1996

A needs assessment of the formal and informal support systems among a sample of elderly in LaSalle, Ontario Canada.

Dawn. Maziak
University of Windsor

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

UMI

A Bell & Howell Information Company
300 North Zeeb Road, Ann Arbor MI 48106-1346 USA
313/761-4700 800/521-0600

A NEEDS ASSESSMENT OF THE FORMAL AND INFORMAL SUPPORT SYSTEMS AMONG A SAMPLE OF ELDERLY IN LASALLE, ONTARIO CANADA

by

Dawn Maziak

A Thesis
Submitted to the Faculty of Graduate Studies and Research
through the School of Social Work
in partial fulfillment of the requirements for the
Degree of Master of Social Work at the
University of Windsor

Windsor, Ontario Canada
1996

ABSTRACT

The study was undertaken to explore the informal and formal support systems of the elderly who reside in the Town of LaSalle in southwestern Ontario. An extensive review of the literature provided information on social support networks, demographic implications and its ramification on social policy documents. As well as, various needs assessment studies of the elderly in Windsor-Essex County. Informal and formal support systems and three theoretical perspectives were examined.

Data was collected from sixty-five participants utilizing a systematic random sampling procedure.

The major findings of the study showed that the primary informal supports of the elderly were their spouse and adult daughters. The data revealed that the elderly visited with their adult children on a weekly basis and reciprocal exchange of assistance was present.

Currently, the utilization of formal support services by the elderly in LaSalle is extremely low. The current formal support service needs are in the areas of outdoor home maintenance, letter carriers alert and foot care services. The future perceived formal support needs are similar to the present needs with the addition of transportation and shopping services.

The data showed that the elderly preferred to remain in the Town of LaSalle and future preferred dwelling was a private home, senior's apartment and apartment. Thus, the elderly wish to remain independent and autonomous.

ACKNOWLEDGMENTS

The researcher would like to thank Dr. Rosemary Cassano for her support, suggestions and guidance throughout the completion of this study. The researcher would also like to thank Dr. Hansen and Dr. McCabe for giving their time in reviewing all aspects of the study. In addition, the researcher would like to thank the participants for their valuable input and suggestions. The researcher would like to thank her parents who unknowingly led her to study the informal and formal support systems of the elderly in the Town of LaSalle. Finally, a special acknowledgment to Skip for his encouragement, emotional support and unconditional belief in the merit of the study.

TABLE OF CONTENTS

CHAPTER 5

SUMMARY AND RECOMMENDATIONS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1

INTRODUCTION

PURPOSE OF THE STUDY

The purpose of this study was to obtain information on the use of formal and informal support systems among a sample of elderly who reside in the Town of LaSalle, in Southwestern Ontario. Specifically, this study is directed toward identifying the seniors use of services, their perceived need for formal assistance and the role of informal supports which are currently meeting their needs. The information sought centered around a number of research questions directed at 1) Types of formal support services the elderly currently need. 2) Types of formal services that the elderly perceive that they will need in the future. 3) Types of aid that the elderly receive from informal support systems.

Particular attention is devoted to describing the functional components of the informal systems such as, the relationship between the elderly, sex, age range, marital status and the types of assistance sought. In addition, the question of whether or not assistance between the elderly and their informal supports is of a reciprocal nature is examined.

The need for the study

It is to be expected with advanced technological and medical procedure, the elderly population will continue to experience longevity. According to Statistics Canada census data, by the year 2001 the number of seniors aged eighty-five or older, residing in Ontario will increase to 84.2% (Council on Aging, 1992). Projections from the Ontario Ministry of Treasury and Economics estimate that from 1987 to 2001, the number of persons aged seventy-five and older in Ontario will increase 70.5%, while the numbers of persons aged seventy-five to eighty-five in Windsor-Essex County area is expected to increase 50.4% (Council on Aging, 1992). Thus, it is imperative and timely for the field of social gerontology, health professionals and policy makers to understand and prepare to meet the health and social service needs of this expansive population.

Since 1981 the provincial government had attempted to prepare for this expansion through a number of consultation proposals. According to the 1991 consultation paper Redirection of Long Term Care and Support Services in Ontario, ninety percent of all assistance to seniors comes from family and friends, and not from formal programs. In response to this finding, the 1993 document entitled Partnerships in Long Term Care explored additional needs through lengthy consultations with consumer groups, seniors and their caregivers.

Examples of some of these helping activities include, meal preparation, housework, laundry, outdoor home maintenance, transportation, friendly visitation, safety checks and monitoring medication. The research on informal support systems indicated that a greater integration in a social network is associated with fewer mental and physical problems, less incidence of hospitalization and psychiatric admissions and more positive outcomes when coping with stressor events (Pearson Scott & Roberto, 1985).

Formal support services may provide many of the above activities. However, they are performed by a professional or para-professional. Ezell and Gibson (1989) defined formal supports as government mandated or sponsored professional services whether provincially or state administered or provided by a non-profit organization.

Although informal and formal supports are often viewed as separate systems they frequently function in a interrelated manner (Cantor, 1991). This often occurs particularly, as the elderly experience medical difficulties which warrant the need of a visiting nurse or other professional. During this time, it is not uncommon for the elderly person's relatives to assist with various acts of social and physical care.

It was identified that current services were either duplicated, not geographically available for some seniors, or that caregivers simply did not qualify for respite relief. It is essential for policy makers to specifically assess the types of assistance given by informal support systems, in order to support the caregivers either through respite services or programs which will address caregiver's stress. In addition, knowledge and access of formal services appeared problematic and confusing for seniors and their loved ones. The 1993 document Partnerships in Long Term Care stated that it was in the process of rectifying the above mentioned problems. Nevertheless, this issue is urgent due to the pending demographic changes which are occurring in Canadian society.

Therefore, this study seeks to assist this political and social process through identifying the various services that the informal supports currently provide to the elderly who reside in the Town of LaSalle, as well as identifying their perceived need for current and future formal support services. The knowledge gained from exploring this area is congruent to the philosophy of the long term care movement in that the focus is on the importance of community commitment towards the care of the elderly and their caregivers.

CHAPTER 2

LITERATURE REVIEW

This chapter begins with an exploration of social support networks, formal support services, demographic information and their ramifications on social policies and services for the elderly in Ontario. Next the significance of needs assessment research and various needs assessments of the elderly in Southwestern Ontario are discussed. Finally, a review of various studies on formal and informal support systems, theoretical models and the rural factor are presented.

Social support networks and formal support services

The research on social networks of the elderly indicated that there is a need for understanding of how informal and formal support networks function to meet the needs of the elderly. This is particularly so for families, caregivers, social workers, the provincial government and of course the elderly. "The term social support network refers to a set or range of regular interpersonal transactions that assists the individual in meeting physical, psychological and social needs" (Pearson Scott & Roberto, 1985, p. 624). These transactions are performed by informal supports such as, the senior's spouse, daughter, daughter-in-law, sibling, extended kin, friends and neighbor.

Demographic expansion of the aging population

By the year 2010, the number of people in Ontario aged 65 and over is expected to increase by 45 percent. The number of people over 85 will increase by almost 125 percent (Ministry of Health, Ministry of Community and Social Services and Ministry of Citizenship, 1993). This shift from a birthing culture to an aging phenomenon has descended upon Canada. Several unprecedented demographic factors have converged to produce this rapidly increasing aging population. Canadians are benefiting from the technological and medical advances of society and are living longer and healthier than ever before (Nemeth, 1994). The fertility rate in Canada has declined to its lowest rate and is not expected to increase within the next decade (Dychtwald, 1989). In addition, the baby boom generation has passed 40 and is quickly approaching and by-passing 50 years of age. Increased longevity and low fertility has turned the hourglass of Canada upside down. Our country has entered into what can be called a "senior boom". These demographic changes have produced a notable shift in the structure of our country.

The above demographic changes have created serious issues regarding the available resources to maintain the current long term care system and community support services which care for the elderly population. According to the 1993 policy framework, Partnerships in Long Term Care, older people receive more care than the general population.

In Ontario an estimated 40 percent of the health care budget is spent in the 12 percent of the population over age 65 (Ministry of Health, Ministry of Community and Social Services and Ministry of Citizenship, 1993). The lack of appropriate health care facilities and community support services to provide personal care for individuals who need assistance to function as independently as possible has created a social policy issue which must be addressed. The Canadian government's long standing goal of keeping expenditures of institutionalization and health care to a minimum has resulted in a monumental financial and political challenge.

Social policy and services for the elderly in Ontario

In 1981, the Liberal government in Ontario attempted to address and prepare for the population expansion of seniors through a document entitled The elderly in Ontario an agenda for the 80's. From this task force, sixteen pieces of legislation and twenty-five programs were identified as being directed towards the elderly. Access to these services and programs was provided through voluntary agencies, the municipal, provincial and federal government.

Programs and services for the elderly can be grouped into four categories. First, general health services include: private practioner medical services, patient care in public hospitals and health centres. Secondly, community services contain home health services such as nursing, physiotherapy and homemaking.

Home support programs cover meals on wheels, elderly persons centres and home maintenance. Thirdly, long term care includes, residential (Homes for the Aged), extended care (Nursing Homes) and chronic care hospitals. Fourth, income support programs offer tax grants, income supplement, OHIP premium waivers and drug benefits. Also, provided by public, non-profit and private corporations is housing which is geared to the seniors income.

The 1981 document, The elderly in Ontario an agenda for the 80's identified three problematic factors related to services for seniors. First, the range and complexity of services to the elderly had increased. Secondly, the impact of current programs and planned initiatives often involved several ministries. Thirdly, the future elderly will probably exhibit characteristics and attitudes different from current seniors, which may lead to changes in service requirements.

In response to the above factors several social goals were developed. The elderly were to be encouraged and supported to remain independent within their community. Seniors were to be protected from expenses associated with aging. In addition, care was to be provided for the minority of seniors unable to live in the community (Ministry of Community and Social Services, 1981). This document also recommended an "Office on Aging", which would serve as a central point of reference and access for seniors and policy coordination.

In 1986 the Conservative party produced the document entitled "A New Agenda: Health and Social Service Strategies for Ontario Seniors". This paper was distributed for consultation in various communities across Ontario. The rationale behind this consultation process was to gather information and recommendations from service providers, senior citizens, consumer groups, and the general public. The 1986 New Agenda had simplified the concerns voiced in the 1981 document. It collapsed several areas of need into three sectors. The first sector identified was community care which included health services, home care programs and adult day care. The second sector was hospital care which encompassed inpatient treatment, outpatient treatment and rehabilitation services. The last sector was long-term care institutions which focused on nursing homes and homes for the aged (Ministry of Community and Social Services, 1986).

The main thrust of this document is reflected in the following five strategies: 1) To maintain the frail elderly in the community by utilizing community support services (one stop shopping approach) and innovative community support services. 2) To improve and maintain the health and functional status of all Ontario's seniors through increased emphasis on health promotion and illness prevention. 3) To ensure that those persons who need long-term care receive quality institutional services within their community.

4) To ensure the ability of hospitals to meet the needs of the frail elderly through improvements in outreach and inpatient services. 5) To facilitate the ongoing development of elderly services through comprehensive planning and management at the provincial and local level (Ministry of Community and Social Services, 1986).

Similarities and differences between 1981 and 1986 documents

The 1981 and 1986 documents were similar in their recognition of the need for cohesive coordination of services and policies. They were quite different however, in their proposed strategies for accomplishing this task. For instance, the 1981 document suggested that an Office on Aging would serve as a central point of reference for information regarding seniors. The 1986 document rejected this suggestion by placing the responsibility for comprehensive planning and overall coordination of services for seniors with the Minister for Senior Citizen's Affairs. The 1986 document was critical in its analysis of the 1981 document, by identifying that the two appointed ministries had contributed to the fragmentation of services for the elderly. This was an important discovery which impacted greatly on future documents and in the delivery of services for seniors.

It is apparent that these two documents concurred in their social goals. The area of disagreement was on the designation of responsibility for coordination and planning of services.

The 1990 and 1991 long term care documents

In 1990 the Liberal party in Ontario produced a document entitled Strategies for Change: Comprehensive Reform of Ontario's Long Term Care Services. It focused on a philosophy that community based services would be used to enhance and facilitate people living in their own homes and community (Ministry of Community and Social Services, 1990). Long term care was defined as the range of community, personal support and health care services utilized by the aging community on a periodic or ongoing basis to assist them in functioning as independently as possible (Ministry of Community and Social Services, 1990). Both formal and informal services constituted long term care. The formal system consisted of health care and social services and was operated by professional and para-professional workers. Family, friends and volunteers made up eighty percent of the informal system which provided care for their elderly loved ones on an ongoing basis (Ministry of Community and Social Services, 1990).

The 1990 document made two additional populations part of the long term care movement namely, people with disabilities as well as, recognizing the importance of the unique needs of the Aboriginal and Francophone community. In addition, the responsibility for long term care reform had been delegated to a special branch of the provincial government known as the Division of Community Health and Support Services.

This division was a combination of the Ministry of Health and Community and Social Services which previously were the principal funders of the majority of programs for seniors on an in-home, community and institutional basis.

Between 1990 and 1991, the NDP government in Ontario realized that the consumers of long term care and support services wanted to participate in determining their needs and the manner in which programs were executed. In response to this, the provincial government reviewed the long term care system and released the consultation paper entitled Redirection of Long Term Care and Support Services (Ministry of Community and Social Services, 1991). The goal of this document was to support the right to dignity, security and choice, to respect cultural and racial backgrounds, to encourage the importance of family and community and finally to provide fair access to services (Ministry of Community and Social Services, 1991).

It appeared that the major goals and concerns of the 1991 paper were built from the previous three documents. However, there were three new factors: 1) There was increased concern and recognition that informal supports were in need of respite services. 2) Information and assessment services were seen to be frequently duplicated. Therefore, a service coordination office would be implemented to assist seniors and caregivers accessing services for their needs.

3) Continued consultation with seniors, consumer groups, service providers and families was seen as imperative for future service delivery.

From the 1991 consultation proceedings the government learned that there were strong agreements regarding the basic philosophy of the new policy. It was determined that by the end of the consultation process ... more than 75,000 people had taken part in some 3,000 organized sessions (Ministry of Health, Ministry of Community and Social Services, 1993).

Many different views of mechanisms and models of consumer empowerment, planning and accountability, coordination and delivery of services, funding and human resource strategies were put forth. The scope of the consultation allowed participants to express these differences, which ranged from criticisms of local deficits to service delivery and organizations (Ministry of Health, Ministry of Community and Social Services and Ministry of Citizenship, 1993).

Partnerships in Long Term Care: a new way to plan, mange and deliver services and community support.

In 1993 the Ontario New Democratic government released four comprehensive documents which service as policy guidelines for long term care reform. The documents are: a policy framework, a local planning framework, an implementation framework and guidelines for the establishment of multi-service agencies.

Partnerships in Long Term Care: a policy framework

The policy framework was the first document to be released it is a guideline for social planners, agencies and consumers. Nine principal goals were developed: 1) Locally planned service delivery based on population health and needs; 2) Improved coordination of long term care and support services; 3) Creation of community alternatives to institutions; 4) Funding equity across the province; 5) High quality service; 6) More effective management of human, financial and other resources; 7) Improved accountability in the system; 8) Protection of the rights and security of service workers; 9) Increased support for training and placement of displaced workers (Ministry of Health, Ministry of Community and Social Services & Ministry of Citizenship, 1993). These nine goals are reflected in greater detail including their implementation in the following three documents.

Partnerships in Long Term Care: local planning framework

As indicated, the long term care planning process will be led by local District Health Councils. In the absence of DHCs, the Long Term Care Division of the Ministry of Health will assume this role until a DHC has been developed. The Ontario government views its relationship with DHCs as a partnership.

Since each community is unique, DHCs are vital in identifying distinct needs and interests. Membership on DHCs committees must consist of the following: one-third consumers, one-third service providers and one-third "other" (representatives of municipal governments, social planning councils, seniors' councils, advocacy groups and the general public). The local planning process is a vehicle for consumer empowerment and community ownership.

The DHCs committee planning begins with the following process. Goals, objectives and strategic actions are formulated. Gathering data and information, which may take the form of needs assessment research, interviews with key informants and service proveders occurred. Alternative approaches may be explored at this point and the most feasible is chosen. Implementation of the service or program is followed by evaluation.

The DHCs committees are guided throughout this procedure by the Ministry of Health's, Health Services Planning Framework. This document outlines the following principles which acts as a guide. 1) Decisions making must be information based and objective. 2) Roles, responsibility and accountability must be clearly defined. 3) Promote public awareness of the changes in long term care. 4) The planning process must have broad representation of the community which reflects the cultural, linguistic and demographic composition. 5) A participatory approach to planning which includes consumers, service providers and local government. 6) Mechanisms of monitoring and evaluation must be developed to ensure accountability. The province, DHCs, communities and service providers have embarked on a course of action which attempts to be flexible and creative in the reform of long term care.

Partnerships in Long Term Care: implementation framework

The implementation framework expands upon the above document by presenting a detailed explanation of the reform and the ramifications for support programs. Support programs include, meals on wheels, friendly visitation, transportation, home maintenance, elderly persons' centres, palliative and attendant care, adult day care, nursing, physiotherapy and respite for caregivers. The document explains what is currently happening to supportive services and why.

The existing services and programs are under different legislative mandates and standards. They will be redirected into two provincial programs, Health and Personal Support Program and Community Support Services Programs. Both programs will be consolidated into multi-service agencies which will administer, deliver or purchase needed services.

Additional supportive services include the following: 1) Involvement of consumers in individual service planning and referral. 2) Provision of social work and nutritional care services for consumers who do not require other professional services; 3) Creation of a dollar maximum system which provides equity and flexibility in individual service planning (replacing hourly and visit maximums); 4) Greater emphasis on culturally and linguistically appropriate services.

Nursing homes, rest homes and homes for the aged comprise another area of reform. On June 1, 1993 Bill 101 was passed. This legislation implemented funding reform; accommodation payment policy for new residents; province wide mechanisms for coordinating and managing placements that ensures consumer choice and a new accountability framework. In addition, Bill 101 amends the Ministry of Community and Social Services Act to allow the Minister to make payments to adults with disabilities for self management of support payments. Adults with disabilities will now be responsible for hiring and training their own attendant care.

This empowers and facilities greater control over their own care and lives.

Partnerships in Long Term Care: Guidelines for establishment of multi-service agencies (MSA's)

In 1992 the government announced that long term care services (MSA's) will eventually be provided by comprehensive multiservice agencies throughout Ontario. The philosophy behind this initiative is to reduce duplication of services, streamline administrative functioning and reduce consumer frustration. Multi-service agencies will serve as a single point of entry for services, essentially one-stop shopping. Local District Health Councils in coordination with regional long term care offices will be responsible for planning and developing multi-service agencies. Partnerships in Long Term Care, served as a guideline and outlined the provincial governments expectations for the development of multi-service agencies.

A board of directors will govern incorporated non-profit multi-service agencies. The composition of the board of directors will consist of consumers, caregivers, family members, volunteers, interested individuals and health and social service providers. Employees of multi-service agencies will not be allowed to be voting members of board of directors.

As previously noted, MSAs will consolidate service coordination currently provided by the Home Care Program.

Placement coordination services and other community service agencies including school health support services will be included in this process. The mandate of MSAs is to provide simplified access to a range of long term care and support services. These programs and services include information and appropriate referral to other community services. MSAs are to act as a focal point for service coordination and integration. They will manage and deliver community based support services and long term care. The range of services and programs provided include the following: adult day care, caregiver support, friendly visitation, home care and home maintenance. In addition, hospice volunteer visiting, meal programs, nursing, nutritional counselling and occupational therapy. Other services include, palliative care, attendant care, homemaking, physiotherapy, school home support services, social and recreational programs. Finally, security checks, speech and language services, transportation, education, social work services, rehabilitation and health promotion will be provided.

The development and implementation of MSAs is a worthwhile endeavor. However, it is also time consuming, tedious and frustrating process for consumers who are currently in need.

Long Term care supportive housing policy: Implementation guidelines

The 1994 document entitled Long term care supportive housing policy: Implementation guidelines, addresses supportive housing accommodations in community settings, personal support services and homemaking. These support services will be a vital component of the long term care reform. In not-for-profit community residential settings, the frail or cognitively impaired elderly will receive personal support services and homemaking. In addition, individuals with physical disabilities, acquired brain injuries or HIV/AIDS will receive 24-hour on site assistance. The primary population that long term care services are: elderly individuals age 65 or older, elderly who are cognitively impaired, individuals age 16 and older who are physically disabled, people over 16 who suffer from acquired brain injury and people with HIV or AIDS.

The main characteristics of supportive housing act as future guidelines for service delivery. 1) Tenancy, which serves to protect tenants under the Landlord and Tenant Act as issued in Bill 120. 2) Clustered accommodation, residential settings will be private and in close proximity to the delivery of services.

3) Tenant mix, people with supportive needs will not be isolated from other people within the neighborhood. 4) Community integration, buildings which house individuals with supportive needs will be an integral part of the community. 5) Not-for-profit service providers, will design and deliver programs. 6) Off-site administrative offices, on-site staffing is necessary, however agency administrators will be located in a central organization. 7) Delinked services, whenever possible projects where the service provider is not the principal provider will be implemented. This guideline attempts to encourage consumer empowerment.

Currently, the Ministry of Health funds 180 supportive housing projects which services almost 10,000 consumers: 81% seniors, 18% physically disabled and 1% people with acquired brain injuries. Ontario Local Housing Authorities estimate that 60,000 elderly reside in public housing. They suggest that between 20% to 70% of the low income seniors need supportive services. This does not include the elderly who reside in non-profit or private housing.

The procedure for developing supportive housing is expected to be a community response to identified needs. Supportive service providers, various organizations and different ministries will be involved. The District Health Council will play a key role in this process by making recommendations to the Ministry of Health.

Long term care area offices will be involved by assisting the District Health Council in developing supportive housing programs and facilitating the distribution of funds. Ministry of Housing and the Ontario Housing Corporation also will be instrumental in this future endeavor.

The various supportive housing models include support service living units which range, from 40-plus beds to totally integrated residential units. This setting will house young families and the elderly only a portion of whom will need support services. Dedicated sites model focuses on individuals who need a few hours to 24 hours on-site care. Supported independent living units are residential settings for the elderly and physically disabled which precludes early placement in a long term care facility. Congregate living attempts to deliver services for special groups such as Alzheimer's patients. All of these models are intended to be flexible and adaptable in meeting individual and specific needs.

Access to supportive housing in the past had been confusing and often frustrating for consumers and their families. The 1994 document suggest, that a single point of access be designed by the District Health Council. Multi-service agencies are encouraged by the Ministry of Health to act as the focal point of assessments, referrals and implementation of service delivery.

It is expected that supportive housing and support services will be a dominant feature which allow the elderly to remain within their community. The long term care goals of respecting cultural and linguistic differences has been stressed throughout the 1994 document. In addition, this document promotes consumer and community empowerment, responsibility and the necessary flexibility to design, implement and evaluate supportive housing and support services.

Needs assessment research

Grinnell (1988) states that ..."the purpose of a needs assessment study is to verify that a problem exists within a client population to an extent that warrants the existing or proposed services. To do this, we must produce estimates of the number and distribution of the individuals or social units exhibiting the problem we believe to exist" (p. 402 & 403). Similarly, the University of Guelph, Rural Planning and Development department defines needs assessment ... "the analysis of data involving evaluation and comparison of the existing resources with the felt and expressed needs identified" (Township of Aldborough Community Needs Assessment, 1995, p. 5).

Some needs assessment research of the elderly have utilized different definitions of need. For instance, in 1983 the Canadian Red Cross Society defined the term "need" as "an insufficient resource available for an elderly person to maintain their independence" (Calagary Social Services, 1983, p. 15). The Council on Aging in Windsor-Essex County in a 1992 study, defined "need" as a wide range of activities such as, "inadequate nutrition, shelter, health care, companionship, recreation and a general purpose in life" (p. 3).

In narrowing the definition of need Bradshaw (1972) outlines four distinct types: 1) Normative needs which is the setting of desirable standards which if unmet leaves an individual or community in "need". 2) Felt need which is the same as a "want". 3) Expressed need is similar to a felt need. However, it has been translated into a demand. 4) Comparative need assumes that if people or communities are receiving a service, and others are not then the latter are in need.

The literature indicated a number of approaches to needs assessments. They include the gathering of opinions and judgments from individuals, community forums, public hearings and so on. Needs can be identified either through complex or simplistic methodologies. Needs assessment research is an excellent tool for justifying existing programs and services, identifying gaps in resources and predicting future trends.

In addition, needs assessment research enables social policy goals found within long term care reform to be reinforced. It should also be noted, that needs assessment research can be time consuming and costly.

Needs assessment research and services for the elderly in Southwestern Ontario

The Council on Aging in Windsor-Essex County (1992) utilized a multi-faceted approach to assessing the needs of the elderly and their caregivers in their area. The methodology included key informant interviews, service inventory and seniors telephone /in-person survey and caregiver survey. The demographic review used provincial and municipal sources to identify population changes and its impact on formal services for seniors. The documentation review consisted of an examination of previous and present day research findings. The seniors workshops were used to encourage the elderly to participate in the process of the study and voice their concerns regarding services. The processes as well as the input provided from sixty key informants facilitated the construction of the survey instrument.

In order to assess the number and types of services available for seniors who resided in this area a service inventory was employed. A systematic random sample of five hundred individuals was drawn from the local telephone books and from a municipal data base.

The sample was stratified on age, sex and residential location. Two hundred and fifty seniors were interviewed via telephone and an additional two hundred were interviewed in person. In addition, one hundred and seventy-two caregivers were selected on a non-random basis for telephone interviews. The findings from this comprehensive study indicated that the most urgent needs were in the areas of home support services, transportation, support programs for caregivers and home maintenance.

In an earlier study, the South Essex Community Council conducted a needs assessment of the elderly in 1986. The South Essex Community Council offers a number of services including community information, family and individual counselling, educational programs and legal services. The geographical areas that are serviced are: Leamington, Kingsville, Wheatley, Mersea Township and Gosfield South Township. This non-profit organization is a planning and service agency which assesses and identifies the needs of people who reside within their catchment.

The primary purpose of the 1986 study was to determine the need for various home support services and the kinds of home support services desired by the senior participants of South Essex. Over the course of sixteen weeks, two researchers conducted face to face interviews with seniors in their homes.

The sampling procedure was random and was based upon five percent (n=232) of the senior population of Leamington, Kingsville, Mersea and Gosfield South Township. A ten percent (n=23) sample was drawn from Wheatley. An interesting and creative inclusion to this research was the purposeful addition of three South East Asian seniors from Leamington. This sample information was drawn from the Property Assessment Office and Immigrants Settlement Officer at the South Essex Community Council. The research found that two-thirds of the seniors needed homemaking services, shopping services, nursing care, outdoor home maintenance, emergency bell call system and letter carrier alert.

Similar research findings were discovered in the Belle River District Community Councils Seniors Needs Assessment Survey conducted by Demers and Durocher in 1991. This study explored the needs of seniors in the North Shore Region of Essex County which includes: Puce, Emeryville, Belle River, Deerbrook, Stoney Point, St. Joachim, Ruscom, Woodslee and Pleasant Park. Particular attention was paid to the large Francophone population by making the instrument available in both French and English language. The methodology chosen was a multi-stage sampling technique. "In a multi-stage sample geographic units of approximately equal population are listed and a random sample is taken of these units. In a national sample the units might be Countries. From that sample of Countries a second list is made of smaller geographical entities (cities, villages, townships) and a random sample is selected from this second list" (Demers and Durocher, 1991, p. 5).

Once the geographical calculations were determined the procedure of telephone surveying was decided due to budgetary constraints. Thus, the interval of 17 was chosen and the sample size was n=266.

The above study concluded that the average respondent was a retired married female of French descent who spoke English on a regular basis, lived in her own home, and had a total income of less than $12,000. In terms of formal services, 31% of seniors 75 years of age and over stated that they needed meals on wheels, 26% of this same group wanted a friendly visitor program and 67% of the entire sample indicated that they needed a foot care clinic. It is interesting to note, that this study found that 64% of seniors 55 years of age and over were not aware that a County Home Support Program existed. This finding suggests that further analysis of the seniors use of their informal support systems would have benefited the purpose of this study.

It is evident that the common findings throughout the above studies are the foci on the seniors needs for formal services, the importance of needs assessment research and the recognition that future planning is necessary to meet the needs of this expansive population. It is interesting to note, however,that only the Council on Aging study included the informal support system of the elderly.

Informal support systems

During the past fifty years, the roles of family members in nurturing their children has been well documented. More recently, attention has turned to the family's role in caring for their elderly relatives (Cantor, 1991). Researchers Branch and Jette (1983) define informal supports as: an elder's spouse, living children, siblings, other relatives, friends and neighbors, those "significant others" with whom the elder has close contact. To further add to this definition, Branch and Jette (1983) suggest that the term informal supports can be classified as 'long term care'. "Informal LTC assistance is considered all types of help, either paid or unpaid, provided by the family, friends, or neighbors who are not part of a group or program formally organized to provide that help" (Branch & Jette, 1983, p. 52).

The two types of aid that informal supports provide are affective/expressive and instrumental/assistance with activities of daily living. According to Penning (1990) instrumental aid is known as assistance with shopping, transportation, laundry, food preparation and housekeeping. Affective aid is listening, being physically present when needed and generally being a friend.

The major source of informal support for the elderly is found within the nuclear family. For instance, Barnes and Given (1992) found that spouse caregivers were generally wives aged 52 to 84 years and that the average length of care was 5.3 years. The study also revealed that 80% of adult child caregivers were daughters and their ages ranged from 32 to 67 years. Walker (1991) concurs and reported that daughters provided care to over half of the respondents sampled. One-fifth of the married subjects received help from their spouse. Next in frequency were siblings, sons, daughter-in-laws and non-relatives. Stoller and Pugliesi (1988) reported that the caregiver in an elderly couple is most likely the wife, since women generally live longer than men and usually are younger than their husbands. When a spouse is unavailable, adult daughters usually assume the role of primary caregiver. Sons also demonstrate concern about older family members, although their assistance is concentrated on tasks such as, house repair, yard work and financial management. Miller and McFall (1991) further divided caregivers into two categories, primary and secondary. They reported that older persons whose primary caregivers were offsprings, other relatives or friends were more likely to have a secondary caregiver. When the primary caregiver was a spouse, secondary caregivers were less likely to be involved in care.

When the primary caregiver was an adult child, usually a daughter or daughter-in-law secondary caregivers were most likely to be sons, sons-in-laws and grandchildren living with the primary caregiver. The number of persons in the older person's or caregiver's household can be an important influence on the size and composition of the informal support network. Tennestedt, McKinlay and Sullivan (1989) support the above study and add that the caregivers of the frail elderly were determined largely by the relationship between caregiver and the elderly.

Brody (1981) reported that the primary caregiver for the elderly are adult daughters who were called "women in the middle". Brody (1981) identified two trends which had impacted upon these caregivers. "One trend is the greatly accelerated rate of increase in the very old population - those who are most vulnerable to the need for care. The other is the large scale entry of women - and not only young women into the work force. The majority of middle-aged women (the primary caregivers to the aged) now work" (Brody, 1981, p. 471). Shannas and Maddox (1985) state the increased urbanization indicates sources of strain in the efforts to maintain the caregivers for the sick aged. Cantor (1989) states that there is no indication that working women are neglecting their family responsibilities. Research indicates that women are extending themselves to assume multiple roles of caring for their families, jobs and the elderly.

It is apparent from this research that informal supports are active in maintaining their elderly relatives either through instrumental or affective aid.

When family members or informal supports are limited or unavailable, the elderly must seek assistance from other sources. O'Bryant (1988) indicated that proximity of residence was the intervening variable most consistently related to the amount of help received across all levels of kin. In addition, low fertility rates result in numbers of women with children of one sex; thus, different family configurations (i.e. daughters only, sons only, offsprings of both sexes) become more consequential. The major thrust of O'Bryant's (1988) study is that family size and sex of the offspring is related to the types of tasks that these adult children perform. O'Bryant (1988) hypothesized that older widows who had no sons would receive fewer traditionally male types of support than widows with sons. Widows with no daughters would receive fewer traditionally female types of assistance. The research indicated that widows with daughters received fewer assistance with male types of support than widows with sons. Whereas, widows without daughters drew from other sources such as, daughter-in-laws, sisters, friends and neighbors.

There is also a population of childless elderly to consider. According to Leahy Johnson and Catalano (1981) children were often described as one's old age insurance. Today increasing numbers of young adults are delaying having children and many undoubtedly will remain permanently childless. For example, over one-fifth of today's women of childbearing age are choosing to live child free lives for a variety of economic and attitudinal reasons. These demographic changes raise important questions on the consequences of childlessness in later life. Cantor (1989) states that the focus on the family should not obscure the fact that there are a significant number of older people, probably a third, without children or without childrennearby. Hence, the importance and necessity of examining alternative informal supports, friends and neighbors.

A study by Leahy Johnson and Catalano (1981) examined a sample of urban childless married and unmarried elderly. This sample was purposely selected because they were confronted with a dependency crisis in which their health had deteriorated to the point of needing hospitalization. The findings were that the childless unmarried were involved with kin (usually a sibling) 80% more often than the childless married. In regards to caregiving, all of the childless married (with the exception of one senior) received aid almost exclusively from a spouse. Whereas, the childless unmarried received aid from a sibling first then a niece or nephew.

Friends and neighbors as informal support systems

Heller, Thompson, Vlachos-Weber, Steffen and Trueba (1991) emphasized the importance of intimate relationships as a factor in the adaptation of older adults. In this study, the presence of a confidante was linked to higher morale even for those who had experienced loss of a spouse. Further, elderly widows with a confidante had higher morale than married individuals who lacked a confidant.

Pearson Scott & Roberto (1984) stated that studies of friendship patterns of older adults indicated the importance of friends in providing support and assistance to persons in late life. "Friends provide a valuable source of support for the older adult, especially during the period of major role transitions. Friends are seen as effective buffers in adjusting to role losses such as widowhood and retirement" (Pearson Scott & Roberto, 1984, p. 1).

In addition, being involved in a friendship helps a person sustain a sense of usefulness and self-esteem more effectively than filial relationships. The rationale is that friendship rest on mutual choice and mutual needs and involves a voluntary exchange between equals. Chappel (1983) believes that physical limitations, age segregation, common interests, common role changes and common generational experiences are factors that the elderly share, which contributes to friendship formulation.

Haas-Hawkings, (1978) cited in Chappell, (1983) stated that contact with intergenerational family members, especially children does little to elevate morale, while friendship-neighboring is related to less loneliness and worry. This suggests that age peers are more desirable. Family ties are involuntary and may involve perceptions of increased dependency on the part of the elderly whose capacity to reciprocate and maintain equal exchange with the family may be limited. Lopata, (1979) cited in Kohen, (1983) narrows the above explanation by adding that in their study, widows claimed responsibility for the couple-based friendships which developed during the seniors' marriages. This division of labor may leave married men ill-prepared for widowhood. When their spouse dies, new domestic demands may diminish the time available for socializing in personally acquired friendships. At the same time, relationships that depended on their wife's contacts.Research suggests that widowhood may result in greater reduction of active involvement with kin and friends for men than for women. Pearson Scott & Roberto (1984) support this view and confirmed the finding that more widowed older women had daily contact with a close friend that did older married women.

It is evident from the above discussion that the elderly receive both instrumental and affective aid from various sources of informal supports. In addition, friendships and neighbors were found to be valuable for their shared emotional support.

Formal support services

Throughout the last couple of decades formal support services have become organized and offer specialized assistance for the elderly. The primary purpose of formal support services is to facilitate the elderly to remain within their homes and community for as long as possible, as well as decrease caregiver stress. As previously discussed, there are a multitude of programs and services for the elderly in Ontario. According to the 1993 document, Partnerships in Long Term Care, programs and services can be grouped into four categories: 1) general health services, physician services and patient care in public hospitals. 2) Community support services such as, homemaking, nursing, meals on wheels, elderly persons centres and home maintenance. 3) Residential care including, Homes for the Aged, Nursing Homes, Rest Homes and Chronic Care Hospitals. 4) Income supplement programs encompassing, OHIP premium waivers, drug benefits and tax grants. These programs and services are provided by voluntary agencies, and municipal, provincial and federal governments.

Cantor (1991) defined formal support systems as being synonymous to the concept of social care. Social care encompasses opportunities for socialization, self-affirmation and self-actualization. Assistance with activities of daily living is also a component. In addition, assistance with personal care due to physical disability is available.

Cantor (1991) stated, the concept of social care makes explicit that assistance heightens an individual's competency and mastery of the environment rather than increasing dependency. Ezell and Gibson (1989) defined formal support as government mandated or sponsored professional services whether state administered or provided by non-profit organizations.

McCaslin (1989) emphasized that factors other than objective need, influence the elderly persons use of health and social services. McCaslin (1989) indicated that race was a factor in utilization of support services. Another identified variable was socioeconomic status. Other studies of supportive services found association with kinship or informal supports to be associated with service utilization (Cantor, 1991). Bild and Havighhurst (1976) Fowler, (1970) Krout, (1984) and Snider (1980), cited in McCaslin (1989), identified knowledge of available services as an important variable. Utilizing various types of aid was associated with prior use of services, poor health, low income, acceptance of the concept of welfare, low sense of well being and lack of informal supports (Cantor, 1979).

Hayslip, Ritter, Oltman and McDonnel (1981) reported that if some elderly do not use formal services it is usually for the following reasons: lack of awareness of their existence, extensive family support, pride or an attitude of independence. In addition, Krout, (1983) reported that elderly males who were not isolated, younger, married, or in poor health favorably viewed utilizing formal services. However, their counterparts, older elderly males who were isolated and living alone did not consider formal support services a beneficial option. Further, Power and Bultena (1974) found that many elderly felt that programs were important for the community. However, they were not seen as appropriate for themselves.

Previous research demonstrates that a complex array of motivation and restraining forces in an elderly person's life influence the utilization of formal support services. However, there were no clear patterns, trends or particular variablesthat were consistently found to be associated with service use.

Hayslip, Ritter, Oltman and McDonnel (1981) in a Canadian study of the service needs of rural seniors, determined that heavy household tasks, home health care, personal transportation, lawn care, medical transportation, lifting and grocery shopping were the most frequently cited needs. Windley (1983) compared service utilization of urban versus rural elderly and found rural elderly traveled further to health and social services, but used them as frequently as urban elderly.

In contrast, Krout (1981) stated, that service provision is more difficult in rural areas because many elderly are unwilling to accept service programs as legitimate.

Moen (1978) as cited in Krout, (1983) discussed a "non-acceptor" syndrome found in elderly in which striving for independence was associated with a reluctance to admit their needs or accept help. Further, there appears to be a strong tendency for the elderly in general to seek to live independently and to rely on family, friends or neighbors as opposed to social welfare agencies. Krout (1983) stressed the strong "spirit of independence" found in the rural elderly. According to Montgomery, Edgar and Borgatta (1989) rural families that are caring for their elderly are difficult to reach and serve, are fiercely independent, have little contact with formal service providers, are reluctant to accept help and are difficult to find or service until a crisis point has been reached.

The above literature review on formal support services examined a multitude of variables which may effect service utilization by the elderly. The attitudes of the rural elderly were discussed as they relate to acceptance of assistance from formal support services. The following section, explains the reasons for the use of informal and formal supports by the elderly.

Theoretical perspective

Several models and theories have been constructed to explain the interaction between the elderly and informal and formal support networks. Three theoretical models will be examined. Specifically, the hierarchical compensatory theory, task specificity model and reciprocal/social exchange of supports model.

Hierarchical compensatory model

The preceding section suggests that informal supports are dominated by family members with supplemental or compensatory aid provided by extended kin, friends, neighbors and formal services. The hierarchical compensatory model can be described as ..."a normative pattern in which kin particularly one's spouse, followed by children and other relatives such as, siblings, nieces, nephews, grandchildren and so forth form the primary group responding to the needs of the elderly members" (Penning, 1990, p. 220). Shanas (1979) as cited in Stoller and Pugliesi (1988) stated that these networks usually reflect a principle of substitution, implying that informal helpers become available in a serial order. Miller and McFall (1991) concur and add that this ordering assumes that distant helpers would be first to drop out of the network when no longer needed. In essence, availability of caregivers, rather than tasks needed governs change within the network.

According to Cantor (1991) only when members of the informal system are unavailable or can no longer absorb the burden of providing assistance, do older people and their families turn to formal organizations for help. Cantor (1991) stressed that it is not just elderly women and adult daughters that are caregivers, elderly men are just as active. In addition, it is becoming increasingly common to have two ailing frail elderly caring for each other.

The above model attempts to explain the pattern that the elderly demonstrate in utilizing informal and formal support services. It is evident, the elderly and their informal supports choose to keep this care within their network until the need for formal services surfaced. This model demonstrates informal and formal supports as a hierarchical inter-related process.

Task specificity model

In contrast to the above model, task specificity focuses on the characteristics of groups and their ability and effectiveness to perform specific tasks. "Structural characteristics include such things as the size of the group, their proximity to one another, their physical resources, and the nature of their commitment to one another" (Penning, 1990, p. 220). Litwak (1985) outlined the importance of formal and informal supports being congruent to the types of tasks needed by the elderly.

In other words, specific tasks would be effectively fulfilled by a formal organization as opposed to an informal support network. Formal services are appropriate to meet the technical and medical needs of the elderly.

Litwak (1985) stressed that primary informal supports due to proximity and commitment are more suited for non-uniform tasks. Primary supports such as, spouses or those who reside with the frail elderly, however, are suited for temporary or short-term needs.

Litwak (1980, 1985) as cited in Stoller and Pugliesi (1988) also stated that the principle of shared-functioning is the rationalization surrounding this model. Informal supports are viewed as suited to meet the needs of their loved ones by the variables of proximity, commitment and availability to assist with activities of daily living. Formal supports are best suited when informal supports are unavailable or when technical or medical assistance is needed.

Reciprocal/social exchange of supports model

The premises of this model is that individuals in relationships want to maximize rewards and minimize their losses. Reciprocal aid between the elderly and their informal supports had been studied as patterns of social exchange. For instance, elderly individuals assist adult children with various tasks such as, babysitting, financial assistance and giving advice. Adult children aid their elderly parents by performing home maintenance, heavy household chores or transportation. Some researchers (Arling, 1976; Lee, 1979) believe that intergenerational aid is associated with higher morale of the elderly. McCulloch (1990) stated, older people who received more aid than they gave will have a higher morale than older people who gave more aid than they received.
In contrast, Stoller (1985) found that the inability to reciprocate in exchanges had a "negative" effect on the morale of the elderly.

Mutran and Reitzes (1984) stated that the relationship between intergenerational aid and morale maybe situational. Mutran and Reitzes (1984) indicated that older widowed parents placed more importance on inter-generational aid than married older adults. Older widowed parents viewed receiving help as a reward which lessened negative feelings.

Equity of aid amongst friends had a positive relationship to morale in the elderly. Pearson Scott & Roberto (1984) found that older women who perceived their relationships to be equitable reported higher morale than older women who reported inequitable relationships. Antonucci, (1985); Antonucci & Akiyama, (1987) cited in Miller and McFall (1991) stated that reciprocity is life long in relationships and is constantly changing by familial situations and compositions. As an individual ages so do many members of their support systems. This inevitably impacts upon the nature of reciprocal exchange of assistance.

The utility of multiple theoretical perspectives

To date, the validity of research findings supporting one model over another had been inconclusive. It is widely known that the elderly turn first to their informal supports for assistance. The hierarchical compensatory model may be the first model that occurs as the elderly seek assistance. However, task specificity demonstrates that for many elderly people informal supports may not be available due to proximity, commitment or technical/medical ability. This model may explain the patterns of service usage by the frail elderly or elderly with no informal supports.

The reciprocal/social exchange model is useful in understanding the importance that equitable relationships place on the elderly person's morale. In addition, this model has indicated that older widow's morale benefited when an adult child gave more assistance than they had received from the elderly.

All three models can be viewed as useful to the knowledge base of gerontologist, service workers, social workers and policy makers in their continued effort to understand and assist the elderly. It is this researcher's premise that no one theory can or will explain the patterns that the elderly display in seeking help, and utilizing formal services. However, one model over another may be present in specific situations such as, urban versus rural elderly, widows with no informal supports versus widows with support, frail elderly versus not so frail. It is possible that all three models will remain an inter-changeable means to explaining the process that the elderly undergo when needing assistance from both informal and formal support networks.

Rural factors

Over the last fifteen years, the Town of LaSalle has grown rapidly. This expansion includes both population and businesses. The vast majority of elderly however, first established residence in LaSalle when it was considered a village. Thus, rural attitudes may still be present and influencing the elderly in their perception of need and of utilization of formal services.

An extensive literature review failed to operationalize the term rural. This concept suggests an agricultural industry with individuals residing in farm houses which are isolated from their neighbors and nearest business district. Windley and Scheidt (1988) stated an intuitive approach to differentiate between hamlets, villages and towns. Towns are the most urban identifiable by business districts and traffic control lights while villages consist of retail business and services. Hamlets, the most rural, are similar to villages without commercial establishments. The Ontario Advisory Council on Senior Citizens (1980) stated that the term "rural" usually is defined as all that is non-urban, that is places with a population of less than 1,000 residents. It alerts us, however, that "such a definition fails to consider the character of rural life. One frequently observes, for example that life in a town of two thousand is in fact more similar to life in a village of 500 than to life in a city of 25,000 inhabitants. The Town, although urban by definition is often decidedly rural in character" (1980, p. 34).

A distinct quality of the rural elderly is their attitude, often conceptualized as 'rugged individualism'. Youmans, (1980) outlines the following characteristics uniquely rural: conformity to tradition and culture, strong customs, adherence to kinship roles, strong religious convictions and interpersonal contacts tend to be primary in nature. According to the Ontario Advisory Council on Senior Citizens (1980) rural elderly have spent a life time taking care of themselves and they are not interested in someone else taking over this job. Therefore, the rural elderly can be viewed as independent in spirit and lifestyle.

The rural aged according to Nelson (1980) tended to be married, less educated and younger than urban elderly. Hayslip, Ritter, Oltman and McDonnell (1980) believe the rural aged are prone to social isolation, live in substandard housing and have lower incomes than urban seniors. Rural aged tend to relay extensively on informal supports, and are more likely to live alone and are in poorer health than their urban counterparts. Further, rural elderly who are isolated, widowed and in poor health know the least about available services. The Ontario Advisory Council on Senior Citizens (1980) concur that the rural aged are in need and are frequently physically and psychologically isolated. However, they are the least likely to ask for assistance.

This can be viewed as problematic, specifically in terms of home support services. Hayslip, Ritter, Oltman and McDonnell (1980) defined home care as services which encompass the following: meals on wheels, home repair, home maintenance, in-home nursing, friendly visitation and physiotherapy. For instance, a rural senior may view their needs as needing a prosthetic device. However, outside agencies may view their needs as physically more extensive. Lind (1977) cited in Hayslip, Ritter, Oltman and McDonnell (1980) stated the key to matching the rural senior's perceived need with the service provider's definition of need is found in a clear criteria and agency mandate. According to Coward (1978) rural services and programs tend to be scaled down versions of urban programs. Ontario Advisory Council on Senior Citizens (1980) summarized the following obstacles that rural elderly and services experience: equal access to social services may not be congruent to transportation opportunities. Stigma is attached to utilization of services, which is reflected in the rural elderly attitude of "rugged individualism". There is a lack of awareness of the presence of programs and services. Many programs and services have a history of being scattered with intermittent availability. Lack of public transportation and finally, a distrust of governments which attempt to fit urban models of service delivery into rural environments.

It is clear that the elderly are a heterogeneous cohort. Unfortunately, services and programs which have attempted to assimilate urban models of health and social services for rural elderly have disregarded their unique culture and needs.

The 1993 document, Partnerships in Long Term Care recognized the distinct needs of the rural elderly. It is hoped that the previous fragmentation and inequitable distribution of health and social services will be rectified. If that goal is to be realized, the literature indicates that transportation, housing and the rural attitude of "rugged individualism" may be their largest obstacles to overcome.

Summary

This chapter reviewed the literature on the social support networks and formal support services of the elderly. It was emphasized that informal and formal support systems are often interrelated in nature. The demographic information revealed that the expansive population of the elderly is due to low fertility rates, technological and medical advances. In addition, the demographic information was discussed in terms of its ramifications on social policy and services for the elderly in Ontario. A historical and chronological overview of long term care policy documents also was explored. Needs assessment research was found to be a comprehensive form of identifying current and future needs, as well as, identifying gaps in service delivery. Various needs assessment of the elderly in Southwestern Ontario were examined. Further, an overview of the elderly and their utilization of informal and formal support systems was presented. Three theoretical perspectives which attempt to explain service utilization of the elderly were examined. Finally, there was a review of the rural elderly and their attitudes towards formal support services.

CHAPTER 3

METHODOLOGY

This chapter presents the classification of this study, followed by the rationalization for this choice. The research questions, conceptual definitions as well as, the operational definitions of the variables are examined. This is followed by a description of the setting and population for this study. The current services and programs offered to the elderly and a description of services that are not available are discussed. In addition, the sampling procedure, sample and its limitations are explored. Further, the data collection procedure and rationale are examined as they pertain to the research instrument employed. Next, the research instrument, reliability and validity as well as the pre-test are discussed. Finally the limitations of the research instrument, data analysis and limitations of the methodology are reviewed.

Classification of the study

This study was classified as descriptive. According to Grinnell (1993) descriptive research usually requires a specification of the time order of variables, manipulation of the independent variable and establishment of the relationship between the independent and dependent variables. In addition, descriptive research rarely assign the research subjects into control groups.

Tripodi, Fellin and Meyer (1983) state that the purpose of these studies is to develop ideas and theoretical generalizations. Descriptions are in both quantitative and qualitative form, and the accumulation of detailed information by such means as participant observation may be found. Social work researchers frequently employ descriptive research designs because they describe what is currently happening in a given phenomenon. In addition, sampling procedures are flexible, and little concern is given to systematic reprentativeness.

Rational for the classification of the study

A descriptive design was chosen because the main purpose was to describe certain attributes among a sample of elderly from the Town of LaSalle. Further, the literature regarding the relationship between the elderly receiving aid from informal supports and the variable of proximity of informal supports had not been substantial. In addition, the theoretical models which attempt to describe the process of the elderly utilizing informal and formal supports was ambiguous.

This study will describe quantitatively the elderly person's current use of informal supports, the types of aid currently received and their frequency. The aid which the elderly gave to their informal supports is also examined. The current and perceived future use of formal services by the seniors in this sample will be described. In addition, the seniors' opinion of improvements to services in the Town of LaSalle will be presented in qualitative terms.

Conceptual definitions

The conceptual terms used in this study have been interpreted as follows.

LaSalle is the geographical area known as the town of LaSalle, formerly named Petite Cote (Cities Star, Vol. 12, No. 15).

Elderly is synonymous to the term senior citizen and the aged. "Chronological age is simply based on the passage of time or the number of years that have passed since the person's birth. Some feel that people become old at age 65" (Greene, 1986, p. 45).

Proximity is the state or quality of being next or near (Webster's Dictionary, second edition, 1958).

Perceived need is a subjective belief regarding one's current living conditions. Bradshaw (1972) felt need is the same as a "want", expressed need is like a felt need however, it has been translated into a demand.

Need denotes a want, desire or belief that some basic requirement to an elderly person's well being is not being met currently or is insufficient. The Council on Aging (1992) defined this term as those basic needs that individuals are no longer able to provide for themselves.

The Canadian Red Cross Society (1983) states need is an insufficient resource available for an elderly person to maintain their independence.

Formal support services Ezell and Gibson (1989) defined this term as government mandated or sponsored professional services for the elderly, whether provincially administered or provided by a non-profit organization. These services are performed by either a professional or a para-professional.

Informal support system consists of family members, friends, neighbors, acquaintances, ethnic or church organizations. Branch and Jette (1983) state that this concept refers to the elder's spouse, adult children, nieces, nephews, extended kin, friends and neighbors.

Instrumental support Cantor, (1991) is activities performed by either formal or informal support systems and consists of tasks which assist the elderly in their daily lives.

Affective or expressive support refers to social or psychological support for the elderly to assist with their emotional well being (Cantor, 1991).

Operational definitions

For the purpose of this study the following operational definitions were utilized.

LaSalle is the geographical area known as the Town of LaSalle, located in southwestern Ontario, Canada.

Elderly is an individual who is age sixty-five or older which is consistent with the Old Age Security Pension of Canada.

Proximity is a nearness in place, time or alliance.

Perceived need is defined as the elderly person's subjective belief that a physical or psychological aspect of their life is inadequate or insufficient.

Need is defined as a physical or psychological aspect of an elderly person's life that is deemed to be inadequate or absent by the elderly in LaSalle.

Formal support systems is an organized agency that assists the elderly in activities of daily living.

Informal support systems is an elderly person's spouse, adult child, daughter-in-law, son-in-law, niece, nephew, grandchild, sibling, extended kin, friends or neighbors that assist the elderly in activities of daily living.

Instrumental support is a supportive task performed by either a formal or informal support system that aids the elderly in activities of daily living.

Affective or expressive support is a social support that assists the elderly person's emotional well being.

The setting and population

Incorporated as the Township of Sandwich West in 1867, LaSalle withdrew from the Township and officially became a Town in 1924. On April 17, 1924, 2,310 acres of Sandwich West formerly known as Petite Cote (Little side), incorporated into the new municipality now named LaSalle (LaSalle Silhouette, March 23, 1991). The borders of this Town were composed of the westerly half of Malden road to the limit between lots 25 and 26, then along the limit to the Detroit River upstream to Turkey Creek. It then followed the Creek easterly to Langlois Avenue until it reached Malden Road again. The primary reason that this small area desired to become a Town was related to the fact that the total acreage for Sandwich West was 5,890 which meant that the Town of LaSalle was paying one-fourth of the taxes (The Border City Paper, Windsor, Ontario, 1924). The population at that time was 800. Within the Town, there were 132 homes, five grocery stores, three hotels, a pool room, a barber shop, a post office, a church, a coal and lumber yard, a bank, a hardware store and one school (The City Star, Vol. 12, No 15. 1924).

During the 1920s Petite Cote/LaSalle was identified as a problematic geographical area due to the excessive rum-running activities which occurred at the local docks. On January 5, 1924, $50,000 dollars worth of liquor was confiscated at the Petite Cote dock. This included 750 cases of Canadian whiskey. Despite such problems being encountered, the Petite Cote dock was never closed down.

After the years of prohibition, LaSalle underwent thirty-five years of financial hardship. In 1959, LaSalle again chose to amalgamate with the Township of Sandwich West in order to survive. On June 1, 1991, however, as a result of financial growth in the areas of agriculture, residential construction and marinas, the Provincial government granted approval for LaSalle to change its status once more to a separate entity from Sandwich West. The new geographical parameters of the Town of LaSalle include the Detroit River and the limits of the City of Windsor, the Township of Sandwich West and the Township of Anderdon (see figure 1).

The Town of LaSalle is considered to be one of the fastest growing communities in Southwestern Ontario. For example, in 1988 the population was 14,500; by 1992 it had expanded to over 17,000. By 1994 the population had increased to 18,797 persons. Statistics Canada reported in 1989 there were approximately 1,120 elderly aged sixty-five and older who resided in LaSalle. By 1994, this figure had rise to 1,355 elderly. Approximately, 635 are male and 720 female.

The Town of LaSalle has expanded in the business sector and the number of residents. The following section will examine the types of formal services and programs currently available to meet the physical, social and recreational needs of the elderly in LaSalle.

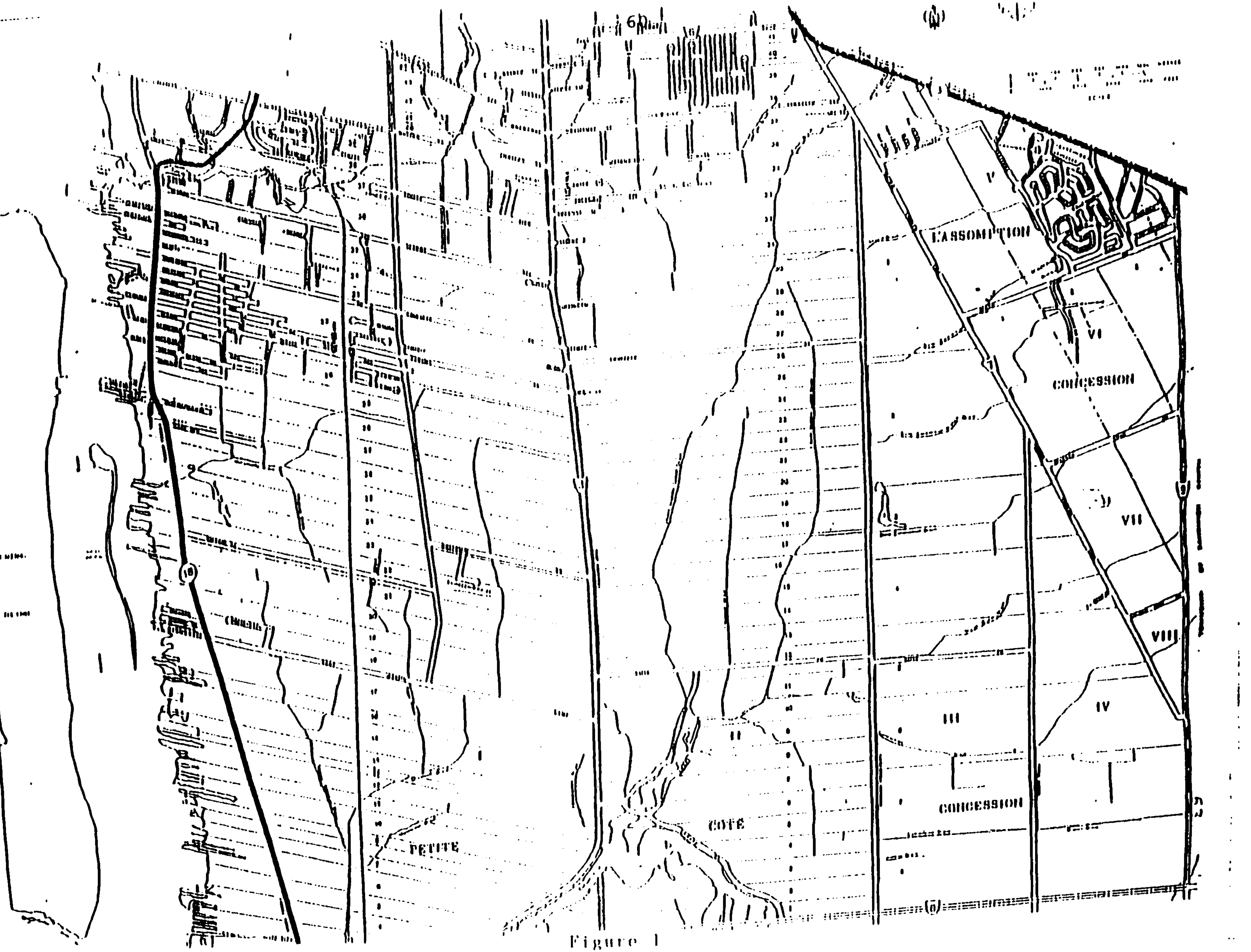

L'ASSOMPTION
V
VI
CONCESSION
VII
VIII
III
IV
CONCESSION
COTE
PETITE

Figure 1

Current programs and services for the elderly in the Town of LaSalle

Presently, the elderly who reside in the Town of LaSalle receive some of the services with assist seniors to remain independent within their community. For instance, when a senior becomes ill or disabled, their physician can contact the Victorian Order of Nurses (V.O.N). This service provides in-home nursing care and homemaking. Its primary function is to provide assistance until the senior is either healthy again or functioning satisfactory with their disability. This researcher contacted the Victorian Order of Nurses by writing (see appendix A. 1) and requested statistical information regarding the number of clients receiving care within the LaSalle area. Unfortunately, this request did not receive a response.

Home maintenance provided by Essex County Social Services Home Support Department is another service. It provides outdoor home maintenance for seniors in need. Information regarding the numbers of clients serviced in LaSalle was requested through a letter (see appendix A. 2). Similarly, this request did not receive a response.

The Essex County Housing Authority is a non-profit organization which received funding from the Ministry of Housing. This organization provides geared-to-income housing for seniors, low income individuals and the disabled. On-site nursing or homemaking services are not provided. Currently, there is one geared-to-income apartment building in LaSalle.

In terms of recreation there is a seniors club known as the Friendship Centre. This club includes both French and English speaking seniors. The Friendship Centre is located in an old public school (formerly known as Colonial Bishop). Access to this club for seniors in need is usually provided by other club members.

In the fall of 1995, the LaSalle/River Canard Meals on Wheels program began operating twice a week services for homebound seniors and the disabled. This volunteer funded and implemented program was initiated due to a community identified need (see appendix A. 3 & A. 4). Information regarding the number of seniors serviced in the LaSalle area was requested through a letter (see appendix A. 5). This request, however did not receive a response. In the Windsor-Essex County area, the Meals on Wheels program has been operating for twenty-two years (The Windsor Star, September 26, 1995 p. B3). Additional geographical areas serviced by Meals on Wheels are: Amherstburg, Malden, Belle River and Leamington.

According to Canada Post, seniors in LaSalle receive letter carriers alert. The main thrust of this service is that letter carriers who suspect that an elderly person may have fallen or is ill report this to the appropriate authorities. This researcher contacted a supervisor with Canada Post via telephone and letter (see appendix A. 6) and verbally learned that letter carriers are not formally trained to detect signs of danger or to carry out C.P.R. procedures. The supervisor did not respond to the letter requesting additional information.

In addition, many of LaSalle residents do not receive their mail on a door to door basis, as they have letter boxes. The standard distance from a residential unit to a letter box is six hundred feet. For seniors who are sick or disabled, six hundred feet may render the letter box inaccessible. Similarly, during the winter season seniors attempting to pick up their mail may be at risk for an injury due to a fall.

Programs and services that are not currently provided to the elderly in the Town of LaSalle

Presently, the elderly in LaSalle do not have a community long term care facility. This includes, nursing homes, homes for the aged, rest homes, supportive housing or chronic care facilities. If an elderly individual is no longer able to remain within their home their only option is to move to Windsor, Amherstburg, Belle River, Essex or Leamington for care. For some elderly individuals moving away from their principal community and often times family, can negatively impact upon their psychological and physical health.

Additional support services that the elderly in LaSalle are not receiving include: friendly visitation, transportation for seniors or the disabled, foot care, security checks and Elderly Person's Centres.

The sampling procedure

This study employed a systematic random sampling procedure. According to Grinnell (1988) systematic random sampling is also referred to as interval sampling. For example, the researcher proceeds down the sampling frame selecting for the sample every tenth person, starting with a person randomly selected. Thus, the number ten represents the size of the sampling interval.

This study utilized the Windsor-Essex County Directory and every retired individual who resided in LaSalle was recorded. From this sampling frame a total elderly population of n=1,355 was obtained. The sample size of 65 was chosen due to the time constraints of the study. The sampling interval of 20 was chosen, thus n= 1,355 divided by 65 = 20.8. An individual was randomly chosen as the starting point and from there every 20th person was contacted. Only respondents sixty-five years of age or older were included in the study. In addition, if two or more seniors over the age of sixty-five resided in the same household, the researcher asked to interview the oldest person.

The sample

This study will consist of a systematic random sample size of sixty-five respondents which is approximately five percent of the elderly population. Forty-five of the respondents are female and twenty male. All of the individuals are age sixty-five or older and reside in the Town of LaSalle.

Limitations of the sampling procedure .

This systematic random sampling procedure can be viewed as limited in that individuals who are apartment dwellers will not be included in the sampling frame. Also, the Windsor-Essex County Directory can be viewed as not complete because seniors' who reside with their families also are not included within the sampling frame.

The primary limitations of this study's sample is its small size. Some researchers may not view five percent as representative of the elderly population in the Town of LaSalle. Thus, the extent to which the findings can be generalized to the total elderly population in LaSalle may be questionable. Another limitations is that the sample may possible be bias in the demographics with regards to the number of male respondents. For instance, when there are two seniors over the age of sixty-five the researcher requests to interview the oldest person, since women tend to marry older men this could influence the demographics of the sample.

Data collection procedure and rationale

The data collection procedure of telephone surveying was utilized. According to Frey (1983) telephone surveys have a refusal rate averaging 20 - 25 percent. The refusal rate was addressed through assuring the respondents of confidentiality, appraising them of the nature of the study through two newspaper articles (see appendix A. 7 & 8) and requesting an interview at their convenience. The rationale for employing this method as opposed to face to face interviews or a mailed survey was based on cost and time restraints.

Research questions

The research was guided by the following three research questions:

1) What is the current usage of formal support services by the elderly in the Town of LaSalle?

2) What are the perceived future need for formal support services by the elderly in the Town of LaSalle?

3) What is the current use of informal support systems by the elderly in the Town of LaSalle?

A research paradigm (see Table 1.) clarifies the variables which the researcher seeks to explore.

Table 1

Research Paradigm

Antecedent variables	Independent variables	Intervening variables	Dependent variables
-Age -Gender -Marital status -Education - Language -Years lived LaSalle	-Spouse -Adult children -Siblings -Extended kin Friends -Neighbors -Formal support services	-Proximity of adult children -Widowhood	-Elderly Housing - Current dwelling - Perception of future dwelling. -Emotional well being - Being listened to. - Feel better afterwards - Physical Disability Type - Assistance received from informal supports Type - Assistance given to informal supports - Assistance received from formal supports Type - Perceived future need for formal services Type - Issues of concern Type - Sources of information Type - Adequate services - Need for formal services in LaSalle Type

The research instrument

In order to answer the research questions the researcher constructed a questionnaire (see appendix B. 1). To facilitate this process, the researcher reviewed the questionnaires used in needs assessments of the elderly in the City of Windsor, Town of Belle River and Leamington. These studies were chosen because they had focused specifically on the elderly person's current usage of formal services, their future needs and the types of services provided by their informal supports.

The researcher designed the beginning of the questionnaire with non-threatening demographic information. For example, closed-ended questions, one through four inquire about the antecedent variables of age, marital status, level of education and number of years that the respondent had resided in the Town of LaSalle. In addition, an open-ended question requested information regarding what languages the elderly were able to speak and write. This question was deemed important because LaSalle is known for its large Francophone population.

Section two of the instrument focused on information pertaining to the elderly and the independent variable informal support systems. This researcher assumed that the household composition of the elderly would influence the types and frequency of aid received from their informal supports. Questions number eight through ten addressed who resides with the elderly and total number of people living in the dwelling.

Question eleven asked information regarding how many children resided in and outside of the Windsor-Essex County area. In order to view if assistance was reciprocal in nature, question twelve inquired if the elderly provided financial aid, babysitting services, housing, transportation or gave advice to their adult children.

In terms of emotional well-being, the elderly were asked questions regarding who they talked to when they had a problem and if they perceived that their confidant listened. Also did they feel better after discussing their issues.

A contingency question was designed to determine if the elderly were physically or mentally disabled. If the elderly person answered that they were neither, then the researcher moved on to question nineteen. If the elderly responded yes they were asked to elaborate on the type of disability.

To capture the types and frequency of aid received from informal supports the researcher designed a matrix style question. Thus, question twenty-one listed a number of common activities such as, shopping, housework, transportation, taking medication and security checks. If the elderly responded that they received assistance with a particular activity they were asked to indicate the frequency. Frequency was categorized as follows; daily, once a week, once a month and once every three months.

The last section of the questionnaire focused on the elderly person's current and perceived need for formal support services. Question number twenty-four asked the elderly if they received any home support services. If the response was yes they were asked to specify. Regarding the elderly person's perceived need for formal support services, questions number twenty-five listed a number of services and the elderly were requested to respond yes or no. Further, the researcher inquired about what types of formal support service that they thought they might need in the next year.

In order to understand the housing needs of the elderly a number of questions asked if the elderly were to move in the next three years, where would they like to live and what type of housing? To assist the elderly in responding to question thirty various forms of dwellings were listed. For instance, a private home, nursing home, apartment, private home of relatives, retirement home and seniors apartment.

A closed-ended question asked the seniors if they thought that LaSalle had adequate home support services for people aged sixty-five and older. Similarly, they were asked if LaSalle was in need of additional health and social support services for seniors. In addition, a list of common concerns were recited and the elderly were requested to indicate which issue gave them concern as a resident of LaSalle. The list of issues ranged from crime, to services for the mentally disabled.

The last question was qualitative. The elderly were asked for comments or suggestions about how LaSalle could improve services for seniors. At the end of the interview the senior was thanked by the researcher for their time and input. Once more, they were reassured that their answers were confidential.

Reliability and validity

The Formal and Informal Support Services Questionnaire was pre-tested in order to establish if the instrument was understandable and asked for relevant information. The instrument was constructed in a manner similar to questionnaires which had been utilized in previous needs assessments in the Windsor-Essex county area. However, the instrument does not have established reliability and validity norms as it is not a standardized questionnaire.

The pre-test

The respondents chosen for the pre-test were obtained through a listing of senior citizens from the LaSalle library. The researcher conducted a total of ten telephone interviews to ensure that the questions were understandable. All of the respondents stated that the wording of the questions was clear and simple to comprehend.

The length of time required for interviews ranged from seven to twenty minutes. The differences in the length of time is attributed to the hearing impairments of several elderly. In addition, some seniors were more elaborate in their answers. The demographic information indicated that the ages ranged from 69 to 89 years old with an average of 74.4 years. The average number of years spent living in LaSalle was 60.4, with a range from 14 to 89. Gender of the respondents were 8 females and 2 males. Marital status showed, 4 widowed, 4 married and 2 divorced. The pre-test demonstrated that the Formal and Informal Support Service Questionnaire for the Elderly was a comprehensive, clear research instrument.

In addition, this instrument was reviewed and approved by several social work professors. The pre-test and the scrutiny of the research committee has facilitated the development of the instrument used in the study.

Limitations of the instrument

The primary limitation of the Formal and Informal Support Service Questionnaire for the Elderly was that it was not a standardized instrument with reliability and validity norms. Additional limitations included, the length of the instrument and the tedious nature of the matrix questions. Some closed-ended questions elicited open-ended responses which could not be recorded.

For example, question number fourteen asked, who do you talk to when you have a problem? This question prompted some elderly to disclose how certain problems were discussed with certain family members and friends. It appeared difficult for some elderly to chose one person.

Limitation of the methodology

The limitation of the methodology begins with the sampling size. The sample size is approximately five percent of the elderly population in LaSalle. Some researchers may view the sample size as too small and therefore not representative of the total elderly population. The research instrument is not standardized and lacks reliability and validity norms. The data collection procedure can be viewed as problematic due to the following reasons: 1) the interaction between the researcher and respondent may have produced interviewer bias; 2) The interviewer may have coded the answer incorrectly and 3) the interviewer was unable to observe and record non-verbal communication.

Summary

A descriptive design was utilized for this study. The conceptual and operational definitions of the variables were reviewed. This was followed by a historical description of the setting and population. The current programs and services for the elderly in the Town of LaSalle were examined. Subsequently, the programs and services which are unavailable to the elderly in LaSalle were examined. The study was guided by three research questions which focused on the senior's current usage of formal support services, their perceived future need for formal services and their current usage of informal support systems. The rationale for the sample size of 65, approximately 5 percent of the elderly population in LaSalle, was presented. The use of systematic random sampling, employed with the aid of the Windsor-Essex County Directory was described. The data collection procedure of telephone interviewing was outlined. The construction of the research instrument, a questionnaire, was described as was the pre-test. Lastly, the chapter reviewed the limitations of the sampling procedure, research instrument, data collection procedure and the methodology.

CHAPTER 4

DATA ANALYSIS

This chapter presents three sections of descriptive data along with relevant discussion. First a description of the sample shows frequency tables of demographic information on age, sex, marital status, education, length of residency in LaSalle and language. Cross tabulations were performed on the variables marital status by age. The second section describes the informal supports of the elderly. Through frequency tables, histograms and pie charts the following variables are illustrated: adult children inside and outside of the Windsor-Essex County area, visits with adult children, types of aid received from informal supports, types of aid given by the elderly to adult children, proximity of the caregiver to the elderly and their emotional well-being. The third section describes formal supports of the elderly their current and future perceived need for formal services. In addition, future preference of dwelling is cross tabulated by age, sex and marital status. Future preferred geographical location is described as well as issues and concerns. Lastly a qualitative question examines comments and suggestions regarding improving services for the elderly in the Town of LaSalle.

Description of the Sample

Age and sex of the subjects

This study utilized a systematic random sampling procedure with the aid of the Windsor-Essex County Directory. All retired individuals who resided in LaSalle were recorded and from this sampling frame only individuals age sixty-five or older were interviewed. If two or more elderly people resided in the same household the researcher requested to interview the oldest person. The data indicated that 45 (69.2%) of those surveyed were female compared with 20 (30.8%) who were male. The subject's ages ranged from 65 to 92 years old, with a mean of 73.0 years.

Table 2.

Age and sex of the subjects

	Male	Female	Total
Age	#	#	%
65 - 69	4	8	33.8%
70 - 74	12	12	36.8%
75 - 79	1	8	13.8%
80 - 84	3	4	10.7%
85+		3	4.5%
Total	100.0%	100.0%	100.0%

The findings show that the distribution of males 20, (30.8%) and 45 females (69.2%) appears consistent with the larger elderly population. This phenomenon is attributed to women marrying older men and living longer. The data (table 2.) indicates that 24, (36.8%) of the sample were between 70 and 75 years old. This finding appears congruent with the Ministry of Health, Ministry of Community and Social Services and Ministry of Citizenship (1993) prediction of increased longevity and health for the elderly.

Marital status and sex of the subjects

Table 3. illustrates that 27, (41.5%) of the subjects were married, 26 (40.0%) widowed. The data further shows that there were 15 married females and 12 males. In contrast, there were 21 widowed females to 6 males. This finding was anticipated since there are more married elderly men and more widowed women. This can be attributed to the increased longevity of elderly women and the remarriage of elderly men (Gee, 1987).

The data which revealed 6 females and 1 male (10.8%) were divorced was expected. According to Statistics Canada in 1985 the total number of divorces was 61,908 (Eichler, 1988). It is probable that society's present divorce laws and attitude towards this status may account for this percentage amongst the elderly.

Table 3.

Marital status and sex of the subjects

Marital status	Male # (n=20)	Female # (n=45)	Total % (n=65)
Married	12	16	41.5
Widowed	6	21	40.0
Divorced	1	6	10.8
Single	1	2	3.1
Separated	1	1	3.1
Common-in-law		1	1.5
Total	100.0	100.0	100.0

Marital status and age

Martial status and age were compared utilizing a cross tabulation to see if there was an association between the two. Due to the high percentage of married elderly (41.5%) and widows (40.0%) it was deemed appropriate to collapse the variable marital status into three categories. The elderly who were living common-in-law were included as married. Similarly, the status of single, separated or divorced were collapsed into one category. The widowed elderly remained unchanged.

Information on the elderly person's marital status compared with their age was cross tabulated and produced a chi square which was significant X^2 (6, N=65) = 22.43, $p < .05$; Cramers V= .41. The data indicates that the younger elderly were more likely to be married than the older subjects. Fourteen (34.1%) of young married elderly were between 65 and 67 years of age compared to 1 (2.5%) widowed. It was interesting to note that the age category between 72 and 77 was equal between the married 8 (19.5%) and 8 (20.0%) widowed elderly. The last category of age 82 and older for married elderly was 2 (4.8%) compared to 9 (22.5%) widowed. The above finding was expected due to increased longevity of the elderly. In addition, women traditionally marry older men which may be an explanation for their increasing status of widowhood.

Education

Subjects were asked to indicate their highest level of education. The researcher collapsed data into four categories. Grades 1 - 8 were included in Elementary school; 9 - 13 in Secondary school; Post-secondary included Community College or other training and University was indicated when the individual had obtained a degree. The data in Table 4. shows that 27, (41.5%) subjects had completed Elementary school. Secondary school was the next most frequently indicated with 25, (38.5%).

The data was compared to the national average listed by Statistics Canada (1986) which reported that 45.6 percent of the total population over the age of 65 had 1 - 8 years of education. It appears that the elderly sample in the Town of LaSalle is similar to the national average.

Table 4.

Education

	Frequency	Percent
Elementary	27	41.5
Secondary	25	38.5
Post-Secondary	9	13.8
University	4	6.2
Total	65	100.0

Language

The subjects were asked to indicate what language they spoke and wrote. The data indicates that 36 (55.4%) subjects speak primary English, 23 (35.4%) speak English and French and 6 (9.2%) speak English and other. In addition, the data in Table 5. indicates that 51 (78.5%) subjects write English only. Eight, (12.3%) subjects can write in both English and French.

The findings that the majority of subjects spoke primarily English was viewed as unexpected. The researcher had assumed that due to the French heritage of the Town of LaSalle that a greater than average number of elderly would be fluent in both English and French.

Table 5.

Language of the subjects

	Frequency	Percent
Speak English only	36	55.4
Speak English/French	23	35.4
Speak English/Other	6	9.2
Write English only	51	78.5
Write French only	8	12.3
Write English/French	3	4.6

Note: Percentages do not total 100 due to multiple responses solicited.

Length of residency in LaSalle

Subjects were asked to state the number of years that they have resided in the Town of LaSalle. The data in Table 2.4 shows that the highest frequency was 21 (31.9 %) of the subject have in LaSalle between 60 and 79 years. Next in frequency was 14 (27.6 percent) with a residency between 40 and 59 years. The average length of time that an elderly person has resided in LaSalle is 49.0 years with a standard deviation of 25.6

The data suggest that the elderly may share a strong history and vested interest in this geographical area due to the length of time spent residing in LaSalle.

Table 6.

Length of residency in LaSalle

Years	Frequency	Percent
1 - 19	11	16.7
20 - 39	11	16.8
40 - 59	14	27.6
60 - 79	21	31.9
80 +	8	12.1
Total	65	100.0

INFORMAL SUPPORT SYSTEMS

This section describes the variables associated with the elderly and their informal supports. A histogram illustrates the types of aid the elderly receive from their informal supports. Frequency tables show the types of aid the elderly gave to their adult children. The proximity of adult children to their elderly parents and number of visits are described. Further, a pie chart examines the emotional well being of the elderly.

Persons residing with the elderly

Overall, the number of persons in the older person's or caregivers household can be an important influence on the size and composition of the informal support network. The subjects were asked about the type of dwelling in which they resided and who resided with them. The data indicated that 62, (95.4%) elderly resided in a private home while 3, (4.6%) resided in a family member's home.

The above findings were not surprising because the Windsor-Essex County Directory from which the sample was drawn does not include apartment dwellers. In addition, LaSalle is predominantly a residential suburb with only one geared-to-income apartment building in which seniors could reside. The data in Table 7. indicates that 27, (41.5%) subjects live alone while 26, (40.0%) reside with their spouse. The remaining subjects indicated in order of frequency that they resided with their children, sibling and friend.

The findings appear congruent to the marital status data of 27, (41.5%) of the sample being married, while 26, (40.0%) are widowed. Moreover, the average age of the subjects, 73.0 years may partly explain the large percentage of widowed elderly. Table 7.

Persons residing with the elderly

	Frequency	Percent
No one	27	41.5
Spouse	26	40.0
Children	6	9.2
Sibling	5	7.7
Friend	1	1.5
Total	65	100.00

Number of adult children who reside in Windsor-Essex area

The data show in Table 8. that 57, (87.6%) of the elderly sampled have adult children in the Windsor-Essex County area. Fourteen, (24.6%) elderly had 4 adult children residing in the Windsor-Essex area. Twelve, (21.1%) elderly indicated there were 3 adult children in Windsor-Essex County area. Lastly, 10, (17.5%) had 2 adult children in this area.

The above data was seen as having a possible relationship to proximity of adult children and aid given to the elderly.

Table 8.

Number of adult children who reside in the Windsor-Essex area

Number of Adult Children	Frequency	Percent
1	2	3.5
2	10	17.5
3	12	21.1
4	14	24.6
5	8	14.0
6	7	12.3
7	3	5.3
8	1	1.8
Total	57	100.0

Number of adult children who reside outside Windsor-Essex area

The data in Table 9. show that 31, (47.6%) of the subjects have adult children who reside outside of the Windsor-Essex area. Fourteen, (45.2 %) of these 31 subjects had adult children outside this area. Nine, (29.0%) elderly had 3 adult children living outside the Windsor-Essex area.

It is apparent from the data that the elderly in the sample have more adult children residing within the Windsor-Essex County area than elsewhere. According to O'Bryant (1988) the amount of assistance the elderly receive from informal supports is related to proximity of residence between the elderly and their kin. In order to investigate the variable of proximity and assistance received, the elderly were asked how often they had visits with their adult children in Windsor-Essex County.

Table 9.

Number of adult children who reside outside Windsor-Essex

Number of Adult Children	Frequency	Percent
1	3	9.7
2	14	45.2
3	9	29.0
4	4	12.9
5	1	3.2
Total	31	100.0

Visits with adult children

The data indicate that 19, (33.3%) elderly with adult children in the Windsor-Essex County area visit with them 2 to 3 times per week. Nineteen (29.8%) elderly have visits once weekly. There appears to be some relationship between proximate residence of adult children and the amount of visitation to their elderly parent.

Table 10.

Visits with Adult Children

	Frequency	Percent
Once a day	13	22.8
2 - 3 times per week	19	33.3
Once a week	17	29.8
Once every two weeks	4	7.0
Once a month	3	5.3
Once every six months	1	1.8
Total	57	100.0

Types of aid that the elderly give to their informal support

Information about the types of assistance that the elderly in the sample gave to their adult children and types of aid the elderly received from informal supports was sought. This data was collected to gain additional understanding of the reciprocal activities performed by informal supports and the elderly.

Table 11. shows that 38, (66.7%) elderly gave advice to their adult children. Eight (14.0%) of subjects provided housing to adult children. Seven (12.3%) elderly provided transportation for adult children. The data indicate that many of the elderly are actively involved in assisting their adult children with a variety of activities. In addition, many of the subjects chose several of the categories offered.

Table 11.

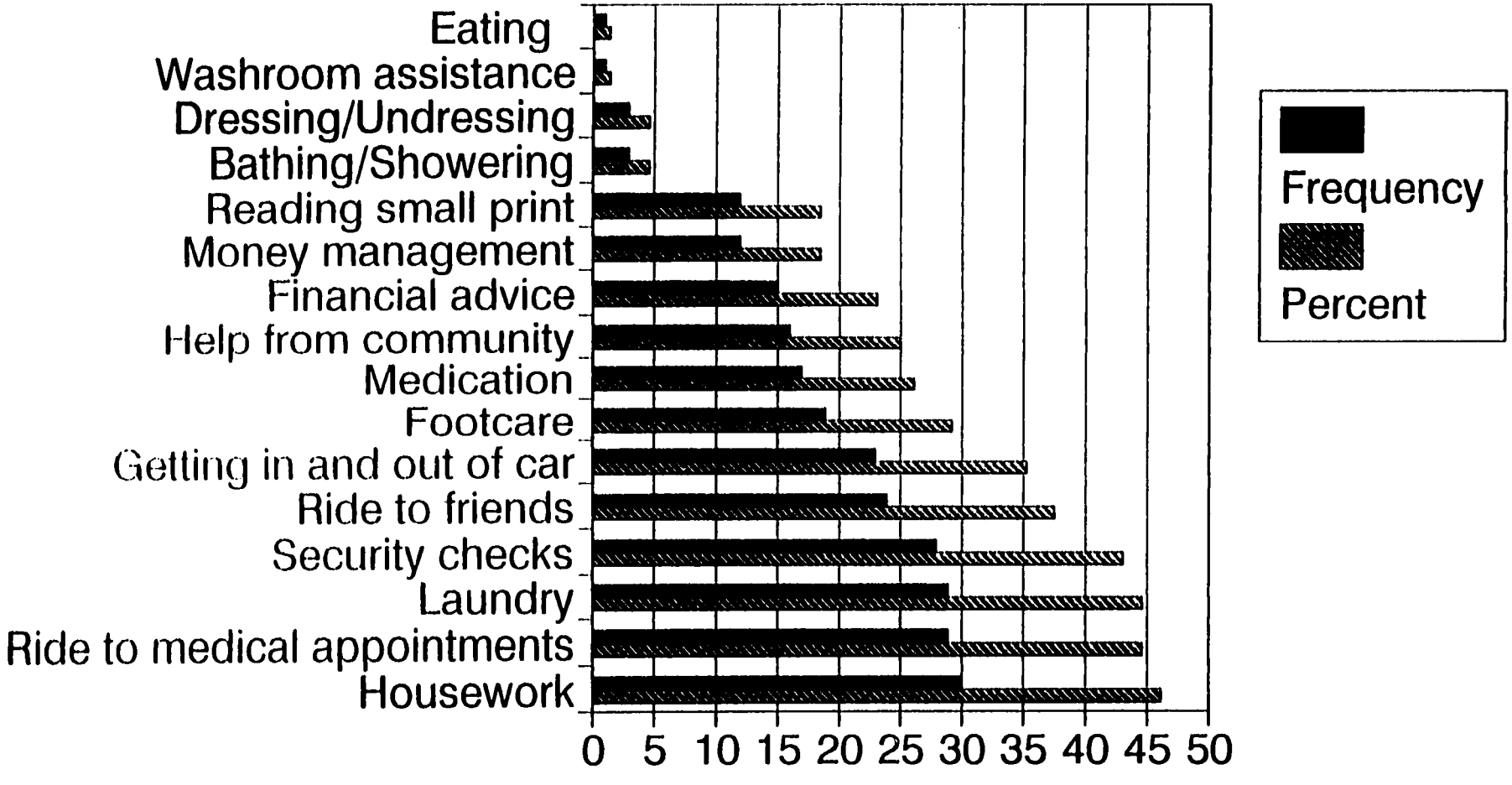
Types of aid that the elderly give to their adult children

	Frequency	Percent
Advice	38	66.7
Financial	30	52.6
Babysitting	17	29.8
Housing	8	14.0
Transportation	7	12.3

Note: Percentages do not equal 100 since multiple responses were solicited.

Types of aid the elderly receive from informal supports

Figure 2 illustrates the various types of aid that the informal supports provide for the elderly. Housework was most frequently cited for 30 (46.2%) subjects. Twenty-nine, (44.6%) elderly received help with transportation. The activities least cited were washroom and eating both for 1 (1.5%) subjects.



TYPES OF AID THE ELDERLY RECEIVE FROM INFORMAL SUPPORTS

Figure 2

When the subjects were asked if they were disabled 43, (66.2%) responded "no", while 22 (33.8%) elderly indicated "yes". The most frequently indicated disabilities were: hearing, walking with an aid, eye sight, stroke, arthritis and having cancer.

The above data show that informal supports are actively involved with extending aid to their elderly relatives. This finding was expected due to the following reasons. Assistance with transportation, laundry and security checks are not offered currently by a formal agency in the LaSalle area. Secondly, housework is performed occasionally by formal agencies. This service however, is limited to individuals with severe disabilities. Help with footcare and medication may be offered by the Victorian Order of Nurses. The elderly however, must meet an eligibility criteria. Frequency of aid was not calculated due to the low response rate of the respondents.

The primary caregivers of the elderly

To specify the primary caregiver, the subjects were asked to indicate who usually assisted them with the tasks illustrated in Table 12.

As Table 12 indicates, the primary caregiver of 20, (40.0%) elderly is a spouse. For 11 (22.0%) subjects a daughter is the primary caregiver. The above data was expected as 41.5 percent of the sample were married.

Walker (1991) has stated that one-fifth of the married subjects received assistance from their spouse. According to Barnes and Given (1992) spouse caregivers, generally wives aged 52 to 84 years, are the primary caregivers. Stoller and Pugliesi (1988) reported that the caregiver in an elderly couple is usually the wife, since women live longer than men and usually are younger than their husbands. When a spouse is absent adult daughters typically assume the role of primary caregivers.

Table 12.

Primary caregivers of the elderly

	Frequency	Percent
Spouse	20	40.0
None	18	27.6
Daughters	11	22.0
Son	6	12.0
Sibling	6	12.0
Friend	3	6.0
Other	1	2.0
Total	65	100.0

Preferred primary caregiver if the elderly were ill or disabled

The elderly were asked if they were sick or disabled who would they like to be their primary caregiver.

Table 13. shows that for 16, (34.0%) subjects the wife was the most preferred caregiver. For 15, (31.9%) elderly a daughter was the preferred caregiver. Seeking assistance from a formal agency was cited by 8, (17.0%) of the subjects.

The data indicating wives and daughters as preferred caregivers was expected. The data for formal agencies at 8, (17.0%) was higher than anticipated. The researcher assumed that the subjects would seek traditional supports first before utilizing supports from formal organizations.

Table 13.

Preferred primary caregiver if the elderly were ill or disabled

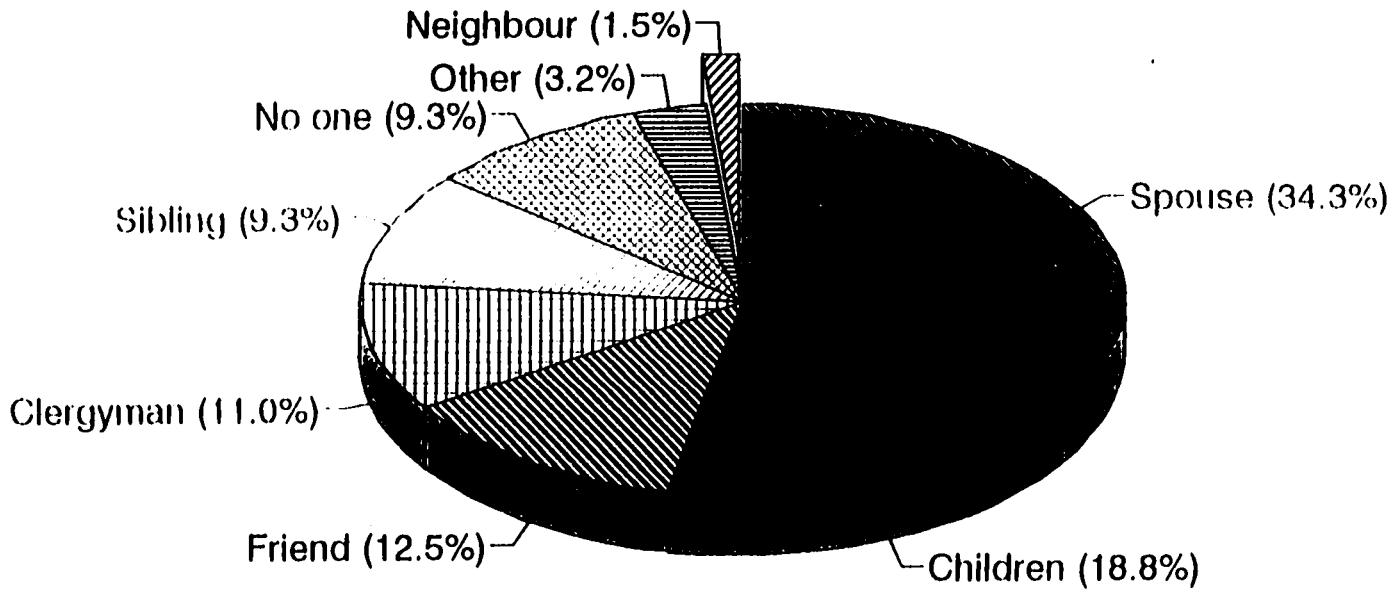
	Frequency	Percent
Wife	16	34.0
Daughter	15	31.9
Formal agency	8	17.0
Sibling	3	6.4
Son	2	4.3
Husband	1	2.1
Friend	1	2.1
Other relative	1	2.1
Total	47	99.9

Emotional well-being

The emotional well-being of the elderly was deemed an important aspect of this study as it may be associated with reciprocal aid. Emotional well-being was viewed as synonymous to having a confidante. The subjects were asked a series of questions inquiring into their emotional well-being.

Figure 3 shows that the elderly confide most often in their spouse 22, (33.3%). Next in frequency 12, (18.5%) is adult children then a friend at 8, (12.3%). Additional questions asked the subjects if they felt that this person listened to their problem. Fifty-seven, (98.3%) responded positively. Similarly, when asked if they felt better after speaking with this person 56, (98.2%) responded "yes".

The data strongly indicates that most of the subjects have some emotional support and confidante relationship. Heller, Thompson, Vlachos-Weber, Steffen and Trueba (1991) reported that the elderly who have a confidante had higher morale than those elderly who did not. Further, Roberto and Scott (1984) concurred and related having a confidante to adjusting to losses such as, retirement and widowhood.



WHO DO YOU TALK TO WHEN YOU HAVE A PROBLEM

FORMAL SUPPORT SYSTEMS

This section describes the elderly and their current utilization of formal support services. A histogram illustrates the home support services currently needed. Frequency tables show the perceived need for formal support services and preferred geographical area of residence. A pie chart shows the sources of information that the elderly would utilize if they needed formal services. In addition, cross tabulation examined future preferred type of residence, by sex, age and marital status. Further, issues and concerns are described as well as, the need for health and social services. Lastly, a qualitative question addressed suggestions for improving services for the elderly in the Town of LaSalle.

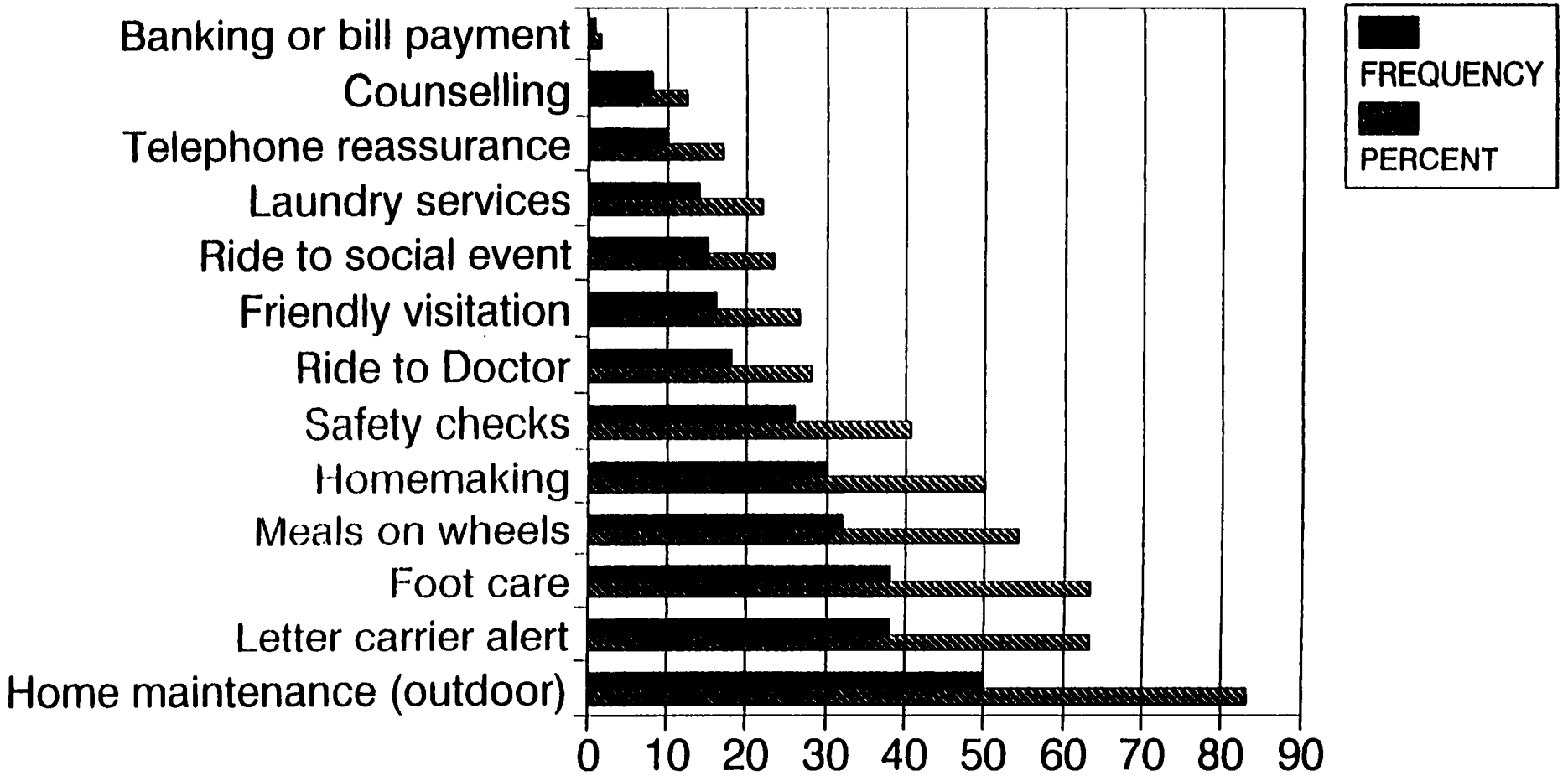
Formal support services received currently

The elderly were asked if they currently received formal support services. If the subject indicated yes they were further asked to identify the agency. Fifty-eight, (89.2%) of the elderly stated that they did not receive formal services. Six, (9.2%) of the elderly replied positively. The most frequently cited agencies are: Victorian Order of Nurses, Canadian Hearing Association and Essex County Home Support Services. In order to investigate the variable of current need further, the elderly were asked to select from a list of support services which ones they currently needed.

Home support services currently needed

Figure 4 indicates that the elderly in the LaSalle area currently need the following five services: 1) home maintenance at 50, (83.3%) of the elderly. 2) Thirty-eight (63.3%) of the elderly indicated needing letter carriers alert. 3) Thirty-eight (63.3%) of the subjects need foot care services. 4) Thirty-two (54.2%) indicated meals on wheels. 5) Thirty, (50.0%) of the elderly need homemaking services. The least cited needs are telephone reassurance at 10 or (16.9%) counselling at 8 (12.5%) and banking or bill payment at 1 or (1.6%).

The findings indicate that the elderly are in need of formal support services even when active assistance from informal supports is present. It is interesting, that the most frequently cited need was home maintenance. In this sample 27, (41.5%) of the elderly were married. Twenty-one females and 6 males (40.0%) of the subjects widowed. According to Stoller and Pugliesi, (1988) home maintenance is generally an activity performed by husbands or sons. One explanation for home maintenance being needed is that husbands may be ill or disabled. In addition, sons may be geographically unavailable. As well as, the senior's property may be too large to properly care for with increasing age.



HOME SUPPORT SERVICES
CURRENTLY NEEDED

Figure 4

Perceived need for future formal support services

An additional question requested information about the perceived future needs of the elderly for formal support services.

Table 14.

Perceived need for future formal support services

	Frequency	Percent
Home maintenance	46	71.9
Transportation	43	67.2
Shopping	35	53.8
Meals on Wheels	24	37.5
Letter Carriers Alert	23	35.9
Homemaking	21	32.8
Safety Checks	21	32.8
Friendly Visitation	16	25.4
Laundry	13	22.0
Telephone reassurance	10	15.6

Note: Percentages do not equal 100 due to multiple responses solicited.

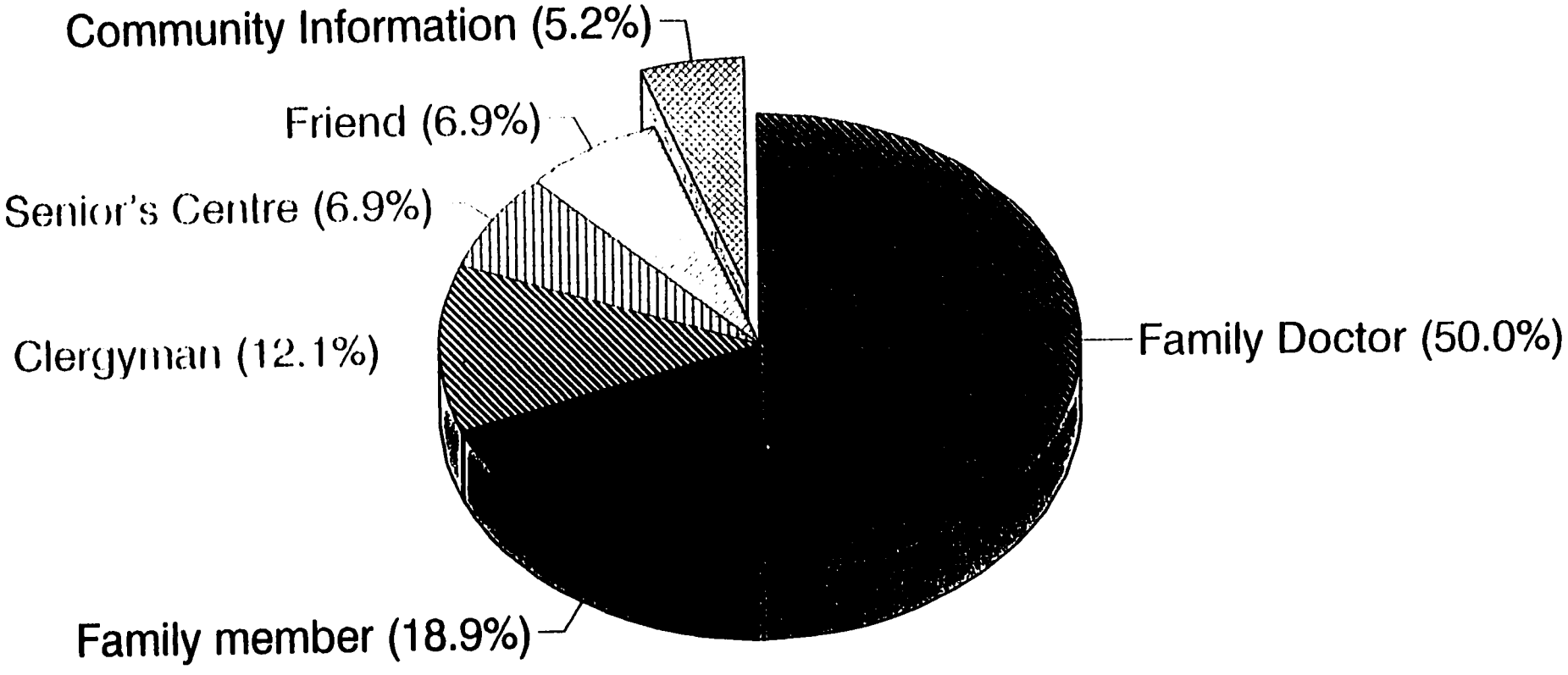
The above data shows that the perceived future needs of the subjects were: 1) home maintenance 46, (71.9%) 2) transportation 43, (67.2%), 3) shopping 35, (53.8%) and 4) Meals on Wheels 24, (37.5%). LaSalle is predominantly residential and according to this study 95.4 percent of the respondents reside within their own home.

In anticipation of increasing age, frail health, decreasing mobility and being a widow, home maintenance becomes a priority. The need for transportation also may be in anticipation of decreased mobility and the need for special lifting devices. In addition, the need for assistance with shopping may be associated with lack of transportation. Lastly, the future perceived need for meals on wheels may be linked to increased nutritional needs and lack of ability or motivation to prepare a nutritional meal.

Information about formal support services

Figure 5. illustrates various sources that the elderly would approach in order to gain information about how to access formal support services.

The findings indicate that 29, (49.2%) elderly would ask their family Doctor for information about formal support services. Eleven, (18.9%) would ask a family member. Five, (11.9%) would approach a clergyman. The above data was expected as a referral from a physician is necessary to access services such as, Victorian Order of Nurses. Similarly, if the elderly were in financial need and required an assistance device such as a walker, a physician would be the only referral source accepted by the Assistant Devices program.



INFORMATION ABOUT
FORMAL SUPPORT SERVICES

Figure 5

Future preferred dwelling

The data indicates that 41, (67.2%) of the elderly would like to remain in the LaSalle area. Fifteen, (23.1%) preferred to live in Windsor, 2 (3.1%) cited Florida, 2, (3.1%) the United States, 1, (1.5%) another province and 3, (4.8%) did not know. The above findings were expected due to 21, (31.9%) of the elderly having lived in LaSalle between 60 and 79 years.

Table 15.

Future preferred dwelling

	Frequency	Percent
Senior's apartment	20	32.2
Apartment	14	22.6
Private home	11	17.7
Private home of relative	6	9.7
Nursing home	6	9.7
Retirement home	3	4.8
Unsure	3	4.8
Home for the aged	1	1.6
Supportive housing	1	1.6
Total	65	100.0

Future preferred dwelling by age

Information on future preferred dwelling compared with the age of the elderly subjects was not significant X^2 (21, N=65) = p> .05; Cramers V = .36. Although the findings were not significant, 21 (32.3%) elderly below the age of 67, preferred to reside in a private home, senior's apartment, apartment or retirement home. Subjects over the age of 82 reported the following preference; 2, (3.0%) a private home, 4, (6.1%) a nursing home, 3, (4.6%) senior's apartment, and 1, (1.5%) a private home of a relative. The findings suggest the desire of the elderly to remain autonomous.

Future preferred dwelling by marital status

The researcher collapsed marital status into three categories due to the large numbers of married and widowed elderly compared to the dispersed number who were single, separated or divorced. Individuals who were living common-in-law were included into the married category. Single, separated or divorced elderly were collapsed into one category and the widowed elderly remained as a category.

The findings were 24, (58.5%) married elderly choose the following future residence: 8, (19.5%) a private home, 7, (17.0%) an apartment and 9, (21.9%) senior's apartment (X^2 (14, N=65) = 30.6 p< .05; Cramers V = .49 with a significant level of .00627. One explanation for this finding is that married elderly tend to be younger in age therefore, it is understandable their desire to reside in an independent setting.

Issues and concerns

Table 16. illustrates a general list of issues and concerns that the elderly had regarding the LaSalle area.

Table 16.

Issues and concerns

	Frequency	Percent
Housing for seniors	48	73.8
Services for the physically disabled	29	46.0
Transportation services	21	35.6
Services for the mentally disabled	13	22.4

Note: Percentages do not equal 100 due to multiple responses solicited.

The data indicates that 48, (73.5%) elderly are concerned about housing for seniors. Twenty-nine, (46.0%) are concerned about services for the physically disabled. Twenty-one, (35.6%) of the subjects indicated transportation as an area of concern.

The concern regarding housing for seniors and transportation services was expected as there are no transportation services and housing is limited. It is interesting that 29, (46.0%) elderly were concerned about services for the physically disabled. This finding could indicate future mobility concerns of the elderly.

Health and social services

The subjects were asked if they felt that LaSalle currently had adequate health and social services for the elderly. The data indicates that 45, (69.2%) elderly believe that LaSalle currently did not have adequate health and social services.

The elderly were asked if they thought that LaSalle needed additional health and social services. Forty-nine, (75.4%) of the subjects responded positively. The findings show that the elderly recognize their current and future health and social service needs.

Suggestions for improving services for the elderly

The subjects were asked if they had additional comments or suggestions for improving services for the elderly. Thirty-eight, (58.4%) subjects responded to this question. Twenty-seven, (60.0%) respondents were female and 11 (55.0%) were males.

The most frequently identified area of need was housing by 28, (43.0%) of the elderly. Nineteen, (63.3%) females and 9, (45.0%) males cited housing as a need. The most frequent comment made by 20, (52.6%) subjects was the need for a senior's apartment building. Several subjects stated that they were aware of some elderly who had to move away from the LaSalle area due to increasing health needs. Further in this regard, 4 subjects stated that LaSalle was in need of a nursing home. The above data is consistent with the responses that the subjects gave regarding future preferred dwelling.

The above responses suggest that the elderly want to remain in the Town of LaSalle. The data indicating a senior's apartment shows that the elderly wish to remain independent and live amongst their peers.

The second most frequent suggestion from seventeen, (26.1%) of the sample was meals on wheels. Fourteen, (31.1%) of these subjects were females, while 3, (15.0%) were males. One possible explanation for more females needing meals on wheels is their increased longevity, widowhood and possible social isolation.

Thirteen, (20.0%) elderly reported needing transportation services. Seventeen, (37.7%) of these subjects were female while 6, (30.0%) males. In addition, several subjects stated a preference for a wheel chair accessible bus. Further in this regard, 5 males compared to 3 females indicated the need to have better access to shopping services. Upon examining the marital status of the six males, five were widowed. Therefore, they may have been inexperienced with the task of grocery shopping for a week or two at a time.

Home maintenance was identified by 3, (4.6%) subjects, friendly visitation by 2, (4.4%) subjects and recreation by 1, (1.5%) subjects. It is not clear why home maintenance was not indicated more often, particularly when it was cited as the most frequently needed home support service by 50, (83.3%) of the sample.

Summary

This chapter has examined data collected to answer the research questions presented in chapter three. The demographic analysis shows the respondents ages ranged from 65 to 92 years old, with a mean of 73.0 years. Approximately 27, (41.5%) were married, 26, (40.0%) widowed, 7 (10.8%) divorced and 5 were single, separated or living common-in-law. There was a significant relationship found between marital status of the elderly and their age. The older the individual, the more likely they were to be widowed. The majority of the respondents had completed elementary school which is similar to the national average. The primary language spoken and written was English, which was surprising since the Town of LaSalle has a strong French heritage. Further, 21 respondents have resided in LaSalle between 60 and 79 years, with an average of 49.0 years. The data suggests that the elderly share a strong history and a vested interest in the future developments of their community.

In relation to current dwelling, the elderly predominantly reside in their own home. This finding was not surprising due to the sampling procedure of utilizing the Windsor-Essex County Directory which only records home owners. Nevertheless, additional research has shown that there are limited apartment buildings and only one which is geared-to-income.

A description of the respondents' informal supports indicated that they have more adult children who reside inside the Windsor-Essex County area than elsewhere. The elderly visit with them on an average of 2 to 3 times per week. The data indicated that the elderly gave advice and financial aid to their adult children. Assistance in the form of housework, security checks and transportation were reciprocated to the elderly. The primary and preferred caregivers of the elderly were either their spouse or adult daughter. Emotional well-being was related to having a confidante. Fifty-six, (98.2 percent) reported that they confided most often in their spouse and next their adult child.

Current utilization of formal services was found to be extremely low. Those services cited in order of frequency were: Victorian Order of Nurses, Canadian Hearing Association and Essex County Home Support Services. The respondents stated that their current needs were in the following areas: home maintenance, letter carriers alert and foot care. There perceived future formal support service needs were home maintenance, transportation and shopping.

The elderly indicated that if they needed information about how to access the above mentioned formal support services they would approach first their family doctor, then a family member and lastly a clergyman.

In two different measures, future preferred dwelling by age and marital status was compared. Martial status by preferred dwelling was significant, and married elderly preferred future residence was a private home, apartment or senior's apartment. Similarly, when asked about their concerns and issues, housing for seniors was the most frequent response. The question regarding suggestions for improving services for the elderly identified housing, meals on wheels and transportation as the most needed services.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to examine the utilization of informal and formal support systems of the elderly in the Town of LaSalle, Ontario. It was believed that the elderly in LaSalle were underserviced and subsequently used their informal supports to meet their needs. The rationale for this position was based on the City of Windsor's geographical mandate for formal support services for the elderly which ceased at the LaSalle border. In addition, the Town of Amherstburg serviced their elderly in Anderdon and Malden again stopping at the LaSalle border. It was further postulated, that information about the types of assistance that the elderly sought from their informal supports, their current and perceived future need for formal services would provide valuable information for social workers, local politicians and the citizens of LaSalle, Ontario.

The study utilized a systematic random sampling procedure. The sample of elderly was drawn from a population of 1,355 individuals in LaSalle, Ontario. The sampling frame was acquired from the Windsor-Essex County Directory where a sample size of 65 was selected. Respondents sixty-five or older were included in the study. If two or more elderly over the age of sixty-five resided in the same household, the researcher requested to interview by telephone the oldest person.

The instrument was constructed by the researcher with the aid of various needs assessment questionnaires previously used to study the elderly in Windsor-Essex County. A pre-test was conducted and it was determined that the Formal and Informal Support Service Questionnaire was comprehensive.

The questionnaire was divided into three sections: Section one examined relevant demographic information. The second section focused on the elderly and their informal support systems. The last section, concentrated on the current and future perceived need for formal support services. The research instrument was compiled with open, closed, contingency and matrix questions.

Major Findings

The object of the study was to determine the current types of aid the elderly received from their informal support systems as well as, their current and future perceived utilization of formal support services. Information on future preferred dwelling was correlated with the variables sex, age and marital status. Lastly, information about improving services for the elderly in LaSalle was collected. The major findings of the research were as follows:

Demographics

The average age of subjects was 73.0 years with a range from 65 to 92 years. The sample consisted of 20 males (30.8%) and 45 (69.2%) females. The distribution of males and females in this study is consistent with the larger elderly population, due to females typically marrying older men, increased health and longevity. A cross tabulation was performed on the variables marital status and age which proved to be significant. The younger elderly were more likely to be married than their older counter parts. Similar to the national average the majority of subjects in this age group had completed elementary school. The average length of residency in the Town of LaSalle was 49.0 years, suggesting a shared history and vested interest in their community among the subjects. The majority of subjects speak and write English only. This finding was unexpected as LaSalle has a strong French heritage.

Informal support systems

The majority of subjects reside in their own homes. The study found that the subjects have more adult children who reside in the Windsor-Essex County area than elsewhere. The frequency of visits between the elderly and their adult children was 2 to 3 times per week. The most frequent types of aid that the elderly gave to their adult children was advice, financial and babysitting.

The types of aid that their informal supports gave to the elderly were housework, transportation and laundry. Reciprocal aid between the elderly and their informal supports was evident. The present caregiver of spouse or daughter is also the preferred caregiver should the elderly become sick or disabled. This finding was consistent with the literature review.

Formal support services

The subjects were asked if they currently received formal support services. The majority 58 (89.2%) indicated that they did not. When questioned further about types of services they currently needed the subjects indicated: home maintenance 50, (83.3%); letter carriers alert 38, (63.3%) and foot care 38, (63.3%). Future perceived need for formal services is similar to the current need, with the addition of shopping services. The findings were not surprising due to the following factors: although home maintenance is provided by Essex County Home Support Services, many elderly are not aware of this program or they do not meet the eligibility criteria. Similarly, letter carriers alert provided by Canada Post is a service of which the elderly were also not aware. Foot care and laundry services may be provided by nurses and homemakers from the Victorian Order of Nurses. Both services however, are based on a eligibility criteria which is their level of disability. In addition, both of these services are considered short term.

It was found that if the elderly had to access formal support services they would first approach their family doctor, than a family member and lastly a clergyman. When subjects were asked where they would like to reside in the future, the majority 41 (67.2%) replied LaSalle. This was not surprising as 21 (31.9%) of the subjects have lived in LaSalle between 60 and 79 years. Future preferred dwelling was found to be a senior's apartment 20 (32.2%) subjects, an apartment 14 (22.6%) subjects and 11 (17.7%) subjects responded a private home. Tests compared future preferred dwelling by age and was found not to be significant. When a cross tabulation was performed on future preferred dwelling and marital status it was significant. Thus, the married elderly were more likely to prefer to reside in a private home, apartment or senior's apartment than widowed subjects. The above information suggests that the elderly wish to remain independent.

The elderly were questioned about issues and concerns that they had regarding formal support services in the LaSalle area. It was found that 48, (73.8%) subjects were concerned about housing. This finding was repeated when asked if subjects had any suggestions for improving services for the elderly in LaSalle and 38 (58.4%) stated housing. Finally, subjects were asked if they thought LaSalle had adequate health and social services for the elderly, and 45, (69.2%) responded negatively.

CONCLUSION

The data analysis chapter provided information for the research questions in the following areas: a demographic description of the sample; identification of the informal supports and types of aid provided to the elderly; current and future perceived need for formal services. Additional analysis included: the description of types of aid the elderly gave to their adult children; proximity of adult children to their elderly parent, and frequency of visitation between the elderly and their adult children. The emotional well-being of the elderly was described as it related to their having a confidante. Further analysis described the sources of information that the elderly would utilize if they needed formal support services. Future preferred type of dwelling and geographical area also were examined. Lastly, the chapter reviewed the suggestions from the sample on improving services for the elderly in the Town of LaSalle.

The data analysis on the demographic information has shown that the elderly had an average age of 73.0 years and approximately half of the sample was either married or widowed. There was a significant relationship between the elderly individual's age and marital status. The younger the elderly the more likely they were to be married. This information is noteworthy when one examines the positive relationship found between marital status and future preferred dwelling.

Currently the majority of elderly reside in a private home in the Town of LaSalle. The younger, married elderly future preferred dwelling was indicated as a private home, apartment or senior's apartment. This information suggests that the younger, married elderly anticipate their future in which they are relatively healthy and remain independent.

In relation to informal supports, the data indicated that the elderly have more children who reside in the Windsor-Essex County area than elsewhere. The elderly visit with their adult children 2 to 3 times per week. In addition, the types of aid the elderly gave to their adult children was advice, financial assistance and babysitting. Adult children provided housework, security checks and transportation to their elderly relative. Therefore, proximity of adult children, and reciprocal aid between the elderly and their informal supports is evident. Reciprocal aid according to the literature review has been associated with higher morale of the elderly. Proximity of adult children to their elderly relative has also been associated with the types of aid given, such as transportation and housework.

The primary and preferred caregiver of the elderly should they become sick or disabled is a spouse or adult daughter. This is consistent with the literature review, which illustrated women's traditional role as the primary caregiver of the family.

The elderly person's emotional well-being was exaimed in terms of having a confidante relationship. The data indicated that the elderly confided most often in their spouse 22, (33.3 %) an adult child 12, (18.5 %) and friend 8, (12.3 %). Additional questions asked if they felt that this person listened, and did they feel better after talking. An overwhelming 57 (98.3 %) of subjects responded positively. The data strongly showed that the elderly have a confidante relationship which may be associated to their emotional well-being.

The current utilization of formal support services was found to be extremely low. The elderly sampled indicated that their current needs were for home maintenance, letter carriers alert and foot care. As previously discussed, home maintenance is provided by Essex County Home Support Services. It is evident that this program is not publicized, due to the large number of senior's who stated that they were unaware of this service. Similarly, letter carriers alert provided by Canada Post is not advertised and many senior's were unaware of what this program consisted of, or it's existence. Foot care may be provided by the Victorian Order of Nurses, however there is an eligibility criteria. The current needs for formal support services demonstrated the lack of awareness that the elderly have of existing services and the need for additional advertisement.

The future formal support needs were similar, except for the addition of shopping services. This may illustrate that the elderly are anticipating future mobility difficulties, as well as, concern that currently LaSalle does not have transportation services.

If the elderly needed information about formal support service they stated they would approach their family doctor, a family member and lastly a clergymen. This may prove to be problematic, as these three sources are likely to be unaware of existing services or programs.

The most overwhelming data was in regard to future preferred dwelling and geographical location. The elderly clearly would like to remain in the LaSalle area as 41, (67.2%) of subjects indicated. This was viewed as predictable, since 21 respondents have resided in LaSalle between 60 and 79 years. Future preferred dwelling was found to be a senior's apartment 20, (32.2 %) subjects, an apartment 14, (22.6%) subjects and 11, (17.7%) responded a private home. Future preferred dwelling was crosstabulated with the variable marital status and the findings showed that married elderly preferred to reside in a private home, apartment or senior's apartment. It should be noted that the married elderly were also more likely to be younger in age than there widowed counter parts. This suggests that the married elderly anticipate continued good health and independence.

When questioned about what issues and concerns the elderly had regarding formal support services in the LaSalle area, 48 (73.8%) replied housing. Similarly, when subjects were asked if they had any suggestions for improving services for the elderly in LaSalle, housing was again identified as the most frequent response. It is apparent that the elderly wish to remain in LaSalle. The desire to reside in a smaller dwelling may be in anticipation of future difficulties with mobility, maintaining a larger home and possible social isolation. The elderly sampled in this study have illustrated their desire to remain independent, by overwhelmingly choosing a private home, apartment and senior's apartment as their future preferred dwelling.

RECOMMENDATIONS

As a result of the research findings and the review of the literature, recommendations were developed for the following areas: social work research; current programs and services for the elderly in LaSalle; future development of programs and services for the elderly in LaSalle; social work education and finally social work practice.

Social work research

1) Conduct a study with a larger sample of the elderly who reside in LaSalle. The sample should be drawn from random and non-random sources. A more comprehensive understanding of the needs of the elderly may be accessed through a public forum or through the senior's club known as the Friendship Centre. Information gained through non-random sampling procedures would capture the current and future needs of seniors who were motivated to attend such a meeting. Another means of gathering information about the needs of the elderly is through the LaSalle newspaper, The Silhouette. A questionnaire could be included in the newspaper requesting a written response from the elderly or from their informal supports. This procedure would ensure a larger sample size as the Silhouette is distributed to 20,000 residents. It is recommended that a larger study be facilitated by the municipal government elected to serve all of the citizens of LaSalle. It may be beneficial if the data were collected utilizing a face-to-face procedure as opposed to telephone interviewing, due to the personal nature of the questions.

2) The research instrument was deemed problematic due to the matrix question which many subjects considered tedious and tiring. Future research questionnaires utilized for telephone interviews should limit the list of various types of assistance needed and their frequency to a minimum. As many subjects elaborated qualitative responses to quantitative questions which could not be recorded, it is recommended that additional qualitative questions be added to the research instrument.

3) The data collection procedure of telephone interviewing while considered cost effective, is time consuming. Further, many subjects had difficulty with this procedure due to hearing impairments. In some cases the researcher spent as long as 30 minutes conducting the interview. Finally, several subjects were hesitant to engage in the study, even though the researcher repeatedly assured the subjects of the genuine nature of the study and of confidentially. It is believed by the researcher that due to the nature of the questions asked, the data collection procedure should be available in the form of face-to-face interviews.

4) This study marginally touched upon the expressive dynamic between the elderly and their confidante relationships. In many cases when the subjects were asked to whom they talked with when they had a problem they explained that it depended on the nature of their difficulty.

Several subjects further explained, that if they encountered problems with their spouse they would confide in either a friend or adult child. All other problems were discussed with their spouse. It would be beneficial for social work practioners to explore this area in future research in order to gain additional understanding of the critical value of this relationship between the elderly and their confidantes.

Recommendations for currently available programs and services for the elderly in LaSalle

1) The elderly in LaSalle currently receive the service of letter carriers alert. Letter carriers who suspect that an elderly person has fallen or is ill, report their concern to the appropriate authorities. When the subjects were questioned about currently needed formal support services 38, (63.3%) responded letter carriers alert. Many seniors inquired about the nature of this service before stating they were in need. Similarly, from the qualitative question several seniors questioned the reasons for the lack of media coverage or, advertisements. Since letter carriers may be the first to arrive on the scene of an emergency, it would be beneficial it they were trained in first aid and C.P.R. procedures. It is recommended that Canada Post enhance the letter carriers alert program by offering first aid and C.P.R. training for all letter carriers, as well as publicize their service.

2) Since the fall of 1995, a Meals on Wheels program has been in existence in LaSalle, Ontario. It is probable that the overlapping time between the commencement of this study and the beginning of this service has skewed the finding that 32, (54.2 %) subjects currently need this service. The development of this community service, however lends strength to the researcher's premise that the elderly in LaSalle are in need of formal support services.

3) In terms of home maintenance, 50 (83.3%) elderly stated they currently needed this service. It is the researcher's belief that the majority of seniors are not aware of the home maintenance program provided by Essex County Social and Family Services Home Support Department. It is recommended that this program along with the Victorian Order of Nurses, publicly announce their mandate, catchment area, types of programs and eligibility criteria. This can be accomplished with the aid of the local newspaper, local radio and pamplets. Once the elderly are made aware of existing formal support programs, gaps in service delivery can be identified.

Recommendations for future development of programs and services for the elderly in LaSalle

The recent change in the Ontario government to the Conservative party has major implications for the possibility of future development of programs and services to the elderly. In the fall of 1995 the Conservative government announced that the Ministry of Housing would no longer fund the building of additional geared-to-income apartment buildings. In addition, the previous documents outlining the future development of Long Term Care ground to a halt. The concept of Multi-Service Agencies were viewed as not cost effective and will not be implemented. Many health and social service agencies have down sized their staff and subsequently risk not providing comprehensive care to their clients. In today's fiscal reality of constraints, the researcher recommends the following considerations for the future services for the elderly in LaSalle.

1) The study has indicated overwhelmingly that the elderly would like to remain in LaSalle, and reside in either a senior's apartment or an apartment building. It is recommended that social workers, seniors and community members lobby for change to the Ontario government's restrictive housing policy. Another means of addressing this housing issue is to advocate on a micro level. It is possible that once the citizens of LaSalle have become aware of the senior's need for housing they would approach the municipal government for assistance.

2) The current government in Ontario has made clear that communities and families must assume greater responsibility for the poor, disabled and the elderly. This can be viewed as an opportunity for communities to become cohesive and work towards an identified need. In addition, creative solutions may be found in resources formerly neglected. For example, it is possible for local nurseries, horticulatural groups and landscapers to develop a cooperative program with the local secondary school. The students would gain knowledge and skills in the areas of landscaping and horticulture, while the elderly would benefit from having their outdoor maintenance needs met. This program could assist seniors who fell in the service gaps by not meeting the eligibility criteria of the home maintenance program provided by Essex County Social and Family Services Home Support Department.

3) Presently, LaSalle does not have transportation services specifically for the elderly. It is recommended that the recreation club known as the Friendship Centre attempt to obtain status as an Elderly Person's Centre. If they were granted this status they could be eligible for funding for a vehicle and program coordinator to oversee the day to day operations for transportation. In addition, community donations may be obtained through local service clubs and legions to assist in this worthwhile endeavor.

Recommendations for social work education

1) Due to the impending seniors boom, it is imperative for social work students to become knowledgeable in gerontology. At the undergraduate level, students should develop a broad knowledge base of relevant social policy, research and future trends regarding the elderly and their caregivers. As the population continues to age, an increasing number of females will be widows, living alone and financially challenged. It is probable that at some point this population will access social work services. Therefore, it is necessary for social workers to obtain the necessary skills of assessment, intervention and evaluation as they relate to the elderly in order to service this large population effectively.

Recommendations for social work practice

Social work practice encompasses a large variety of skills, areas of expertise and client populations. In terms of the elderly, recommendations for social work practice can be made in three distinct areas: 1) Social work counselling includes assessments, intervention at an individual or group level and evaluation. Social workers who engage in counselling the elderly should be knowledgeable about the elderly person's identified emotional needs and their informal support system. This is important when assessing the elderly for either in-home nursing care or a long term care facility, as emotional well-being is related to increased recovery from illness and adjustment to a new environment.

2) A second area of social work practice is advocacy. Social work advocacy can occur at either a micro or macro level of government. Advocacy at a macro level consist of lobbing or gathering petitions against a social policy established by the Ontario government. During the fall and winter of 1995, many coalitions and social groups engaged in lobbing, gathering petitions and demonstrations protesting the financial cutbacks to the poor and disabled. Women's groups strongly voiced their opposition to cutbacks to women's shelters and programs. Childcare advocates joined forces and expressed their concerns regarding reduction of services. Educators and students from the elementary, secondary and post-secondary level gathered to state their objection to a decrease in the number of teachers and the increased tuition for post-secondary education. Although monumental changes in the above areas have yet to occur, it is evident that the government has been made aware of the value which citizens place on social welfare programs and services.

In terms of the elderly, advocacy may lead to alterations in the housing policy which restricts building additional geared-to-income apartment buildings. This particular policy is under the Ministry of Housing. Advocates could focus their attention on the policies for Long Term Care reform which encompasses housing for the elderly and disabled. This approach may eventually lead to the building of a seniors apartment building in the Town of LaSalle.

3) A third area of social work practice is community development which may include advocacy at the micro level. According to Johnson (1989) the principle thrust of social action is organizing groups of people so that they can exert pressure on power structures, institutions and political parties. This form of advocacy is also referred to as a grass roots approach where the people or community decide what is needed. The role of social workers is to assist citizens with the identification of the need or problem. This may take the form of a needs assessment or research focused on the identified issue. Once the problem or need is thoroughly understood the people or community decide on a course of action. The social worker then acts as a facilitator to the change process by adopting the roles of organizer, negotiator and mediator.

In terms of the elderly in the Town of LaSalle, a social worker could conduct a needs assessment focusing on the identified areas of housing, transportation and home maintenance. If additional data supports the needs identified in this study, the roles of a social worker as community developer could be beneficial in assisting the elderly in meeting their needs.

Conclusion

As stated in the beginning of this study, the number of elderly are increasing. By understanding the informal and formal support needs of the elderly, social workers can assist them more effectively. In keeping with the principle of client self-determinism, many elderly will choose to remain within their own home and community. Social workers using creative intervention with informal and formal support systems can make an important difference in assisting the elderly to live the last years of their lives with dignity and self worth.

APPENDIX A.

October 3, 1995

Victorian Order of Nurses
Ms. Kathleen Regan
3000 Temple Drive
Windsor, Ontario
N8W 5J6

Dear Ms. Regan:

I am a University of Windsor graduate student of the school of Social Work. My thesis is a needs assessment of the informal and formal support services of the elderly in the Town of LaSalle. I am requesting statistical information regarding the number of clients in the LaSalle area that have received in-home nursing care and homemaking services within the past year. If you have any questions regarding the above request please do not hesitate to contact me at (1-519-768-1715). Thank you for your assistance.

Respectfully

Ms. Dawn Maziak B.S.W.

(appendix A. 2)

October 3, 1995

Essex County Social and Family Services
Home Support Department
Ms. Peggy Davis
1421 Crawford
Windsor, Ontario
N8X 2A9

Dear Ms. Davis:

I am a University of Windsor graduate student of the School of Social Work. My thesis is a needs assessment of the informal and formal support services of the elderly in the Town of LaSalle. I am requesting statistical information regarding the number of clients in the LaSalle area that have received outdoor home maintenance within the past year. If you have any questions regarding the above request please do not hesitate to contact me at (1-519-768-1715). Thank you for your assistance.

Respectfully

Ms. Dawn Maziak B.S.W.

(appendix A. 4)

Meals on Wheels starts to roll

By Patti Lanzon
Special to the Star
LASALLE

A program to help homebound seniors receive hot, nutritional meals officially began today in LaSalle.

The LaSalle/River Canard Meals on Wheels program has been in the planning stages for the past six months. The group is serving meals Tuesdays and Thursdays.

About 50 people attended the new group's volunteer orientation meeting held last week at St. Andrew's Church in LaSalle. This will be the group's headquarters as the church had donated the use of its kitchen for meal preparation.

"We've had a far bigger response from the community than what we had ever thought we would," said Nancy Skinner, one of the group's co-ordinators.

Skinner explained to the volunteers the duties which will be expected of them, including driving to the client's home, serving the hot meal, collecting the $4 per meal charge and issuing the client a receipt. Volunteers will also be needed to assist the chef in the kitchen.

Residents responded

"When we first got started, we said 'how are we going to do this?'" Skinner said. "But, when you go to the people of LaSalle and River Canard with this type of thing, they really respond."

Both Skinner and fellow co-ordinator Marie Anne Seguin said they are pleased with the response from the community. They have enough volunteers to get the program running and have scheduled volunteers until the end of October.

Volunteer Lucy Moore attended the orientation and said she is proud to be part of the new initiative.

"Oh yes, I definitely think it's a good program," said Moore, who will be working in the kitchen. "In fact, I know some people who are going to be getting (a meal)."

This is the first time the LaSalle area has been serviced by Meals on Wheels. The program has been operating in Windsor and Essex County for 22 years. The LaSalle group is starting with 15 clients.

"We want to see how it goes first," Seguin said. "We want to start out with what we have before we start serving 50 meals."

October 3, 1995

Meals on Wheels
Ms. Nancy Skinner
163 Reume Road
LaSalle, Ontario
N9J 1B2

Dear Ms. Skinner:

I am a University of Windsor graduate student of the School of Social Work. My thesis is a needs assessment of the informal and formal support services of the elderly in the Town of LaSalle. Recently I was informed that a Meals on Wheels program was developed and implemented. I am interested in obtaining information regarding the number of seniors' which utilize this service. As well as, the number of employees or volunteers which are involved in delivering this service and the primary funding source. If you have any questions regarding the above request please do not hesitate to contact me at (1-519-768-1715). Thank you for your assistance.

Respectfully

Ms. Dawn Maziak B.S.W.

(appendix A. 6)

October 3, 1995

Canada Post
Ms. Sue Koloss
185 Quellette
Windsor, Ontario
N9A 4H0

Dear Ms. Koloss:

I am a University of Windsor graduate student of the School of Social Work. My thesis is a needs assessment of the informal and formal support services of the elderly in the Town of LaSalle. I am requesting information regarding the letter carriers alert program. Specifically, the type of training that letter carriers receive, the length of time that this program has existed and its primary purpose. In addition, I am interested in how the public is informed about this program. If you have any questions regarding the above request please do not hesitate to contact me at (1-519-768-1715). Thank you for your assistance.

Respectfully

Ms. Dawn Maziak B.S.W.

Services neglect LaSalle seniors

By David Morelli
Star County Bureau

LASALLE — If you're an elderly person living in LaSalle, it's not easy.

You don't have any seniors housing, like Harrowood in Harrow or the apartments for the elderly in Essex, Amherstburg and Learnington.

You don't have any public transportation whatsoever, let alone a senior-designated transit system like Windsor, Amherstburg or Tecumseh.

Meals on Wheels? Sorry.

"LaSalle is being neglected," said Dawn Maziak, a graduating University of Windsor student who is conducting a seniors' needs assessment survey. "It's as if, because they're so close to Windsor, people think they can get around to the support services they need. Well, they can't even do that."

Maziak, 30, is conducting a 250-person telephone survey, part of her master's thesis for her social work degree. The former LaSalle resident wants to prove with hard numbers that LaSalle seniors are not being served nearly as well as those in other Essex County communities.

"We have seniors who've lived there all their lives. If they're going to need a little more help in the future as they get older, they're going to have to move out."

LOCAL POLITICIANS appear more eager for LaSalle to keep growing as a suburban family community, Maziak said, and are forgetting about their aging residents.

Maziak is not the first to identify gaps in senior services in LaSalle.

Three years ago, the Council on Aging for Windsor-Essex County conducted a two-year study on the needs of elderly, including services such as transportation and housing.

"The biggest issue we found with a community like LaSalle is it doesn't seem to fit," said council president Deana Johnson. "LaSalle seems lost in the middle. Wheatley is another one that doesn't fit into anyone's boundaries."

Johnson said Windsor services such as Meals on Wheels and some programs sponsored by the United Way end at the Windsor border. On the other side, Amherstburg-based AAM Community Information provides transportation to malls or doctors' offices for the elderly, but not for LaSalle residents.

Cooking meals, cleaning the house or doing yard work are support services provided by various agencies in Windsor and several Essex County communities, Maziak said. In LaSalle, those services are left to friends or family of the elderly.

THE SANDWICH Generation — middle-aged people forced to care not only for their own children but for their parents — is bearing the weight of the lack of services in LaSalle.

Services for the elderly have been shifting from institutional and upper-level government support to more community-based or family support.

That means pressure will be put on local governments and agencies to find better ways of serving their aging residents.

"It comes down to political decisions," Johnson said. Kingsville conducted its own research to prove that its new seniors' complex was necessary.

"The reality is a small town can't have the same kind of services as a big city. But if we can get some of those services extended to them. . . ."

She said the key is for municipalities to co-operate more, backing off on traditional territorial tendencies in the interest of providing the best service possible.

Maziak begins a new social work job in West Lorne this month, but hopes to have all the data collected by the fall and the thesis written by early 1995. "I plan on putting together a proposal and meeting with council," she said. "If I can prove there is a need, then I'd like council to address them because there is money available from long-term care agencies and the United Way."

(appendix A. 8)

APPENDIX B.

FORMAL & INFORMAL SUPPORT SERVICE QUESTIONNAIRE FOR THE ELDERLY

Resident's phone no.:_____ record no.:_____

SECTION 1

PLEASE BE REMINDED THAT ALL ANSWERS ARE CONFIDENTIAL

DEMOGRAPHICS:

1. How many years have you lived in LaSalle? _____

2. **(RECORD RESPONDENT'S SEX)** _____ male _____ female

3. How old are you? _____ 65-70 _____ 70-75 _____ 75-80 _____ 80-85 _____ 85-

4. What is your marital status?

   single ( ) married ( ) separated ( ) divorced ( ) widowed ( ) common-law ( )

5. What language do you

   Speak: _____

   Write: _____

6. What is your highest level of education? _____

   Gr. 1 - 8 ( ) High School ( ) Community College ( ) University ( )

SECTION 2

INFORMAL SUPPORTS:

Now I'd like to ask you some questions about yourself, your family and friends.

7. What type of dwelling do you currently live in?

Private home _____
Apartment _____
Seniors apartment _____
Family member's home _____
Other (**PLEASE SPECIFY**) _____

8. Who lives with you? (**CIRCLE ALL APPLICABLE. DO NOT READ LIST**)

no one
husband / wife
children
brothers or sisters
other relatives
friends
non-related paid helper
other (**SPECIFY**) _____

9. The total number of people living in this dwelling including the elderly _____

10. How many living children do you have who reside in the Windsor-Essex County area? _____

11. How many living children do you have who reside outside of the Windsor-Essex County area? _____

12. Do you provide any of the following supports to your children who live in the Windsor-Essex County area?

	YES	NO
FINANCIAL		
BABYSITTING		
ADVICE		
TRANSPORTATION		
HOUSING		
OTHER (**SPECIFY**)		

13. During the last year, on average, how often did you see your children?

once a day _____
2-3 times a week _____
once a week _____
once every two weeks _____
once a month _____
every six months _____
once a year _____

14. Who do you talk to when you have a problem?

husband / wife children sibling friend
other relative neighbour no one clergyman
other (**SPECIFY**) _____

15. Do you feel that this person listens to your problems?

_____ yes _____ no _____ unsure

16. Do you feel better after you talk to this person?

_____ yes _____ no _____ unsure

17. Are you physically or mentally disabled? **(IF NO, GO TO QUESTION #19.)**

_____ yes _____ no **(IF YES, SPECIFY HOW.)** _____

18. How long have you been disabled? _____

19. Who is your main caregiver? _____

20. If you were sick or disabled who would you ask to help you?

husband wife son / daughter grandchild sibling friend
other relative formal agency other (SPECIFY) _____

21. Which of the following kinds of help do you receive from family members or friends?

COMPLETE ALL APPLICABLE	YES	NO	DAILY	ONCE A WEEK	TWICE A WEEK	ONCE A MONTH	ONCE EVERY 3 MONTHS
SHOPPING							
HOUSEWORK							
LAUNDRY							
MONEY MANAGEMENT							
FINANCIAL ADVICE							
TRANSPORTATION TO MEDICAL DATES							
TRANSPORTATION TO VISIT FRIEND							
EATING							
WALKING/EXERCISE							
READING SMALL PRINT (E.G. PHONE BOOK)							
TAKING MEDICINE							
GOING TO THE WASHROOM							
DRESSING/UNDRESSING							
BATHING/SHOWERING							
GETTING IN/OUT OF CAR							
SECURITY CHECKS							
ARRANGING HELP FROM THE COMMUNITY							
FOOT CARE							

22. Is there any type of assistance that a family member or friend provides that was not listed above that you receive?

_____ **(FREQUENCY)** _____

23. Who usually helps you with these activities? _____

SECTION 3

FORMAL SUPPORTS:

Now I'd want to ask you some questions about the kinds of help you have received in the last year or feel that you need.

24. Do you receive any home support services from an organization?

_____ yes _____ no **(PLEASE SPECIFY)** _____

25. Do you feel that you need any of the following services?
(you may choose as many as you wish)

	YES	NO
HOMEMAKING (HOUSEWORK)		
LAUNDRY SERVICES		
TRANSPORTATION TO THE DOCTOR		
TRANSPORTATION TO SOCIAL EVENTS		
NURSING CARE		
FOOT CARE		
MEAL PREPARATION		
HOME MAINTENANCE (OUTDOOR)		
FRIENDLY VISITATION		
LETTER CARRIERS ALERT		
MEALS ON WHEELS		
COUNSELLING		
BANKING OR BILL PAYMENT		
TELEPHONE REASSURANCE		
SAFETY CHECKS		

26. If you needed information about the types of services we have been talking about, whom would you contact first?

_____ Placement Coordinator _____ Seniors Centre _____ Family Doctor _____ Clergyman

_____ Friend _____ Family member _____ Community Information

Other _____

27. The following is a list of ways to inform the public about health or social services. In the past six months have you heard of any health or social services in LaSalle?

	YES	NO
TELEVISION		
NEWSPAPER		
PAMPHLETS / POSTERS		
RADIO		
WORD OF MOUTH		
OTHER:		

28. What types of home support services do you think you may need in the next year?

_____ meals on wheels
_____ friendly visitation
_____ homemaking
_____ letter carriers alert
_____ outdoor home maintenance
_____ none
_____ laundry services
_____ shopping services
_____ transportation
_____ safety checks
_____ telephone reassurance

29. If you were to move from your present living situation sometime in the next 3 years, where would you like to be living?

_____

30. If you were to move from your present living situation in the next 3 years, which of the following would you prefer to move to?

_____ private home _____ retirement home _____ apartment
_____ nursing home _____ seniors apartment _____ home for the aged
_____ supportive housing _____ private home of relatives _____ other **(SPECIFY)**

31. Overall, do you think that LaSalle currently has adequate home support services for people aged 65 and older?

_____ yes _____ no

32. In LaSalle, do you think that there is a need for additional health and social support services for people over the age of 65?

_____ yes
_____ no
_____ unsure

33. From the following list, please choose the issue that gives you concern as a senior citizen in LaSalle.

	YES	NO
CRIME		
HOUSING FOR SENIORS		
TRANSPORTATION SERVICES		
ISOLATION FROM OTHER SENIORS		
SERVICES FOR THE PHYSICALLY DISABLED		
SERVICES FOR THE MENTALLY DISABLED		
OTHER **(SPECIFY)**		

34. Do you have any comments or suggestions that you'd like to make about how LaSalle could improve services for seniors?

_____

_____

_____

_____

_____

_____

_____

THANK YOU FOR TAKING THE TIME TO ANSWER THESE QUESTIONS. YOU HAVE BEEN VERY HELPFUL. PLEASE BE ASSURED THAT ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE AND WILL ONLY BE USED FOR THIS STUDY.

References

Arling, G. (1976). The elderly widow, family, neighbors and friends. Journal of Marriage and the Family. pp. 757-768.

Barnes, C. L., & Givens, A. (1992). Caregivers of Elderly Relatives: Spouses and Adult Children. Health and Social Work, 17, 4. pp. 282-289.

Bradshaw, J. (1972). The Concept of Social Need. New Society 30.

Branch, L.G., & Jette, A.M. (1983). Elders' Use of Informal Long-Term Care Assistance. The Gerontologist, 23, 1. pp. 282-289.

Brody, E. M. (1981). Women in the Middle and Family Help to Older People. The Gerontologist 21, 5. pp. 471-477.

Cantor, M. (1979). Neighbors and Friends: Overlooked Resources in the Informal Support System. Research on Aging, 1, 4. pp. 434-463.

Cantor, M. (1989). Social Care: Family and Community Support Systems. Annals of American Academy of Political and Social Sciences, 503. pp. 99-112.

Cantor, M. (1991). Family and Community: Changing Roles in an Aging Society. The Gerontologist 31, 3. pp. 337-349.

Cantor, M. & Mayer, M. (1975). Factors in Differential Utilization of Services by the Aged. Paper presented at the 28th Annual Meeting of the Gerontologist.

Chappell, N. (1983). Informal Support Networks Among the Elderly. Research on Aging. 5, 1. pp. 77-97. Sage Publishing Inc.

City of Calgary Social Services Department. (1983). A Profile of the Elderly in Calgary: A Demographic Profile and Needs Assessment. Research and Planning Unit Calgary, Canada.

Council on Aging. (1992). The Needs of Older Adults and Informal Caregivers in Windsor and Essex County. Windsor, Ontario, Canada: Seniors' Independence Program.

Coward, R. T. (1978). Services in Small Towns and Rural Communities: Rural families across the life span implications of community planning. Indiana Cooperative Extension Services West Lafayette.

Coward, R. T. (1979). Planning Community Services for the Rural Elderly: Implications from Research. The Gerontologist 19, 3. pp. 275- 281.

Demers, G. & Durocher, T. (1992). Seniors' Needs Assessment Survey. Belle Ontario, Canada: Belle River District Community Council.

Dychtwald. (1989). Age Wave: The Challenges and Opportunities of an Aging America. Los Angeles: J. P. Tarcher.

Eichler, M. (1988). Families in Canada Today Recent Changes and their Policy Consequences. Toronto, Ontario, Canada: Educational Publishing Company, A Division of Canada Publishing Corporation.

Ezell, M. & Gibson, J. W. (1989). The Impact of Informal Social Networks on the Elderly's Need for Services. Journal of Gerontological Social Work, 14, 3/4. pp. 3-17. Howorth Press Inc.

Frey, J. (1983). Survey Research by Telephone. Sage Library of Social Research, Social Research Sage Publishing.

Gee, E. M. (1987). Historical Changing in the Family Life Course of Canadian Men and Women. In V.W. Marshall (2nd Ed.) Aging in Canada: Social Perspectives. (pp. 263-287). Markham, Ontario: Fitzhenry and Whiteside.

Greene, R. (1986). Social Work with the Aged and their Families. New York: Aldine De Gruyter.

Grinnell, R. (1988). Social Work Research and Evaluation. Italsca, Illinois: F. E. Peacock Publishing Inc.

Grinnell, R. (1993). Social Work Research and Evaluation. Italsca, Illinois: F. E. Peacock Publishing Inc.

Hayslip, B. Jr., Ritter, M. L., Oltman, R. M., & McDonnell, C. (1980). Home Care Services and the Rural Elderly. The Gerontologist, 20, 2. pp. 192-198.

Heller, K., Thompson, M. G., Vlachos-Weber, I., Steffen, A. M., & Trueba, P. E. (1991). Support Interventions for Older Adults: Confidante Relationships, Perceived Family Support and Meaningful Role Activity. American Journal of Community Psychology, 19, 1. pp. 139-147. Plenum Publishing Cooperation.

Johnson, L. C. (1989). Social Work Practice: A Generalist Approach. pp. 371-375. Needham Heights, Massachusetts: Allyn & Bacon a Division of Simon & Schuster. (3rd Ed.).

Krout, J. A. (1981). Service Utilization of the Rural Elderly. Paper presented at the Rural Sociological Annual Meeting. Guelph, Ontario, Canada.

Krout, J. A. (1983). Knowledge and Use of Services by the Elderly: A Critical Review of the Literature. International Journal of Aging and Human Development. 17, 3. pp. 153-167. Baywood Publishing Co., Inc.

Leahy Johnson, C. & Catalano, D. J. (1981). Childless Elderly and their Family Supports. The Gerontologist, 21, 6. pp. 610-617.

Lee, G. R. (1979). Children and the Elderly: Interaction and Morale. Research on Aging. pp. 335-360.

Lee, G. R. (1985). Kinship and Social Support of the Elderly: The Case of the United States. Aging and Society. 5, pp. 19-38.

Litwak, E. (1985). Helping the Elderly: The Complimentary Roles of Informal Networks and Formal System. New York: Guilford.

McCaslin, R. (1988). Reframing Research on Service Use Among the Elderly: An Analysis of Recent Findings. The Gerontologist, 28, 5. pp. 592-598.

McCaslin, R. (1989). Service Utilization by the Elderly: The Importance of Orientation to the Formal System. Journal of Gerontological Social Work, 14, 1/2. pp. 153-172. Haworth Press, Inc.

McCulloch. (1990). The Relationship of Intergenerational Reciprocity of aid to the Morale of the Older Parents: Equity and Exchange Theory Comparisons. Journal of Gerontology, 45, pp. 150-154.

Miller, B. & McFall, S. (1991). The Impact of Elder Health, Caregiver Involvement, and Global Stress on Two Dimensions of Caregiver Burden. Journal of Gerontology, 46, pp. 9-19.

Ministry of Community and Social Services. (1981). The Elderly in Ontario an Agenda for the 80s. Ontario, Canada: Queens Printer.

Ministry of Community and Social Services. (1986). A New Agenda: Health and Social Service Strategies for Ontario Seniors. Ontario, Canada: Queens Printer.

Ministry of Community and Social Services. (1990). Strategies for Change: Comprehensive Reform of Ontario's Long Term Care Service. Ontario, Canada: Queens Printer.

Ministry of Community and Social Services. (1991). ReDirection of Long Term Care and Support Services. Ontario, Canada: Queens Printer.

Minister of Health, Lankin, F. (1992). Bill 101: An Act to Amend Certain Acts Concerning Long Term Care. Ontario, Canada: Queens Printer.

Ministry of Health, Community and Social Services and Ministry of Citizenship. (1993). Partnerships in Long Term Care: A New Way to Plan, Manage and Deliver Services and Community Support. Ontario, Canada: Queens Printer.

Ministry of Health, Community and Social Services and Ministry of Citizenship. (1993). Partnerships in Long Term Care: A Policy Framework. Ontario, Canada: Queens Printer.

Ministry of Health, Community and Social Services and Ministry of Citizenship. (1993). Partnerships in Long Term Care: Local Planning Framework. Ontario, Canada: Queens Printer.

Ministry of Health, Community and Social Services and Ministry of Citizenship. (1993). Partnerships in Long Term Care: Implementation Framework. Ontario, Canada: Queens Printer.

Ministry of Health, Community and Social Services and Ministry of Citizenship. (1993). Partnerships in Long Term Care: Guidelines for Establishments of Multi-Service Agencies. Ontario, Canada: Queens Printer.

Ministry of Health. (1994). Long Term Care Supportive Housing Policy: Implementation Guidelines. Ontario, Canada: Queens Printer.

Montgomery, R.J.V. & Borgatta, E.F. (1989). The Effects of Alternative Support Strategies on Family Caregiving. The Gerontologist, 29, 4. pp. 457-464.

Mutran. & Reitzes. (1984). Inter-generational Support Activities and Well Being Among the Elderly: A Convergence of Exchange and Symbolic Interaction Perspectives. American Sociological Review, 49, pp. 117-130.

Nelson, G. (1980). Social Services to the Urban and Rural Aged: The Experience of Area Agencies on Aging. The Gerontologist, 20, 2. pp. 200-207.

Nemth, M. (1994, January 10). Amazing Greys. McClean's, pp. 26-29.

New Border Town is Sanctioned. (1924, March 18). The Border Cities Star, 12, 15.

O'Bryant, S.L. (1985). Neighbors support of older widows who live alone in their own homes. The Gerontologist, 25, 3. pp. 305-310.

O'Bryant, S.L. (1988). Self-Differentiated Assistance in Older Widows' Support Systems. Sex Roles, 19, 1/2. pp. 91-105.

Ontario Advisory Council on Senior Citizens in Collaboration with The Rural Development Outreach Project University of Guelph. (1980). Towards an Understanding of the Rural Elderly. Toronto, Ontario, Canada: Government Health Publications.

Pearson Scott, J. & Roberto, K. (1984). Friendship Patterns Among Older Women. International Journal of Aging and Human Development, 19, 1. pp. 1-9. Baywood Publishing Company.

Pearson Scott, J. & Roberto, K. (1985). Use of Informal and Formal Support Networks by Rural Elderly Poor. The Gerontologist, 25, 6. pp. 624-630.

Penning, M. (1990). Receipt of assistance by elderly people: Hierarchical selection and task specificity. The Gerontologist, 30. pp. 220-227.

Power, E. & Bultena, G. (1974). Correspondence between anticipated and actual uses of public services by the aged. Social Service Review, 48. pp. 245-254.

Shannas, E. & Maddox, G. (1985). Health, Health Resources, and the Utilization of Care. In Binstock, R.H. and Shanas, (Ed.), Handbook of Aging and the Social Sciences. pp. 696-720.

Statistics Canada, (1986). Statistics Canada Census. Ottawa, Ontario Canada: Statistics Canada.

Statistics Canada, (1989). Statistics Canada Census. Ottawa, Ontario Canada: Statistics Canada.

Stoller, E.P. (1983). Help with activities of every day life: The sources of support for the non-institutionalized elderly. The Gerontologist, 23, 1. pp. 64-69.

Stoller, E.P. & Pugliesi, K.L. (1988). Informal networks of community based elderly. Research on Aging, 10. pp. 499-516.

Tennstedt, S.L., McKinlay, J.B. and Sullivan, L.W. (1989). Informal care for frail elders: The role of secondary caregivers. The Gerontologist, 29, pp. 677-683.

Toews, C. (1986). Home Support Needs of Senior Citizens of South Essex Community: A Research Project. South Essex Community Council.

Tripodi, T., Fellin, P. and Meyer, H. (1983). The assessment of social research: Guidelines for use of research in social work and social science. Itasca, Illinois: F. E. Peacock Publishing Inc. (2nd Ed).

University of Guelph, Rural Planning and Development Department. (1995). Aldbourgh Community Needs Assessment. University of Guelph.

Walker, A. (1991). The relationship between the family and the state in the care of older people. Canadian Journal on Aging, 10, 2. pp. 94-110.

Webster's N. (1958). Webster's New Twentieth Century Dictionary. (2nd. Ed.). New York & Toronto: Literary Guild, Inc.

Windley, P. G. (1983). Community Services in Small Rural Towns: Patterns of Use by Older Residents. The Gerontologist, 23, 2. pp. 180-184.

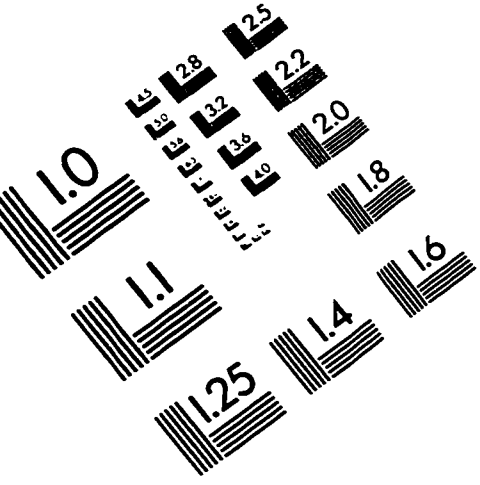
Windley, P.G. & Scheidt, R.J. (1988) Rural Small Towns: An Environmental Context for Aging. Journal of Rural Studies, 4, 2. pp. 151-158. Pergamon Press.

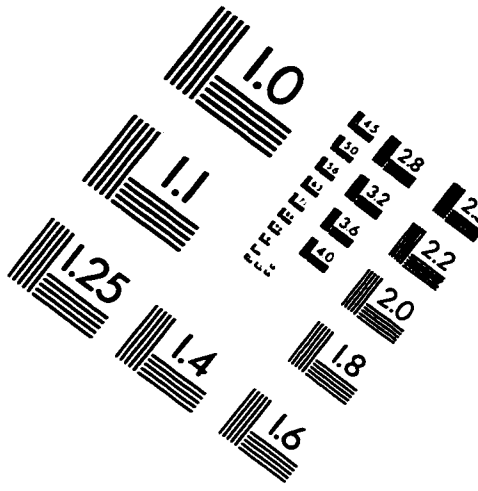
Youmans, G.E. (1980). The Rural Aged. The Annals of the American Academy of Political and Social Science, 429. pp. 213-223.

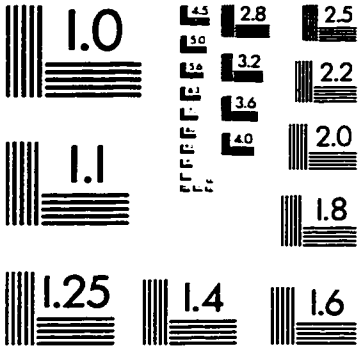
VITA

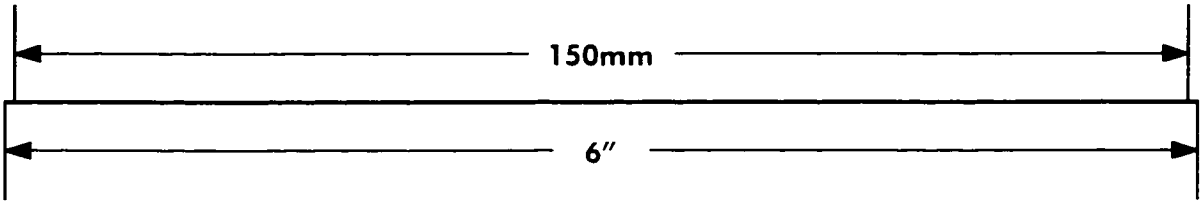
Dawn Maziak was born on June 9, 1963 in Windsor, Ontario. She completed a Bachelors degree in social work in 1993 from the University of Windsor. Presently, she is a Masters candidate at the University of Windsor, Social Work Department, Windsor, Ontario.

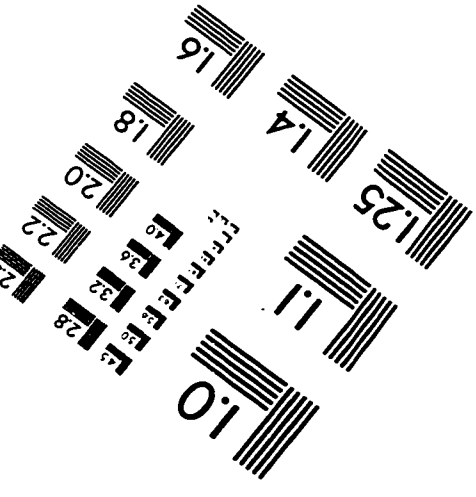
IMAGE EVALUATION
TEST TARGET (QA-3)

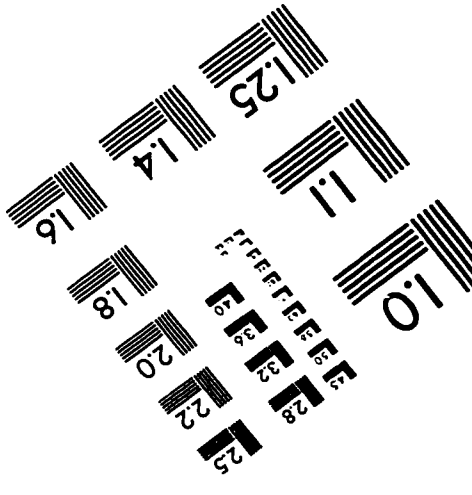












APPLIED IMAGE, Inc
1653 East Main Street
Rochester, NY 14609 USA
Phone: 716/482-0300
Fax: 716/288-5989