or by a family member, is the primary source of welfare. Welfare also is created or enhanced by non-market benefits and services provided within the family (e.g. care for children and dependent adults). Access to public services and income transfers from the state also are said to create welfare, as do community supports such as recreation and leisure facilities and services.

While Jensen’s conceptualization casts individuals almost exclusively as receivers, or takers, of resources from the market, state, community and family contexts, allowing for the *two-way* exchange of resources enhances the use of the model for examining individuals’ contributions (e.g. the purchase of goods and services from and supply of labour to the market; payment of taxes to the state; civic engagement in the community; and provision of unpaid labour to one’s family).

Figure 1: Welfare/Well-Being Diamond



Defining Key Constructs

Before reviewing the relevant literature on the nature of, and factors explaining, seniors' participation, roles and contributions it is useful to review how we are thinking about such key constructs as contributions, participation, engagement and well-being.

Contributions, participation and engagement. In this paper, we propose that in order to understand the contributions of older persons to the “social, cultural, spiritual and economic ‘capital’ of all nations” (Valencia Forum 2002, p.3), we need to move beyond productive activities, especially paid work, that are first to come to mind and most widely accepted, to include other meaningful activities as contributions. One model that captures such a conceptualization of contributions and participation is the International Classification of Functioning (ICF) framework developed by the World Health Organization (WHO 2002). This framework is intended to be used in various sectors to help describe barriers and facilitators that impact upon an individual's ability to participate in daily living. It is also intended to be used as a conceptual tool to inform decision-makers for planning and policy by providing essential information to describe participation as what one can do in a standard or usual environment. The framework uses the biopsychosocial model of health which provides a perspective of an individual's health using biological, individual and social aspects. In this light, an individual's level of functioning is “a complex phenomena that is both at the level of a person's body, and a complex and primarily social phenomena” (sic) (WHO 2002, p.9). One's functioning or ability to participate is an interaction between the person (internal) and the context in which they live (external). Participating includes involvement in all life situations and may be restricted by several factors including health conditions, environmental and personal factors that also may change over time. The domains of participation in this model include not only productive activities, but also learning and applying knowledge, self care, domestic life, and community and social life.

Understanding participation goes beyond assessing whether people are capable of various activities to examine whether they are actually able to carry them out in a real-life setting. Seniors' engagement in various activities is dictated in part by barriers they may face, such as their own health or limited support services, or by facilitating conditions such as their level of income or physical independence. The ICF framework shows the influence of environmental factors on participation. Environmental factors include social attitudes, architectural characteristics, climate and terrain, and legal and social structures. The focus on environmental contexts complements the Welfare Diamond framework. It also links participation to such personal factors as health conditions, body functions, gender, age, coping styles, and experience.

As part of the Hidden Costs/ Invisible Contributions research program, we conducted focus groups with older adults, caregivers to older adults, service providers, and policy makers to examine and compare perspectives on contributions. Focus group participants told us clearly that they think ‘outside the box’ when it comes to notions about what constitutes a contribution. While participants did identify activities that meet their own needs and those of others (such as domestic, care and volunteer work) as contributions, they went well beyond paid or even unpaid productive work activity to include such notions as a mentoring, maintaining a positive attitude toward life, and the recounting of one's life history. Research participants also noted that contributions can be impeded by environmental, social and physical barriers. For example, someone may wish to contribute to society by volunteering but may have poor eyesight or lack necessary transportation.

Well-being. It is important to identify the ways in which older people contribute to their families, the wider community and their own maintenance not only to challenge stereotypical views of dependency in old age, but also to understand how these activities relate to well-being. This, of course, begs the question, what is well-being? The common meaning of well-being in western societies has evolved over time, the focus changing from an early emphasis on access to and availability of material goods (e.g. adequate food, acceptable housing, sufficient finances, health care) to more contemporary concern with less tangible assets such as a sense of personal dignity, opportunities to pursue personal interests, and experiencing a satisfying life (Smith 2001). Some conceptions of well-being involve global judgments of life as a whole while others refer to more specific aspects of life, including *intrapersonal* aspects (such as self-esteem or self-acceptance), *interpersonal aspects* (relationships with spouse, family, socio-political conditions) and *other specific domains* such as health, job life, and leisure (Westerhof et al. 2001). These aspects are consistent with the domains from which the individual is thought to obtain resources according to the Well-being Diamond model.

Current theory and research do not yet provide a detailed blueprint for enhancing the well-being of older adults by way of making contributions, however the picture is becoming clearer. From a psychological point of view, well-being for older adults is often seen as the result of successful adaptation to changes that occur during the aging process. In seeking evidence of the connection between well-being and contributions, it appears that both the material and the psycho-social aspects are significant.

The contributions that older adults make range widely and it appears that the quality and meaning of people's contributions are as important as how much they do, particularly in terms of psychological well-being. Autonomy, competence and relatedness are three main human needs that help us understand the link between contributions and well-being (Ryan and Deci 2000). The need for *autonomy* involves perceiving that one's activities are congruent with the self, the need for *competence* is fulfilled by the experience of bringing about desired outcomes and effects, and the need for *relatedness* pertains to feeling that one is close and connected to significant others. When these needs are met we experience less mental and physical illness or ill-health in response to stressful events.

The need for autonomy and competence may be reflected in one's desire to achieve feelings of self control. Perceived self-control "is a judgment that one has power to obtain desired outcomes and avoid undesirable ones" and benefits the individual by generating positive emotions and buffering against negative psychological stress (Thompson 2002, p.203). Certain forms of contribution may represent efforts to exert such control—for example, self-care that helps older people maintain their independence in order to stay in their own homes. Even those who are unable to control the primary source of their stress, such as chronic illness, may still exert some control over other areas in their lives by keeping a positive attitude or trying to reduce stress for family members (Thompson 2002). Consider then, one definition of contributions as any activities that connect one's own actions to a desired outcome, including as mentioned above, keeping a positive attitude or engaging in self-care to the degree possible for an individual.

Autonomy and competence also may be connected to the ability to pursue personal goals in ways that are intrinsically valued and autonomously chosen, approached at a feasible level, and facilitated in their daily life context (Cantor and Sanderson 1999, p.230). People's self-reports of making contributions for "their own mental health" or because "it is the right thing to do" or "to relieve boredom" may reflect the role of goals meeting the need for autonomy and competence.

Consider the remark made by one focus group participant reflective of contributing and goal orientation:

I've always been a doer and the fact that you retire is just another word in the dictionary. It doesn't mean to say that you've just given up the fight for life. You just get on with what you've been used to all your life and I have been a worker, making things and doing things all my life. That is my contribution to myself and society.
(Walter, seniors' focus group, HCIC research program)

Finally, the need to belong and to form and maintain interpersonal relationships with others—that is, the need for relatedness—have been described as an essential part of well-being in much of the literature (Baumeister and Leary 1995; Myers and Diener 1995; Ryan and Deci 2000). A sense of belonging is proposed to have two defining attributes: the experience of being valued, needed or important with respect to other people, groups or environments; and the experience of fitting in with other people, groups or environments through shared or complementary characteristics. A selection of quotes from focus group participants illustrate that some forms of contributions provide opportunities to interact and form relationships with others thereby helping to fulfill the need for relatedness:

So to me, it is just exciting and fun to help people. I just really feel very good about it. I don't care about the rewards, I just really enjoy being with people and helping them as people have helped me.
(Helen, seniors' focus group, HCIC research program)

...no one ever accomplishes anything alone. And so, in a way, the obligation is you know to keep doing it, to help all those people that you've been working with, or to be part of it, or a whole bunch of you to achieve something that's worthwhile.
(Iris, seniors' focus group, HCIC research program)

Well there's always joy in doing something for someone. There's always pleasure in that. You get a good feeling about it. And they do a lot for me too, I'm not the only one doing it, but you know it's a responsive thing.
(Charlotte, seniors' focus group, HCIC research program)

In sum, then, the quality and meaning of people's contributions are as important as how much they do in terms of both material and psychological well-being. Contributions enhance well-being because they allow individuals to exert personal control, they provided opportunities to pursue personal goals in ways that are valued and at a feasible level, they provide opportunities to interact with others in ways that enhance one's feeling of belonging and they facilitate adaptive functioning.

Roles and Contributions of Seniors in Context

Over the past three decades, Canadian seniors have become more involved in aspects of active aging which include paid and unpaid work, housework and active pursuits such as fitness activities and sports, with a subsequent decrease in passive activities such as watching television and listening to tapes (Fast, Dosman, and Moran, in press; Victorino and Gauthier, 2005). Most Canadian seniors are able to look after themselves, spend as much time on household chores as those aged 15 to 64, and provide some sort of assistance to family and friends (Lindsay 1999). Seniors are also devoting a substantial amount of their time to many unpaid activities such as volunteering for charitable or non-profit organizations, to paid activities

such as part-time work; they are contributing through taxes and charitable donations and are becoming increasingly involved in civic activities such as voting and politics. In this section we summarize the empirical evidence

Roles and Contributions in the Family Domain

As caregivers. The majority of seniors are involved in providing some sort of assistance or care to someone they know, or even to strangers, and they perform more of this work than younger individuals (Gallagher 1994; Herzog et al. 1995; Herzog et al. 1989; Lindsay 1999; Robb et al. 1999; Stobert and Cranswick 2004). This unpaid work includes providing care to dependent or frail spouses, assisting friends and neighbours, visiting the sick and the elderly, caring for a disabled adult child, and parenting their grandchildren. That is, seniors are not “solely recipients of care” (Gallagher 1994, p.571).

Seniors providing care to the sick and disabled are performing the equivalent of a full time job (Caro and Bass, 1995a). In the United States almost 50% of seniors over the age of 75 reported providing some form of assistance to their family and friends (Herzog et al.1995) while in Canada in 2002 more than 1 in 12 seniors (or 321,000), many of them women, were looking after their disabled spouse, friend or neighbour (Denton 1997; Keating et al. 1999; Stobert and Cranswick 2004; Wiles 2003).

Seniors' unpaid care work is valuable unto itself. Robb et al. (1999) estimated the annual market value of care for caregivers over age 65 in 1992 to average \$13,919 for men and \$13,063 for women. In addition, the personal care, housekeeping, home maintenance and other tasks that seniors perform help others remain independent, thus helping to support and subsidize the public health and continuing care systems (Tennstedt et al. 1989). Indeed it has been observed that our health and continuing care sectors would collapse without this unpaid labour (Armstrong, Armstrong, and Fuller 2000).

As parents. Seniors also help their families by providing financial assistance to their children and can be called upon in an emergency to provide emotional and various forms of material support (McPherson 2004; Rosenthal and Gladstone 2000). Many seniors transfer their wealth to their younger family members in the form of gifts or inheritances. These transfers can influence wealth accumulation for the younger generations. It is estimated that in the United States 20% to 50% of the younger generations' net worth comes from transfers from their parents (Gale and Scholz 1994). In 1999 the aggregate net worth of Canadian family units age 55 and over stood at \$1.4 trillion. These families represented only 30% of all family units in Canada but held 46% of the aggregate net worth (Maser and Dufour 2001). Further, only families headed by someone age 55 or over experienced an increase in average net worth between 1984 and 1999m increasing by 20% for households headed by someone age 55 to 64 and 55% for those age 65 and over (Sauvé 2005). Much of this wealth will be inherited by the children and grandchildren of these seniors.

More parents also are facing the challenge of caring for adult children with chronic illness or disability. In part this is a “good news story”, arising from higher rates of survival and greater longevity following catastrophic birth defects and childhood injury and illness. Not such good news is the declining level of community resources for dependent adults that ensure that the burden of care for adult children with disability remains with parents (Cook 1988; Cook et al. 1997; Greenberg et al. 1993). Jennings (1987) reports that this is becoming a major concern to social workers as these numbers are expected to increase as formal support services continue to decrease. Parenting a mentally or physically handicapped child extends far beyond the

normal time frame and many feel that they are in a “perpetual parenthood” role (Jennings 1987, p.430). Parents of dependent adult children often have to deal with their child’s illness for long periods of time and become emotionally and physically drained by their responsibilities for monitoring medication compliance, moods, and behavioural problems and for physical care (Cook 1988; Greenberg et al. 1997). Elderly parents will almost certainly become frail themselves at some point and worry about the ongoing physical, emotional and financial dependence of their disabled child, as well as the decline of their own mental and physical health (Jennings 1987). Seniors who care for their disabled adult children receive fewer formal supports than do younger parents, receive very little functional assistance from their non-disabled children, and spend more time on caregiving tasks (Heller et al. 1997; Pruchno et al. 1996).

As grandparents. The majority of adults over the age of 65 are grandparents who engage in a variety of activities with their grandchildren while also providing both material and non-material resources such as gifts, child care and instilling family and social values (Rosenthal and Gladstone 2000; Vandell et al. 2003). Grandmothers typically engage with their grandchildren by discussing emotional and interpersonal issues, while grandfathers engage by offering advice on education, job seeking and finances (Rosenthal and Gladstone 2000). They also provide valuable respite care and help with transportation, medical and therapeutic interventions and financial assistance to children who are raising a disabled child (Schilmoeller and Baranowski 1998). Many mothers who received this support reported better psychological well-being and less parenting stress (Trute 2003). More importantly, these grandparents unconditionally love and accept these disabled children and provide hope to the families.

In Canada, up to 35% of grandparents who share homes with their children and grandchildren are the financial providers and over one in ten grandparents live in multigenerational homes without a middle generation, sometimes referred to as “skip-generation households”, in which the grandparents are the primary caregivers to their grandchildren (Milan and Hamm 2003, p.6; Roe and Minkler 1998/1999). These numbers are on the rise. According to the 2001 Canadian Census more than 57,000 grandparents were parenting their grandchildren, up by 20% from the previous decade (National Advisory Council on Aging 2005). The dramatic increase in the number of grandparents assuming this role is thought to be due to increases in alcohol and drug abuse, divorce, incarceration, AIDS and teen pregnancies (National Advisory Council on Aging 2005; Roe and Minkler 1998/1999; Rosenthal and Gladstone 2000). The time seniors spend providing assistance to their children and grandchildren amounts to the equivalent of a half time job (Caro and Bass, 1995a).

Seniors are also actively involved in foster grandparent programs in their communities engaging in one-on-one interactions with local children in daycares and schools (McPherson 2004).

As independent seniors. Many seniors continue to engage in other forms of unpaid work in their own homes, including domestic work such as meal preparation and laundry or home maintenance and repair, to maintain their own independence. Fast, Dosman, and Moran (in press) describe an increase in this work upon retirement for both women and men until a gradual decline occurs after the age of 75 or 80. Although these contributions may be “invisible” by society’s standards, it can be argued that by maintaining independence in their homes they avoid financial costs to society (Fast, Dosman, and Moran in press; Herzog et al. 1995; Herzog et al. 1989; Ranzijn 2002). Engagement in these active pursuits also serves to reduce public expenditures on health care as the activities have beneficial effects on both physical and mental health (Victorino and Gauthier 2005).

Roles and Contributions in the Community Domain

As volunteers. In contrast to current beliefs that the growing population of older adults and trends toward earlier retirement represents an economic drain on society, retired men and women have been shown to be making considerable economically and socially valuable contributions (Dosman et al. in press). Seniors are actively involved in a wide variety of community volunteer organizations, providing physical labour, managing events and helping with youth groups (Bradley 1999/2000). They also volunteer as unpaid board and committee members, spend many hours canvassing for non-profit organizations, fundraising, lobbying, doing executive and administrative work as well as supporting others by serving and delivering food (Bradley 1999/2000; Lindsay 1999). Seniors use their creative energies to organize events and organizations and supervise other volunteers (Jones 1999; Ranzijn 2002). Seniors continue to use their professional expertise by providing mentoring or counseling, tutoring and even preparing tax returns (McPherson 2004). They identify unmet needs in the community and then take action to meet those needs. They form groups to drive around their communities at night patrolling for “vandalism and hooliganism” as well as providing transportation to medical appointments, and acting as interpreters and advocates (Ranzijn 2002, p.43). Seniors also have been identified as one the largest groups of volunteers for teachers in elementary classrooms as more mothers enter the work force (Strom and Strom 1995).

Seniors who engage in such activities represent an impressive ‘workforce’. In 1997, up to 800,000 Canadians aged 65 and over were still participating in their communities as active volunteers and contributing up to 45% of the unpaid assistance provided to both the formal and informal sectors (Lindsay 1999; Robb et al. 1999). Seniors spend an average of four hours per week on volunteer activities and typically are involved in more than one sector or activity (Caro and Bass 1995b; Jones 1999; Lindsay 1999). Over 7% of seniors reported volunteering the equivalent of a half-time job and as many as one in five seniors aged 75 and older were still active as volunteers (Caro and Bass 1995b; Herzog et al. 1989). Canadian seniors contributed 179 million hours to volunteer agencies in 2000, representing 17% of all volunteer hours, up from 161 million hours in 1997 (National Advisory Committee on Aging, 2006). Seniors are seen as a valuable, reliable, eager and at times untapped source of volunteers for many non-profit and charity organizations (Dosman et al. in press; Goss 1999; McPherson 2004; Narushima 2005). Co-ordinators at several non-profit organizations in Toronto praised senior volunteers for their work ethic, patience, empathy and their broad knowledge of social issues which were described as valuable instrumental skills that are attained with age and wisdom (Narushima 2005). Many seniors continue to volunteer even after they have moved into retirement homes (McPherson 2004).

Further, there is growing evidence that rather than cutting back on their contributions to society, retirees engage in more unpaid productive work such as volunteer work, than those who are still employed (Dosman et al. in press). Seniors also spend more time on volunteer work (269 hours annually) than younger cohorts (130 hours among those age 15-24) (Hall, McKeown & Roberts 2001) and their engagement in volunteer work for non-profit organizations also lasts considerably longer (3 years or more) than that of younger volunteers (3 to 12 months) (Narushima 2005). In addition, recent increases in volunteer participation rates have been shown to be concentrated among those over age sixty (Goss 1999).

The value of these volunteer contributions is important as many or all would have to be purchased by others in society or financially supported by the state (McPherson 2004). Hall, McKeown & Roberts (2001) estimated that the hours of volunteer work performed in Canada in 2000 corresponded to 549,000 full time job equivalents. In market value the volunteer

contributions of seniors amounts to over five billion dollars annually; in other words seniors could be seen as returning to society up to 30% of what they receive in Old Age Security and Guaranteed Income Supplements (Robb et al. 1999).

For many seniors the opportunity to volunteer may serve as a coping mechanism as they shift roles from paid to retired employee, and from a structured to unstructured weekday (Bradley 1999/2000; Gallagher 1994). Volunteer work may provide an opportunity for seniors to continue to use their work skills and their vast and diverse lifetime experiences, helping them to ease into the new role of retired person with less formal responsibility and more free time (Jones 1999; Narushima 2005; Ranzijn 2002). Volunteer work provides a sense of meaning, purpose and identity for older adults after retirement (Bradley 1999/2000). Bradley further maintains that seniors who volunteer do so as a way to give back to society and to pass on knowledge to future generations. They are passionate about remaining involved with younger generations and have a strong concern for the world at large (Narushima 2005; Ranzijn 2002). The expertise of seniors can be invaluable as they want to remain involved in, and may have a better understanding of, social issues than younger generations (Ranzijn 2002).

Seniors also become involved in volunteer opportunities to support a cause they believe in or because they are personally affected by an organization's mandate or mission (Hall, McKeown & Roberts 2001). They are being invited by relatives, friends and neighbours to extend care to needy members of their communities and may volunteer to remain in contact with friends or to make new friends. Volunteering as a group helps them to support each other and to refrain from relying on social or government assistance (Ranzijn 2002). It is important to note that, unlike providing assistance to family and friends where a level of reciprocity is expected, there are no similar expectations when seniors donate their time and expertise to formal organizations where the rewards of their efforts are experienced by strangers (Krause et al. 1992). However, it has been suggested that seniors do gain a sense of increased personal control, self-esteem and self worth when they are able to provide assistance in formal settings (Krause et al. 1992). Seniors experience a transformation in their goals as they move from feeling a sense of personal motivation to give back to society to a broader feeling of community consciousness as they work to sustain their community (Narushima 2005).

Bradley (1999/2000) describes how engagement in volunteer work has been positively associated with an individual's socioeconomic status as measured by their level of education and income. That is, those with higher socioeconomic status have been shown to increase their level of involvement with volunteer organizations. It has also been suggested by Herzog et al. (1989) that as future cohorts of seniors attain higher levels of education, better health and are economically more secure they may in fact increase their engagement in productive activities such as formal volunteer work. These contributions may become even more important in the future as many organizations are experiencing a decline in younger volunteers. This is in part attributed to changing values among younger generations who are becoming less interested in volunteer opportunities and experiencing increased employment demands (Canadian Centre for Philanthropy 2003). Goss (1999) asserts that non-profit and community organizations would do well to actively recruit retiring adults into their organizations as the need for volunteers increases and it becomes increasingly obvious that seniors are willing to take on the tasks.

As charitable donors. According to the National Survey of Giving, Volunteering and Participating, 77% of all seniors made at least one financial contribution to a charitable organization in 2000. This represented a slight decline from the 80% who donated in 1997 and a slightly smaller proportion than among those age 35 to 54. Their donations also fell slightly between 1997 and 2000, from \$328 to \$308 on average. In 2000, Canadians of all ages also

supported charitable organizations by purchasing chocolate bars, apples, poppies, flowers, coupon books and lottery tickets. Those who were married were more likely to donate but those who were widowed donated larger amounts. Interestingly, while persons with higher incomes donated more, those with the lowest incomes donated a larger proportion of their incomes. (Hall, McKeown & Roberts 2001).

Canadians were motivated to make charitable donations because they felt compassion toward those they were helping, they had been personally affected by the organization, they felt they owed something to the community, they wanted to fulfill religious obligations or because they wanted an income tax credit. (Hall, McKeown & Roberts, 2001). There also appears to be a strong positive link between charitable giving and other forms of participation and contributions: those who make charitable donations are more likely than those who do not to be volunteers, to provide both financial and other forms of help directly to others, and to be otherwise involved in community organizations. Further, the proportion involved in these other supportive activities increases with the size of the donation (Hall, McKeown & Roberts, 2001).

Roles and Contributions in the Market Domain

As employees. Some Canadian seniors are living for more than two decades after retirement due to increased life expectancy (Duchesne 2004). In the past, the government and employers had considerable control over the “institution of retirement and individuals ... had little choice as to when and how to retire” but this has changed in recent years (McPherson 2004, p.291). The age at which one retires is now influenced by financial, family, and personal health circumstances, social norms, as well as work situations such as length of employment for retirement eligibility, availability and desirability of jobs (MacKenzie and Dryburg 2003; Walsh 1999; Statistics Canada 2002). As well, the decision to retire is influenced by the availability of public and private pension plans, the level of provincial unemployment rates and economic growth (Kieran 2001; MacKenzie and Dryburgh 2003). Retirement age also varies according to industry, business cycle, public policy, investment returns, and rate of inflation (MacKenzie and Dryburg 2003; McPherson 2004; Statistics Canada 2004). Although there was a longstanding trend toward early retirement in the late 1980s, due to downsizing in the public and private sectors, this trend slowed in the mid-1990s and had reversed by the end of the decade (Kieran 2001; Statistics Canada 2004). In 1997, the median retirement age for men was 61.4 and increased to 63.3 in 2003, while for women there was a marginal increase from 60.1 years in 1997 up to 60.4 years in 2003 (Statistics Canada 2004). Public sector employees tend to retire at earlier ages (55 years) than either private sector employees (65 years) or those who are self-employed (65+) and while the median retirement age has fluctuated over the last few decades, age 65 still remains as the most common age to retire (Kieran 2001).

Retirement also is no longer the fixed ‘event’ it once was but is increasingly a process involving gradual withdrawal from and movement in and out of the labour force over a period of several years (Duchesne 2004; Schellenberg et al. 2005b). Recently-retired seniors find themselves in better health, with better education and valuable skills and many (more than 1/5) are returning to the workforce (Schellenberg et al. 2005a). Certain characteristics are at play in this return to work for retirees: men are more likely to seek paid work, as are those who retire from information technology, construction and professional occupations (Duchesne 2004; McPherson 2004; Schellenberg et al. 2005a; Walsh 1999). Those who had taken up early retirement incentives also were more likely to return to the work force as were those who needed to improve their financial situation. While many seniors in the United States returned to the work

force because of economic necessity, in Canada financial considerations were not the most common reason for returning to paid work (Caro and Bass 1995; Schellenberg et al. 2005). Rather many cited the challenge of working, the social aspect and even the feelings of being needed, wanted and useful (Schellenberg et al. 2005a).

In Canada in 2001, over 300,000 of those aged 65 and over were employed, up from 225,000 in 1998 (Duchesne 2004; Lindsay 1999). In fact, between 1996 and 2001 “the ranks of working seniors [at paid jobs] rose faster than their population, 20% compared with 11%” (Duchesne 2004, p.3). Although the majority of those who were employed were men aged 65 to 69 there was also an increase in the percentage of seniors aged over 70 who were employed (Duchesne 2004). Employed seniors are more likely to be self-employed, to work in agriculture or in positions that do not require physical capabilities that may decline with age (Duchesne 2004; Lindsay 1999). The independence and flexibility of self-employment make this especially suitable for many seniors, and indeed, the number of seniors aged 65-69 who were self-employed rose from 51% in 1989 to 60% in 1998 (Walsh 1999). In fact, self-employment is more common among those over 65 years than those aged 15 to 64 years (Duchesne 2004). Many of those over age 65 who returned to work did so in a part-time capacity suggesting that a reduction in their hours of work may have been an option to full retirement (Schellenberg et al. 2005a). Part-time and flexible work arrangements are favoured by seniors as it may ease the transition to retirement, encourage some seniors to work longer and also may ease the anticipated pressure on the labour market due to population aging (Walsh 1999).

The hours that seniors in Canada and the United States devote to employment may seem modest by some standards, but there are a substantial number of seniors, including older seniors, who are engaged in the equivalent of at least half-time employment (Caro and Bass 1995a; Herzog et al. 1989; Walsh 1999).

As consumers: Consumer expenditures and consumer confidence are key elements of the health of the Canadian economy. Seniors have long been overlooked as consumers because they often are stereotyped as having too little money, or the will to spend money, to be a valuable market segment (Leinweber 2001). Yet the economic conditions of seniors are generally improving and each new cohort of retirees has more disposable income and savings to spend. In Canada, seniors’ average income increased by 18% between the years 1981 and 1997, and has risen faster than that of younger cohorts (Lindsay 1999; McPherson 2004). In addition, half of Canadian seniors own mortgage-free homes and are still able to save money while only 10% need to use their investments to cover expenses (McPherson 2004.) Morissette et al. (2002) add that in Canada between the years 1984 and 1999 there was a “dramatic” increase in the median and average wealth of families in which the main income recipient was over age 65 (p.16). A 51% increase in average wealth (from \$140,700 to \$211,900) is attributed to larger inheritances, higher pension incomes and an increase in the numbers of two-pension families. At the same time the low-income rate among seniors fell by more than half (Sauve 1999). Morissette (2002) reported that between 1984 and 1999 the number of unattached seniors with low incomes and no financial wealth fell from 8% to 3%, likely due to enhancements of Old Age Security (OAS), Guaranteed Income Supplements (GIS), and Provincial Income Supplements.

However, income is not the only determinant of economic well-being. In contrast to non-senior households, in 1999 three-quarters of seniors were debt-free and were comfortable with their financial standard of living (Williams 2003). Indeed, many seniors continue to accumulate their wealth even after retirement (Williams 2003).

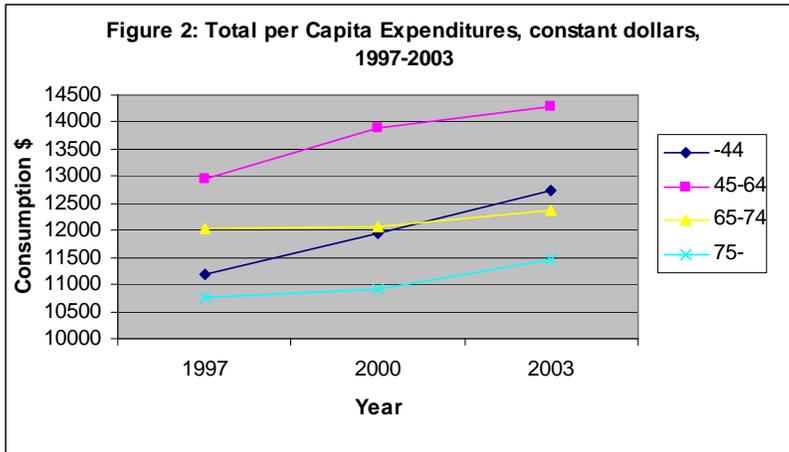
As the proportion of seniors in the total population grows, and as their financial situation continues to improve, their role as consumers becomes important not only to the business sector but also to policy makers (Fitzgerald 1999). For example, as noted above, families headed by someone age 55 and over control a disproportionate share of the wealth in Canada and have the highest average net worth and private pension savings (Maser and Drolet 2001). Thus, with the recognition of the relationship between age and wealth accumulation, seniors have become an important target market.

The “mature market” segment is increasingly recognized as a growing opportunity in the consumer market. Sellers are trying incorporate seniors’ needs and demands into their marketing and advertising (Leinweber 2001; Moschis et al. 2000) and are consulting seniors in order to understand what goods and services they might purchase (McPherson 2004). Some companies have adopted a strategy of hiring older adults to show that they are ‘senior friendly’.

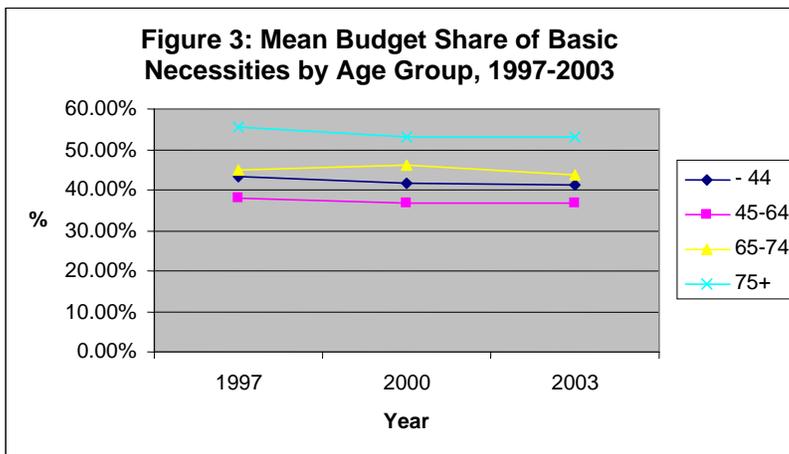
The upcoming cohort of retiring baby boomers is beginning to capture the attention of market researchers and advertisers. Market research has concluded that this next generation of retirees views aging as a “... lifestyle choice rather than a chronological imperative and [so] ... choose to stay young” (Harris 2003, p.6). It is predicted that these baby boomers will be wealthier and healthier than previous generations and thus have more time and money after retirement to spend on goods and services (McPherson 2004). When asked about their retirement years, 80% expect to be working at least part-time after retirement, more than half would continue to exercise regularly, more than 30% expect to have plenty of money and 92% have computers on which they make purchases and plan trips (Reed 2003; Willens 2003). Researchers assert that the boomers are smart, educated and willing to spend generously on indulgences such as travel, cars and eating out (Harris 2003; Willens 2003). Boomers are also characterized as accomplished and spoiled individuals who will receive and leave large inheritances (Harris 2003).

As Figure 2 shows, total expenditures have been on the rise since the mid-1990s for all age groups, including those over age 65, though the increases are more modest among seniors. Canadian and US studies have found that senior-headed households tend to spend a larger share of their budgets on necessities such as food, shelter, and transportation than other households (Abdel-Ghany and Sharpe 1997; Lindsay 1999). As Figure 3 illustrates, in 2003, in households headed by those age 75 and older expenditures on basic necessities accounted for an average of 53.1% of all expenditures and in households headed by those who are between 65 and 74 necessities accounted for 43.6 % of expenditures. This figure is slightly lower for younger households: necessities accounted for 36.67 % and 41.25 % of total expenditures in households headed by someone between 45 and 64 and under 44 respectively. According to Zimmer and Chappell (1996), Canadian seniors are generally satisfied with their level of spending on basic necessities such as food, shelter, clothes, and public transportation. Figure 4 further illustrates that expenditures on housing, gifts and health care increase with age.

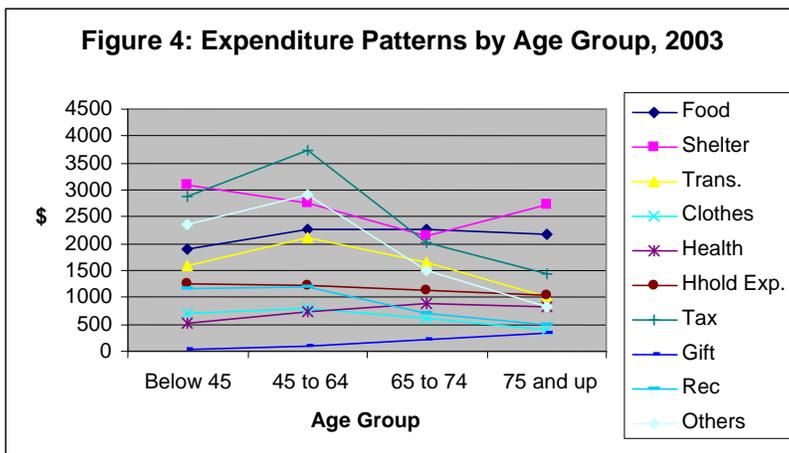
When questioned about expenditures that would enhance their quality of life, Canadian seniors’ preferences are for travel, home improvements and better transportation (Zimmer and Chappell 1996). Seniors are also interested in information on health care, products to enhance health status, such as digital hearing aids, and computer programs to increase their communication abilities. Items for younger children such as candy and toys are also attractive purchases for seniors who are grandparents. It has been reported that they purchase nearly 25% of these items sold in the United States (Fitzgerald 1999). Thus, the importance of seniors as consumers is likely to increase, and their share of the market is also expected to grow.



Source: Statistics Canada, Survey of Household Spending, 1997, 2000, 2003.



Source: Statistics Canada, Survey of Household Spending, 1997, 2000, 2003.



Source: Statistics Canada, Survey of Household Spending, 2003.

Roles and Contributions in the State Domain

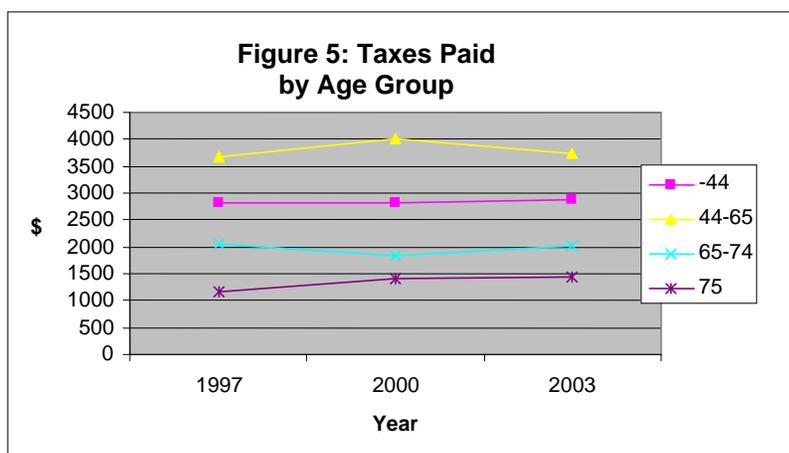
As citizens: In addition to their substantial contributions to society as volunteers and caregivers, seniors contribute to the welfare of the state as voters, political representatives, social and political activists or supporters. Participation in civic activities is a “critical form of community and national involvement” as value accrues to the community and larger society as well as the individual (Burr et al. 2002, p.88). Civic participation includes voting, attending government or public meetings, and becoming involved in the political process by joining political parties and running for office. Civic involvement has been shown to increase with time and knowledge—in essence it grows with age (Pammett and LeDuc 2003). In Canada this sense of civic involvement or duty was found to be more evident among older respondents who are more likely than younger citizens to vote in elections (McPherson 2004; Pammett and LeDuc 2003). According to a recent survey older Canadians were more likely than young adults to perceived voting as an essential or very important civic duty (Pammett and LeDuc 2003). In the 2000 Federal election 83.3% of those aged over 68 voted as compared to 27.5% of those aged 21-24 (Pammett and Leduc 2003). It has been projected that in the United States seniors’ participation as voters will continue to rise as baby boomers age and become more educated, more involved in politics and more aware of current events and their social world (Binstock 2000). It is important to understand the impact of seniors as voters as it is projected that those over age 65 will comprise 16.5% of voters by 2010 and 25% by 2030 (McPherson 2004). Should they vote in concert they could have significant influence in an election.

Canadian seniors felt that getting older made them take a greater interest in politics as they experienced a concern for future generations, a desire to make a contribution to society or a discovery that politics stimulated their interests (Pammett and LeDuc 2003). Seniors also are more likely to vote because many are long time residents of their communities, have an understanding of the current issues and have a long standing identification with political parties (Binstock 2000; McPherson 2004). In Canada, an increase in seniors’ civic involvement can also be attributed to period effects as they tend to be concerned with such policy issues as health care, pension benefits, taxes and inflation (McPherson 2004), all of which have been prominent on the policy agenda in recent years.

Other forms of participation in the political process by seniors also are on the rise. Studies show that they have substantial knowledge about and interest in public affairs and are particularly interested in political campaigns (Binstock 2000). They provide money, time and skills to the political process and increasingly are assuming roles as political candidates, members of political organizations and political activists (McPherson 2004). Seniors may begin to take on more political appointments as they are elected because of their perceived stability, their wisdom and experience, as well as their interest in and understanding of the political process (McPherson 2004). It has been projected that as the population ages, more seniors will hold office as a larger portion of the electorate will be their peers (McPherson 2004).

The term “grey power” has been coined to illustrate the potential of marginalized seniors who pool their resources and become politically involved to generate visibility about their needs that are not being met by the current political party (McPherson 2004, p. 343). Currently, these older adults are engaging in public debates on radio and television shows, in protest marches and sit-ins in order to bring public attention to their concerns (McPherson 2004). As a result, senior citizens’ lobby groups are increasingly being invited to participate in the decision making process by government agencies.

As taxpayers: Canadian seniors, especially those with low incomes, benefit from several forms of tax relief that reduce their tax burden (Keenay and Whitehouse 2003). These include provincial property tax credits and income tax credits such as the age credit. As a result seniors pay less tax on average (at least in absolute dollars) than younger taxpayers (See Figure 5). Yet the *proportion* of income paid in taxes does not differ greatly across age groups: on average taxes represent about 20% of total expenditures for younger adults compared to roughly 15% for seniors. However, seniors with higher incomes pay as much income tax as the younger working population.



Barriers and Facilitators to Engagement

Our review of the literature has illustrated the many ways in which seniors continue to contribute to and participate in Canadian society. Recent research has provided evidence highlighting an increase in these activities among seniors over time and a concurrent decrease in passive behaviours such as watching television (Fast, Dosman, and Moran, in press; Victorino and Gauthier 2005). Such personal characteristics as gender, health status, family income and education all have been found to be associated with levels of participation in activities that contribute to aging well (Caro and Bass 1995a; Gallagher 1994). It is likely then that the above-noted increase in contributions and positive participation may be associated with improved educational attainment and health and may point to a continuing increase in engagement as these conditions continue to improve for future generations (Fast, Dosman, Chapman and Keating, in review). However, it also is important to understand structural factors that may facilitate or inhibit this engagement as these may be more amenable to intervention. We turn to an examination of these factors next.

Barriers/Facilitators to Contributing to the Family

As caregivers. A main barrier that seniors encounter while trying to provide care for to family members and friends is a lack of formal care services. In Canada the vast majority (80% or more) of care to those in need is provided by family and friend caregivers, many of whom are seniors, and evidence suggests that the availability of formal services extends the caring capacity of the family/friend care sector (Penning and Keating 2000). Yet formal care services are relatively scarce and difficult to access. Fewer than 10% of senior women and 5% of senior men were in residential long-term care in 2001 and this proportion has declined since 1981 (Cranswick 2003). Waiting lists for a space in a residential care facility are long and costs are

substantial. Access to formal Home Care services also is severely (and increasingly) limited. Only 17% of Canadian seniors receive such services (Commission on the Future of Health Care in Canada 2002) and those who do receive them get far too few hours to represent meaningful support. Even when formal services are available there are significant barriers to access, such as lack of continuity in care staff, restrictions around the types of tasks that may be performed, long wait times and advanced booking requirements for respite services and tight restrictions on hours of services available (Nocon and Pearson 2000; Wiles 2003). According to a study of caregiving conducted for Health Canada by Decima Research in 2002, 25% of family caregivers reported that they were providing care because of a lack of home care services, one-third of those receiving home care reported needing more, and another 10% said their family member would be better cared for in a residential care setting. Even caregivers providing intense care (many hours of care, personal care, end-of-life care) get little assistance from the formal care system (Denton 1997). This can lead to caregiver burnout and collapse of the informal care network. Lack of access may be exacerbated in immigrant families since research shows immigrants to be less likely than non-immigrants to access many health and continuing care services (Deri 2005; Leclere et al. 1994).

Individual Canadian caregivers report feeling that society, government policies and even family members fail to recognize the contributions they make to their families by assuming care responsibilities (Chapman unpublished material). One focus group participant summed up the problem of the lack formal care resources as follows:

It's very important that we have a support system for the caregiver. The system's going to have two people that they're going to have to worry about cost-wise and otherwise—the care recipient and the caregiver. So the caregiver's health is very, very important. (Chapman unpublished material).

In Ontario, caregivers reported that the formal support system was confusing and frustrating, and would only seek help after reaching a breaking point (Wiles 2003). They also reported that some caseworkers made them feel that there were “deserving and undeserving” caregivers and some who were out to “abuse the system” (Wiles 2003, p.194). It is apparent that the checks and balances set up to prevent abuse have led many family/friend caregivers to feel they must manage on their own. Caregivers also encountered obstacles or resistance in obtaining referrals to formal assistance because many physicians did not know about services or failed to mention the services even if they did know (Wiles 2003).

Expectations and preferences of care recipients also can present barriers to access to formal supports. Care needs often evolve and grow gradually over time, for example from occasional transportation to more regular assistance, and then to intense levels of care (Nocon and Pearson 2000). This tends to result in an expectation on the part of recipients that their family member/friend will continue to provide care even as their needs escalate. Some even engage in deliberately obstructive behaviour when caregivers try to enlist formal supports by refusing or cancelling home care services that have been arranged (Nocon and Pearson 2000).

As parents: Seniors caring for a dependent adult child experience a number of challenges in continuing to provide care. Deterioration of their own health may inhibit their ability to provide long term care (Jennings 1987). Social isolation that may have begun when the child was initially diagnosed becomes more problematic as the caregiver ages and other family/friend supports fall away (Greenberg et al. 1997; Jennings 1987). As with other forms of care, older adults caring for dependent children also report difficulty accessing respite care. Their financial burden also increases as they retire and must support themselves and their child on a limited

income (Jennings 1987). Parents also experience the unique stress associated with uncertainty over who will care for their dependent adult child when they are too frail to do so or after their deaths (Heller et al. 1997; Pruchno et al. 1996). Research has shown that, despite very close affective ties between non-disabled and disabled siblings, non-disabled siblings provide very little practical support to either their sibling or parents (Pruchno et al. 1996). Pruchno et al. (1996) suggest that this may be due to the nature of the disability or the family situation but that early interventions could involve siblings before a crisis occurs. Other strategies that may facilitate caring for dependent adult children include counseling or support groups to learn coping skills, opportunities for recreation, day programs, respite services, residential care options and access to assistive devices, home modifications and home support services (Cook 1988; Greenberg et al. 1997; Heller et al. 1997; Jennings 1987; Minkler and Fuller-Thompson 1999).

As grandparents: Grandparents who assume significant responsibility for their grandchildren encounter numerous physical, emotional, social and economic challenges. Grandparents often are raising children who have experienced emotional and physical abuse or who have special needs and the grandparents frequently delay seeking attention for their own health concerns, instead focusing on grandchild's needs (Cox 2003; Milan and Hamm 2003; Minkler and Fuller-Thompson 1999). As a result they assume these care responsibilities at great expense to their lifestyle and their own health. For example, grandparents who cared for their grandchildren were more likely to report that they had limitations in their activities of daily living (ADLs) which could be due to their stressful lives and lack of resources (Minkler and Fuller-Thompson 1999). Understandably these seniors also feel that they have failed in parenting their own children and need supportive measures to provide them with reinforcement, emotional comfort and skills as they once again assume the parenting role (Cox 2003). Grandparents who assume responsibility for raising grandchildren also must navigate the complicated legal system as they seek to obtain foster care status, custody or guardianship in order to enroll the children in school, access support services, health care and insurance (Cox 2003; Dellman-Jenkins et al. 2002). They also experience financial burdens and depression (Cox 2003; Dellman-Jenkins et al. 2002; Milan and Hamm 2003; Minkler and Fuller-Thompson 1999; Roe and Minkler 1998/1999).

Programs that have been suggested to facilitate seniors' contributions as grandparents include individual and family counseling, information about services available, help completing forms, parenting classes that deal with intergenerational relationships, empowerment training, respite care, transportation, financial assistance and better access to assistive devices, home modifications and home support services. (Cox 2003; Dellmann-Jenkins et al. 2002). Of interest in the United States is the recently opened housing project built specifically for grandparents raising their grandchildren (Williams 2005). This public development was built in the South Bronx in New York and included some unique features: a community centre for both seniors and youth, emergency pull cords in bedrooms and bathrooms, parenting classes, tutors for the children, a youth co-ordinator, and grandparent support groups. Seniors who have assumed care for their grandchildren also are finding help in on-line chat rooms, support groups, resource centres, advocacy projects and grandparent information centres (Dellmann-Jenkins et al. 2002; Roe and Minkler 1998/1999). The importance of support groups is illustrated by research findings that grandparents of a disabled grandchild became more accepting of the disabled child, provided more child care and financial assistance to the family, and experienced more positive feelings toward the child than grandparents who had not joined a support group (Schilmoeller and Baranowski 1998).

It is important to note that recognizing the contributions and needs of seniors who provide essential services to dependent children will help ensure the health and safety of those they are caring for as well as their own health and well-being.

Barriers/Facilitators to Contributing to the Community

As Volunteers: The most common way for a Canadian to become involved in a volunteer organization is to be invited by someone in the organization; responding to a public appeal for volunteers was the least common way to become involved (Hall, McKeown & Roberts 2001). Canadians who were involved in community organizations in their youth, or whose parents were involved, also were more likely to volunteer as adults. The majority felt motivated to volunteer because they believed in the organization's cause, wanted to enhance their personal development or wanted to improve their social connections. The most common barriers reported were lack of time and inability or unwillingness to make a year-round commitment. Other barriers to volunteering include not knowing how to become involved, and some lack of energy to both volunteer and take care of themselves. Almost 40% of non-volunteers in 2000 said that they simply hadn't been asked. (Chapman unpublished material; Hall, McKeown & Roberts 2001).

The most common reasons that seniors did not participate in, or provide more hours of, volunteer work included health problems, feeling overloaded because of the time they already had devoted to volunteer work, lack of time or lack of interest (Chapman unpublished material; Jones 1999). Some older seniors indicated that they would prefer to give money to a non-profit organization rather than volunteer their time and interestingly some had not been asked to donate more time (Jones 1999). Bradley (1999/2000) suggests that there may be a lack of opportunities for potential volunteers with less education and income, poorer health or activity limitations. Lack of transportation to and from the volunteer job site also appears to be a significant barrier to participation (Bradley 1999/2000; Narushima 2005; Ranzijn 2002). A recent study on volunteers in Toronto found that they chose a volunteer opportunity based on its location and access to public transportation (Narushima 2005). Older volunteers also expressed concerns about their clients' escalating needs, dependency and demands, as well as their own well-being and safety (Gottlieb 2002, as cited in McPherson 2004). A small but important segment of both volunteers (about 12%) and non-volunteers (19%) also reported in the 2000 NSGVP that they did not do (more or any) volunteer work because of the financial costs of doing so (Hall, McKeown & Roberts, 2001).

Attitudes of volunteer co-ordinators also may present a barrier to seniors' participation. While seniors' work ethic and commitment are recognized, few of Toronto's volunteer co-ordinators actively sought seniors out, commenting that some seniors were too talkative, that they tended to get too involved in program management, or that they would not admit to growing frailty or withdraw from their position when they became too old (Narushima 2005). Seniors themselves reported feeling that some organizations doubt the quality or efficiency of their work (Chapman unpublished material).

The non-profit organizations in which seniors do volunteer tailor their programs by offering positions that encouraged contact with clients (e.g. tour guides, story tellers, mentors) and had intensive training, regular education and social events to increase their knowledge of issues pertinent to the organization (Narushima 2005). It also has been suggested that volunteerism among seniors might be enhanced by tax breaks, liability insurance, and centralizing co-ordination of volunteer opportunities in a single agency or religious organization (Chapman unpublished material). Narushima (2005) adds that seniors can be important volunteers if

society creates the conditions that allow them to “express and cultivate” their interest in the welfare of future generations and to pay back to society through social contributions (p.580). Other facilitating conditions include institutional support and mutual respect, choice of assignments and schedules, reasonable expectations as to workload, and recognition of their efforts (Strom and Strom 1995).

As charitable donors. The National Survey of Giving, Volunteering and Participating also collected information from respondents as to factors that prevented them from engaging, or engaging more, in their communities in these ways. Financial factors were front and centre for many. In 2000 half of all donors, and almost 60% of non-donors, reported that they wished to save their money for the future. Others were put off by the ways in which requests were made (in 2000 30% of non-donors; almost half of donors) or by doubts about the efficiency with which their donations would be used (in 2000 almost 40% of non-donors and almost half of donors) (Hall, McKeown & Roberts, 2001).

Few charitable donors plan for their donations in advance, but those who do donate more. Door-to-door canvassing appears to be declining in popularity, perhaps because while door-to-door canvassing, mail campaigns and event sponsorship accounted for the largest *number* of donations (15% each), donations through churches accounted for by far the highest proportion of the total value of donations (44% in 2000) (Hall, McKeown & Roberts, 2001).

Public policy also appears to have a role to play. While only 13% of charitable donors reported that they made their donation in order to get a tax credit, tax credits do play some role in encouraging donations. A large minority (45%) of all donors said they intended to claim a tax credit and this proportion was much higher among the top donors (76%). Perhaps more important, almost half of all donors said they would donate more if they were to receive a bigger tax credit (Hall, McKeown & Roberts, 2001).

Barriers/Facilitators to Contributing to the Market

As employees. Data on the aging of the labour force and projections about patterns labour force participation and exit make clear the need to understand factors that might encourage or discourage paid work in later life. Indeed this is an issue that has been studied extensively of late. Ageist attitudes about the value of older workers has been a prime focus of much of this research. Some managers believe that seniors are inflexible, have out of date skills, and cost too much to employ (McEvoy and Blahna 2001). Other employers believe that older workers are slow or afraid of new technologies, fear change and are resistant to retraining or to becoming educated in new technologies (McPherson 2004). Older workers are seen to be less energetic, enthusiastic, and adaptable (McEvoy and Blahna 2001; McPherson 2004). Older workers may leave their jobs because they feel their opinions are ignored, they lack recognition and they believe that their experience is not as valued as their younger colleagues' higher levels of education (McEvoy and Blahna 2001). Sadly, some seniors feel that they have been “shuffled ... off into a corner [in the hope that] they would retire soon” (McEvoy and Blahna 2001, p.48).

While some employers still have negative attitudes about older workers, these are being replaced by an awareness that older workers are more satisfied and committed, have lower turnover and absenteeism rates and perform at levels similar to their younger counterparts (McEvoy and Blahna 2001). As well, the accumulated wisdom and skills of the older workers are considered to be as useful as current technological skills thus making them valuable employees.

McEvoy and Blahna (2001) assert that many older workers would be willing to delay their retirement if they received recognition for their years of experience as well as more flexible working arrangements, such as part-time and flexible hours. It has been projected that as the upcoming cohort of seniors experience better health and attain higher levels of education—leading to a demand for their skills—there will be a rise in the number of seniors who opt to return to the work force in some capacity after retiring from their full-time occupation (Schellenberg et al. 2005a).

There are many other factors that facilitate seniors' continued engagement in, or post-retirement re-entry to, the work force. Canadian men over the age of 65 who have postsecondary education and valuable skills are increasingly likely to continue to be employed after 'normal' retirement age, as are those who work for themselves because they enjoy the choice, independence and flexibility of self-employment (Duchesne 2004; Schellenberg et al. 2005a; Walsh 1999). Seniors most often stay in a job in order to complete or continue work on important projects or to pass down important experience gained over the years (McEvoy and Blahna 2001). Those who retired before age 60, who received an early retirement incentive or who no longer enjoyed their pre-retirement job were more likely to return to the work force (Schellenberg et al. 2005a). The majority of Canadians who returned to work after retirement did so because they did not enjoy their retirement or they missed the intrinsic rewards of working. Some returned because of pressure from family members, because their health improved, or because they no longer had caregiving responsibilities. According to recent studies, reduced and more flexible work hours appear to be a significant incentive for older workers to stay on or return to jobs. In three recent studies participants who had retired stated that they would have stayed on if they could have worked fewer days or hours without affecting their pension, were given more flexible hours or different duties, if there were financial incentives, if they could have made other caregiving arrangements or had better health or if they were told that their experience was needed (McEvoy and Blahna 2001; Policy Research Initiative 2005; Schellenberg and Silver 2004).

Unfortunately, there also are many barriers that discourage older workers from continuing or returning to paid employment. These include employers' policies and practices such as mandatory retirement, early retirement buyout packages, age discrimination, an unsuitable work environment and lack of re-training opportunities. Public policy such as lack of lifelong learning plans, inflexible public pensions, and insufficient labour market programmes also present barriers. Individuals' illness or disability, lack of education and interest in retraining also prevents them from continuing or seeking employment (Policy Research Initiative 2005; Schellenberg and Silver 2004). Recent research also shows that older workers are reluctant to seek adaptations in the workplace for age-related physical limitations for fear that their employers will see them as burdensome employees, and that employers are less likely to provide them (McMullen 2005).

McPherson (2004) suggests several strategies for employers to improve working conditions so as to encourage older workers to remain in the work force. These include: redesigning jobs and work places to make the work more satisfying, new training strategies, flex time, job sharing, allowing work from home, seasonal work, making work more meaningful and attractive and accommodating the caregiving responsibilities of older workers. The Policy Research Initiative (2005) further suggests providing more choice in the timing of retirement, phased retirement, working to change negative attitudes about older workers and promoting seniors' self-employment.

Barriers/Facilitators to Contributing to the State

As citizens. Several barriers to voting in recent elections have been identified. One main reason for low voter turnout in the last election, in all age groups, was a lack of interest in or dislike of all the political parties and candidates (Pammett and LeDuc 2003). Seniors were the most likely to vote in this and other elections, but if they did not vote the main reason was apathy (feeling that their vote would not count or lack of interest in any of the current issues). Seniors also were more likely to report that they did not know when and where to vote, that they were not registered to vote and or that illness prevented them from participating. When asked whether they would be more likely to vote if they could use the Internet, respondents over the age of 68 responded negatively while others generally responded positively. Seniors also are less likely to vote if they have less education and income, if their first language is other than English or French, and if they were born outside of Canada (the latter group also reporting that they did not know where and when to vote). Among persons over age 65, the two main personal reasons for not voting in the last federal election were being away from their riding/province/country at election time or having health problems (Pammett and LeDuc 2003).

Civic engagement also includes participation in politics, political parties, membership in community groups and neighborhood organizations. In Canada and the United States, those who are more civically engaged share several common characteristics but the two strongest indicators are education and income (Burr et al. 2002; Hall et al. 2001). Individuals with more of these resources are more knowledgeable about community issues, attend more local government meetings, give more money to charities and are more involved in political organizations (Burr et al. 2002).

Conclusion

The evidence that participation/contributions contributes to aging well is strong and consistent. But we must keep in mind the caveats noted earlier. First, activities in which seniors engage must be personally meaningful and freely chosen. Second, disengagement may be functional for some (Johnson and Barer 1992). For example, Frederick and Fast (2004) identified a small group of elderly men living with someone other than a spouse who, while being the least physically and socially active of all seniors and contributing the least to their own maintenance and to others through self care and unpaid work, were nonetheless as happy as other older adults, as satisfied with their life overall and equally satisfied with their self-esteem.

Some of the strongest predictors of seniors' engagement are personal factors: gender, education, income, health and functional status. Seniors with more education, income and in better physical and cognitive health tend to make more contributions to others and to society as a whole and to participate more actively in life. Senior men are generally more involved than women in civic and volunteer activities and paid work while women are more likely to engage in unpaid productive activities in their own homes and involving care to a relative, friend or neighbour.

While governments can provide leadership to help break down attitudinal barriers (gender bias, ageism, etc.), it ultimately requires societal value shifts that occur only over the very long run. Individual characteristics such as health and functional status and education may be more responsive to policy levers in the medium term. Past investments in health care, health promotion and education are now reflected in improved health, incomes and educational attainment among seniors and subsequent cohorts will exhibit even greater gains. Given the

positive relationships found among these factors and most forms of participation/contributions we might expect future generations of seniors to be increasingly engaged and “aging well”.

However, structural barriers are probably of greater interest, some of which will be more amenable to public policy levers in the shorter run. Examples of shorter run initiatives might include:

- better access to formal supports for those providing care and assistance to family member, friend or neighbour;
- home supports, education, counseling, financial compensation and respite care for parents and grandparents who are caring for dependent children;
- better access to transportation, including public transportation;
- lifelong learning and training opportunities (for caregivers, volunteers and employees);
- further attention to income security for those groups of seniors still vulnerable to poverty (mainly unattached women);
- tax incentives and compensation for out-of-pocket expenses for volunteers;
- removing disincentives to continued employment from public pension schemes; and
- education and information about voting and other civic engagement opportunities for new immigrants.

Some barriers may be better addressed through public-private partnerships:

- “age sensitivity” training in the workplace (both paid and volunteer), the marketplace, the public sector and society in general;
- workplace adaptations for older workers (paid and volunteer) with disabilities or activity limitations that are amenable to remediation and more aggressive enforcement of existing legislation;
- more choice and flexibility in both paid and volunteer work arrangements;
- eliminating mandatory retirement policies where they remain in force;
- engagement of older workers as mentors to younger colleagues in both paid and volunteer workplaces; and
- policies that allow older workers to better balance employment, volunteer and care responsibilities.

Knowledge Gaps

In this section we identify gaps in knowledge about seniors’ participation, roles and contributions based on our review and analysis of the available evidence, with an emphasis on understanding institutional arrangements that may facilitate and/or hinder participation.

We need to begin by developing a better understanding of some of the basic concepts addressed in this paper and how and why the way we understand them varies across stakeholders. For example, we need to give more thought to what is a contribution and, more importantly, what constitutes a *meaningful* contribution. The existing research suggests strongly that policy developed to facilitate and/or encourage participation that holds no meaning for the seniors involved will fail to meet policy goals related to aging well. Research on what seniors themselves consider to be contributions, or forms of participation, that bring meaning to their lives will sharpen the focus of policies and programs intended to enhance well-being in later life through contributions or social participation. Some of this work is in progress. The Research on Aging, Policies and Practice research group based at the University of Alberta is analyzing a

rich set of data collected from focus groups with a range of stakeholders (seniors and their caregivers, persons with disability and their caregivers, health and social service providers and policymakers) to compare perspectives on contributions across stakeholders and to explore the theme of meaningfulness. Early analyses confirm that stakeholders' perspectives on what constitutes a meaningful contribution vary considerably, with seniors thinking much more inclusively about this than policymakers. More such basic work is needed if policymakers and practitioners are to develop effective interventions.

Another basic concept on which further work is needed relates to what constitutes an inclusive society. Most prior research on social inclusion and exclusion has focused almost exclusively on labour market participation. While this may be an important mechanism for facilitating inclusion for working age adults, a focus solely on paid work as the means for inclusion by definition excludes retirees and older women with no history of labour force attachment. Even extending the concept to include unpaid work (eg. volunteering) will still result in social exclusion for large portions of the senior population. Nor would such a narrow focus be consistent with the much more comprehensive perspective on contributions described by seniors themselves (Fast, Moran and Houle 2005). Only once we have a clear and comprehensive understanding of what constitutes meaningful contributions and participation can we document adequately seniors' engagement and combat ageism that arises, at least in part, from negative stereotypes about seniors' lack of contributions to and participation in society, and subsequently results in their social exclusion.

We also need to know a great deal more about the *mechanisms* or *processes* by which participation and contributions are linked with aging well. While the evidence that participation and contributions are related to a wide range of outcomes in later life is extensive and convincing, the reasons why they are so related remain largely unknown. Adopting a life course perspective on the relevant behaviours and outcomes would help us to understand these mechanisms—how behaviours and outcomes are linked, and how behaviours evolve across individuals' lifetimes.

As this review indicated, we know quite a lot about what seniors are doing—what contributions they are making and what are the activities in which they are participating. But we know much less about whether they are contributing or participating at optimal levels, or in optimal ways (i.e. in *meaningful ways*). Indeed, we know little about what *is* an optimal level of participation or contribution. Nor do we know enough about factors that place seniors at risk of less than optimal levels of engagement. Factors that are in greatest need of investigation include health and activity limitations, size and composition of social and support networks, immigrant status, and ethno-cultural background.

A number of known and potential barriers and facilitators to participation and contributions were identified in this review, but we do not yet know enough about these barriers and facilitators to establish priorities for action in policy or practice. Which have the *greatest* potential to facilitate meaningful participation and contributions? What are their relative costs and benefits? Research on the economic and social impact of seniors' contributions and participation would allow policymakers and practitioners to move forward on measures to enhance later life well-being.

Data Gaps

In some cases knowledge gaps exist because we have insufficient data on the relevant phenomenon.

Basic research on what constitutes meaningful participation or contributions, what constitutes an inclusive society and what are the mechanisms or processes by which participation and contributions contribute to aging well and to social inclusion requires that we employ a range of methodological approaches. Qualitative inquiry is especially suited to establishing baseline definitions, to sorting out (sources of) differences in perspectives on concepts, and to revealing process. It also can help us develop appropriate measures of these concepts to employ in survey research.

In order to fully understand mechanisms by which behaviours and outcomes are linked we need to collect data on process—on how behaviours and outcomes evolve together over time—not just on “inputs” and “outputs”. This may ultimately require longitudinal data but also can be facilitated with high-quality retrospective and time series data and methods. Such data also will allow us to track trends in contributions, participation and their outcomes.

Opportunities also exist to enhance existing national surveys in ways that will help fill knowledge gaps about seniors’ contributions and participation. Surveys such as Statistics Canada’s General Social Surveys (GSS) on time use and social engagement and the National Survey on Volunteering, Giving and Participating (NSGVP) already are good sources of information on contributions, participation and social inclusion/exclusion. Addition of modules that provide more generalizable insight into process and/or over-sampling selected sub-populations for these surveys could help fill many knowledge gaps. For example, over-sampling selected ethno-cultural groups in major metropolitan areas such as Montreal, Toronto and Vancouver would permit comparative analyses that would shed light on whether contributions, participation, their outcomes and factors that facilitate or inhibit such activities differ by ethno-cultural background. Adding modules that measure contributions and participation to ethnicity and/or immigrant surveys would achieve a similar end. Addition of modules to the NSGVP that would help assess the inclusiveness and accessibility of volunteer work places may help pinpoint important barriers and facilitators, as would expanding the existing battery of questions on motivations and incentives for engaging in volunteer work. For example, evidence reviewed in this paper suggests that lack of challenge and flexibility in volunteer jobs, poor matching of jobs to skill sets and lack of transportation may be barriers to participation in volunteer opportunities, especially for older volunteers, but there are no questions about these factors in the NSGVP.

Finally, modules that would allow us to monitor ageist attitudes among employers, volunteer coordinators, service providers and policymakers should be added to existing surveys that collect information about both paid and volunteer workplaces so that we can better understand and track systemic attitudinal barriers.

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