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Negotiating Informal and Formal Supportive Services Among Older Adults:
An Analysis of a Caring Culture at Hope Meadows

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Abstract

This case study examines discourses of living and volunteering at an intentional and intergenerational neighborhood in Rantoul, IL managed by a non-profit called Hope Meadows. This is accomplished through participant and non-participant observations and nine resident interviews. The research contributes to literature on community-level efforts serving to strengthen supportive relationships among neighbors by examining a population that is engaged in providing services to their fellow community residents and the non-profit organization in exchange for below-market rent. Additionally, the outcome contributes to literature on aging-in-place, sustaining volunteer programs dependent on committed residents, and challenges of an increasingly disproportionate aging population. Due to financial constraints, findings suggest that a lack of available and willing leadership to manage the volunteer program hinders the sustainability of its program as well as an aging population limited by various age-related challenges. A diminished sense of inter-generational community solidarity was reported resulting in a less meaningful programmatic activities. Additionally, informants reported how neighbors provide limited direct service and emotional support to meet the needs of an aging population. Concerns with informal and formal senior care delivery options varied by individual circumstances. Concerns with neighbors providing intimate care were discussed as an invasion of privacy and are challenged by growing vulnerabilities as neighbors age. Future directions for research could consider incorporating the perspectives of younger seniors, families, and recently admitted residents into the community. Comparative research should be conducted within similar models such as Village to Village Networks, Naturally Occurring Retirement Communities, and replicated Generations of Hope Communities.

Introduction

Providing long-term care is in much need for innovation and adaptation as people continue to live longer lives. With nearly half of the global population living in countries exhibiting fertility rates which fall below the replacement level, population aging and decline are increasing at a rapid pace (Henderson, Maniam, and Leavell 2017). It is predicted that there will be more adults over age 60 than children under 14 for the first time in history by 2050 (Henderson et al. 2017). With the baby boomers entering retirement, the population comprised of individuals aged 65 and older is expected to rise from 46 million in 2015 to 98 million in 2060 (Henderson et al. 2017). This “Silver Tsunami” is predicted to create numerous challenges to the economy, healthcare, politics, and society (Henderson et al. 2017). At the same time, the baby boomers will inevitably encounter various obstacles as they enter retirement that will ultimately account for their dependency on social structures, support systems, and interaction within the community to maintain their quality of life.

Two focuses of research have evolved over the years when studying the various objectives of long-term care. Social research outcomes have drawn attention to the benefits associated with increased overall well-being in relation to having social support and maintaining multiple roles in later life (Pillemer et al. 2000, 24). Historically, shorter life expectancy along with the end of work and family responsibilities coincided with the end of life itself (Pillemer et al. 2000, 288). As a society, we are amidst a transformation of lifestyle options and housing expectations which is integral to emerging long-term care models. Current social structures providing older adults with opportunities to maintain productive social roles has been lagging which jeopardizes the capacity of older adults to integrate successfully within their communities (Pillemer et al. 2000, 289).

To build on research focusing on meaningful roles in old age and community-based senior living, this research study seeks to describe the experiences of residents in a unique intergenerational model of intentional neighboring called Hope Meadows. Within this 22-acre community of townhomes, apartments, shared community and administrative buildings, senior residents have historically agreed to volunteer within the community 6-hours a week per household in exchange for below-market rent. Since the organization's inception, staff and residents have worked alongside one another to provide a variety of services to meet the diverse needs of all who live and work there. In its current state of operations, staff availability is inconsistent and less available overall due to financial and housing constraints. Additionally, declines in health and mobility among older resident volunteers influence their ability to maintain existing volunteer opportunities.

In the past, the nonprofit served foster families seeking to adopt with the added support of senior volunteers living within the semi-rural community. However, the once licensed foster care agency discontinued its contract with the Department of Children and Family Services in 2014. Following reductions in state revenue received on behalf of this contract, certain financial benefits were no longer made available to foster families living at HM in addition to subsequent increases in rent. Since 2014, foster and adoptive families have left the community resulting in admissions of new tenants mostly comprised of seniors and adoptive families. Given HM's shift in focus away from foster and adoptive programming, the organization has had to rely upon its "core competency" of providing and sustaining a unique and innovative intergenerational residential community which comprises a neighborhood support structure for those in need.

This research serves as a case study analyzing the effectiveness of the organization's model in allowing senior residents to age in place. As a result of a partnership between the

Stevenson Center at Illinois State University and HM's between August 2018 and July 2019, I agreed to serve the community through a variety of co-identified service projects as a student researcher while living within the community. Serving the community as a fellow resident has allowed me to immerse myself within the day to day activities and interactions at HMs while maintaining a journal of semi-regularly documented field notes. This case study comparatively describes the experiences of older residents, their understanding of what the HM community is, and their perceived challenges and benefits of remaining within the community. This objective is contextualized through a discussion of the community's history, cultural and political implications in later life, population aging, social services involving similar models, and social integration. This is first achieved through a historical analysis of the organization utilizing documented information gathered by formal and informal reports, media stories, and a book on Hope Meadows (Smith 2001). The community's history is further detailed and expanded to reflect more recent perspectives by incorporating the stories and understandings of current long-term residents gathered through interviews and field notes.

A New Hope

Initially focused on enhancing the lives of foster parents and children, HM began in the year following the 1993 closure of the former Chanute Air Force Base in Rantoul, Illinois as a non-profit corporation and child welfare agency under the name of Generations of Hope (Eheart et al. 2009). The vision was developed by the founder Brenda Eheart who specialized in the area of child development (Smith 2001, 24). Brenda had served as a faculty member at the University of Illinois where she extensively studied the unfortunate handlings of children in the child welfare system throughout the 70's and 80's alongside another professor from the University of

Illinois, Martha Power (Smith 2001, 27-28). Brenda met with a group of other concerned Illinois residents to develop a solution to address issues related to the child welfare system which sparked the idea that would eventually become HM (Smith 2001, 27). The initial concept of HM was idealized to develop a residential neighborhood that would serve as a supportive intergenerational neighborhood structure to provide nurturing, permanent homes for children in Illinois to fulfill the unmet needs of children through foster care, adoption, or family preservation (Smith 2001, 27). Eheart and her circle of friends were passionate about the vision but struggled for two years to finance and turn the idea into a reality (Smith 2001, 28).

In January of 1992, Eheart was contacted by a U.S. Air Force office at the Chanute Air Force Base who had expressed an interest in implementing the initial idea using housing left behind due to Pentagon cutbacks as a residential community for children (Smith 2001, 28). Eheart had met with a local power broker and lawyer in Rantoul for assistance who helped with the legal process of acquiring the surplus federal property (Smith 2001, 30). After forming a coalition of sorts to effectively acquire funding from the state legislature, Eheart received a one-time-only appropriation grant of a million dollars from the state to secure the surplus federal property and established and sustained the nonprofit corporation using other federal and private funding sources as well (Smith 2001, 9-32). With some support from former president Bill Clinton, the negotiation to secure a 22-acre housing subdivision of the military family duplexes and townhomes in which they began a foster care agency was successfully acquired for \$215,000 in September of 1993 (Smith 2001, 33). After taking some time to convert 12 duplexes into large single-family homes, the first Hope family moved into the community in the spring of 1994 (Smith 2001, 33).

Integrating Seniors at HM

In the early stages of planning the community, Brenda and her colleagues agreed that children in the foster care system needed some form of an extended family network (Smith 2001, 27). Prior to acquiring the 22-acre community, Eheart came up with the idea of incorporating seniors as a vital support team after she had attended a speech given by Maggie Kuhn, the founder of the Gray Panthers (Smith 2001, 27). Maggie Kuhn had discussed a program which allowed seniors to continue to age within their homes with the help of college students providing support (Smith 2001, 28). As a result, Eheart and her colleagues developed the concept of having the seniors live alongside and volunteer with the foster families that was later put into practice (Smith 2001, 28). Each senior had to undergo a criminal background check in addition to extensive interviews collecting information on their volunteer experience, interests, abilities, and general health prior to admission to serve as “foster grandparents” to the children and families (Smith 2001, 10). When asking a long-standing current resident to describe what the volunteer program looked like at the start, she described how:

“The volunteering was a part of our lease and for the discounted rent we were expected to do 6 hours of volunteering per week. However, no records were kept for the first two years. As far as the volunteer opportunities, we could choose an existing opportunity or maybe create our own. There were a number of choices already available--visiting with the families, providing enrichment and teaching new skills or crafts to the kids, assisting with special projects, offering respite care for the parents to give them a break, yard work, some of the seniors did carpentry work around the community, cleaned out stairwells that hadn't been cleaned for years, walked the community with weed killer to kill the grass in the cracks of the sidewalks, and whatever was asked for them to do. There was also a Volunteer Coordinator available to discuss any concerns about the volunteer part of the program.”

Seniors served as neighbors, but also served as tutors, baby-sitters, crossing guards, playground monitors, bicycle repairmen, mentors, role models and friends to all who lived at HM (Smith 2001, 10).

In an NPR article published in 2015, Brenda recalls that, “Originally, Hope Meadows was just intended to be maybe a dozen families adopting children from the foster care system who would offer each other mutual support. I just kept thinking about these [foster] children. I wasn’t thinking about older adults at all” (Jaffe 2015). This sentiment reflects the current Executive Director’s concern expressed regarding developmental issues in the application submitted to the Stevenson Center which states that:

“Analyses of the history and development of the organization since its beginning have suggested that fundamental focus was exclusively on children, with no thought or plans regarding aging. In fact, the introduction of retirees and seniors circa 1996 was not a part of the original vision, although it did ultimately lead to tremendous success and notoriety.”

Despite the focus of the organization’s vision targeting foster care youth and families, the introduction of senior volunteers as an informal support structure has been suggested to have a positive impact on the older population determined through earlier ethnographic studies on HM. Researchers gathered stories on how participation in the community influenced the senior’s health and well-being in addition to observations, media reports, a book on Hope Meadows (Smith 2001) and feedback through a survey administered in the spring of 2004 (Power et al. 2007). In one interview with a former member of the community, a resident who had suffered from several heart attacks leading to a life of disability illustrates how HM kept him going by stating:

“In order to alleviate the pain, a lot of times you’ve got to get up and try to force yourself to do something. In the summertime, when you can get out and mix with the kids, then your brain gets on a different wave pattern. It gets on the pattern with the kids, and I think you more or less forget about it (Power et al. 2007).”

Another resident felt that HM gave her purpose even after the loss of her husband followed by subsequent hip replacement surgeries, back surgery, and a heart bypass operation. She states that:

“You wake up in the morning and you hurt, you know. And you go out and meet someone and you’re busy with the children, and you forget about how badly you felt. It raises your spirits. . . . It keeps you young. . . . I feel important when I’m around the children (Power et al. 2007).”

HM was initially designed to address issues with child welfare, however it ultimately addressed other social problems such as aging seniors, overworked families, and a vacant military base (Power et al. 2007). Earlier depictions of the HM community outlined in Smith’s (2001) book expressed by residents and families contrasted quite considerably from what current seniors had to say as a result of my interviews that are discussed later.

Earlier Outcomes of Generations of Hope

Early on, Hope Meadows and its founder had received an extensive amount of notoriety as a result of the promising future of the organization. Smith (2001) described that the, “. . .older residents very often form deep ties with the families and the boys and girls. Their relationships are symbiotic. The needs of the young serve the needs of the elderly, and vice versa” (p. 11). University of Illinois sociologist David Hopping who studied HM from its beginning reflected on how the “multigenerational approach to child welfare generally has worked beyond expectations” citing outcomes of affordable housing, added foster care support, and permanency in the lives of displaced children (Smith 2001, 11).

Historically HM had welcomed crack babies, children born with fetal alcohol syndrome, sickle cell anemia and cerebral palsy, children rescued from cults, and other children challenged by unfortunate circumstances (Smith 2001, 15). HM has seen the progression of a young boy

taken from a cult family adopted by a Hope family who regularly accompanied his foster grandparents on trips and outings as well as successfully testing out of special education classes in school (Smith 2001, 15). Additionally, a former senior resident known as Grandma Irene discussed her relationship with a young boy in the community. She described how her family “never had much contact with African-Americans” and how she has “grown very attached” to a young boy named Brandon and his family (Smith 2001, 50). Beyond this, Grandma Irene and Brandon spent quality time together where she played a role incentivizing and celebrating in his academic successes in addition to more informal trips to the movies that she describes as “all his idea” (Smith 2001, 50).

While seniors had served as a source of support for the children and the families as described by Grandma Irene’s relationship with Brandon, the families were also supportive of the seniors in various ways as well. A former resident named Lola Myers reflected on her experience at HM by describing her relationship with a family by stating:

“The Calhoun family lives across the street. They are a big, big family. They have seven or eight adopted kids now, but the mother, Debbie, is always calling me and asking if I need anything from the store or if I need one of the kids to walk the dog. And I’m supposed to be the one helping her with her little ones! They are really caring people, and I love their boy Marty. He is always dying to take Bert for a walk (Smith 2001, 62).”

While these depictions of HM illustrate some of the ideal outcomes of what was hoped to occur among the neighbors residing in the community, Smith (2001) also points out that HM is not a perfect solution or a Utopian community without conflicts found in other neighborhoods and families (p. 12). He went on to briefly describe that the Hope parents often felt overwhelmed and unappreciated while seniors were susceptible to feelings of loneliness, depression, and a sense that time was slipping away (Smith 2001, 12). Regardless, residents at HM during my year there

often reflected on the “heydays” of HM as some ideal reality needing to be returned to. Their understanding of the past compared to the present are discussed in consultation with the results of the interviews.

With several other success stories listed by Smith (2001) like the ones above, it’s quite telling how this social experiment produced the perception of exceeding all expectations in reaching children while additionally serving the needs of the parents and seniors. Two years after the nonprofit had been established, the *Chicago Tribune* published the first national front-page news story on the community (GHDC 2018). Two months later, the *New York Times* published a front-page story as well (GHDC 2018). Over the course of her involvement with developing the Hope Meadow’s model, Brenda went on to receive Oprah’s Angel Network Use Your Life Award in the year 2000 and the Adoption Excellence Award from the U.S. Department of Health and Human Services in 2002. In 2006, the W. K. Kellogg Foundation provided support to begin planning for nation-wide replication of the intentional neighboring model that were later known as Generations of Hope Communities (Eheart et al. 2009).

With this support, Brenda had left her role as Executive Director and CEO of Hope Meadows to join several other colleagues in establishing the Generations of Hope Development Corporation to encourage the widespread adoption of the Generations of Hope (GHC) model through an open exchange of ideas supported by the corporation’s research endeavors (GHDC). Since the establishment of the GHDC, five additional sites have collaborated to replicate and adapt the model with three currently under development (GHDC). A more successful replicated site called Bridge Meadows has sustained itself financially since it opened in 2011 utilizing a well-balanced mix of private donations, foundation grants, business contributions, and rental income (Bridge Meadows 2020).

Since the establishment of the GHDC, Brenda went on to receive the Heinz Award in the Human Condition from the Heinz Foundation in 2008, the Purpose Prize from Civic Ventures in 2009, the AARP Inspire Award in 2009, the title as a “Champion of Change” given by the Obama Administration in 2011, and the 2011 In Harmony with Hope Award sponsored by the Elfenworks Foundation (GHDC 2018). A set of core components and guiding principles are provided on the GHDC’s website that are informed by the earlier research objectives of how Hope Meadows was ideally intended to be structured and replicated. These core components are made up of three core values and four design patterns that exist as key principles to the intentional neighboring paradigm according to the GHDC (2018).

GHC’s are dependent on the premise of intentional neighboring within an inter-generational community. It is proposed that this form of intervention differs from typical formal services in that it does not rely on measurable outcomes but rather on the caring relationships developed between neighbors (GHDC 2018). The first core value of intentional neighboring is the power of relationships to foster well-being (GHDC 2018). This value emphasizes that everyone has the ability to form meaningful and caring relationships which fosters well-being (GHDC 2018). By doing so, this value moves beyond the “bootstrap theory” of independence and the belief that strategies for action primarily develop from decisions made by professionals as opposed to relationships developed by caring neighbors and friends (GHDC 2018).

The second core value encourages reframing what it means to be vulnerable (GHDC 2018). This core value insists that vulnerable individuals are to be viewed in a way that rejects common beliefs about what being vulnerable means and the practices based on these beliefs where they are primarily seen as friends, neighbors, and family that are caring and contributing members of the community (GHDC 2018). This core value assumes that there are commonly

held beliefs about people that have been traumatized or are vulnerable in some way being viewed as problems to be managed, less worthy than others, takers, not contributors, and needing professionals to help them (GHDC 2018).

The third and final core value sees community engagement of older adults as a way of life whereas older adults are valued for their wisdom, independence, experience, humor and curiosity that they may share through daily engagement in their community (GHDC 2018). It further assumes that they maintain roles and engage in activities that reflect and even enhance their standing as seniors (GHDC 2018). It views the whole life of the older adult as having significance and not just their specific engagement activities (GHDC 2018). This core value rejects the perception that older adults in America are not needed by others, not useful, and are not key contributors to themselves, others, or society (GHDC 2018). It was the hope that the formation and sustainability of caring relationships would take place if these three core values were to be woven into the fabric of neighborhood life daily (GHDC 2018). It is unclear how these values are to be woven into the community especially if an organization like HM has limited staff capacity.

In addition to core values, an intentional neighboring model also has five essential design patterns that are important to creating an organizational scaffolding to assist in the development of a thriving network of relationships (GHDC 2018). The first insists on a key focus on vulnerability where the neighborhood and organization concentrate their efforts on a specific population experiencing persistent vulnerabilities and barriers to thriving (GHDC 2018). This principle is discussed in relation to having an intentional focus on a given vulnerable population's full inclusion to achieve a neighborhood identity (GHDC 2018). A second design pattern insists on having three or more generations as neighbors in order to facilitate a more

dynamic culture of neighboring and a deeper understanding or appreciation of the unique perspectives of each generation (GHDC 2018). A third design pattern states that the physical design facilitates relationships where typically housing becomes an end to itself (GHDC 2018). It assumes that cost to build and marketability of individual units are the predominant concern of those developing housing while the effects of the physical design on social and psychological outcomes of the physical neighborhood design are rarely considered if at all (GHDC 2018). The fourth design pattern embraces diversity as a way to generate creative solutions to the often-complex social problems while reducing stigma, stereotypes, and intolerance (GHDC 2018). Eheart and her colleagues suggest that the shared commitment toward an appealing social justice component at a GHC reduces the possibility of conflict anticipated among a diverse population (Eheart et al. 2009). The fifth design pattern requires transformational leadership where people who empower residents and become active partners in working to accomplish the neighborhood's mission (GHDC 2018).

Previous claims to the model's success in providing permanency in the lives of children suggest that HM's success has always been high with a rate of permanency of 85% (Hopping et al. 2013). It is further claimed that HM did achieve its goal for 72 children where statistically 40% of whom would otherwise have aged out of the foster care system or ended up within the juvenile's justice system (Hopping et al. 2013). Despite these promising numbers, Professor William Epstein at the University of Nevada, Las Vegas School of Social Work criticizes the Generations of Hope model in his examination of its overall credibility and effectiveness. In his book titled, *The Masses are the Ruling Classes: Policy Romanticism, Democratic Populism, and Social Welfare in America*, he states that most of the published research and reports related to the program is not independent where a majority has been authored by those directly connected to

the program and its research institute (Epstein 2017, 169). Epstein (2017) critiques these efforts to prove program effectiveness as lacking scientifically credible data that devalues randomized controlled trials over the widely available case studies and qualitative methods (p. 169). The overall estimates made on behalf of GHDC of the emotional and social disabilities of the children and their projected effect on placement are unsubstantiated suggesting it's impossible to truly assess the needs of children included in their sample (Epstein 2017, 170-171).

Property and Finances at HM

The million-dollar grant from the State of Illinois allowed for the organization to secure the 22-acre housing subdivision where existing structures were converted into 64 units of various sizes to accommodate large foster families, seniors, and administrative needs (Power et al. 2008). Apart from one building dedicated to housing those with mobility constraints, each of the structures were built in the late 50's and are in need of repairs and renovations. The administrative buildings consist of the office which is used for staff and resident meetings as well as a gift shop that offers products quilted by a group of HM seniors. A second building referred to as the annex serves dually as a quilting center used by interested residents and storage for holiday decorations as well as private organizational documents behind locked doors.

The Inter-Generational Building 1 (IGC1) hosts community celebrations and activities, a food pantry, the after-school tutoring program, computer lab, and a library once managed by resident volunteers. A fourth building is allocated as the model home where HM residents can reserve for families and friends at a rate of \$25 a night. The Inter-Generational Center 2 (IGC2) used to serve as a teen hang out space when the organization operated as a foster care agency, however now it is only used once a year for a community rummage sale fundraiser, select

community celebrations, and storage. The last two administrative buildings serve as storage for office supplies and equipment and a maintenance shop.

At the time of this study, HM had 58 rentals that consists of duplexes, townhomes, and apartments with 7 allocated for administrative use discussed above. For the available units, rent for the fourplex townhomes with 3-bedrooms and one bath starts at \$550 and larger duplexes are between \$575 and \$600 depending on additional amenities. As of July 2019, among the 58 rental units there are currently 17 vacant units with 9 listed as “not suitable for rental inspection” according to a monthly occupancy map distributed amongst office staff.

Most houses at HM are split-level single-family dwellings which may cause challenges for seniors limited in mobility to complete instrumental activities of daily living. Many units have only one full bathroom that is located upstairs which may serve as a challenge for seniors regularly requiring its use. Also, the washer and dryer hook ups are in the basement which have potential to burden a senior with carrying loads of laundry up and down the stairs into their upstairs bedrooms. Various modifications have been implemented in certain units to accommodate the needs of seniors who wish to age-in-place such as chair lifts, grab bars, low entry showers, raised toilets and more.

Historically, requests for alternative housing at HM had been made by seniors to accommodate their changing needs as they got older which led previous administration to conduct focus groups over the course of several months on how to design it (Vojak et al. 2007). These conversations resulted in a variety of goals and interests among the group which exhibited tension among one another related to its design, location, and amenities (Vojack et al. 2007). Over the course of 7 years of planning and consulting with Mackenzie Architects of Burlington, VT, the ADA certified “Hope House” completed construction in 2014 through a million-dollar

grant. The Hope House is one building consisting of four 2-bedroom units with a shared communal space equipped with storage units, a kitchen, living room area, bathroom, and a guest quarters that may also be rented out to families and friends of Hope House residents for \$25 a night.

Previous administration historically avoided “nickel and diming” residents through the cost of rent and valued keeping housing very affordable for seniors who lived at HM. Early on, seniors paid rent in the \$300 to \$400 range which was considerably less than the going rate for a family oriented living environment (Smith 2001, 11). Efforts to increase rent eventually began to take place around 2010 which varied depending on housing improvements, amenities added by residents or staff, and resident’s income. The current Bookkeeper at HM says that this is a result of needing “to either adapt or fold” given decreased funding in other areas of financial support. To accommodate the needs of certain residents so they can remain within the community, HM has an affordability policy where people qualify for a charitable reduction in rent which could be as little as \$325 for residents that are low or fixed incomes. This policy does not operate under any government subsidy; however, proof of income and expenses are required to be eligible. There is no record of any percentage cap related to the number of households the organization will provide this benefit to, however the board is reevaluating this policy since it equates to a loss of revenue of \$20,100 annually.

According to a monthly rent log for the period of July 1st, 2012 to June 30th, 2013, two seniors paying the same rent of \$325 for identical floor plans were subjected to the inevitable increases in rent to differing degrees. Senior A had an increase of \$75 to their rent while Senior B had the same rent of \$325 from July 1st, 2012 to June 1st, 2013. Senior B had qualified for the organization’s affordability policy which takes income into consideration and has kept that

individual's monthly rent around \$350 currently. By June 1st, 2015, Senior A had rent increased to \$550 whereas the resident on the affordability policy had rent maintained at \$325. By June of 2015, there were only 8 senior households paying between \$325 and \$375 whereas 27 senior households previously had been paying between \$300 and \$375 in July of 2012. Of the 32 senior households in July of 2012, the median rent paid in full was \$350. Of the 34 senior households in June of 2015, the median rent paid in full was \$525. ⁱ

Programming at HM

When the organization operated as a foster care agency, the children in foster care arrived at HM by referral from the Illinois Department of Children and Family Services with most already having free for adoption status or closely within reach of obtaining that status (Smith 2001, 9). HM accepted children of all ages, races, and those with multiple health and developmental challenges (Smith 2001, 9). Foster/adoptive parents living at HM were required to meet all Illinois State requirements and agreed to adopt up to four special needs children in exchange for free rent, health insurance benefits, and a salary of about \$19,000 a year so that one parent could stay at home (Smith 2001, 10). At the time that Wes Smith's book was written on HM, parents had access to both a child and family therapist and an administrative assistant living within the neighborhood with the intention of providing support around the clock (Smith 2001, 10).

Between August 2018 and July 2019, HM staff has been inconsistent in terms of hours worked and roles defined. At the start of my fellowship, HM staff was comprised of a part-time Bookkeeper, part-time Administrative Assistant, part-time Housing Coordinator, part-time maintenance contractor, and a full-time Executive Director. By July of 2019, the former

Administrative Assistant and Housing Coordinator had left for other job opportunities while one of the part-time maintenance contractors had been let go. The part-time Housing Coordinator had been replaced in addition to a newly hired part-time staff member to support the work of the previously contracted maintenance man. Although there is a sustained staff focus on maintaining the housing, the social programming at HM is in flux given leadership's desire to address the housing needs first.

The mission at HM has had to adapt to the changing macro-level social forces influencing the demographics and goals of the community. Fortunately, much has changed through national and state improvements in foster care and adoption practices over the years. These changes have led to a steady decline in the numbers of children being placed in foster care as well as the average time to adoption. These improvements meant substantially less funding for foster care and adoption agencies, and ultimately led to the decision by HM to discontinue its license as a child welfare agency in 2014. With a lacking source of revenue from the state, HM additionally made the decision to reduce its staff size which helped to sustain the non-profit financially, but also created efficiency problems in relation to delivering the services understood to be commonplace by residents.

The current mission statement of HM was revisited and slightly reconstructed at a board meeting in December 2018 which states, "Our mission is to foster and maintain a supportive intergenerational neighborhood." This is formally addressed through the community's established intergenerational activities consisting of bi-weekly potlucks, birthday and holiday celebrations, after-school tutoring, the residential food pantry, quilting, fundraising, and minor home maintenance assistance through the Helping Hands group. Additionally, a Caring Circle group offers counseling, transportation, or other supportive forms of emotional support in time of

need. In its current state, volunteering plays a foundational role in facilitating these activities whereas without willing and capable volunteers, the ability to meet the objectives of the services listed above is at risk of falling apart. Any resources the organization puts into developing and sustaining volunteer opportunities is challenged by these inevitably variable inconsistencies in addition to changes in interests and motivations among those who reside within the community over time. Ultimately, the program's efficiency is dependent on the strengths and limitations of those who live within the community both individually and collectively which becomes problematic when the community needs outweigh the ability and capacity to provide the necessary support and services (Eheart et al. 2009). This source of insight ultimately proved to be a critical challenge for sustaining the model as it was intended.

This illustrates the existing dichotomy that permeates the workings of power and ability at HM between staff and residents in examining who has access in determining what and how certain community needs are met. With focus on altruism and aggression, research suggests that "power determines who has the resources to offer help, who needs help, and who cannot turn down help" (Sprague 2016, 18). In pursuit of analyzing power dynamics at HM, it is important to consider cultural power which determines what gets defined as help, and what gets defined as aggression (Sprague 2016, 18). Determining how the organization's mission is met through staff and volunteer efforts is a key investigative focus of this research project by exploring these power dynamics. It was a primary objective of this research to understand what motivates older adults to sustain their volunteer roles in addition to what caring for one another at HM looks like to meet the needs of an aging population. Given the nature of this research it is important to briefly discuss who makes up the population at HM.

In the second half of the month of March 2019, I met with other organizations in Champaign, Illinois as a part of my service role seeking to network with potential allies in meeting the needs of older adults at HM. Unfortunately, staff at HM does not have a mechanism to collect demographic information or to store such information in a data base of any kind. The Director did however put together an occupancy map each month that showed which units were filled, by which family, and whether those living in each unit were under or over the age of 55 or mixed.

From this resource as well as my knowing the community as a fellow office member and resident, I was able to gather in March that roughly 39 residents were ages 55 and older with the majority being in their 70's and 80's while 33 residents were younger than 55 which includes children. Most lived by themselves although 8 were couples and 2 lived in multi-generational households with adult children and grandchildren. Ultimately, 54% of HM's population were ages 55 or older. In October 2018, the current Director also determined that roughly 62% of the population were low or fixed income in an effort to secure a partnership with the Eastern Illinois Food Bank. Lastly, as of March 2019 there were 25 African Americans, 41 Caucasians, and 6 Hispanic individuals. Again, these numbers are approximations and were not gathered using a survey due to time constraints and IRB restrictions, however they are my own approximations utilizing what resources the organization could provide as well as my knowledge of the community.

Academic Interests

My central research question asks, "What are the perceived challenges of continued engagement with the volunteer program as an older adult?" Exploring the met and unmet needs

of older adults living at HM requires attention to their own abilities to remain independent, the abilities of neighbors living within the community to offer support, the quality of relationships maintained within the community, and the volunteer program's structure which historically had a designated staff member to coordinate and manage volunteer activities. Beyond the realities of older adults and the volunteer program's structure, a set of secondary research questions exist as well.

At the time of this study, volunteer and staff roles within the community were focused on providing support for the resident population totaling 73 individuals largely composed of older adults. Several residents that fall within the 54% of Hope seniors dedicate their time to paid jobs, extracurricular activities, or volunteer work outside of the community while the remaining younger generations work full-time, go to school, and/or take care of children. While staff may provide some oversight related to volunteer activities and housing assistance, to what extent do older adults perceive the neighborhood support structure as an asset to meeting the needs of an aging population? Research on similar communities called Naturally Occurring Retirement Communities report that the quality of support roles among neighbors vary depending on perceived levels of trust and reciprocity (Greenfield 2015). Based on perceived levels of trust and reciprocity within HM, to what extent would older residents' welcome support offered by their neighbors as opposed to services offered through home care?

Through this research, I explored how the volunteer program structure influences the culture of care in the community in its current state and the existing factors which current residents see as benefits and challenges as they continue their involvement at HM. There is very little research that studies how older residents view informal and formal forms of support in settings like HM in addition to how similar organizations can maximize the intended outcomes

of their programs (Greenfield 2015). Sustaining the forms of support at HM have had little to no long-term planning when considering the inevitable physical decline of its older residents which may create barriers in the quality of support neighbors receive from their fellow neighbors in addition to how effectively staff are able to keep all residents equally engaged to maintain a balanced level of reciprocity.

While some of the central questions are influenced by existing literature, I took an inductive qualitative approach with interviews to get the perspectives of residents on how the neighborhood support structure satisfies any existing needs and whether in-home services are at all desirable to fill in gaps otherwise not met by the community structure. As a part of my service role at HM, I kept semi-regular field notes which were used to build upon and contextualize themes identified through the interviews. The field notes included both participant and non-participant observations which served as a part of my service activities and fellowship through the Stevenson Center. The observations documented are reflective, descriptive, and are my own interpretations of what I observed. The field notes are incorporated throughout this paper and reveal the day-to-day activities, community operations, relationship dynamics, history and the perceived challenges of sustaining HM as it was originally conceived from both leadership and older residents in attempt to triangulate the research. Observations were documented in the office setting and various shared spaces within the community during community events, volunteer meetings, or within the neighborhood. Observations were not documented within private setting such as a resident's apartment.

Literature Review

Situating Old Age in Modern Society

Throughout history, people have had to learn and adapt to the way the physical world operates in time and create meaning from its patterns to survive. The ancient Greeks went so far as to give meaning to the life course and its stages in relation to the seasons where childhood was warm and nurturant like the spring, youth was hot like the summer, adulthood was cool like autumn, and old age was harsh like winter (Holstein and Gubrium 2000, 6). Clearly, views of old age even in Ancient Greece gave positive meanings to youth and negative meanings to old age from their measurement. When humans attempt to measure time as to put it to social use, it becomes a part of a culture that creates assumptions, refinements, and interpretations (Bould and Settersten 2003, 273).

Age then becomes a measure that demonstrates a series of events that have or should happen in accordance to time among groups and individuals (Bould and Settersten 2003, 273). Events and life changes such as when you start school, graduate college, get married, go through puberty, and retire are all notions that Western society associates with chronological age (Holstein and Gubrium 2000, 6). Typically, old age is associated with negative stereotypical meanings whereas the older person suffers declines in physical characteristics, mental degradation, loss of identity, loss of respect from society, and an increasing need of dependency. This bias wasn't always the case however. In attempt to move beyond the meanings that modern Western society associates with age in different life-stages, one must look at the effects that historical experiences or social conditions throughout time periods to reveal its prominent integration into all walks of life as a social construct. Chronological age as Western society's see it is not specific to one culture, however its roots date back to the development of the Gregorian

calendar and chronological age has since evolved to be a way of determining the rights and responsibilities of citizenship (Bould and Settersten 2003, 274).

Cultural conceptions of older persons as far back as biblical times and as recent as the mid-nineteenth century were regarded as a privilege and aged persons were often the most powerful due to their greater memory and wisdom (Chudacoff 1989, 24). Several developments had resulted into a more age conscious America which removed older person's status from its pedestal. The phrases "on time", "behind time", and "ahead of time", were absent from American speech until sometime in the 1870's which is mainly linked as measurements associate with the advent of industrial capitalism (Chudacoff 1989, 49). Additionally, large scale production of house-hold clocks was non-existent until the late 1830's while mass-produced pocket watches did not arrive until the 1860's (Chudacoff 1989, 49). With the implementation of railroads, time zones, and the time clock to regulate productivity in accordance to time, people were subjected to scheduled time in more ways than they had before which also influenced time schedules in relation to the life-course (Chudacoff 1989, 49-50).

After World War II social scientists shared optimism that other nations would follow example of their prosperity and economic growth (Quadagno 2018, 55). Modernization theory argues that nations could be placed on a continuum that spans across a spectrum of development based on industrialization or lack thereof (Quadagno 2018, 55). If a country was more industrialized, then they were more modern. The core premise of this theory has been applied to the study of aging and suggests that aside from industrial qualities, industrialized populations also had an increase in life expectancy which results in more old people (Quadagno 2018, 55). Modernization theory holds a basic premise that there was once a golden age of aging where old people were few in numbers but wielded great power within the communities and family

(Quadagno 2018, 55). The family usually shared a household of grandparents, parents, and grandchildren and older people had the most power within that structure because they had the most knowledge that they passed down to their grandchildren (Quadagno 2018, 55).

Advancements in health technology resulted in prolonged lifespans which caused for increased competition among the young and the old which pressured older adults into retirement among other factors (Quadagno 2018, 56). Cowgill (1974) argues that retirement results in loss of income, psychologically satisfying work, and social status (Quadagno 2018, 56). A second factor is the increase in jobs that older people lacked the training or expertise in furthering their push into retirement (Quadagno 2018, 56). Lastly, Cowgill argued that urbanization attracted young people to the cities where they obtained an education leaving their elders behind both physically and intellectually resulting in the rise of a new elite group (Quadagno 2018, 56). This approach shares some interesting conceptions of the general sense of negative attitudes toward older people, however historians have pointed out that in previous centuries most households did not share three generations under one roof and argued that older people never had as much veneration as claimed by modernization theorists (Quadagno 2018, 56).

Neoliberalism's Impact on Long-Term Care

Since the 1970's, the shift toward neoliberal ideology away from the welfare state has impacted the regulation, provision, and finances of social services where the politics of care have been carried out by the devolution and privatization of services (Hasenfeld and Garrow 2012). Neoliberalism has led to the mentality which suggests individuals should not be dependent on society and that it is the individual's responsibility to find the means of self-sustenance where social protection becomes the concern of the individual to obtain in exchange for work

(Hasenfeld and Garrow 2012). Neoliberalism could compound issues for an aging population when looking at the elderly dependency ratio which demographers use to indicate the burden of supporting an aging population by calculating the number of individuals aged 65 and older per 100 working aged individuals ages 18 – 64 (Quadagno 2018, 75). A society's ability to provide support for its oldest members must also include the child dependency ratio to achieve a total dependency ratio by measuring the number of persons under age 18 to working aged individuals to fully estimate a society's caregiving burden which determines the supply of caregivers relative to those in need of care (Quadagno 2018, 76). By 2030 it is estimated that the elderly dependency ratio will rise from 20 per 100 in 1990 to 37 per 100 where there will be fewer than 3 workers per individual over 65 whereas the total dependency ratio will be no higher than it was in 1970 although the composition of dependents will be different (Quadagno 2018, 83). Ultimately, neoliberalism has shifted the role of the welfare state where responsibility is given to the market instead of the state and from the collective to the individual which has potential to cause burden for individuals lacking formal support structures in a society consisting of disproportionately larger elderly populations with a unique set of needs (Hasenfeld and Garrow 2012).

The rise of neoliberalism is problematic for social and community-based services within the non-profit realm in particular because it rejects the ideal for social rights as well as altering the environments from which non-profits may operate resulting in the limited ability for these agencies to advocate for individual's social rights (Hasenfeld and Garrow 2012). Consequently, the degree which non-profits are dependent on federal funds binds them to the politics from which they are being supported. This has the unfortunate circumstance of promoting the view

that non-profit advocacy efforts are strictly to serve their own interests rather than the interests of the clients they serve (Hasenfeld and Garrow 2012).

The current number of elderly individuals making use of long-term care in both the institutionalized and community settings is anticipated to grow from eight million in the year 2000 to nineteen million by the year 2050 (Gardner and Gilleskie 2012). Annually, the cost of long-term care services in an institutionalized setting such as a nursing home costs between \$31,025 to \$301,490 whereas the cost of community-based services ranges from \$22,880 to \$77,792 (Gardner and Gilleskie 2012). The costs of these services are high for the majority of seniors and often impossible for elderly individuals of lower socioeconomic status. Despite the desire of seniors to remain independent and integrated within their communities, it is common to see more development of long-term care institutions versus community-based social services for the elderly. The funding privileges offered to nursing homes and hospitals may reflect the institutional bias that exists in Medicare and Medicaid spending which ultimately limits the support community-based services receive. This is especially relevant for Hope Meadows as it provides below market rental housing, various forms of support, and other integrated services.

As older adults navigate what options are available to access long-term care services, many will be met with complications in accessing possibilities that are both eligible and cost-effective. This is because most long-term care services are not funded through Medicare, few employer provided insurance plans cover long-term care, and despite long-term care being provided through private insurance plans, they are often expensive and held by few elderly individuals (Gardner and Gilleskie 2012). Insurance is not always effective at making its provided service easier for all parties involved. Medicaid that does cover these kinds of services are only available to individuals with income and assets below state specific limits and to those

with medical expenses that reduce income below a qualifying limit in some states (Gardner and Gilleskie 2012).

With the projected growth of senior citizens rising from 40 million in 2010 to 80 million by 2040, demand for long-term care services is likely to rise (Gardner and Gilleskie 2012).

Current policy initiatives attempt to maintain Medicaid costs where traditional strategies have been to tighten eligibility rules, lower payments to providers, limit supply of services, and eliminate coverage of services (Gardner and Gilleskie 2012). Community-based organizations are directly affected because they receive funding through grants and federal funds which is often inconsistent due to changing priorities of the government and funders (Powers 2018).

In 2006, the Bush administration announced a budget that was set to reduce Medicaid spending by \$26 billion (Gardner and Gilleskie 2012). The limitations of these strategies demonstrate how community and home based long-term care services have historically been viewed as devalued services because of their non-clinical status which is evident in changes made to reimbursement policy in 1997 involving the imposition of average per-patient reimbursement caps to home-health care agencies despite their positive influence on multiple health outcomes (Gardner and Gilleskie 2012; Powers 2018). Ultimately, this change in policy has correlated with a decline in home and community-based services provided in addition to states having the option to take advantage of the Home and Community-Based Waiver Program to provide Medicaid funded long-term care services so long as individual eligibility requirements matched the same level-of-care criteria as institutionalized facilities. (Gardner and Gilleskie 2012). Each state can use their own discretion in determining income eligibility for the needy as it relates to whether they receive Medicaid for home and community-based services (Gardner and Gilleskie 2012).

The demands on social infrastructures can expect some level of constraint with the compounding inequalities experienced among race, class, and gender manifested in later life stages accumulated throughout the life course (Hrostowski 2010). Challenges that arise from these societal changes in population aging are likely to be felt strongly at the community level further made difficult by the erosion of the social contract, the lack of adequate and affordable housing, sparse access to transportation, barriers to health care, and few opportunities for productivity (Hrostowski 2010). On a smaller scale, HM seeks to address each of these challenges for a given community regardless of individual's backgrounds.

Support for an Aging Population

As the population ages and the technical advances in health care progress, the need for social institutions that interact and care for the elderly needs careful consideration in relation to its development for various communities. The level of predicted dependencies associated with the aging population is made complicated by the lacking number of potential caregivers for socially isolated older adults and will challenge communities to generate the levels of financing and social capital to avoid abandonment of older people who cannot afford long-term care (Kwak and Polivka 2014). More frequently used strategies include a focus on increases or shifts in funding for healthcare, added support for community-based services, Medicare and Social Security reform, work incentives to keep employees from retirement, and bolstering preventative health services for a healthier workforce (Henderson et al. 2017).

Overall, there are many systems-level barriers preventing older adults from remaining in their communities which have resulted in the development of new models to better support people's ability to age in place (Greenfield and Frantz 2016). Age-friendly community initiatives

are emerging and consist of, “deliberate and distinct efforts across stakeholders from multiple sectors within a defined and typically local geographic area to make social and/or physical environments more conducive to older adults’ health, well-being, and ability to age in place and in the community” (Greenfield and Frantz 2016). There is significant concern for the long-term viability of these initiatives due to limited federal funding for community-based organizations supporting older adults in communities and broader preference for acute medical care within federal healthcare policy (Greenfield and Frantz 2016).

Toward an Aging Friendly Community

In the effort to create an aging-friendly community, stakeholders must consider the unique challenges and opportunities of later life, respond to the varied needs and capabilities of current older adults in addition to future aging cohorts, mirror available evidence regarding the kinds of physical and social environmental modifications that are likely to promote the well-being of older adults and their communities, and also implement proven community change processes (Scharlach and Lehning 2016, 13). Age-friendly community change must also consider demographic and social trends that reflect the realities associated with an aging population while consulting with governments, community organizations, businesses, and private citizens of all ages (Scharlach and Lehning 2016, 13). It is essential to also incorporate older adults not only as service recipients, but also as partners of change (Scharlach and Lehning 2016, 13).

Building on the contributions of functional, phenomenological, and adaptational perspectives of successful aging, age-friendly community developers suggest an integrated model of aging grounded in six interrelated constructs: continuity, compensation, control, connection, contribution, and challenge (Scharlach and Lehning 2016, 23). Continuity involves

the preservation of a positive sense of self and subjective well-being which can involve maintaining interests and activities in concert with the typical challenges of aging (Scharlach and Lehning 2016, 23-24). Consistency suggests that life-satisfaction depends whether or not we are able to maintain as much consistency as possible between our past self and our current self with regard to the activities that we see as important to us historically and in the present (Scharlach and Lehning 2016, 24). Maintaining this consistency relies upon the physical and social environments that provide opportunities for older adults to enact the values and objectives that have facilitated their life decisions in the past (Scharlach and Lehning 2016, 24).

Compensation entails that functional impairments regardless of age are likely to disrupt our sense of continuity which prompts adaptations in one's self or within their environment (Scharlach and Lehning 2016, 24). Despite the likeliness for substantial age-related failures to occur in later life due to changing social, physiological, and environmental challenges, individuals will need to compensate for the inability to meet the necessary tasks required to satisfy their needs, desires, or self-construct (Scharlach and Lehning 2016, 24). To adapt successfully, individuals need adequate supports and accommodations to guarantee adequately satisfying the basic health and social needs of individuals with age-related disabilities (Scharlach and Lehning 2016, 24-25).

Similarly aligned with compensation, control is considered a primary human motivation and a central theme of development across the life cycle (Scharlach and Lehning 2016, 25). Contrary to viewing individuals as passive respondents to the limitations of later life, control theory posits that people will actively seek to change their environments and themselves in an effort to maximize goal achievement and minimize distress (Scharlach and Lehning 2016, 25). Control takes form in two ways. Primary control entails individuals seeking to modify the

external physical or social environment to achieve one's goals while secondary control typically involves internal psychological processes by which an individual will modify cognitions and emotions to maintain a positive self-esteem when faced with failures in primary control endeavors (Scharlach and Lehning 2016, 26).

A fourth construct is connection which details the importance of meaningful relationships as people age and its various positive impacts they can have on one's health and well-being (Scharlach and Lehning 2016, 26). Seniors typically seek to remain socially engaged even when faced with personal or contextual barriers exhibited by declines in mobility, health, and ageist or disablist norms that contribute to social isolation through internalized feelings of inadequacy and invisibility (Scharlach and Lehning 2016, 26). Depending on how an older individual believes their future time is limited, they are increasingly likely to manage their time and energy to maximize positive interactions with familiar interpersonal contacts as opposed to risking potentially new contacts or information (Scharlach and Lehning 2016, 27).

Contribution is a fifth construct that describes the importance of prosocial activities whether it is through helping others or contributing to communal well-being (Scharlach and Lehning 2016, 27). Retirement and later years bring fewer opportunities to engage in activities recognized to have value on behalf of existing social structures which burdens individuals with the task to find meaning and a sense of self-efficacy through informal contributions (Scharlach and Lehning 2016, 27). Contributing to others through formal or informal arrangements has shown to provide a variety of potentially positive implications for health and well-being in later life whereas receiving help from others has shown not to be associated with any mortality benefits (Scharlach and Lehning 2016, 27). Helping others can promote a sense of mastery,

personal control, self-efficacy, physical and cognitive stimulation, enhanced social bonds, and evoke social approval (Scharlach and Lehning 2016, 28).

Lastly, challenge relates to the process of adaptation and growth throughout the life-course despite potential alterations of the process as one ages (Scharlach and Lehning 2016, 28). Within the process of stress conditioning, manageable challenges can promote positive compensatory responses that improves an organism's ability to adapt constructively when faced with more intense stressors in the future (Scharlach and Lehning 2016, 28). Existing social and physical environments are typically unsupportive of older adults as they lack the ability to provide optimal levels of stimulation which either limits the amount of constructive adaptation or that they are so undemanding that they induce excessive levels of dependency and learned helplessness (Scharlach and Lehning 2016, 28).

Aging in Community Models

One of the better known models supporting age-friendly community initiatives are called naturally occurring retirement community supportive service programs which seek to provide support at the community level through a variety of partnerships including older adults, service providers, building owners and managers, and local government officials (Greenfield and Frantz 2016). Defined within a geographic area, NORCs are similar to HM in that they typically will engage older adults alongside staff as contributors to the initiative through volunteerism and participation in governance structures to offer direct service delivery, information and referral, and group activities (Greenfield and Frantz 2016). Additionally, NORCs utilize formal and informal forms of support which consist of neighbors and organizational staff (Greenfield 2015). Previous attention to the topic of neighbors as forms of support discuss the possibility as a less

likely option due to older adults frequently remaining within their homes as opposed to engaging with the broader community in part due to lacking mobility (Greenfield 2015).

NORCs are often discussed as unplanned communities within political boundaries such as a Census tract, city, or county with higher concentrations of older adults compared with their neighboring communities (Rivera et al. 2014). Specifically, NORCs are identified under Title IV of the Older Americans Act as having 40 percent of the heads of households being older individuals (Rivera et al. 2014). The federal definition of NORCs under the Older Americans Act may not always be useful in identifying HM being that it is a planned intergenerational community despite current age distribution demographics meeting criteria for its definition.

The majority of NORC programs operate by requiring membership dues, user fees, private foundations, local government funds, and fundraising (Greenfield and Frantz 2016). In one qualitative study conducting telephone interviews of 62 NORC program organizational leaders seeking to identify barriers to long-term sustainability, common themes considering long-term viability consisted of the importance of programs and services attracting participants, having the appropriate staff, bringing in sufficient financial resources, developing meaningful interorganizational partnerships, engaging volunteers, the importance of older adult's use of services to obtain future resources, being responsive to the community, and including older adults in the programing as volunteers and advocates (Greenfield and Frantz 2016).

Since 1994, Hope Meadows is the first model of its kind which has evolved into a national model. Further replication sites (Generation of Hope Communities or GHCs) are guided by the Generations of Hope Development Corporation established in 2006 with support from the W.K. Kellogg Foundation (Eheart et al. 2009). At each site, the distinguishing characteristic is the strategy which uses Intergenerational Community as Intervention (ICI) within an

intentionally created, geographically contiguous intergenerational neighborhood, where a portion of residents face a specific challenge that is addressed by the entire community (Eheart et al. 2009).

Inspired by HM, the Treehouse Community is located in western Massachusetts and was established in 2006 (Dolan and Grotevant 2014). Dedicated to moving children out of the foster care system into permanent supportive families, the Treehouse Community provides 12 townhouses for families and 48 one-bedroom cottages for those 55 and older (Dolan and Grotevant 2014). The program focus operates similarly to how HM once had and is overseen by the Treehouse Foundation as its parent organization that includes a 12-member Board of Directors that incorporates a foster/adoptive parent and senior member of the community (Dolan and Grotevant 2014). The Treehouse Foundation is partnered with Beacon Communities LLC and Berkshire Children and Families which play different roles in the community (Dolan and Grotevant 2014). Beacon Properties manages the day-to-day housing operations while Berkshire Children and Families provides adoption and foster care services with two Family Support Coordinators which the company employs itself (Dolan and Grotevant 2014). Treehouse staff includes a few part-time employees such as an education advocate and youth leadership coordinator while also depending on various volunteers to support community objectives (Dolan and Grotevant 2014).

Dolan and Grotevant (2014) conducted interviews within the community to understand the strengths and challenges among its residents and staff over the course of its first six years of operation. Treehouse claims its success as a result of none of the children living in the community have since dropped out of school, been arrested, returned to state care, or have been burdened by teen pregnancy (Dolan and Grotevant 2014). The needs of the community are met

by Treehouse staff who work as a team to address the community's ever-evolving needs which is acknowledged by both parents and elders alike (Dolan and Grotevant 2014). In addition, seniors reported that they found meaning and fulfillment in their lives while families that participated in an optional program called "teaming" which allows other community members to support foster families found it to have a positive impact (Dolan and Grotevant 2014).

Similar to HM, Treehouse also has its challenges. Dolan and Grotevant (2014) report that some of the elders have physical or mental health challenges which limits their ability to support families and there is no full-time staff member available to address those needs as they progress. Both elders and families reported a need for a full-time staff member to address the growing needs of an aging population within their community (Dolan and Grotevant 2014). Additionally, participants in the research also reported there was a challenge with how often and to what degree residents should volunteer on behalf of the community for elders and families (Dolan and Grotevant 2014). Residents varied on how often they participated where some were largely invisible within the program while others were observed to be overworked (Dolan and Grotevant 2014).

Social Integration in Later Life

One of the many goals at HM is to cultivate intergenerational relationships by encouraging all age groups to engage with one another in the social and organizational aspects of the community functions. This may vary from older adults assisting in cooking or cleaning of a potluck gathering where all members of the community are invited to young children fielding drink orders of the same event. A variety of communal events are often planned by the staff at HM which delegate and recruit volunteers to fulfill necessary roles for planning, implementing,

and engaging in planned activities. Holding the title of being a volunteer in the community is synonymous with being a resident which leads to many intentional activities involving social integration. The ways which older adults relate to other individuals, their community, and society more broadly varies by individual which creates a complex social network despite the shared affiliation of the community.

It is common for adults to accumulate strong social ties throughout adulthood which may consist of spousal relationships, family, children, and close friends which comprise the essence of their social network (Rook and Charles 2017). This trend is supported by socioemotional selectivity theory which posits that rates of interactions among acquaintances decrease from early adulthood on, however interactions with significant relationships increase (Carstensen 1992). Additionally, older adults are more likely to experience an increase in links between preceding and following generations called the verticalization of the family system (Quadagno 2018, 169). These social networks help to promote a quality of life but are often variable to the changing social roles and shifts in health needs (Rook and Charles 2017). Another benefit that comes with old age is that relationships, while fewer in numbers, are reported to be more meaningful and enjoyable when compared to younger people's social networks (Rook and Charles 2017). Enjoyable social networks are correlated with a range of physiological processes and health outcomes including, cardiovascular and immunological functioning, chronic illness and onset of its progression, and mortality (Rook and Charles 2017).

Having a close social network in old age is important for multiple reasons outside of its proven benefits. It is believed that older adults that have less of a support group are up to three times more likely to be victims of abuse (Roberto 2016). Having a social network is not always a good thing if the older person's social network is negative or ambivalent. Research shows that

negative or ambivalent relationships have the capacity to accelerate the aging process in addition to multiple mental and physical health outcomes (Rook and Charles 2017). According to the theoretical model of strength and vulnerability integration posits that when an elderly person is unable to avoid a distressful situation within their social network, they are more likely to have increased detriments to physical and mental well-being (Rook and Charles 2017). These relationships can have especially concerning outcomes if it leads to consistent psychological and emotional abuse.

Several analysts have argued that our society is in the process of civic disengagement where volunteering, social trust, and association membership are on the decline (Pillemer et al. 2000, 20). At its core, HM seeks to combat this disengagement process by building an intentional community where residents actively volunteer alongside one another requiring trust between fellow neighborhood residents and staff to achieve the level of support offered by the non-profit. While this support structure may benefit all age groups within the community, particular focus on segregation of older adults has become both a scientific and public concern in recent decades (Pillemer et al. 2000, 21). Key debates dating back to the 1960's centered on social isolation of older adults where the development of theoretical perspectives were established such as disengagement theory which begins with the observation that the elderly withdraw from social roles (Pillemer et al. 2000, 21). Cumming and Henry (1961) argued that disengagement theory posits that older adults begin to disengage before it is absolutely necessary where they interact with fewer people and their social roles become less vital to society more broadly (Pillemer et al. 2000, 21-22). While many supported this notion, others argued that the theory overlooked a large portion of the elderly population's experience whereas many remained actively engaged in a variety of ways.

The spousal relationships that older adults have in old age are an essential component to living a fruitful life in old age, however they are not the sole buffer from social isolation for many. In identifying the best scenarios for the elderly to grow old, research has often discussed the composition of neighborhoods relating to socioeconomic status and race/ethnic composition as it relates to the health and well-being of its older adult residents (Moorman, Stokes, and Morelock 2016). Other research studying neighborhoods age-composition has resulted in the development of age integration theory which suggests that institutional, cultural, and spatial factors integrate or segregate people across age groups whereas poor health and well-being are the consequences of lacking intergenerational contact for people across the life-span (Moorman et al. 2016).

As a result of people living longer, there is an imbalance between the accumulating numbers of older adults and structural change otherwise known as structural lag (Riley and Riley 1994). Essentially, meaningful role opportunities or places in the social structure that acknowledge and foster those roles are at an imbalance with the number of older people entering later life stages as well as society overall (Riley and Riley 1994). While there have been notable changes in the way we care for the frail and disabled elderly, meaningful and institutionalized role opportunities for the able-bodied elderly have struggled to keep up (Riley and Riley 1994). Riley and Riley (1994) argue that the reasons for structural lag is directly associated with the common-place age-differentiated society which suggests that societal roles are divided into retirement or leisure for older people, work roles for the middle-aged, and educational roles for the young (Riley and Riley 1994). Additionally, they suggest that this age structure can be seen as non-functioning remains of the past when most people passed away prior to retirement or when their last child left home (Riley and Riley 1994). This idealized structural type is

reinforced by ageist assumptions made about age groups historically and assigns value to different ages (Riley and Riley 1994). The value placed among differentiated age-groups is appropriate for societies where paid work and material success are of the highest value whereas the mistaken belief that old age limits the ability to maintain that status is commonplace (Riley and Riley 1994).

The age-differentiated society contrasts with an age-integrated society which allows for all role opportunities in education, work, and leisure for people of all ages within reason of the limitations of a given individual's biology (Riley and Riley 1994). An age-integrated society provides a balance between leisure and various meaningful role opportunities for people of all ages such that it would appear uncommon to have older adults pursue an undergraduate degree or younger persons able to enjoy a period of leisure in between roles (Riley and Riley 1994). Ideally, the age-integrated structure would reconstruct the life-course and the various timetables that we associate with chronological age groups which would lead to a broader economic base to support the minority of older people who are frail and needy (Riley and Riley 1994). Both of these ideal types of age structure in society are heuristic devices to aid our reflective understanding of reality of the recent past and consideration for future directions whereas they may never exist in reality, but are venerated choices from it (Riley and Riley 1994).

Volunteering

Between the period of 1997 and 2006, 139,680 volunteer hours had been reported performing 6,000 different activities in the Intergenerational Community Center located in the center of the community (Eheart et al. 2009). It's reasonable to observe from this statistic that

residents at HM kept busy in many ways within this time period. Historically, volunteering at HM has been a central focus for its program. It served as a vehicle by which residents felt supported by one another while also finding purpose by serving others within the HM community. As suggested earlier, volunteering was an expectation that went so far as being included in the lease if one chose to live within the HM community. There no longer exists a formal process in associating a volunteer component to living at HM. This was illustrated by the Director who informed a new couple to the HM community in May 2019 at the office that, “The volunteer component is up in the air” during a lease signing. Historically, the nature of volunteering at HM had become synonymous with being a resident and therefore may have attached a financial contingency thereby motivating individuals to participate in activities in addition to other factors as well. Although much has changed regarding who received what kind of financial incentive and how much, it’s just as important to further explore the meaning of volunteering according to other literature.

Volunteering is most easily described as any activity in which time is given freely to benefit other persons, groups, or organizations (Wilson 2000). Volunteerism is typically assumed to be more formalized and public which entails some commitment of time and effort (Wilson 2000). HM residents historically committed to six hours a week of volunteering within the community providing various goods and services to both residents and the organization in different ways for as long as they remained bound to a lease. Consistent with Scharlach and Lehning’s (2016) discussion of the importance of contribution in later life, previous research on HM suggests that the seniors identify more as givers rather than recipients of service (Eheart et al. 2009). Residents at HM likely were motivated to volunteer for a variety of different reasons and may have been influenced by material gains not obtained through working with foster

families. For instance, it was expected of the seniors to volunteer regularly which was ensured by offering physical and material support through reduced rent, modified housing, and property maintenance as an exchange for their volunteer commitment (Eheart et al. 2009). More material incentives may not be the sole motivating factor for seniors to volunteer with a community like HM however.

Reduced rent, modified housing, and property maintenance may be valued among individuals in different ways. Wilson (2000) states that the relation between values and volunteering is weak and inconsistent. He goes on to rationalize that volunteering takes many forms and are inspired by different sets of values (Wilson 2000). He further posits that different groups of people attach different values to the same volunteer work such as how differing religious beliefs would influence how a given congregation approaches missionary work (Wilson 2000). Lastly, he reasons that values mean less in helping determine who volunteers than in deciding what volunteering means to the people who do (Wilson 2000). For example, certain religious groups may focus more on the sacrifice made in engaging in volunteer work while others may view it as an opportunity for self-improvement (Wilson 2000).

In terms of placing value over priorities at HM, the Director expressed that he could not justify hiring a full-time volunteer coordinator to manage activities within the community given the organization's financial constraints. This makes sense given his duty to ensure that the organization sustains itself financially. From his point of view, providing time and money to a volunteer program at HM using the organization's budget had little to no financial return to keep the business operational. This aligns with exchange theory in sociology, which actors will not commit to providing goods and services unless they receive some sort of benefit or profit as a result of the exchange (Wilson 2000).

The same logic could also help explain how volunteers choose to commit to certain volunteer activities. For instance, volunteers are more likely to commit to a volunteer role if they have a direct stake in the work that gets done (Wilson 2000). Additionally, many volunteer in anticipation that they may need help themselves or that they have already received help but would like to give back (Wilson 2000). Also, volunteers are often open to receiving rewards such as recognition for their efforts and are more likely to disengage from their volunteer work if they do not receive such (Wilson 2000). Perhaps more relevant to the context of HM, volunteering offers solidary benefits such as socializing with staff, other volunteers, and individuals whom they form emotional connections with (Wilson 2000). In sum, these are a few rationalizations for why different individuals may choose to volunteer. Critics of Exchange Theorists who seek to apply it to volunteerism argue that it is limited by the fact that people think of themselves as the type of person who helps regardless of whether they receive anything in return (Wilson 2000). Lastly, individuals make their own assessment of whether to engage in volunteer work based upon their environments and then decide on a course of action in the context of formal and informal networks that are communicative of feelings of group solidarity (Wilson 2000).

Accounting for individuals' demographic characteristics, research suggests that volunteering in low-income central city neighborhoods is significantly lower than elsewhere because respondents felt unsafe doing so (Wilson 2000). Additionally, respondents often stated that they did not volunteer because neighboring relations are weaker and that they knew fewer people on the block (Wilson 2000). Although there is no consistent research on neighborhood effects on volunteering, other studies demonstrate that volunteers in healthy neighborhoods are more likely to be encouraged by activism while others in deteriorating neighborhoods seemed to spur activism (Wilson 2000). Lastly, those who live in small towns and volunteer emphasize

benefits of solidarity as well as norms of reciprocity while suburbanites emphasize self-development (Wilson 2000).

In discussing commitment as it pertains to volunteering, Wilson (2000) explains that commitment can be explained as either an attachment to the volunteer role over time or as commitment to an organization or task. It is not uncommon for volunteer organizations to experience burnout or turnover among their volunteers. If there is any disconnection between the volunteer's motives for volunteering and the work assigned, then it is likely that their commitment will be weakened (Wilson 2000). Additionally, those who do drop out of their volunteer roles are more likely to say that their efforts went unrecognized, their skills and interests were not adequately matched to the volunteer task, or that they had not been given enough autonomy or freedom to assist those they wish to serve (Wilson 2000). A better understanding of commitment as it pertains to the HM model is essential for leadership to evaluate their commitment to those who commit to living as both a resident and a volunteer for the organization if the volunteer program is desired to be sustained.

A healthy volunteer program can serve to benefit in multiple ways. Longitudinal research exploring the benefits of volunteering suggests that volunteers subsequently enjoy improved physical health in old age, achieve higher levels of functional ability, and are at lower risk of mortality (Wilson 2000). These benefits are mostly subject to those who volunteer in moderation and for those who are already in good health (Wilson 2000). In addition, there is a significant positive relation between volunteering and life satisfaction among elderly individuals even after controlling for socioeconomic status and physical health (Wilson 2000). Ultimately, volunteering has its proven benefits. This is especially true for elderly individuals and provides a reason for

leadership at HM to actively seek to sustain its volunteer program if they can locate the resources to do so.

With all things considered, the challenges and benefits addressed throughout the literature review are clearly relevant for HMs which serves as a microcosm to other similar communities and community-based organizations that may also benefit from the focus of this research study. Prior research has discussed the challenges that older adults may face with successfully remaining integrated into their communities, accessing affordable and appropriate forms of care, and maintaining meaningful roles that may often be found through volunteer opportunities. Consequently and specific to the HM community, the central research question of this study asks, “What are the perceived challenges of continued engagement with the volunteer program as an older adult?” Secondary to this, “to what extent do older adults perceive the neighborhood support structure as an asset to meeting the needs of an aging population?” And finally, “to what extent would older residents welcome support provided by their neighbors as opposed to services offered through home care?” This final question assumes that there would be an available staff member to coordinate and manage the needs of the community through the volunteer program.

Methods

Approach and Rationale

As a community resident and student, I had the chance to build relationships and rapport with the residents by fully integrating myself while still respecting my own needs for leading a private life. This circumstance offered the opportunity for me to collect a convenience sample of residents to be interviewed in an effort to integrate their voices in this research. Informants were chosen based upon their longevity at HM and whether they were at least 55 or older. I did not

include residents younger than 55 because the organization does not classify “seniors” as anyone younger than 55.

By taking a qualitative approach, the identified needs and perceptions of the community are explored in depth since the lived experiences of the community are specific to the program’s development. In the process of my research I was able to collect data describing how older residents construct, negotiate, and maintain their roles within the community as it relates to program management over various periods of time, to evaluate advantages and challenges associated with building healthy relationships between staff and other residents, and to analyze the evolution of the overall mission through time using White Papers published through the Generations of Hope Development Corporation as well as academic papers published in the *Journal of Intergenerational Relationships*, and *Children and Youth Services Review*. Additionally, I also used a news article published by Ina Jaffe (2015) in NPR news along with internal organizational documents. This included a 1996 Director’s Report given to me by Brenda Eheart at an informal meeting I had with her while she visited a friend of hers who lived at HM back in the Fall of 2018. Lastly, I also referenced data provided from property maps which outline age groups by household as well as which units are sitting vacant along with an Intern Handbook which outlined existing staff in 2013 prior to the organization’s cancellation of its DCFS license. Subsequently, by interviewing in addition to maintaining semi-regular field notes, I prioritized allowing residents to tell their story by providing personal narratives reflecting lived experiences.

The research outcome takes into consideration a dual focus split between my own academic interests as well as those requested on behalf of the Director to inform the conclusions of this case study. The service role interest takes into account the desires of the Executive

Director here at HM in that he would like to improve upon policies that benefit the non-profit's evolving mission, however the academic research is also concerned with exploring how to maintain meaningful volunteer opportunities appropriate for elderly residents in an devolving volunteer program, relationships between neighbors and staff that either sustain or constrain programs, and informal forms of neighborly support as a way to allow older adults to age in place. My academic interests seek to understand the challenges older adults are facing regarding their lived experiences at HM and how aging has impacted their abilities to sustain programs in the community's current context if at all. The service role interests consider the needs of the organization to improve the organization's capacity in sustaining financial resources while offering desirable services for those who live at HM.

The individual experiences included in this study may shape perceptions of volunteer roles and relationship dynamics. In addition, the time each resident has spent in the community influences his/her own understanding of the evolution of HM's programming since its inception in 1994. By eliciting the subjects' views of their worlds, their work roles, and the events that they have experienced or observed since their arrival to the community, this qualitative approach considers the various cultural lenses which people use to interpret situations that are often taken for granted in research (Rubin and Rubin 2012).

As an AmeriCorps fellow placed at HM, I had the unique opportunity to live and work within and among the community. This gave me the opportunity to take field notes that are both descriptive and reflective on a semi-regular basis to better document my own observations of the relational dynamics and perceived issues more broadly from staff and residents. The quality of these notes depended on my ability to describe and reflect upon a given observation without impeding daily distractions. Documented observations helped to inform the questions asked in

the interviews. The journal is organized by the date of observations and is in cryptic form where several prominent themes developed in relation to the broader investigation. These themes were used to help inform questions asked during the interviews conducted with residents but also allow for a more elaborative depiction of the community from my own point of view while incorporating the voices of those I came into contact in the observable settings at HM.

Specifically, I documented the Director's frustrations in his role. Since the Director was the only other full-time staff member aside from myself, much of these observations revolved around his perception of the workload and general attitudes he possessed in relation to working with community members. The Director had also spent more time with the community during its transitional stage away from being a licensed foster care agency having formerly served on the board and accepting the role as the Executive Director in that process. As a result, he had been exposed to many of the concerns community members have had early on.

I managed my field notes by carrying a small notebook with me if I were to attend meetings open to all residents in the community. If I knew there was an event planning committee of some kind for instance, I made sure to bring my notebook to take field notes. My observations focused on documenting perceived challenges of residents broadly speaking which included challenges with aging, level of support to age in place, level of support to sustain the volunteer program, attitudes of inter-generational relationships, and perceived power struggles between residents and staff. The field notes captured who I was observing, where, what activity took place, under what tone conversations were conducted, and when these interactions occurred in each documentation. I also maintained notes on my own reflections regarding my perception of the Director and the frustrations of my service role seeking to offer an understanding of a quasi-staff member mirroring the similar work that had been undertaken by the previous

Volunteer Coordinator and sometimes the current Executive Director. When I was not planning on taking field notes, I kept the journal in a locked filing cabinet in my office space which only I had the key to. Throughout this paper, I refer to staff members by their job title only and use fictitious names for residents to maintain confidentiality.

Service Role

As a part of my AmeriCorps fellowship, I had developed a work plan in agreement with the Executive Director of the organization to meet the needs outlined in the application to host a Stevenson Center Fellow from Illinois State University. Specifically, the application submitted by HM to the Stevenson Center requested that I would, "...serve as the point-person for the organization's strategic goals; specifically, assessing, identifying and addressing challenges inherent to aging, assessing and addressing communications challenges, and empowering residents to take ownership of community needs." My academic interests aligned with the organization's desire to "identify and address challenges inherent to aging" by allowing older adults to speak for themselves through interviews and semi-regular participant and non-participant observations. In attempt to address the rest of these expectations, I documented the processes and daily interactions in my journal at HM to identify challenges related to working in the office setting to the extent that my service role was established at HM. Many of these observations are documented as reflective to keep up with the often-inconsistent paces of the office environment. The outcome of maintaining field notes in this way identifies the challenges in communication and addressing the community's needs on behalf of residents and staff.

The research was included as a part of my service role at HM given the extensive amount of time anticipated to be spent among the community supporting and observing residents

engaged in their neighbor and volunteer roles. Much of what I documented in my field notes helped to clarify my understanding of how best to approach additional service role objectives. In addition to identifying operational and cultural issues, I was tasked with establishing partnerships with other organizations as well. I actively pursued potential collaborations with external resources that offered opportunities and solutions to enhance community health and development. I identified potential collaborations based on what residents and staff had informally determined to be valuable engagement opportunities while some were chosen from my understanding of aging and community development.

Over the course of my service year I coordinated with the Illini Fall Prevention Mobile Clinic to offer individualized fall risk assessments and recommendations for the 10 residents who signed up at the Intergenerational Center. Additionally, I coordinated a Facilitation Leadership Program in partnership with a U of I Extension Specialist, HM's Executive Director and Board Members, and residents to anonymously assess how stakeholders can improve operations, support one another, and inform community leaders of desired changes among various pre-determined questions set forth by staff to develop a Participatory Development Plan. Two sessions were held which engaged a total of 28 participants in brainstorming and prioritizing activities to build consensus among all who had attended. The Facilitation Leadership Program served as a series of team building activities while also achieving other service interests by evaluating community needs, improving communications, and encouraging residents to take ownership of the perceived community needs.

Primarily I helped coordinate volunteers to ensure various community projects were sustained and completed. This often meant communicating volunteer openings in the weekly community newsletter followed by subsequent direct phone calls to potential volunteer

candidates if someone were to be unavailable or backed out of their role entirely. It also required that I design volunteer roles in coordination with residents for any new project such as the work involved with operating an on-site HM food pantry. I was successful in establishing a residential food pantry through the Eastern Illinois Food Bank on site that allowed for expanded community control and access to a variety of foods and non-food products depending on what was available at the food bank. This project required orienting and training qualified and interested volunteers while I further developed the operation utilizing materials acquired at a partner agency conference hosted by Eastern Illinois Food Bank in May 2019. I additionally collected feedback from the HM community through daily interactions and surveys to ensure HM was compliant with standards set forth by Eastern Illinois Food Bank and public health.

Additionally, I worked with residents to organize community events that had come to be an expectation of many community members over the years including the annual Hope Meadows Holiday Party, Community Night Out, Black History Month Celebration, and the 25th Anniversary. By engaging and supporting residents in their various volunteer objectives, I observed and documented perceived challenges in effectively achieving a given outcome on behalf of both staff and residents. This was the primary method by which I had come to know members of the community aside from more informal interactions as neighbors, attending bi-weekly potlucks, and other community events planned by staff or residents. My observations within my service role allowed for a clearer understanding of the challenges associated with serving as a staff member as well as frustrations expressed by others in the office setting or within the community. The benefit to this dual role also allowed for semi-regular observations of the challenges residents face as well with their specific volunteer roles that I worked to support and facilitate.

Research Role Conflict

My dual role as a researcher and as a contracted staff member provided both benefits and challenges in conducting research with the community. Throughout my year, I constantly had been situated in conflicting roles where my duties as a researcher were at odds with my duties as a staff member. Although I was brought to HM as a result of the current Executive Director and a former Administrative Assistant, I often found that our interests did not always align regarding the older adults and their involvement at HM. Previous literature discussed by Pillemer (2000) advocates for the need to integrate seniors into their communities while providing meaningful roles. Being aware of and seeking to address some of these issues, my interests were at direct odds with the inner struggle that HM faces in its limited capacity. My desires as a researcher were to improve the lives of the seniors that lived at HM by discussing what works and what could be better in pursuit of improving what is left of the existing program while meeting any of their needs perceived to be unmet. Considering the changing needs of the older adults of the community required a careful balance for considering the capacity needs of the organization at the same time.

I was made aware early on that the Executive Director had a desire to restrict the decision-making abilities of residents at HM regarding the future direction of the organization as well as the overall expectation that volunteering should occur. On my first day of work in August 2018, I spoke with Leonard who was volunteering as an office secretary that day at the desk situated next to mine. In our conversation I asked him what I might expect out of the coming year. He cautioned that the Executive Director is a micro-manger. This sentiment of an existing power struggle turned out to be a common theme throughout the year where certain residents

wanted to get involved in ways that they had become accustomed to over the years but felt that they were being restricted for reasons they did not quite understand.

Part of the Director's frustration is how he feels volunteers "create more work for staff." It was often the case where a staff member needed to be available to have someone troubleshoot issues which presented themselves from a lack of not knowing the procedures for an identified volunteer role. In most cases, these challenges occurred surrounding the use of technology such as operating the office printer which residents somewhat frequently jammed when using it to print or make copies of personal documents. Although a cheat sheet was provided to office volunteers on how to operate the somewhat complicated phone system, staff would often have to help residents make phone calls and transfer calls internally. On some occasions, I had to remind certain office volunteers what the log-in password and username was to get them into the desktop made available to them. On one occasion, I was called into the volunteer's office space to troubleshoot and run a virus scan since that resident had opened a link on their computer that had prevented any further navigation within their browser through constant pop-ups. These instances did not occur daily and largely varied by individual, however they happened regularly enough to be viewed as a burden for any full-time staff member working in the office without the responsibility of managing volunteers.

With minimal staff, it was often the case that residents went to the Director for concerns, comments, and questions about their volunteer roles given that the volunteer coordinator had been laid off. An example of the reluctant embrace of involving staff with volunteering from the Director unfolded during a staff meeting on 2/5/19. Prior to this meeting, I had discovered a bed bug at the office and presented it to the Director suggesting that the office needed to get treated professionally. Although he was initially concerned about this finding and somewhat frustrated,

he placed the blame on the office volunteers for bringing bed bugs into the office with mention of one volunteer who has been known to have a rather cluttered living arrangement at home. Although he was initially frustrated, his mood quickly changed as if he had the perfect solution. He excitedly suggested that, “Maybe we can use this as an opportunity to keep the office volunteers out of the office?” I hesitantly suggested that perhaps we should have a meeting with staff to get on the same page and later with residents. He agreed and assigned me with the task of coordinating a time with the group of office volunteers to discuss what became their indefinite layoff.

I eventually was able to set a definite time and place where the seven office volunteers could meet. Our staff meeting took place before the volunteer meeting so that we could discuss how it would play out. The Director and the Administrative Assistant had gathered materials and information about bed bugs which we agreed would be the central talking point of the conversation. Residents were not to be allowed in the office for a few weeks during treatment and for the foreseeable future as volunteers. The estimated time frame needed to ensure the office was bed bug free was discussed to be exaggerated by the Director a few weeks beyond the actual estimation to keep residents out for longer. I then raised concern for how we will handle displacing their volunteer roles which some have discussed as beneficial to their well-being. The Administrative Assistant discussed how some residents felt that the organization did not value volunteering when the Director mockingly stated that, “I don’t honestly know if I can say we value volunteering here at HM.” He went on to rationalize this sentiment by discussing the frustrations he has with seniors trying to help in their well-intended roles but end up needing more help to achieve their objectives. In his frustration, he discussed how he “lacks empathy” feeling as though volunteers don’t understand the work that is needed on his behalf to maintain

steady guidance in various volunteer opportunities. I was regularly a witness to the Director's lack of empathy such as how often he described the residents as "constant interferences" who "can't seem to do anything right" or other patronizing behaviors including mocking an office volunteer for not being able to hear well.

Overall, indefinitely laying off the office volunteers was a win to him that he very much looked forward to. The meeting with office volunteers took place at IGC1 where most residents showed up except for one who we later found out had forgotten about the meeting. We sat around in a circular table format where the Director proceeded to inform the residents that they had indefinitely been laid off from their office volunteer roles citing that they would be exposing themselves to bed bugs and that "we need to minimize exposure." He handed out resources on how to check homes for bed bugs and requested that if they were to find any that they should inform us immediately and that we would get it treated. One resident, Julie was prompt to raise a question after the Director was finished by asking, "How flexible can you be with meeting hours?" The director responded, "Very flexible. When I started here as Executive Director, people were complaining about not having enough people participating in the after-school program. Thanks to those who kept it going and thanks to Derek for starting the food bank as an opportunity to get volunteer hours." Ultimately, this meeting illustrated the unwilling nature of the Director to be transparent regarding the organization's needs in terms of prioritizing sustainable funding opportunities over managing the volunteer work that was often time consuming. The Director also was lacking buy-in with regard to the volunteer expectation as suggested by his questioning its value and ensuring Julie that we would be flexible with her if she cannot meet the typical six hour a week obligation. Lastly, it also adds to the common theme

of lacking participation in certain areas of the program with a simultaneous desire for added volunteer opportunities that are meaningful.

To reiterate, my service role varied in my efforts to add or build upon existing volunteer opportunities in a way that would not require staff intervention or guidance. I worked to develop modes of communication between leadership and residents and organize discussions in tangible documents that were shared among every participant and interested party. Although closely related to my academic interests, I also networked with external organizations to bring public awareness seminars to the seniors that may benefit from their services as well as bring awareness to the potential needs at HM. I worked to design documents to outline necessary procedures related to event planning, designed surveys to measure existing services, and volunteer opportunity descriptions to better organize expectations and improve communications internally. These efforts were directed on behalf of the Director to make staff's role more manageable. This often meant that my service role duties were efforts made to limit the extent by which staff engaged residents more so than they were used to and sought to empower residents with the information necessary to manage programs on their own. This was in direct conflict of what was desired by some residents that will be discussed later in the paper.

My service role often meant observing and facilitating committees for event planning, managing small groups of volunteers handling Panera Bread donations, acquiring goods from the Eastern Illinois Food Bank, and frequently fielding maintenance requests throughout the 22-acre property. ⁱⁱ Most service role objectives were once handled by the former Volunteer Coordinator prior to being laid off. These expectations were then handled by the current Director in between the hiring of the Administrative Assistant and then my position. This policy as well as others were discussed within the first month of my service year between my AmeriCorps supervisor

through the Stevenson Center at an AmeriCorps orientation held at HM with the Director and me in attendance as well. Paperwork had also been provided to both the Director and me which outlined what the AmeriCorps restrictions are. Despite these discussions, there was constant tension throughout the year regarding what was expected of me. I found myself in several negotiations with the Director about what my purpose was throughout the year. I was regularly torn between trying to be as helpful as possible with the day to day business and managing my own capacity building projects. At the outset, I was often left alone to manage the office setting which led to my needing to intercept maintenance requests, providing property information to interested resident applicants, and general questions the community may have had regarding upcoming events or requests for booking the model home. I ultimately justified my involvement as the office secretary and quasi-administrative assistant as a part of my research assuming the role of a staff member as to better understand the challenges they face. This was justified to build a well-rounded perspective that was not completely one-sided. However, this was an objective set forth by the Director's interests in seeking my opinion on whether I would determine the need for a paid staff member to manage the volunteers and their respective programs.

Between my academic and services role interests, this paper offers strategic recommendations on how to engage senior volunteers, develop necessary community policies to sustain operations, and implement sustainable support structures for an aging population at HM using the data collected in my academic and service roles at HM. More broadly, this research offers insight to illuminate some of the broader challenges that models such as the NORC Supportive Service Program as well as an aging society may face in providing purpose through civic engagement and how similar approaches can maintain these challenges.

Observed Themes

Most of my efforts to document observations were related to the perceived challenges that older residents encountered living and volunteering at HM. I also focused on the challenges that staff faced to maintain a somewhat balanced understanding of the internal challenges experienced at HM. My placement at the downstairs office desk meant that I was immediately exposed to anyone and everyone who walked through either the East or West entrance to the office. This made for easy transitions to my journal when traffic became heavy or I needed to reflect on a given observation while it was still fresh in my mind. While this proved to be beneficial in my collection of field note observations, it also compromised my ability to remain focused in other service role tasks. My desk sat in front of a large set of windows that did not have any blinds which allowed for anyone walking by to see if I was in. The office was a busy place that has been referred to by the Director as the community's "Town Hall." By this he describes the office setting as a social place for residents but also a place for community members to find something to do or ask for staff assistance for a variety of circumstances. He had expressed his desire for residents to "come to the office to do things, not for something to do" at a community Facilitation Leadership meeting held in March in coordination with the University of Illinois Extension's Community and Economic Development Department. It did not take long for me to mirror some of the same frustrations which I documented in my field notes.

On 12/27/18 I reflected in frustration questioning whether I was being taken advantage of by the Director and the residents with my desk location placed in such a busy area. On this day I had asked for the Director's approval in letting me work from home at least certain days of the week. When asked what my reasons were, I explained that the constant disruptions in the office

were limiting me from getting my work done. According to the Director, this was not an infrequent occurrence which had been the norm in that setting despite his protest.ⁱⁱⁱ In sum, residents typically went straight to the Director for anything housing or programmatic related which may be a result of a lacking bureaucratic staffing structure which informants also described as a challenge in the interviews.

Despite the readily apparent time and attention management challenges a staff member may face in the office setting, I gained much of my insight of what to explore in my research as a result of my discussions held with residents as a result of my location. Seniors who volunteered in some capacity at the office and with other community opportunities were accustomed to stopping into the office for guidance in their designated volunteer roles. I could tell that many of the residents I interacted with had once taken great pride in their work. My encounters with an older office volunteer named Leonard in the office initially centered around getting to know one another. Over time, we also discussed what the community used to look like in relation to who lived and worked there as I was curious to how things have changed. At the outset, I learned of concerns residents had of staff reductions that had been brought to my attention periodically and was first discussed with Leonard my first workday on 8/20/18. Referring to the current Executive Director, Leonard mentioned that, “One man can’t run this whole place” and that certain administrative tasks and responsibilities have become the responsibility of the resident volunteers as a result of staff reductions in 2014. At the end of our discussion, Leonard handed me a business card with his name and number along with the title of “surrogate grandparent.” It was clear to me that the surrogate grandparent role had meant a lot to him and others in the community as my time at HM continued.

When I was not documenting field notes from the office, I also attended other events open to the community and was prepared to take notes. For example, I attended a community potluck on 9/7/18 where three seniors showed up to enjoy the brownies and cheese bread provided by Marie who regularly baked goodies for these kinds of events at the shared intergenerational center. At this potluck, I was introduced to what would become two consistent themes over time. All who attended had been involved in the education system in one way or another previously and unanimously agreed that the after-school program that once took place was more effective when staff were involved.

One gentleman, Jerome, stressed that with staff reductions the need to collaborate between staff, surrogate grandparents, parents, and schools fell apart while overall community interest dwindled as did the numbers of children residing in the community. From this sentiment, the conversation directed itself toward the previous tensions that existed between the foster parents and surrogate grandparents. Another female resident, Darby, discussed how she heard that those involved with the tutoring program were occasionally disrespected by the children and their parents often ignored the complaints they made in this regard. Jerome mentioned that there was a meeting held between parents and surrogate grandparents to discuss feelings of dissatisfaction, but no one stepped up to discuss any perceived issues because “no one wanted to hurt each other’s feelings.” These reflections illustrate that while a portion of the community held high regard for the intergenerational engagement opportunities that used to take place on a regular basis, there were still challenges in the way different residents related to one another within the volunteer program given their defined roles within the community. It also illustrates residents’ desire for 100% community buy-in for programming to be sustained.

Recruitment

Although HM does not keep a formal data base including resident information such as age, race, or household income, I had been made aware of certain demographic data by living and working within the community. Residents often disclosed their age in cases where they justified their struggles with activities of daily living at HM or referenced their neighbors age in an effort to describe the uneven distribution of older adults over the age of 65 compared to those closer to the age of 55. I relied heavily on the Executive Director's knowledge of the community since he had been working with the residents at HM for several years prior to my arrival.

I was unsuccessful in my efforts to recruit residents who were both approximately the age of 55 and engaged with the volunteer program to the extent that other residents who had been interviewed were. Ultimately, there were no residents at HM who fit the criteria used to determine who qualified as a desirable interviewee. As a result, informants consisted of a relatively older convenience sample of individuals who were ages 70 and older *and* have lived in the community at least 5 years in total. Each resident was chosen to participate if they had been involved with the volunteer program through participation in events held throughout the year or by logging their volunteer hours. This was in attempt to give voice to active participants in the program given the social setting which delegates different spheres of responsibility and limited entries into specific social activities that would have an impact on the available roles for individuals and the perceived quality of those roles within HM (Sprague 2016, 147). This unfortunately limits the research to a specific age group of elders that are older and does not consider the perspectives of younger elders who may have different challenges with the volunteer program.

I had access to a directory with every current resident's contact information from which I made phone calls to discuss the research with potential informants and recruited those interested to participate in interviews. A total of nine interviews were completed which lasted 60 minutes on average. Most interviews took place in the homes of residents to ensure privacy. However, two interviews were conducted after hours behind locked doors between the office and at IGC2. A table is provided below to offer a general understanding of the informants who participated in the interviews:

Jolene	Age: 84	Longevity: 13 Years
Julie	Age: 78	Longevity: 10 Years
Jerome	Age: 87	Longevity: 5 Years
Leonard	Age: 75	Longevity: 10 Years
Barb	Age: 88	Longevity: 14 Years
Angie	Age: 80	Longevity: 20 Years
Flo	Age: 86	Longevity: 25 Years
Donna	Age: 90	Longevity: 17 Years
Marie	Age: 70	Longevity: 15 Years

The characteristics listed in the table above have been slightly disguised to protect the identities of the informants who participated in the interviews in addition to codifying their names. It is suggested by Berg (2009) to avoid keeping identifying records any longer than what is necessary and the records were kept and managed in a personal password protected computer until each transcription had been analyzed. Confidentiality has been kept by assigning

pseudonyms to individuals as well as construing age, gender, and/or time spent living within the community.

Keeping the identity of the participants confidential was a priority to avoid possible tension between residents and staff. Following the advice of Berg (2009), digital audio recordings and transcriptions will be deleted from my personal laptop and cell phone upon closure of this study. Tangible copies of the signed informed consent form were given to those who participated in the study which was read aloud with the intention of verifying their understanding of the research as well as the potential risks and benefits involved.

Interview Procedure

Time is an important contextual variable that often dictates how we perceive the social world around us individually and collectively. Researchers produce results that provide a snapshot in time and are subject to revision. How people and researchers experience and interpret the social world depends on their own epistemological understanding of knowledge as it relates to the circumstances that have allowed for its development within a given context (Sprague 2016, 5). A common trend in research is that scholars tend to approach social problems as individual rather than the outcome of social context (Sprague 2016, 12).

The interviews were semi-structured to allow for flexibility in the wording of questions, making clarifications, and adding or omitting probes to contribute to the discussion (Berg 2009). I began the interviews by asking informants to describe the appeal of HM broadly to avoid threatening preliminary questions. I narrowed my questions from discussing their perceptions of what the community has meant to them over the years to addressing the processes by which those invested in the volunteer program give and receive support from one another. Informants

were asked to describe their relationships to their neighbors and the ways they both give and receive support from one another. They were also asked questions about what activities they have found to be the most meaningful and whether perceived changes to the volunteer program as they age is seen as a positive or negative change as it relates to finding meaning and receiving adequate support.

Following each interview, verbatim transcripts were completed. Each transcript was analyzed using in axial coding along with general notes on tones, comparative themes aligned with field note observations, and trends specific to the transcript. Choosing to use axial coding allowed me to answer questions such as who, when, where, how, why, and with what consequences (Charmaz 2006, 61). In sum, axial coding aims to connect categories to subcategories and explores any potential relations among them (Charmaz 2006, 61). Theme memos were created at the end of the initial coding process to summarize and categorize common themes or dissimilarities. The format of the transcriptions ended up resembling a play-script. This research utilized grounded theory coding that consisted of two main phases: 1) an initial phase involving line by line segments of the data followed by 2) a selective phase pulling together the more relevant and frequent codes to synthesize the data gathered (Charmaz 2006, 46). The first phase focused on identifying text closely grounded in the words and phrases expressed by informants to illuminate various units of meaning. The second phase further grouped various labels and meanings together to fit a broader narrative. Once theme memos were constructed, I revisited the data to create sub-categories that follows the general themes identified in the second phase.

Findings

Individuals' perspectives are built up over time and shaped by the evolving social context from which they are situated among various groups. Each of my themes are rooted in the interview protocol which helped to develop a preliminary understanding of how each of themes are related. The main goal was to explore and document how informants have experienced and acted within the social context of HM to the extent they have been involved over time. Each informant has given me a great deal of information for explaining where HM has been as a supportive inter-generational neighborhood and where it is now in relation to sustaining an effective program that provides meaningful roles and support for older adults in the community. The changes that have occurred over the years have influenced the perspectives of informants to differing degrees depending on what they found to be the essential components of being a HM resident in addition to their own situational circumstances that either allow for or hinder their needs to be met. The table below offers a brief summary of the findings of this research:

Challenges in Sustaining the Volunteer Program

- There is a lack of inter-generational purpose with less community-wide buy into the program.
- Lacking leadership to direct and support program objectives.
- Diminished capacity to fulfill volunteer needs as community continues to age.

Benefits to Aging in Place at Hope Meadows

- Participating volunteers provide emotional support to one another.
- Participating volunteers provide limited direct service support to seniors.

Preferences for Care

- Resident volunteers are ideal for urgent matters due to their proximity.
- Caregiving activities provided by neighbors raise concerns of privacy.
- Neighbors are willing but less capable.
- Home care services are a last resort because they lack flexibility, familiarity, and affordability.

Theme 1: Physical Self

Residents were asked to describe any changes they may have made to their daily routines at HM as they have gotten older among other questions related to their existing or desired involvement within the community. Participants discussed the changing physicality of their sense of self as well as a diminished sense of self-worth in which they are able to find purpose in the volunteer work available within the community as general themes associated with the central research question. The first theme I identify as the “Physical Self” reflects how informants

discussed their physical limitations, abilities to complete a task, or general health and mobility barriers that has hindered their involvement.

Julie was specifically asked what age-related challenges has limited her involvement in which she replied:

“Mostly stairs. Uhhh. Once it gets dark I don’t drive. So, if it’s something where I would have to drive at night I don’t normally go. Uhhh, I am not as energetic at seven at night as I used to be... even if I just take a couple of kids for a day I’m worn out for two or three days afterwards.”

Julie discusses her physical self with regard to being able to navigate stairs and drive a vehicle at night safely as reasons for limiting involvement. In addition, she also discusses an increased level of fatigue which has implications for her ability to regularly care for existing children in the community without feeling overworked. Similar, Barb adds responded with:

“I am not able to be as active physically. When I moved to Hope Meadows, I lived over on Perimeter... I never drove my car. If there was any place at Hope Meadows I needed to go I went by foot. Uhh, I’ve always been a walker. This is difficult. I mean not only am I not a walker like walking two miles and thinking nothing of it, walking around house and using up a a rolling walker. It’s a nuisance. But I am thankful that they make these things”

Barb provides insight into how she feels she has struggled with getting to and from the different social settings at HM given her decline in mobility. In her response she suggests that she is dependent on using a walker to get around the house. Shortly after I asked for clarification for what the main age-related challenges are that limits her involvement in which she added, “I just don’t have the energy sometimes to go to meetings.”

Leonard discusses the limitations he faces regarding the ability to engage in the volunteer program by stating:

“I can’t do as much as fast anymore. Uhm... I had a great deal of joy in gardening. Physically, that’s becoming a less viable activity both right now in terms of time as well as energy and just physical stamina and strength- getting out and just doing it.”

During my time spent at HM, I observed Leonard to be one of the more mobile and active residents who participated in an interview. He was the only resident to have maintained the community garden available to residents on site and did not require a cane or walker to get around. That being said, he illustrated that his ability to continue that kind of work in the community is declining as a result of less time, energy, stamina, and strength which he attributes to aging. Lastly, Donna describes the changes she has had to make to her routine activities at HM by stating:

“Well, I’ve had to slow down a lot. I’ve realized that. And uh.. but I do what I can. If any body needs help I’ll be the first one to help and do what I can do like carrying in the bread and stuff over there on Friday mornings. I used to help do that but now I can’t do that because I’m not supposed to be a liftin cause my heart attack...”

Donna and the others mostly describe fatigue and limited mobility as they have aged which limits what they feel they can do to stay involved. Despite her commitment to staying involved, she outlines how she has orders from her doctor to limit the work she does within the community.

Commonly, interview participants attribute the physical inefficiencies of old age as a barrier to continuing their involvement with the volunteer program at HM depending on their individual experience with old age. This is in line with conclusions by Eheart et al. (2009) which state that the strength of the volunteer program of meeting the needs of the community relies on the individual strengths and abilities within the community members. Ideally, a volunteer program with a broad array of opportunities to get involved would have an individual in a leadership role available who could work with each older adult to locate a manageable volunteer role for older adults that are interested in volunteering. In addition, it is possible that Fair Housing would

challenge HM from attaching the volunteer component to their lease as not everyone would be able to achieve the historically mandated 6 hours a week of volunteering within the community. ^{iv}

This unfortunately is a challenge for the model as the health status and mobility of residents are constantly changing while the skills of both residents and staff have fluctuated as people come and go within the community. Unfortunately, there were little efforts to collect information on whether older adults were reliant on Medicare or Medicaid or some other form of private insurance to determine any available medical and therapeutic care were available to community members. According to an application submitted by the Director in October of 2018 to the local food pantry, roughly 62 percent of the community was low income and were eligible for resources provided by the food bank. However, there is no formal system of gathering demographic data by the organization to communicate community needs with potential external service providers at HM. As a part of my service role, I developed a brief demographic data survey for the organization, however I did not pursue this research endeavor for concerns of resident's privacy among leadership and timing. Additionally, there was a decrease in staffing at HM around the time this survey had been created which limited staff's ability to take ownership of the survey tool. Aside from the physical dispositions of the HM community, the instability of consistent staff dedicated to maintaining a volunteer program has also attributed to the perceived challenges informants expressed during my interviews.

Theme 2: Inter-generational Purpose

The second theme I identify addressing both the perception of support offered by neighborhood support and what limits seniors' involvement is the commonly expressed reduction

of “Inter-generational Purpose” among informants. Although partly attributed to the decline in physical abilities among older adults, this limitation was discussed primarily regarding the lack of desirable programs for what remains available for community members to participate in as well as the lack of support given to existing programs by younger generations. With mostly an emphasis on younger families living within the community, informants expressed how fellow residents were not engaged or were not present as much as they used to be which was expressed as a limitation for providing necessary support, meaning and purpose in the lives of those interviewed. Even though a decline in physical abilities were discussed as a barrier for long-term sustainability of the volunteer program, HM residents reported a total of 11,585.90 hours in 2018 across 33 different volunteer tasks according to the organization’s internal volunteer log.

The lack of inter-generational engagement may be due to a majority of those living at HM being over the age of 55. Flo notes that, “...we always had something to do with them. But that really cut a lot of it out when we don’t have the kids. But uh, because at one time we had about forty kids here.” This theme mostly was discussed in response to my question asking how involvement has changed within the volunteer program. Angie mentions that “the few children that we do have don’t get involved.” Angie’s understanding of the program is that it is inter-generational which is apparent in her response discussing the reduced number of children living in the community and their lack of engagement. She goes on to rationalize the possibility of two younger children living in the community that she is aware of that could attend the after-school program and stated that,

“Maybe part of it could be their mom works. Part of it could be she works at uh a day care and maybe that’s where he goes when- I don’t know. We don’t have any programs for middle school children and again, we only have a few of them so it’s really hard.”

In line with a lack of children living in the community and getting involved, Leonard also discusses what has limited involvement in the volunteer program by stating that:

“...the considerably smaller amount of children, particularly children who are participating in any meaningful way in any activities... uh has... you know.. is almost non-existent now for various reasons- family choices, uhhh... people being disappointed in what was offered them and so forth.”

Residents also consistently discussed the lack of inter-generational programs available to residents in the community which was implied as being a missing piece toward finding meaning as a volunteer.

Jerome reflected on the former “Boys of Hope” program that was led by a former older male resident in the community by elaborating that:

“...he used to spend a lot of time with the young kids and cook breakfasts...and then Mother’s Day they take the money from the breakfast and stuff like that and present the mothers flowers...and then we used to, you know, rake leaves for people.”

Jerome suggested that young kids not only provided emotional support but also valuable physical labor in the form of raking leaves.

Overall, informants held the common belief that the purpose of the volunteering at HM revolved around inter-generational activities and connections which was no longer the case due to a significant decrease in children living within the HM community. Overwhelmingly, each informant discussed that they had moved to HM initially to provide care to children and found great purpose in interacting with youth. With an abundance of older adults and a limited number of children in the community, many residents struggle to remain motivated to sustain the volunteer program as it is not as appealing or rewarding in a variety of ways. The change in community

composition does well to explain the perceived challenges and limitations for continued involvement among those interviewed.

Theme 3: Leadership Buy-in

The third theme I identify describes the perceived lack of leadership guiding the community toward a common purpose in efforts to sustain the volunteer program. Informants discussed the challenges of continued involvement due to a lack of program support offered by leadership. Discussions on this matter mostly relayed the message that the Director had no interest in sustaining a volunteer program at HM. Informants felt that it was leadership's responsibility to structure the volunteer program in a way that provided meaningful inter-generational activities. Mainly, informants described the lack of communication from leadership to residents during a time of community transition which has hindered involvement for various reasons. In attempt to compare how the volunteer program and structurally changed, Jerome went on to discuss the lack of desirable inter-generational programming by stating:

“...you're not having a men's group anymore, you're not having a boy's group anymore so, a lot of these kind of volunteer things that people liked to do don't get done anymore.”

I pushed for an explanation for why he felt people no longer volunteer to keep those programs alive in which he replied:

“People just don't want to feel bothered. They don't want to get involved if somebody else is going to be in charge. Uh, sometimes that can be a detriment.”

For some, volunteering is now seen as a burden due to the lack of inter-generational interaction. At times, residents may limit their involvement because of relationship differences or struggles to

be in control among fellow community members while others felt it was largely due to a lack of financial incentive. Jerome's understanding of the volunteer program as bothersome to residents is also mirrored by Marie who felt that with the increases in rent that:

“...there was a real advantage to volunteering in the early days and now you're a lot closer to competing with local places where you could go and not be bothered to volunteer. So, I do see that as a kind of a negative uh with losing that sense of community building.”

Historically, volunteering was not framed as an option for residents. Angie echoes this understanding by stating, “we knew we had to volunteer...I mean this was in the lease and it was a requirement that we volunteered.” Over the year that I had spent at HM, I came to the realization that there are different opinions of those who participate in the program and those who do not.

I first became aware of the frustration surrounding unclear volunteer expectations on 9/12/18. I attended a fundraising committee meeting at the office which is a group of about 5 to 6 seniors who get together to discuss activities which help to sustain existing programs or raise money for the organization. Residents have taken charge of certain activities and communicate accomplishments, goals, struggles, and plans at each committee meeting among one another typically without a dedicated staff member present. At this particular meeting, Karen discussed how she and two other seniors took two carloads of leftovers from a rummage sale that occurred just before I had arrived into the community along with folding tables used to set up a sales station at the Gordyville Flea Market. They were able to raise \$182.55 selling donated goods from the community and other hand-crafted items put together at the quilting center located across from the HM office. Karen disclosed that “funds go toward quilting supplies and the gift shop is self-sufficient.” I had asked what motivates them to commit to this level of work and

Karen responded with, “There is a shift in expectations of residents to do volunteer work to being more relaxed. There is a need for requiring volunteering, not suggesting.” In part, Karen carried out her volunteer duties in an effort to maintain the volunteer program as it had in the past.

Overall, most of those who were interviewed felt that the volunteer program should be mandatory as it had been early on. This understanding was not shared among all residents, however. On 12/10/18 I was in my office cubicle when I was greeted by a young female resident that I had not yet met since I had arrived in August 2018. She came in to chat with the intention of letting staff know she got a new car to avoid suspicions among other residents that someone was living at her apartment who was not supposed to be. She also mentioned she was looking for a job and wanted to work at HM for an income. She said she is an assistant manager at a gas station and had been treated badly and would like to work closer to home. In effort to seek out employment at HM she negotiated that, “It would save me time and would allow me to get more involved with the community which I know you all like to see.” From this interaction I was led to believe that she felt the volunteer program was not an obligation for all members of the community and was seeking more of an incentive to get involved.

In my conversations with the Director, I was made aware that he did not want to mandate volunteering within the community because it would require a substantial amount of staff’s time to ensure that HM residents were compliant in addition to his concerns for Fair Housing as discussed above. In one of my interviews, Marie reflected on her attempt to negotiate the volunteer expectation with the Director. She explains why she isn’t as involved as she used to be by stating:

“I think in the intake process I really think that cheap housing [was] emphasized and not community. And I have talked to the Director and said, “Let’s get a welcome committee and they can come out and build up more of what our community is like and we would like them to participate.” And he said, “No that doesn’t work because then people feel pressured to participate. We don’t want anybody here to be pressured into participating.” So as far as I can see it, the administration is just putting up roadblocks to telling people that they should participate. And it was quite the opposite when I was first here. If you didn’t get all your hours in a month, you were called at the end of the month by the administration and asked where they could plug you in so that you could get the hours. And now they don’t even want us to tell people that they should even come to events.”

Marie points out that administration is less invested in the volunteer program to the point where she believes that they are actively discouraging volunteering within the community while emphasizing cheap housing as a primary offering. Additionally, she outlines how administration used to work more directly with residents to fulfill their volunteer obligations and therefore sees that giving hours should be a requirement rather than an expectation.

A majority of those interviewed discussed how staff support was important for the volunteer program’s success to be fully realized. Informants mostly discussed the absence of staff supporting existing programs and often compared staff’s involvement to the extent that they had been historically to the present. Overwhelmingly, informants felt that there was a lack of program leadership and current leadership roles among staff and the board were not invested in that crucial aspect of HM. There are also an unclear set of expectations regarding volunteering at HM in its current state. Responses were mostly associated with my questioning how the volunteer program has structurally changed over the years.

Jerome answers my question of why volunteers don’t continue programming as they once had by stating, “Leadership. I mean a lot of people want to belong to a lot of stuff but they don’t want to be the leader.” He maintains his thought process as I asked what makes HM a good place for seniors to live if at all. He goes on to say that:

“...problem they need to realize [is] who they are and what the purpose is. And there’s such a thing as law and order but there needs to be order within the law. In the end, directly I couldn’t tell you what’s really going on cause I never wanted to find out the intricacies of an organization.”

Jerome outlines a lack of understanding regarding what the purpose is of being at HM citing a lack of organized communication and follow-through among leadership. Similarly, Leonard outlined how staff formally had both “encouraged” and “facilitated engagement” elaborating that:

“I think you know, it just- I’ve had the feeling in recent years that we are just floundering around trying to figure out what we are doing here. And one of the things we aren’t doing is getting that leadership to just organize or even just encourage people to organize various events and that sort of thing.”

Ultimately, Leonard suggests that leadership is not invested in sustaining the volunteer program as it once had through provided staff support and guidance. Barb provides a similar sentiment by stating:

“We need a better Director at Hope. We need a director who buys into the program. Who somehow can instill... a spirit of community and togetherness and working together. We need a director who likes old people! Who doesn’t say, “don’t talk to me.” Particularly to old people. When the first thing he told people at Hope as current director when we moved to Hope- in a meeting he introduced himself- he said.. “Don’t volunteer to do something with me.. I will find out who’s good at doing what and I will ask you.”

Informants discussed their lack of understanding regarding volunteer expectations and felt that leadership is to blame. When discussing the importance of staff support in sustaining the volunteer program, residents overwhelmingly discussed how staff used to communicate their needs for volunteers and no longer do so. It would appear that several informants felt the administration was actively dismantling the volunteer program in addition to behaving in ways that were discouraging, especially toward older residents. This has produced some uncertainty on

what the purpose is exactly among informants as well as challenges to individual's sense of self-worth as it pertains to what they may offer the organization and HM community.

For staff to sustain programming at HM is undeniably a desirable expectation of those interviewed. Informants suggested that staff were able to help hold residents accountable for their commitment and help to communicate the needs of the organization when more children lived within the community and activities were better organized by staff to facilitate inter-generational activities. In this regard, staff involvement served to motivate, support, and create purpose in the lives of older adults through the now limited program structure at HM. Informants felt that staff have become less invested in establishing and sustaining inter-generational programming at HM which would serve to benefit older adults emotionally and also by creating manageable volunteer expectations when more taxing roles are compromised by age-related challenges. This theme is critical to the argument that staff are an essential support component in helping to sustain what can be an emotionally and physically demanding volunteer program for older adults. Without staff support, residents are unclear what the purpose is for living at HM beyond renting property. As a result, continuing to derive meaning and purpose in later life stages is compromised without any initiative from staff in this regard. Although staff support and initiative is helpful to maintain the volunteer program at HM, residents also were concerned with the lack of staff support in other expected services as well.

Unsurprisingly, interview participants additionally expressed a desire for staff support in maintaining the property. In my year at HM, I was never provided a clear job description for the Executive Director as I was told what was available was outdated given that more staff members existed prior to the layoffs which had taken place under the current Director. This created a challenge for me to decipher what each staff member's role was in relation to maintaining the

property and the volunteer program. During my time at HM, the Director assumed more responsibility over the property as I attempted to work to sustain programming at HM as a part of my service role. Our efforts fluctuated as did the amount of support we received from other employees. The former housing coordinator left the organization in December of 2018 as did the administrative assistant in April of 2019. A part-time maintenance worker and part-time property manager were hired in late April of 2019 to address the needs of the property. Unlike the volunteer program, it appears that property management had historically been a secondary focus of the organization.

According to Flo, residents at one point in time “did a lot of the mowing” which she felt “was a big help” while the then full-time maintenance man focused on maintaining the buildings. Flo discussed her daily routine at HM in its present state and compared it to how that has changed since she first moved to the community over 20 years ago. She reflected on the often-negotiated landscaping role between staff and residents by stating:

“I loved to take care of our yard although we could’ve had it done by maintenance, but they did a lousy job [laughs]. They still do [laughs]...But actually, they do need a full-time maintenance person as far as yard work.”

Although residents have helped with mowing in the past and found value in doing so, the lease has since changed to state that HM will be responsible for mowing. Gardening and minor yard work is still permitted as a volunteer activity if residents choose to do so, however.

Despite the agreement, most participants that had been interviewed mentioned the less than satisfactory support in this area which may be a safety hazard for older adults as pointed out by Flo who discussed an incident where another resident fell in their home and needed an ambulance. She proceeded to describe how the front door was unable to be opened because leaves had built up on her porch “and so the ambulance couldn’t get straight to the house with

the stretcher.” Melinda, the resident needing the ambulance, “had to walk from the steps to the stretcher because they couldn’t get her in.” Leaves and branches often pile up in the front porches and outdoor basement stairwells at HM which is a time-consuming task for a part-time maintenance team to manage between preparing the vacant units to be move-in ready. Some residents are better suited to rake their lawns while others would depend on others since the service is not guaranteed by HM staff. This is best illustrated by Donna who states that:

“Well [laughs].... the maintenance could be a little bit better.... the last year our property has looked terrible. Our things haven’t been mowed. And they have the grass so long you have to rake it and that’s something a lot of us can’t do now.”

Overall, participants often cited the need for staff to provide regular and adequate support for property management services such as maintaining the landscape and housing.

Informants shared similar perspectives of leadership’s buy-in by describing how much of a challenge it has become to sustain the inter-generational program as they had come to know historically without consistent commitment from younger people residing within the community. This has led to a sense of a loss of purpose and a lower morale among the older adults which has limited engagement on their behalf. It’s evident that having children reside in the community allowed for various volunteer opportunities that many expected from the program at one time. Additionally, residents felt that the volunteer expectation was a burden for some which limited how invested individuals were throughout the commitment as a resident and a volunteer. To the extent the volunteer expectation is seen as a burden may vary, however it was suggested by a few informants that the time they would put into volunteer activities did not have the same pay off due to rent increases as well as a lack of programmatic purpose. As stated earlier, informants also expressed physical challenges with aging which may also impact how burdensome available volunteer activities may be.

Despite concerns raised over the quality of the volunteer program, informants more consistently discussed the need for regular support in maintaining the property by staff. As the older generation continues grapple with age-related challenges, physically demanding roles such as home maintenance appear to be regular concerns among those who were interviewed which would compromise the abilities of older adults to age in place at HM. It would be wise for HM leadership to focus on housing maintenance and rehabilitation to protect its property as assets and ensure the environment is habitable for people of all ages.

Lastly, it was commonly discussed that administration plays an essential role in facilitating the quality of the volunteer program by keeping people involved and regularly communicating and supporting community objectives. Several informants discussed their perceived authority that staff has to coordinate and ensure that HM residents logged volunteer hours. This was commonly seen as a requirement where all HM residents should commit. Since fewer community and staff members are invested in the volunteer program, the physical and emotional needs of those interviewed were rationalized as having not been fully satisfied. This has the consequence of eroding trust among community members to follow through with shared volunteer objectives and in staff to ensure the survival of the volunteer program more broadly. In sum, informants described several challenges with continued engagement with the volunteer program in its current state as well as lacking support structures which further limits the ability to maintain purpose. This is not to say that the existing neighborhood is not an asset to those who live at HM however.

Theme 4: Caring Neighbors

Informants were asked how neighbors help each other within the HM community with specific reference to meeting their needs as they age. Through this investigation and other similar inquiries, most informants felt that fellow senior neighbors were successful in their informal efforts to support one another as they age to the varying extents that they could. They largely discussed this in the contexts of their perceived needs and the older adults within HM more broadly. This led to my fourth theme which I identify as “Caring Neighbors.” Through this theme, neighbors discuss the extent to which neighbors are an ideal form of support through the volunteer program. They also discuss instances of how and which neighbors have supported one another for various reasons. This theme describes the perceived culture of care and how widespread it is adopted among residents so that it is reciprocal and whether or not the neighborhood support structure may be trusted to meet various needs within the HM community.

I had asked Jolene what reasons she might have if any that would prevent her from going to a neighbor for support in a task made challenging due to age-related changes. She responded with:

“I think that the neighbors that I have in the community that this is, you can go to your neighbors for just about anything. I can’t think of any situation that I can’t go to my immediate neighbor for.”

She states that she feels she trusts her neighbors for just about anything and emphasizes the immediacy by which they could respond to whatever the need may be. Jolene goes on to detail how residents should and do help older residents by elaborating that:

“We all have medical appointment- dentists or whatever and uh we just take each other! Those that are still driving take those that are not. Uh this is no problem there. And you can ask. You can ask just about anybody for a ride some place you know? It’s a very unusual community, I know you know.”

Jolene outlines the common need for older adults to attend various appointments and the benefit of having willing neighbors to drive if an individual is unable to do so. She perceives this as a unique feature given her take on HM being unusual in this regard. This of course is dependent on the abilities and resources of those living in the community which may become limited as people grow older. Residents had also mentioned to a less frequent extent that food and meals are another way that residents support one another. Those I interviewed felt that “cooking is hard” or that they simply “never learned how” which may be partly to blame for why it is not a common service provided among community members other than for special occasions such as the bi-weekly potlucks or holiday parties.

Another specific way informants felt they were cared for by other community members was through the way they are supported emotionally by one another. Residents elaborated on a few incidences where they felt a sense of self-worth or validation while the majority discussed a broader network of social support where older adults and to some extent younger adults as well look out for one another. For example, I asked Angie what activities she finds to be the most meaningful in the community. Angie fondly reflected on the benefit of working directly with one of the two children who participated in the after-school program by stating, “And uh, today he hugged me and told me he loved me [laughs]. Sometimes he will hug me, sometimes he just has so much fun over there.” This of course is an outcome of her work with the child and being involved in the child’s happiness that has a reciprocal impact. Similarly, I asked Leonard what makes HM a good fit for seniors in which he responded:

“Well I think just the support that the seniors give to each other...Even if you are just commiserating together you uh you know it is a context in which you can do it. You can vent. And I suppose get a little kind of support or something in the process.”

Regardless of the perceived decline in program investment, relationships are being maintained for the time being which each informant felt are beneficial in providing a social outlet in various ways.

I went on to ask Jerome what he saw as a benefit to living at HM as a senior. He went on to discuss his perspective by stating:

“And you know, in case of emergency or help or something like that, you know, people are always willing to give you hand and so you feel like- you feel like you belong...”

Jerome reiterates the benefit of having someone willing to help when timing is of the essence and adds that this feature provides a sense of belonging. I later asked Jerome to list some reasonable voluntary tasks that could be done among neighbors to support older adults in which he replied:

“I think the important thing is you need to ask somebody to check on you once in a while to make sure you’re okay or if there’s anything you need. There’s one thing that I don’t have going for me is having somebody call me up every day to check on me to see how I am doing alright?”

Although Jerome feels that the neighborhood support structure is useful in times of emergency, it does not fulfill his perceived need of having someone to check in on him once in a while.

Jerome’s criticism of how he feels support by the neighborhood is the exception, however it demonstrates how certain individuals may still feel lonely despite the welcoming energy offered by fellow resident volunteers.

On 11/16/18 I observed a similar feeling of loneliness that was expressed by a former volunteer office secretary who I refer to as Melinda. Part of the Director’s frustration was how he felt office volunteers “create more work for staff” in this shared work setting as opposed to providing valued support. The office volunteer opportunities have since been made unavailable to residents as of March 2018. It’s true that I was frequently engaged in conversations by office volunteers that sometimes could last up to an hour with ease. As I have discussed before, being

present in the office as staff often meant teaching and training seniors how to use technology or specific software. Computer literacy varied significantly among the office volunteers among those that volunteered for that role from August to March. It was often the case that staff assistance was required depending on the objective of the office volunteer.

To learn more of how residents find meaning in a role that often consisted of answering spam phone calls or forwarding interested applicants to the Executive Director, I sat down with Melinda to discuss a bit about her interests in this role. At the time of this study, Melinda was in her eighties and lived alone with her two cats. She struggled with significant hearing loss which made it a challenge for answering the phone or communicating with the daily office traffic. She mentioned that she, “enjoys visiting with people passing through.” She mentioned that she used to work with a telephone company and that she, “found the tech interesting.” As years have gone by, technology has changed which she attributed to why she is, “hesitant about learning new things.” She further stated that she is, “uncomfortable using the computer and telephone.” She rationalized this feeling by stating that, “it’s too late to learn.” Most days she sat in the office reading a book and never logged into the computer, however she stated that, “it gives me a reason to get out of the house” because at times “it gets lonesome.” In Melinda’s case, she derived rewards not from the nature of the work, but by positioning herself in a way that exposed her to other HM residents and members of the larger community that would allow a way to socialize.

It is often the case that residents felt that they came to know and socialize with one another through their volunteer roles. When asked to describe a few of her closest ties, Julie first described her beneficial relationship with a younger single mother in the community she met through the residential food pantry and proceeded to discuss the process by which she felt she had come to know people by stating, “...by doing the food bank I relate to other people that are here that have

a need that I never would have realized that there was a need or that extra things could be done for those people.” Consequently, the volunteer program has the capacity to build and maintain relationships within the community which serves as a benefit to seniors seeking social support.

When asked to describe what neighbors helping neighbors at HM means, Leonard reflected on an instance where a middle-aged community member provided valued support by recalling:

“...we had an incident recently where a neighbor, well two really, uhm maybe a month—six weeks a part where a neighbor fell and had to be helped up. And I knew I couldn’t do it, but I knew someone who could. And uh was able to get that individual to come and help.”

Leonard suggested that as falls continue to take place at HM, it is helpful to have someone who is capable of lifting others. In this case, his first thought was to approach the nearby neighbor who was a younger male that was “more than happy to help.” Unfortunately, there is no way in telling that the HM model influenced this young man’s willingness to help a fallen senior off the ground or if that kind of helping behavior would happen in any other neighborhood setting.

On the other hand, a majority of residents felt that a sense of a unified community is lacking. I had asked Donna what she saw as a benefit by living at HM as a senior in which she offered critical feedback by stating:

“Well I think the whole thing is, we used to- everybody knew everybody. But now the way they’re moving in, I don’t know half of them that’s movin’ in here. And uh they don’t- the younger ones don’t seem to wanna’ work with the older people.... how do I say this and not sound rude? They have their own thing... they’re younger people to younger people. They don’t care about being with the older people it seems like. But hey, that’s alright with me. But a lot of the others it doesn’t. And I can understand that.”

Donna and others mostly felt caring neighbors applied to the older adults within the community with infrequent exceptions such as the incident described by Leonard above. Donna suggests that

knowing the community more broadly is becoming increasingly difficult with the way newcomers are moving into the community. She also suggests that younger people stick with younger people and do not seem to care about socializing with older people. Julie echoes the importance for knowing the community and receiving care by elaborating that:

“I think a lot it depends on how long you’ve been here and how many events you’ve come to and how people have gotten to know you. If you don’t come to anything, people aren’t going to know you need anything.”

Julie suggests that knowing fellow community members plays an integral role in remaining engaged with the volunteer program. In addition, this influences how community members seek to address individual needs among the community depending on how familiar residents are with one another.

Ultimately, the support offered among neighbors in the community is helpful for an aging population in terms of offering rides, social support, and to some extent satisfying hunger. The level of support offered would depend on how well a resident knows community members and chooses to get involved while the overall quality of the neighborhood support structure would improve if more young people got involved to help. Some informants felt that they could trust anyone within the community to help out in times of need while others felt they could only trust residents they were familiar with which more typically were the older adults at HM. While participants mostly spoke positively of how community members addressed their needs as they age, the perceived neighborhood support structure was limited by how involved the community was with one another across age groups. Even still, those who had established relationships within the neighborhood felt that their neighbors were an asset to meeting their needs as they age and that the volunteer program had served as the vehicle by which residents had come to know one another. If creating a neighborhood support structure is the objective of HM, providing

volunteer roles by which all community members can take part may allow for residents to become more familiar with one another through subsequent interactions. This may facilitate a broader sense of interdependency among all community members which could further grow the social networks of older residents. Even still, informants felt that residents at HM would likely need supports that were not provided by the volunteer program despite what it does offer.

Theme 5: Ideal Caregiver

I asked informants questions to measure their perceived concerns and preferences for how they may receive care primarily between neighbors and a professional home care agency. As a result, I identified my fifth theme as “Ideal Caregiver.” This theme was generalized to organize discussions of likeliness to choose home care services over support available among fellow residents. It additionally included concerns of utilizing a home care aide over alternative options such as calling on a family member or trusted neighbor. An intended outcome of these questions sought to evaluate whether the volunteer program influenced how neighbors at HM provide and receive care within the community.

Responses were varied among informants as some were unfamiliar with using a home care agency and were either unable to offer much of an opinion on the matter due to a lack of knowledge or because they had no intention of using such a service. Additionally, this was a challenging thought exercise for informants who had not yet considered supportive services because they felt that they did not yet need them or that they did not want to think about having to depend on such a service for various reasons. In these cases, informants expressed concerns with financial costs, need to remain independent, or that they had a preference for familial support as an ideal caregiver.

I explored concerns Donna had with using a home care agency. In doing so, she echoed similar concerns shared by other informants as well. She replied by stating:

“...as long as I can do it, I’d rather do it myself. Gives me something to do and keeps me busy at home when I’m not out. And uh I think that’s the biggest part of my health of being able to go I- I’ve always worked and done for myself. And I think people give up too easy sometimes as they get older.”

Donna values her independence and she sees it as a part of remaining healthy. It was clear that she took pride in her ability to remain independent and provide for herself and for others even if she had very little.

Most informants felt that they could rely on at least one another community member for support in some way with their instrumental activities of daily living. However, informants had different feelings on whether they could realistically and consistently expect neighbors at HM to provide direct support for Instrumental Activities of Daily Living. For example, Barb stated that:

“Uhm...driving somebody somewhere is very good. There’s a problem with that cause’ there are many people at Hope I wouldn’t ride with and people who might well volunteer but shouldn’t be driving for that. They would have to be screened.”

Although she suggests that neighbors are willing to help, she does not trust them to drive one another as the community continues to age.

Some felt that the kind of support you would receive from others depends on the relationship you have with them. For example, Barb describes the potential challenges of having a neighbor support an older adult in an intimate way by stating:

“I think that there are real problems about asking a resident who is not only helping you, but it’s somebody that you socialize with or other things. I think that there’s a real problem with inviting them to do something that that exposes you personally in some way. I think helping somebody going into the shower could be a real problem. You could work out- and would be up to relationships, you could work out a system of bathing. Somebody can sit nearby while you take a shower and I’m sure in some instances people would have no problems stripping naked in front of somebody else and asking them to hold a hand.”

Barb feels that it would be a problem for having someone you socialize with as a caregiver providing direct care such as bathing or providing support that exposes the individual in a personal way. She further explains that it is up to the relationships between those receiving and giving care among fellow residents and that others may have no issue with intimate care transactions.

Julie questions her social status in the community as she ponders on my question asking whether she would receive assistance with instrumental activities of daily living from others in the community by stating:

“I think that at this point I am trying to establish umm establish a network. But outside of Hope because I don’t feel that I am that close to anybody. If I called some people they would. But would they just volunteer? I’m not sure. I don’t know. And I’m a newbie here. I’m back. But I am a sorta’ newbie.”

In response to an earlier question about how neighbors provide support to her, Julie mentioned that:

“They do, they’ll call to see if I am – How are you doing Julie? Or do you need some help with the Luau? Or whatever. They do call me and whenever you walk up and down there is always someone saying hi to you and it’s very friendly when you go outdoors here.”

Here she acknowledges how fellow residents would support her in a volunteer role related to planning a community Luau. The discrepancy between the two statements is that she is unsure whether residents would support her with more intimate levels of care such as those specific to her instrumental activities of daily living. It is important to note that Julie feels that she is new to the community despite having come back after a hiatus away from HM that may have led to her lack of certainty in this regard. Comparatively, Jolene had mentioned that she feels confident in being able to go to anyone in the community for anything despite being a similar situation having returned to the community after some time away. Unsurprisingly, an individual’s comfort level

with asking someone for support plays a role in what kind of support they might receive from a neighbor.

I continued to explore Julie's perceived need for care where I asked her at what point might she consider the services offered through a home care agency in which she responded with preference for her non-agency affiliated home care aide who I refer to as Doris. Julie states that:

“Uh, I would prefer not to give some of my money to an agency, I would prefer to know the person. Doris has a wonderful reputation here. Um.. I would feel much more comfortable with someone like her rather than someone coming and going and if someone leaves from an agency then you get someone else and I would not feel real comfortable with that.”

Julie desires a level of familiarity with an ideal caregiver who she can count on having a relationship with. She expresses her concerns with agencies providing people that will come and go which would have an influence on the quality of the potential relationship development that could occur or already exist with other options. Others also expressed an uncertainty for just who might be assigned as their caregiver from an agency and how they might be able to relate to one after another if at all.

Along with a desire for familiarity, some informants discussed the need for flexibility for an ideal caregiver. For example, Barb admits she needs to use some form of support offered by a caretaker of some kind. She has hired an informal caregiver who I refer to as Doris. Barb sees her arrangement with Doris to be more ideal than that of a home care agency which she largely criticized after I asked what makes Doris more ideal than an agency. She replied by stating, “Flexibility. And the fact that she loves what she does.” I pushed for more information from Barb asking what else makes her arrangement better than utilizing an agency. She replied by stating, “It's the rigidity of it. You can only do so much. They charge an awful lot that goes not to the – when I had somebody from the agency I was paying 20 something dollars at least an

hour but the person who was being hired was making maybe twelve. I find that a little obscene.” Here she describes the arrangement as “rigid” and only being able to do so much for the individual. Similar to Julie, Barb also felt uncomfortable with the financial transaction which distances the direct service provider from the consumer.

Because Julie had issues with utilizing a home care agency, I asked her what concerns she might have with calling on someone within the community to provide her with the level of support she needed. She replied by stating:

“If it were someone here that umm was healthy I was thinking of DC but she was not healthy enough...if there was someone here that would want to do it as an independent, I would think about that too if I found them reliable and uh consistent, I would consider that.- on a payment basis. Not as a volunteer. I don’t think I would do too well with it on a volunteer basis. I wouldn’t ask. If they even came and said what can I do? I would probably say nothing.”

Julie struggled to think of someone in the community that would be consistent and reliable to meet her perceived needs as she ages citing concern that certain individuals are too vulnerable themselves. Jerome echoed similar concerns when I had asked what issues he might have asking neighbors for IADL related support from neighbors by stating, “I don’t know how to answer that question...Cause’ I don’t know what their uh status is.” I pushed for further clarity on why it would have to be on a payment basis which she responded by stating “so that I pull my own weight.”

For others such as Donna, they may not be able to pull their own weight financially which could limit their willingness to seek support from both an agency and others within the community unless they are able to reciprocate in some other way. On the topic of fairness, Jerome struggled with not knowing who is the neediest within the community and critiqued the volunteer program’s dynamics by stating:

“It’s almost like, people got a handful of gimme and mouthful much obliged, okay? I don’t really sound like they don’t have too much to offer. And so consequently, sometimes I want to say, “I hear you hummin’, I know you’re bummin’, but I ain’t comin’.” I mean it’s not that jazzy I mean but I was- I mean you ask me a question and I can’t answer that question cause’ I don’t know where they’re coming from or what their resources are.”

Jerome mostly dodged my questions regarding his perceived need for IADL support and focused on community dynamics. He took the approach that he wanted to help those in need but not necessarily focus his resources on those who may not necessarily need his support. Above, he expressed concern that HM residents within the community may take advantage of the volunteer program to take more than what they need from others. His point addresses a common issue leadership had with balancing an intimate community embracing a culture of care without exposing private information related to other HM residents’ health needs or financial status.

In sum, discussions regarding ideal caregivers at HM was fragmented among those interviewed although some similarities throughout. Each informant expressed their personal views on receiving care from a formal home care agency and informally at HM from neighbors as a part of the volunteer program. Although several were willing to embrace support with IADL’s from their neighbors in the community, a few mentioned the quality depended on the relationship between the person receiving care and the person providing care. Informants also expressed concern that the community is vulnerable whether that be related to aging or due to other reasons. This impacts the likeliness residents are to ask others for support and question their fellow HM neighbor’s ability to provide certain tasks specific to their individual needs. Additionally, some informants felt there was an issue of balancing privacy and needing to know the needs of fellow HM residents which is a challenge for all to consider.

In relation to how informants felt home care services are ideal, most felt that utilizing an agency would not be ideal for different reasons. For some, the costs of home care were viewed to be burdensome especially if the need of the individual to utilize the services became great. Many felt that home care services are limited in their ability to establish meaningful relationships between the caregiver and the recipient of care while others questioned whether they would ever be able to connect with someone who could provide consistent care. Some felt that home care agency services are too regulated and lack flexibility of which could be found within the HM community depending on who and what the task is. An agency was expressed as a last resort option which many felt that they did not require yet. However, when I pushed informants to think about their long-term needs, informants did see home care services to be more ideal than relying on HM volunteers only if it were necessary and affordable in some cases. Agency services were discussed as necessary to sustain a long-term model of aging-in-place at HM for residents that felt certain tasks like bathing or laborious cleaning were inappropriate for the volunteer program. Consequently, the volunteer program was only discussed as effectively meeting a part of the potential needs individual may face as they continue to age within the HM community in its current state.

Conclusion

Lessons Learned from Hope Meadows

This research explored the challenges perceived by older residents at HM in sustaining their involvement with the volunteer program, their perceived ability to age in place within the context of HM, and care preferences between informal and formal support systems. Overall, informants felt that the program's sustainability was limited by declines in physical functionality

as the residents age, lack of program leadership, and substantially fewer children and younger people living and engaging with seniors through various programming at HM.

The physical challenges of aging were discussed as limiting informants' ability to stay involved in various volunteer roles and expectations. This creates a challenge for organizations seeking to integrate seniors in age-friendly initiatives where the very same population is limited in their capacity to remain. As HM residents continue to age and experience physical challenges that prevents them from engaging in specific volunteer opportunities, those roles and responsibilities would depend on other volunteers or staff to take on those responsibilities. In sum, as residents at HM continue to age, they are hopeful to find resources in their environment such as younger volunteers or additional staff that can replace the volunteer responsibilities that are no longer achievable as a result of physical decline. Findings by Greenfield (2015) suggests that supportive aspects of one's environment similar to one's barriers are not singular causes for their ability to age in place. Consistent with Greenfield's research, HM informants discussed barriers and supports as needing to consider the characteristics of the individual and their perceived need for support within particular relationships from their neighbors (Greenfield 2015).

Additionally, informants expressed the challenge they face with the current management of the volunteer program itself. It was discussed that the volunteer program was an appeal at one point in time when there was a purpose to support foster children and families. Consequently, informants felt that there was a disconnect between their sense of the community's identity over the years and what currently is left of the volunteer program. Their motivation to continue volunteering is weakened because the available work that was initially appealing no longer exists. This is consistent with Wilson (2000) who states that if there is any disconnection

between the volunteer's motives for volunteering and the work assigned, then it is likely that their commitment will be weakened. This finding directly implicates HM leadership in determining whether they will seek to continue intergenerational programming that involves seniors working in youth development. If the board and the Director are able to identify and obtain additional funding, securing a staff member who can manage the volunteer program will do a great deal to ensure the programmatic aspect of HM is sustained. My presence at HM was in part a service role which contributed to the coordination and development of programs that served to meet the needs of community members by linking those needs to resources within the HM community as well as opportunities beyond it. It was made clear to me in my year at HM that the organization and community members need a consistent staff member who can build bridges with potential partner organizations to offer additional services that could enhance the efforts made by HM residents already.

Currently, there were barriers in leadership expressed by informants which create challenges in overall engagement with the volunteer program. Several informants discussed a lack of communication or understanding of what the purpose is of the community and how volunteers are to be utilized to maximize their abilities. In addition, informants also expressed that they felt the Director did not buy into the volunteer program and actively discouraged it. Throughout my year at HM, I observed the Director restrict office volunteers from sustaining their roles and rejoice when others discontinued their efforts to support office functions. These efforts left several volunteers feeling that they were no longer useful to HM while others lost opportunities to engage with staff as well as other community residents. These outcomes are consistent with previous literature discussed by Wilson (2000) who outlines the benefits seniors obtain from volunteering such as socializing with staff, other volunteers, and individuals whom

they form emotional connections with. In addition, Wilson (2000) discussed that those who do drop out of their volunteer roles are more likely to say that their efforts went unrecognized, their skills and interests were not adequately matched to the volunteer task, or that they had not been given enough autonomy or freedom to assist those they wish to serve (Wilson 2000). Having a dedicated staff member to engage community members is likely to mitigate these concerns raised from this study.

In meeting the needs of an aging population, informants felt that HM's neighborhood support structure helped in providing direct services, social and emotional support. Some residents stated that the level of support received from this structure depended on how well someone was integrated in the community. How well residents integrate depends on their ability to attend community events or find an appropriate and available volunteer opportunity. In my year of observations also echoed by resident Stan, certain volunteer roles were actively discouraged by fellow residents who historically engaged in that role. This process was observed and retained most vividly when the Director put two sisters in charge for planning the HM Holiday Party. Another resident who had historically played a major role in the planning was hurt by this. In her frustrations, she had vocalized her beliefs that she had more to offer to the planning process than those put in charge to other residents at HM as well as myself which led to a verbal altercation during the first Holiday Party Planning Committee meeting between the three fighting for control. The two sisters disengaged mostly from community events explaining to me that they did not want to run into further problems with that other resident who was very involved. Although a few informants felt that there was competition among fellow HM residents to take charge of specific volunteer tasks which served as a detriment, generally they felt that the

help made available to them by their neighbors through the volunteer program was an asset as they continue to age.

Given that I mostly interviewed residents that were consistently involved with the volunteer program, the perceived notion that the neighborhood support structure is beneficial may not be applicable for those who are less social in this respect. Informants felt that transportation and meal preparation support were direct service benefits that they could count on their neighbors for as they age. This is in line with findings by Greenfield (2015) which outlines how older adults residing in NORC's viewed their neighbors as well positioned to assist with tasks such as transportation, shopping, and cooking. Adding to this, neighbors at HM are in close proximity which was seen as a valued security benefit in case of emergency. Aside from direct services offered by HM residents, the social and emotional benefits provided through diverse relationships at HM was a desirable and somewhat consistent feature of the community. Informants were fairly divided in how well they felt they truly related to one another, however they unanimously felt they could count on their HM neighbors to commit to a favor if requested. The issue, however, is that most informants felt uneasy about asking neighbors for favors. Several informants noted that they were too prideful to ask for help from their neighbors even though they felt they could ask without consequence. Others cited that the community overall was too vulnerable and that they wouldn't want to be a burden. Consequently, what was expressed in this research suggests that the neighborhood support structure may be limited in its effectiveness in meeting some of the essential needs of seniors as they continue to age.

Research on similar communities called Naturally Occurring Retirement Communities report that the quality of support roles among neighbors vary depending on perceived levels of trust and reciprocity (Greenfield 2015). As reported by informants, several would only trust their

neighbors to engage in certain supportive tasks as they continue to age. As suggested by Greenfield (2015), focusing on neighbors alone as a solution to meet the needs of an aging population is insufficient for promoting aging in place more broadly. Consequently, it's important to consider how home care services could be most effective without reducing scarce volunteer opportunities.

Informants had concerns with utilizing a home care agency citing home care staff lack familiarity, reliability, and that financial costs would add up if that kind of service was utilized. While a few informants stated they would depend on family first before considering home care, others that do not have readily available and willing family members stated that they would use home care for needs related to bathing, medication management, or laborious work around the house such as cleaning. As a result, it is vital that HM leadership collaborates with senior information service providers in Champaign, County to provide referrals to community agencies available to them based upon individual eligibility requirements. This is especially important for the residents facing physical and financial constraints as the community continues to age and becomes more vulnerable.

This case study has revealed that HM seniors often came to the community to benefit from the rich inter-generational programming that had once been facilitated through staff support and a level of community-wide commitment unmatched by current standards. Many of the informants are coping with role loss which has led to their decreased sense of self-worth given the decline in opportunities to work with foster children. Others are more concerned with having a stable living environment where they can depend upon staff to manage the property effectively while communicating and facilitating purposive volunteer opportunities. Informants discussed the complicated intricacies of living with and serving among an aging population as well as their

own frustrations with how aging limits their capability to stay involved with the volunteer program.

The neighborhood support structure appears to serve the needs of the senior population to varying extents. Its effectiveness is limited by social integration, a disproportionately aged population less physically capable than the community used to be, and less community-wide commitment to helping each other compared to the past. It was expressed that a lack of leadership has hindered the overall quality of community-wide integration and engagement with the volunteer component which embodies a neighbors-helping-neighbors program. This calls for additional collaborative inter-agency partnerships that can provide meaningful and inter-generational volunteer opportunities as well as direct supportive services offered through various formal support systems such as home care or potential referrals which could be identified by a senior information service provider. This endeavor will serve to fill in some of the gaps in meeting the needs of vulnerable residents at HM that may not otherwise be achieved through the volunteer program. At the same time, leadership at HM needs to consider whether it wants to work in partnership with seniors at HM to identify their needs and desires. It was commonly expressed by informants that they valued the volunteer program and staffing played an important role to facilitate its effectiveness in providing meaningful opportunities, relationships, and coordination to meet the needs of the community to varying extents. Based upon my own observations and informant's perspectives, the Director had little to no interest in taking the time to address this issue which will continue to serve as a complication for the future of the volunteer program.

Implications for Future Research

Broadly speaking, it's important to understand HM as providing a good example of a program that has received a lot of attention and praise while still in its formative stages given it does not have a clearly defined objective or method of intervention and evaluation necessary to sustain itself. Equally as important, this study adds to a growing body of literature which describes the value of having informal and formal support networks as people age. There is a perceived benefit of living within proximity of neighbors who can be depended upon to serve the needs of an aging population to the extent that the individual in question is both able to give support and willing to receive it. In general, neighbors may serve an important function for providing immediate services within proximity to one another. This may be enhanced depending on how the volunteer program operates within the community.

As discussed by Wilson (2000), a volunteer program which properly incentivizes, recognizes, and otherwise serves as an appeal to the broader community benefits all who participate as it facilitates social connections. Also, Wilson (2000) explains that older adults who are otherwise isolated within their communities may benefit from opportunities to socialize with staff and other residents through their volunteer roles. The formation of relationships at HM as discussed by informants as a result the volunteer program was in line with this sentiment. In addition, the outcome of this research suggests that informants felt that the volunteer program facilitated a greater sense of community when leadership had the capacity and buy in to ensure that it was properly managed.

The caveat is that the neighborhood support structure was described to be limited in its abilities and were more ideal to provide services such as transportation, meal preparation, and other less demanding tasks that would not be a burden to others in the community. This is

consistent with previous literature that details how neighbors are best suited for tasks that require geographic proximity, an immediate response, and less skilled physical tasks (Greenfield 2015). This adds to the argument that there is a need for more formalized supportive services at similar communities.

In addition, this research describes some of the concerns informants had in utilizing home care services as a potential strategy in remaining independent within a community setting such as HM. Overall, informants desired home care services to have flexibility, reliability, affordability and familiarity in a way that meets their personal preferences for someone working within their home. In terms of affordability, community members will be constrained depending on their financial circumstances and may depend more on informal support from family, friends, and neighbors. Medicaid that does cover home and community-based services is only available to individuals with income and assets below state specific limits and to those with medical expenses that reduce income below a qualifying limit in some states (Gardner and Gilleskie 2012). Ultimately, it is essential that community members work with each other and leadership to identify services that meet these criteria through trial and error.

For other GHC's, it's essential that proper planning is in place to ensure the ongoing sustainability of its social justice component. Although this research suggests that older adults at HM still benefit from the emotional and direct service support they receive from their neighbors invested in the volunteer program, informants had concerns over the long-term viability of this feature for various reasons. As many discussed in this research, they no longer engage and derive satisfaction from volunteering as they used to when there were opportunities to work with children in the community. My informal discussions with Leonard at the office informed me that foster families left the community once they lost their financial incentives such as free rent,

insurance, and stipends. Once the organization no longer could afford to provide those benefits, the target population and overall purpose of HM became unclear leaving older residents seeking to age in place with a decrease in self-worth.

In concert with the more recent increase in rent, informants explained how this has further alienated the community more broadly from engaging in volunteering. As leadership is more focused on the financial well-being of the organization, little is done to encourage volunteering and engagement from new community members which is vastly different approach from what has historically been done. Without buy-in from leadership, residents at HM are unable to fully realize the benefits of community-wide volunteering. Because of this, informants felt that they did not get the chance to know new arrivals to the community which at times made them feel segregated. Overall, this has led to a decreased sense of an inter-generational community and has constrained volunteer projects and programs in more recent years with less volunteer support.

In the end, it's important to consider the context for which similar organizations operate. Access to transportation varies based upon locality and existing infrastructure. Likewise, services available to seniors will vary as well. For example, organizations that are based in more rural localities may find that more value may be placed on transportation services as discussed by informants in this research. The outcomes of this research are discussed within the context of an organization recovering from loss of state funding which helped to incentivize and facilitate its original purpose for a residential community mostly comprised of older adults aging in place. Consequently, this study may be limited in its usefulness to similar organizations in similar predicaments.

Comparatively, another Generations of Hope Community based on the original HM concept called Bridge Meadows based in Portland, Oregon is prospering considering the outcomes that have taken place at HM. Having had the opportunity to visit Bridge Meadows as a part of attending the Generations United Conference, I was able to learn that they have multiple private and public funding sources which help to maintain consistent housing and staff. Because Portland is a metropolitan area with more resources to draw from than Rantoul, it's questionable whether the decision of where to develop a similar community is at all impacted by the locality which it can draw support from. Future research should further explore this dynamic and how consistently available local resources and support help an organization like HM to thrive.

During my visit with Bridge Meadows staff I learned that their property management partners strongly advised that the lease does not require volunteering for concern with Fair Housing laws. In line with concerns that the Director of HM had, Bridge Meadows staff stated that persons with disabilities who are unable to complete the volunteer requirement could be denied housing if it is attached to the lease. Further research should focus on this potential barrier to similar program approaches and grapple with such laws or determine whether the key issue is requiring volunteering.

This study is limited in that it only focused on the perspectives of older adults ages seventy years and older. It did not consider the perspectives of young adults or even those between the ages of fifty-five and sixty-nine. It would be useful in the future to explore these perspectives to get a more holistic understanding of the challenges faced by residents at HM. In addition, this study did not consider the racial or gendered backgrounds of participants which indicates an important direction for future analysis.

Despite these limitations, this study provides an update on the HM community as well as providing insight for practitioners involved with similar initiatives questioning their programs impact on aging in place. The outcomes of this research provide a cautionary tale for similar organizations seeking to replicate a community like HM. Despite findings suggesting that the program at HM is fading out, this research does not intend to make the argument that Generations of Hope Communities are not a viable endeavor as much as it intends to advocate for more research to be done. The circumstance that HM finds itself in is the result of poor financial management and other factors over time which cannot implicate the current Director in anyway. The future of HM is not as bright as it once was as leadership turns its focus on rebuilding a financially sustainable nonprofit through affordable housing and limited volunteer opportunities for those who live there. The continued effort to explore strategic developments that address aging in place from the perspective of older adults at the community level is essential for further improvements to later life experiences.

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References

- Berg, Bruce L. 2009. *Qualitative Research Methods for the Social Sciences*. 7th ed. Boston MA: Allyn & Bacon.
- Bould, Sally and Richard A. Settersten. 2003. "Invitation to the Life Course: Toward New Understanding of Later Life." *Contemporary Sociology* 32(2):170
- Bridge Meadows. 2020. "Financials: Bridge Meadows." Retrieved March 18, 2020 (<https://bridgemeadows.org/about-us/financials>).
- Carstensen, Laura L. 1992. "Social and Emotional Patterns in Adulthood: Support for Socioemotional Selectivity Theory." *Psychology and Aging* 7(3):331-38.
- Charmaz, Kathy. 2006. *Constructing Grounded Theory: a Practical Guide through Qualitative Analysis*. London: Sage.
- Chudacoff, Howard P. 1989. *How Old Are You? Age Consciousness in American Culture*. Princeton, NJ: Princeton Univ. Press.
- Dolan, Jen H. and Harold D. Grotevant. 2014. "The Treehouse Community: An Innovative Intergenerational Model for Supporting Youth Who Have Experienced Foster Care." *Child Welfare* 93(4):7-23
- Eheart, Brenda Krause, David Hopping, MartAngieBauman Power, Elissa Thomann Mitchell, and David Racine. 2009. "Generations of Hope Communities: An Intergenerational Neighborhood Model of Support and Service." *Children and Youth Services Review* 31(1):47-52.

Eheart, Brenda Krause, MartAngieBauman Power, and David E. Hopping. 2003.

“Intergenerational Programming for Foster-Adoptive Families.” *Journal of Intergenerational Relationships*1(1):17–28.

Epstein, William M. 2018. *The Masses Are the Ruling Classes: Policy Romanticism, Democratic Populism, and Social Welfare in America*. New York, NY: Oxford University Press.

Gardner, Lara and Donna B. Gilleskie. 2012. “The Effects of State Medicaid Policies on the Dynamic Savings Patterns and Medicaid Enrollment of the Elderly.” *Journal of Human Resources*47(4):1082–1127.

GHDC. 2018. “About History.” Retrieved March 18, 2020

(<http://ghdc.generationsofhope.org/about-us/about-history/>).

GHDC. 2018. “Awards New.” Retrieved March 18, 2020

(<http://ghdc.generationsofhope.org/awards-new/>).

GHDC. 2018. “Core Components.” Retrieved March 18, 2020

(<http://ghdc.generationsofhope.org/components/>).

Greenfield, Emily A. and Mandy E. Frantz. 2016. “Sustainability Processes among Naturally

Occurring Retirement Community Supportive Service Programs.” *Journal of Community Practice*24(1):38–55.

Greenfield, Emily A. 2015. “Support from Neighbors and Aging in Place: Can NORC Programs

Make a Difference?” *The Gerontologist*56(4):651–59.

- Hasenfeld, Yeheskel and Eve E. Garrow. 2012. "Nonprofit Human-Service Organizations, Social Rights, and Advocacy in a Neoliberal Welfare State." *Social Service Review* 86(2):295–322.
- Henderson, Lauren, Bala Maniam, and Hadley Leavell. 2017. "THE SILVER TSUNAMI: EVALUATING THE IMPACT OF POPULATION AGING IN THE U.S." *Journal of Business and Accounting* 10(1):153–69.
- Holstein, James A., and Jaber F. Gubrium. 2000. *Constructing the life course*. Dix Hills, NY: General Hall.
- Hopping, David, Brenda Krause Eheart, MartAngieBauman Power, and Elissa T. Mitchell. 2013. "The Generations of Hope Community Model: Opportunities and Challenges for Evaluation." *Generations of Hope*. Retrieved July 11, 2019 (http://ghdc.generationsofhope.org/docs/WP_4-2_Evaluation.pdf).
- Hrostowski, Susan. "Diversity in Aging America: Making Our Communities Aging Friendly." *Race, Gender & Class* 17, no. 3/4 (2010): 307-13.
- Jaffe, Ina. 2015. "A Community Built Around Older Adults Caring For Adoptive Families." *NPR*. Retrieved June 5, 2019 (<https://www.npr.org/2015/08/04/429219678/at-hope-meadows-in-illinois-older-adults-help-families-care-for-foster-children>).
- Kwak, Jung and Larry J. Polivka. 2014. "The Future of Long-Term Care and the Aging Network." *Generations* 38(2):67–73.
- Moorman, Sara M., Jeffrey E. Stokes, and Jeremiah C. Morelock. 2016. "Mechanisms Linking Neighborhood Age Composition to Health." *The Gerontologist*.

- Pillemer, Karl A., Phyllis Moen, Elaine Wethington, and Nina Glasgow. 2000. *Social Integration in the Second Half of Life*. Baltimore: Johns Hopkins University Press.
- Powers, Margie. 2018. "The Community's Emerging Role in Value-Based Health and Social Services." *Generations* 42(1):4–8.
- Power, MartAngieBauman, Brenda Krause Eheart, David Racine, and Niranjana S. Karnik. 2007. "Aging Well in an Intentional Intergenerational Community." *Journal of Intergenerational Relationships* 5(2):7–25.
- Quadagno, Jill S. 2018. *Aging and the Life Course: an Introduction to Social Gerontology*. New York, NY: McGraw-Hill Education.
- Riley, M. W. and J. W. Riley. 1994. "Age Integration and the Lives of Older People." *The Gerontologist* 34(1):110–15.
- Rivera-Hernandez, Maricruz, Takashi Yamashita, and Jennifer M. Kinney. 2014. "Identifying Naturally Occurring Retirement Communities: A Spatial Analysis." *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 70(4):619–27.
- Roberto, Karen A. 2016. "The complexities of elder abuse." *American Psychologist* 71(4):302–11.
- Rook, Karen S. and Susan T. Charles. 2017. "Close social ties and health in later life: Strengths and vulnerabilities." *American Psychologist* 72(6):567–77.
- Rubin, Herbert and Irene Rubin. 2012. "Qualitative Interviewing (3rd Ed.): The Art of Hearing Data."

Scharlach, Andrew E. and Amanda J. Lehning. 2016. *Creating Aging-Friendly Communities*.

New York, NY: Oxford University Press.

Smith, Wes. 2001. *Hope Meadows: Real-Life Stories of Healing and Caring from an Inspiring*

Community. New York: Berkley Books.

Sprague, Joey. 2016. *Feminist Methodologies for Critical Researchers: Bridging Differences*.

Lanham, MD: Rowman et Littlefield.

Vojak, Colleen, David Hopping, Brenda Eheart, and MartAngiePower. 2007. "Completing the

Circle of Care: Alternative Housing at Hope." *Generations of Hope*. Retrieved July 11,

2019 (http://ghdc.generationsofhope.org/docs/WP_1-2_Circle_of_Care.pdf).

Wilson, John. 2000. "Volunteering." *Annual Review of Sociology* 26:215–40.

ⁱ Although increases from the initial rent target of \$325 has occurred over the years, the organization remains dedicated to keeping rent somewhere between 10% and 20% cheaper than similar housing in the area. HM is primarily dependent on rental income in its current state. The most recent audit for 2018 shows that rental income was 87% of total revenue which provided \$262,728. An additional \$39,585 consisted mostly of a government grant, investment income, and other miscellaneous revenue totaling \$302,313. Comparatively for fiscal year 1998, 23% of the \$1,103,819 in total revenue consisted of in-kind services, interest income, unrestricted contributions, and other income. Rental income was only 16% of total revenue at \$177,774 while funds from DCFS made up 61% consisting of \$669,690. This was discussed as a concern in the 1998 Director's Report for needing to find replacement financing given how much of the organization was bound by state funding. This is made evident in the report when it states, "With the completion of adoptions, Hope can count on only about 15% of its income from foster care dollars. In previous years these dollars represented nearly 70% of our income.... The financial incentive is to keep children in care, not to obtain permanency."

ⁱⁱ It is worth noting that these expectations set forth by the Director were violations of the non-duplication and non-displacement AmeriCorps policies which essentially states that a member is not allowed to duplicate or displace the work that a staff member or volunteer has previously or currently responsible for. These policies were miscommunicated and misunderstood by the Director prior to my arrival which he would describe as complicating his plan to use me to replace the Administrative Assistant hired temporarily until my arrival. He felt that the

Stevenson Center was not clear enough regarding these policies prior to my placement. The Stevenson Center has since addressed these concerns and made improvements to ensuring adequate transparency.

iii . I was dealing with relationship issues unrelated to work and was feeling overwhelmed. Early that morning, I was greeted by 3 older adults and 1 child at my desk, each of whom had different needs and requests. Karen needed to make several maintenance requests, Julie wanted to chat about the holiday and her involvement with her volunteer role, and Angie wanted to set a time to talk about the 2019 volunteer logs which always start fresh in the new year. This was all while a young boy being babysat by Angie was trying to show me his action figure. To add to my lack of focus, each of these residents were inter-mingling at my desk in between their requests for my attention. I reflected on how that sort of occurrence would happen at least twice a week but had gotten too overbearing for maintaining a steady focus on my other service role responsibilities. Frustrated by this, I wrote that it seemed that residents were taking advantage of my time in the office as a place to socialize. It was clear that residents desired an accessible staff member to be available in the office which had been lacking since previous staff members had been laid off.

Once I was finally able to say farewell to each resident roughly an hour later, I went upstairs and made my proposal to work from home to the Director explaining my frustration and feeling overwhelmed. He replied by stating that this sort of occurrence “is nothing new” for him. He went on to say that his intention for placing me at that desk was to “expose me to that sort of disruptive occurrence.” He granted me the opportunity to work from home that day, but I wouldn’t formally relocate my workstation until mid-April when the Administrative Assistant left HM for a new job opportunity.

iv Overall, participants felt that their continued engagement in volunteering and providing services to the HM community was limited by their shifting abilities to be present at community events. There are no formal systems for screening residents to determine their potential fit with the volunteer program based upon their skills and abilities for concern it would be a violation of Fair Housing Law and a poor use of staff time according to the Director. Unfortunately, this research did not explore whether previous administration had considered this potential legal barrier or whether they had ever been challenged in this area at all. This brings into question the long-term viability of the volunteer program as informants also felt that managing physically and mentally demanding volunteer tasks were challenged by fatigue and declines in mobility as they age.