

Services, Social Cohesion, and Social Capital: A Literature Review

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SERVICES, SOCIAL COHESION, AND SOCIAL CAPITAL: A LITERATURE REVIEW

Services provide stability and quality of life in rural places, something which in return provides a strong basis for retaining residents and maintaining communities. Rural and small town services are especially critical to local sustainability during times of economic and social restructuring (Furuseth 1998; Gill and Everitt 1993). During times of economic downturns, services can close, resulting in uncertainty and an inability to cope with increased demands. In addition, many rural services such as post offices and schools act as multi-functional centres and focal points for community activity. Such services can also provide opportunities for building relationships, partnerships, and trust that can lead to new partnerships and new rural service delivery options. If such services did not exist, residents would be more likely to leave their communities to access services in other places. This can result in further out-migration and instability for rural and small town places, and in some cases can lead to the closure of these places.

This literature review begins with a review of how services are defined and delivered to communities of different size. This is followed by a review of services in small localities and the challenges facing rural service delivery. The remainder of the literature review draws connections between services and the concepts of social cohesion and social capital. Routine social interaction provides a foundation for building the trust and relationships that provide a basis for the creation of partnerships and networks. With a strong foundation of networks, rural places are in a better position to learn and adapt to change, and to use such linkages to build community vitality.

1.0 Services

1.1 Definition

To explain the important role services play in the restructuring of rural communities, it is important to have a conceptual understanding of services. Marshall (1988) defines services as activities relatively detached from material production, and which do not directly involve the processing of physical materials. Expertise for service delivery relies much more directly on the work force skills, experience, and knowledge than on physical skills. As such, a service is an “activité qui représente une valeur sans correspondre à la production d’un bien matériel” (Pépin 2000, 67). Services can also be understood as a “produit de l’activité de l’homme destiné à la satisfaction d’un besoin humain, mais qui ne se présente pas sous l’aspect d’un objet matériel” (Office de la Langue Française 2002). Service delivery assumes the presence of actors: those offering the services and those receiving or benefitting from the same services. Therefore, a service can also be considered as a relationship for responding to a need or problem of one or more communities, individuals, households, businesses, or corporations.

For the most part, the discussion of services is often broken down across a variety of categories. Common categories include private-public-voluntary services, specialized versus non-specialized services, and critical versus non-critical services. Curtis (1994, 489) defines public services as those that are “part of the process of collective consumption through which services are organized or managed by a state-operated system, financed at least partly through taxation, and are consumed by users according to non-market criteria, such as the need for services, rather than market criteria such as the ability to pay.” Services are also referred to in terms of the public and private organizations involved in their delivery. Potapchuk *et al.* (1997) provide examples of public organizations involved in local governance such as community development corporations and citizen advisory committees. Carter (1990) cites medicine and education as examples of public social services. Examples of private organizations that provide services include bowling leagues, choral societies and communities of faith (Potapchuk *et al.* 1997), as well as branches of organizations such as the Women’s Institute or the Young Farmer’s Club (Carter 1990).

For voluntary organizations, the terms ‘non-profit’, ‘charitable’, and ‘volunteer’, as well as ‘voluntary sector’, ‘non-profit sector’, and ‘third sector’ are at times confusing, have overlapping meanings, and are used interchangeably (Marshall 1999). While Marshall (1999) explores a variety of perceptions about voluntary organizations, she concludes they generally serve a public benefit; depend upon volunteers, at least for their governance; obtain financial support from individuals; and experience limited direct control by governments, other than in relation to tax benefits. This definition excludes universities and hospitals that might have large numbers of volunteers, but includes organizations that may not qualify for charitable status, such as recreational associations, service clubs, and advocacy groups (Marshall 1999).

The Northern and Rural Health Task Force (1995) refers to specialized services as those for the disabled, mentally ill, elderly, women and youth, as well as those programs for HIV / AIDS. For Collier (1993), specialized social services include those such as child protection and domestic counselling. Specialized services may also be considered as essential. For Pépin (2000), needs identified as fundamental or essential are often clearly or partly identified in the different charters and conventions that officially recognize them. In this way, certain essential services must respond to the needs of security, travel, equipment, living arrangements, and some basic domestic and quality of life matters. To respond to other types of essential needs, different services such as community transportation, educational services, health services (notably pre-natal care), kindergarten services, handicapped services, services for seniors, and cultural, leisure, and information services are also identified (Pépin 2000, 97).

A further way to differentiate services is on the basis of critical and non-critical criteria. Using medical services as an example, some distinguish between critical (emergency medical services) and non-critical services (general dental care services) (Robinson 1990). Therefore, the definition of services hinges upon the context in which it serves. This context is important to

understand, particularly in rural and small town places where the types and range of services offered will be different than in urban areas.

1.2 Proximity and Types of Services

How services are delivered to meet designated needs is as important as the definitional framework for services. Since, it is not logistically or financially feasible to offer every type of service in every location, there is the question of why certain services are offered in some locations as opposed to others. Christaller's central place theory (de Souza 1990; Conkling and Yeates 1976) provides a rationale for the location of services within a hierarchy of different sized settlements. Centers for the local exchange of goods and services are referred to as central places. They may provide retailing and wholesaling services; banking, insurance, and real estate services; governmental and administrative services; and recreation, medical, educational, religious, and cultural facilities. These service centres organize and provide services proportional to the population size of the hinterland region they serve.

Generally, the total number of establishments or services increases as the population of a center increases (Conkling and Yeates 1976, 164). Lower-order central place functions are provided by the smaller central places that are located closer together. These places offer functions demanded more frequently such as gas stations or restaurants, and they serve a relatively small and local hinterland. Large central places are located further apart and provide higher-order functions (less frequently demanded specialized services) as well as the lower-order functions (Knox and Agnew 1994, 72). Because the cost of providing higher-order services is great, these centres must serve a large hinterland region.

Health services are one area which has shown a strong relationship between the population size of a settlement and the level of services available in that settlement (Martin *et al.* 2002; Gesler and Ricketts 1992; Meade *et al.* 1988; Jones and Moon 1987). In Canada, this ordering of health services by settlement size has especially been tracked through access to general practitioner doctors. Joseph and Bantock (1984) highlight the long struggle rural and small town places have faced respecting access to physicians, while Moore and Rosenberg (2002) update this information with a demonstration of the concentration of doctors and specialists in large urban centres. This concentration of services is especially difficult for aging and other dependent populations in rural and small town Canada (James 1994; Rosenberg 1990).

Borchert and Adams provide an example of how services are delivered through central place functions in the Mid-West, United States (de Souza 1990; Conkling and Yeates 1976). Hamlets, the lowest order central place, have only gasoline service stations and eating and drinking establishments. Minimum convenience centers typically have hamlet services and a hardware store, drug store, a bank, and two other convenience functions, such as a variety store. Full convenience centers were noted to have hamlet and minimum convenience center functions, as well as stores for laundry or dry cleaning, jewelry, appliances or furniture, clothing, lumber,

building materials, shoes and garden supplies, and a hotel or motel. Partial shopping and complete shopping centers offer specialty goods and services. Secondary wholesale-retail, primary wholesale retail, and metropolitan retail centers are the highest order service centres and provide the widest range of services. As central place functions increase for a centre, so too does the size of the hinterland needed to support those services.

Within a hierarchy of central places, Pinch (1985) notes that access to services will vary as a consequence of the distance one is from the centre where services are offered. This is because cost, time, and effort tend to increase with distance traveled. With a fixed budget of money, time, and effort, the amount or frequency with which a good or service is consumed, will decline with increasing distance (Pinch 1985, 8). In Western Europe, for example, as distance increases away from the location of legal services, such services are not only less used, but are used by fewer types of households (Blacksell *et al.* 1988). Eventually, a point may be reached where the costs are such that distant services are simply not utilized (Pinch 1985, 8). Furthermore, the quality of the service will also vary with distance from the centre. This is especially the case for distributive services; that is, services delivered away from central facilities. For example, some areas will be less well protected by police patrols or experience slow response times, while emergency services will take longer to reach more distant locations (Struthers 1994; Halseth and Rosenberg 1991; Pinch 1985).

2.0 Services in Small Localities

2.1 Defining Small Localities

Much of the literature in this review explores research conducted for a variety of small localities ranging from rural places to resource communities. Yet the meaning and definition of rural and small town places is contested. Therefore, it is important to explore the different perceptions and definitions of these small localities, and the implications for services delivery which flow from these varied definitions.

Perhaps there is no definition of a small place that is more contested than rural. Around the world, governments and agencies define both “need” and “small town” places differently. These differences reflect not only the circumstances and geographies of individual countries, but also the mandates and missions of the agencies formulating the definitions. As show in Table 1, even a small sample shows the tremendous variation in terminology and definitional criteria in use. The implications of these different definitions are important. As seen in Table 2, the size and socio-demographic character of rural Canada shifts depending upon the definitional framework used. Whether rural Canada comprises 22 percent or 38 percent of the population can have an impact on its relative importance to media and public policy decision-makers.

Table 1: Definitions of Rural Around the World

Statistics Canada	Statistics Canada	OECD*	Mexico***	Australian Bureau of Statistics
Census Rural	Rural and Small Town Canada	Rural Communities	Rural Population	Very Small Statistical Local Area
individuals living in the countryside outside centres of 1,000 or more population	population living in towns and municipalities outside the commuting zone of larger urban centres (ie. outside the commuting zone of centres with population of 10,000 or more)	rural communities refers to individuals in communities with less than 150 persons per square kilometre	Population residing in settlements having 2,500 inhabitants or fewer	Under 500 people

*OECD - Organization of Economic Co-operation and Development

***Latin American and Caribbean Demographic Center

Even in Canada, there are differences in definitions between ‘rural’ and ‘small town’. According to Statistics Canada (2001), rural areas are a residual category and include all territory lying outside urban areas. Rural areas are also described to include small towns, villages, and other populated places with less than 1,000 people. Moreover, rural areas include “rural fringes of census metropolitan areas and census agglomerations that may contain estate lots, as well as agricultural, undeveloped and non-developed lands” (Statistics Canada 2001). Finally, rural areas include agricultural lands and remote and wilderness areas.

Aside from size, rural places can be defined by the types of relationships that exist in the community, as well as by the dominant type of land use. Tonnie’s concept of *gemeinschaft* was adopted to describe close kinship relations linked to a particular rural place leading to co-operative action for the common good (Cloke 1994, 537). Carter (1990) further notes that a rural community is small in size so everyone knows everyone else. Therefore, rural places are not just defined by geographical areas that may be largely undeveloped, but also by a close network of social systems where interaction is important.

Table 2: Indicator levels by definition of “rural” for Canada’s private household population, 1996

List of indicators	Census “Rural Areas”	“Rural and Small Town”	OECD “Rural Communities”	OECD “Predominantly Rural Regions”	Non-Metropolitan Regions (Beale)	Postal Code “Rural”	Canada Total
Private household population	6,298,350	6,274,320	10,845,435	8,911,415	7,581,970	6,444,475	28,390,685
Percent male	51.1	50.4	50.1	50.0	50.1	50.6	49.2
Percent female	48.9	49.6	49.9	50.0	49.9	49.4	50.8
Total “rural population” as a % of Canada total	22.2	22.1	38.2	31.4	26.7	22.7	
Employment rate, ages 25-54 (%)	74.9	73.7	75.7	74.8	74.2	73.9	76.7
Average income of economic families (\$)	50,424	47,002	50,889	48,879	47,989	48,130	55,986
Incidence of low income (%)	13.1	15.7	15.1	16.3	16.5	15.1	19.7
Old age dependency ratio (Population 65+ years of age as percent of population 15-64 years of age)	16.2	19.3	17.8	18.8	18.7	18.2	16.9
Child dependency ratio (population 65+ years of age as percent of population 15-64 years of age)	34.4	34.4	34.0	33.7	33.5	34.6	30.6
Place of work of employed persons, aged 25-54							
percent working at home	14.8	13.4	10.6	10.5	10.8	13.2	7.4
percent residing and working in a different CSD	56.2	45.4	45.5	39.6	40.7	50.8	43.9
percent residing and working in a different CD	18.7	15.5	15.1	15.2	15.4	18.5	16.8
Percent of persons, ages 25-54, with some post-secondary education	52.8	51.1	55.2	54.5	52.6	51.8	61.8
Percent of experienced labour force in manufacturing industries	13.7	14.3	13.7	13.3	14.3	14.1	14.3

Source: du Plessis, V., R. Beshiri, R. Bollman, and H. Clemenson. 2001. Definitions of Rural. Rural and Small Town Canada Analysis Bulletin. Vol. 3. No. 3. Catalogue no. 21-006-XIE. 1-17.

Similarly, Cloke (1994, 536) also recognizes the multi-faceted composition of rural places. He defines rural as:

areas which are dominated (either currently or recently) by extensive land uses such as agriculture or forestry, or by large open spaces of undeveloped land; which contain small, lower-order settlements demonstrating a strong relationship between buildings and surrounding extensive landscape, and which are perceived as rural by most residents; and which are thought to engender a way of life characterized by a cohesive identity based on respect for the environment, and behavioural qualities of living as part of an extensive landscape.

The Government of Québec (2001, 6) defines what is rural in ‘Politique nationale de la ruralité.’ For them, a rural territory possesses the following characteristics:

- The density of the population and the buildings is relatively low, given the limited size of the community, dispersed over a vast geographic space dominated by vegetation.
- Agriculture, farming, or the stake in the value of natural resources plays a dominating role in the economic use of the territory.
- The population maintains a particular relationship to the space, nature, climate, and seasons, and this relationship influences their life socially, economically, and culturally.
- The members of each community know each other, they have the sentiment of belonging to the community that they identify as the territory they occupy.

It is also difficult to define small towns. One potential solution could be to examine population size. Rural and Small Town (RST) refers to the population living outside the commuting zones of larger urban centres - specifically, outside Census Metropolitan Areas (CMAs) and Census Agglomerations (CAs). RST areas have a population of 1-9,999 where less than 50 percent of the employed individuals commute to a CMA/CA and less than 25 percent commute from a CMA/CA (McLaren 2002, 3). However, as Gill and Everitt (1993) note, small towns are integral parts of a region. They are not closed systems. Our earlier discussion of central place theory clearly linked service centres with hinterland areas. Therefore, it is difficult to delineate boundaries of influence and the population size within a town’s boundaries may not convey the town’s functional size. Some small towns may exist because of their location (i.e. commuter dormitories). Further, small towns cannot be explained solely by the number of central place functions they serve (Gill and Everitt 1993). Some small towns have experienced a decline of central functions, but not of residents. The demographic structure of small towns also differs according to the town function. Small prairie towns have aging populations, while resort communities have seasonal residents who can bias census results with these second home residents potentially becoming permanent residents after retirement (Halseth 1998).

Single-industry and resource-dependent towns mostly consist of small populations between 2,000 and 10,000 people (Gill 1990a). Features distinguishing resource towns from other small

towns include physical isolation from major settlements, as well as dependence on a single resource industry. This dependence can create economic vulnerability (Randall and Ironside 1996; Gill and Everitt 1993; Gill and Smith 1985). During the construction phase, resource towns may be characterized largely by a transient, single male population. Afterwards, such towns are generally characterized by a young, family-oriented population (Halseth and Sullivan 2000; Reed 1995b). The stability of these towns is influenced by the resource company. Consequently, these towns face uncertainty and transience, especially during economic downturns (Halseth 1999; Bradbury and St. Martin 1983).

Each of these types of small places is characterized by different demographics, land-use, geographic size, and location. Therefore, it is important to keep in mind that each of these small localities may face different challenges that will impact the types of services needed and their ability to meet those needs.

2.2 Characterizing Services in Small Localities

The large diversity of services available to communities and individuals can be regrouped according to different criteria, needs, or activities. Pépin (2000) regrouped services into 5 categories according to the needs to which they respond (Table 3). The first category consists of transportation services including the maintenance of highways, roads and paths. Next, comes services guaranteeing basic needs and which maintain the life of individuals, including the purification of water and the distribution of electricity. The third category encompasses social services such as schools, custody services, judicial services, and housing aid. Next, are economic development services including career counselling, technical aids for businesses, financial services, and insurance. Finally, Pépin identifies quality of life services like local bus stops, specialty shops (butcher, bakery, fruits and vegetables), day care, specialized and alternative health care, and sewage disposal.

However, since the focus of this literature review is on rural and small town services, it is important to further explore the types of services available in these small localities. Furuseth (1998) classifies rural services into a four-part typology derived by scale and user groups (Table 3). First, there are services to make rural areas more accessible to the world, such as postal services and communication networks. Second, there are basic infrastructure services necessary to support human development, such as water supplies, electricity, and roadways. Third, there are services designed to enhance local quality of life, such as educational and health care facilities, and recreation. Fourth, there are services for businesses, such as consultancy services, research and development investments, and upgraded infrastructure to provide a platform for rural business interests.

Similar to Furuseth, Carrier (1999) groups services for rural places into four classes according to targeted clients and needs (Table 3). A first class of services are those responding to physical and geographical needs such as telecommunications, transportation, water, electricity, garbage

collection, and post office. A second class encompasses social services responding to education and training needs. A third class offers services for companies, including counselling and financial services. Finally, a fourth class includes services to improve local quality of life, such as sanitary services, services for small children, for seniors, leisure services, socio-cultural services such as libraries, activities for culture and artistry, commercial services such as grocery stores, gas stations, and pharmacies (Carrier 1999, 6).

Table 3: Typologies for Services

Pépin (2000)	Furuseth (1998)	Carrier (1999)
Transportation infrastructure: highways, roads, paths, etc.	Communication networks: postal services, communication, etc.	Basic infrastructure services: telecommunications, transportation, water, electricity, garbage collection, and post office.
Basic services: water, electricity, etc.	Basic infrastructure: water, electricity, and roadways.	Social necessities: education and training.
Social necessities: schools, judicial, housing aid, etc.	Quality of life: education, health care, and recreation.	Business services: counselling, financial, etc.
Economic development: career counselling, financial services, insurance, etc.	Business services: consultancy services, research and development, and upgraded infrastructure.	Quality of life: sanitary services, services for small children and seniors, leisure, socio-cultural services, and commercial services including gas station, grocery store, and pharmacy.
Quality of life: specialty shops, day care, bus stops, etc.		

Within the debate about services classification is a concern for the quality of services. Cater and Jones (1989) note there is a declining and sometimes inadequate standard of service provision for rural areas. Limited transportation has been an issue in rural areas for some time (Wilson 1990; Hayslip *et al.* 1980), and some research has noted that rural places may not have public transportation (Halseth and Williams 1999; Northern and Rural Health Task Force 1995; Struthers 1994). Other areas, such as in rural England, have seen a decline in bus service (Rural Development Commission n.d.). Furthermore, access to high-order services such as computer repair services and assistance is limited outside of larger centers that have computer hardware, software and technical advice resources (Halseth and Arnold 1997). Therefore, not only is the availability of services an issue, but the quality of those services is also an issue.

Reed (1999) and Shera and Gill (1990) also note there are limits to services in resource towns, especially in health, housing, and education. According to the Northern and Rural Health Task Force (1995) in British Columbia, specialized services in particular were noted to be absent from rural and remote communities. Such specialized services include those for the disabled, mentally ill, elderly, as well as services and programs for HIV / AIDS, women, and youth. General programs about suicide and suicide prevention, and alcohol and drug abuse are also lacking (Northern and Rural Health Task Force 1995). Joseph and Bantock (1984) cite other

concerns for rural health services, which include inferior health care facilities and limited availability of emergency care treatment.

Child care is cited as a common service in rural England (Rural Development Commission n.d.). Traditionally, there have been limited child care facilities and youth social services in hinterland communities in Canada (Reed 1999, 1995b). For example, while shift work is common in resource communities, there has been a lack of flexible day care which would allow women to work shifts (Preston *et al.* 2000). However, these concerns were incorporated into the development of some new towns. In Tumbler Ridge, for example, a special program was put into place to provide day care for parents with shift work hours. Moreover, child care and educational services for children are challenged with caregiver and teacher turnover and competence (Reed 1995b; Gill 1990b). For women, access to shelters, victim services, and retail shopping is also limited in rural areas (Halseth and Lo 1999; Struthers 1994).

In addition, there are few programs for the rural elderly (Davidson 1996; Hayslip *et al.* 1980). Problems associated with home care for the rural elderly include a lack of services, inaccessibility, and a lack of visibility for elderly services. Further, there are problems in the way services are organized for delivery to a rural population, as Hayslip *et al.* (1980) found rural elderly clients were more likely to access services if they were more 'personalized.'

Blacksell *et al.* (1988) found accessibility problems to legal services in rural areas in the United Kingdom, the United States, Canada, and Western Europe, especially for the elderly, the disabled, and the poor. Some individuals cannot afford legal services, while others are reluctant to pursue them because they are unfamiliar with legal fees (Blacksell *et al.* 1988). Overall, availability and accessibility are issues challenging rural places. Yet, such services have a profound impact on the quality of life and retention of residents, particularly during times of economic uncertainty and social restructuring.

Rural and small town places also face a greater sense of vulnerability since their economies are typically less diversified than urban areas and are often controlled by decision-makers outside of these places. As previously noted, a distinguishing feature of many rural communities is a dependence on a single-industry, something that creates economic vulnerability under changing market conditions (Beckley and Burkosky 1999). Decisions and power surrounding the industrial sector is held by outsiders (Hayter 2000; Beckley 1996). At times, local governments are not involved in decisions, but instead are dependent on higher government levels (Reed 1995b). Therefore, these rural places have little control over decisions affecting single-industry restructuring or closures that can have significant impacts on the provision of services (Bradbury and St. Martin 1983).

Rural and small town places also tend to be more vulnerable due to the unstable, transient nature of their populations. For example, single-industry towns characterized by a mobile workforce may create social and economic problems as they migrate in and out of the community (Halseth

1999; Gill 1990a). Fitchen (1995) notes that out-migration may increase rural poverty because those with the least amount of education and job skills tend to stay behind. In addition, urban to rural migration can also increase levels of rural poverty as people moving from urban to rural tend to be older, poorer, less educated, and less connected to the labour force. Over time, there is a net population loss from rural areas and a net loss of human capital. Consequently, there are increased demands for services (Fitchen 1995). In a limited set of amenity rural places, urban in-migrants may be high income and high status, and their services demands may strain an already limited tax base (Halseth 1998).

Bluestone and Harrison (1982) also note the impact of plant closures on displaced workers and services. With the loss of jobs and family wealth, there is an increase in the demand for welfare and support services. Moreover, impacts on physical and mental health ranging from high blood pressure, ulcers, depression, and anxiety are coupled with the loss of health benefits. Bluestone and Harrison (1982) further note family and social relationships are strained. All of these will put pressure on the demand for rural services during economic and social restructuring.

2.3 The Issues for Services in Rural and Small Town Canada

Services in small places face some very specific issues that affect their accessibility and availability. The first have to do with the application of cost effective models by service providers and funders. Rural Canada, with its large distances and low population densities, face a significant challenge to maintain services that have high delivery costs (Furusetth 1998; Struthers 1994; Deavers and Brown 1980). This is exacerbated by government policy aimed at reducing government expenditures and involvement in rural service delivery (Halseth and Williams 1999). This stems from national concerns over the capacity of the economy, pressure to reduce public sector spending, an aging population (dependence), declining production base, and health sector inflation which leads to scarce health resources. The implications are reduced accessibility and availability of services in rural places (MacLeod *et al.* 1998). Second, Rosenberg (1983) notes physical access influences an individual's ability to overcome the cost of distance in reaching specific service locations. In rural areas, physical access confronts inadequate public transportation and harsh climate conditions (Blacksell *et al.* 1988; Hayslip *et al.* 1980). However, there are also mounting travel costs that may include fuel or flight costs, accommodations, meals, child care, and lost wages. A further consequence of travel difficulties is that family and friends from rural settlements are unable to visit hospitalized patients (Northern and Rural Health Task Force 1995).

Aside from physical access, distance affects the cost efficiency, as well as the quality, of rural service delivery. Rural areas are affected differently depending on their location in relation to the central place network (Joseph and Bantock 1984). For example, there may be slow police response times due to distances from regional centres (Struthers 1994). Healthcare delivery is also seriously affected by distance as on-call doctors can be more than one-hundred kilometers away (MacLeod *et al.* 1998). Joseph and Bantock (1984) note the decline and centralization of

general practitioner services in rural areas is only partially offset by increased household mobility. Such mobility will be increasingly problematic as the rural population ages.

Nurses may also face challenging travel conditions with difficult terrain and weather to non-local service destinations, resulting in stressful conditions (Northern and Rural Health Task Force 1995). At times, the distance to larger medical centres for transporting patients who cannot be managed locally may be compounded with weather conditions, making journeys difficult or impossible (MacLeod *et al.* 1988). Furthermore, the Northern and Rural Health Task Force (1995) noted there are discharge considerations that are different for rural patients as a result of distance barriers. They must consider the availability of home support services and family responsibilities that are available to them.

In addition to the pressures of a 'cost-effectiveness model' which drives a number of points raised above, many services are delivered or evaluated within urban based frameworks and criteria (Halseth and Williams 1999; Northern and Rural Health Task Force 1995; Blacksell *et al.* 1988). In the United Kingdom, for example, legal services, including access and expertise, were urban orientated rather than offering services relevant to rural issues (Blacksell *et al.* 1988).

Urban based frameworks are also marked by the proliferation of specialized providers. For example, Collier (1993) notes that within social work, there has been a tendency to break the field into specialties, such as child protection, welfare, domestic counselling, and employment. However, specialized services are rarely justified by demand levels in rural and small town locations. Struthers (1994) notes rural and small towns may only be able to offer generalist rather than specialized mental health services. In both cases, professionals trained in highly specialized fields will fit uncomfortably into roles as rural generalists.

In addition, there have been increasing calls for standardization and professionalization of service provision. Not only does this add cost, but in some cases standardization is inappropriate to the context of rural and small town places. For example, in urban Canada, nurses function within a restricted set of job responsibilities. However, in northern British Columbia, nurse practitioners deliver a much wider level of services including those often reserved for medical doctors – and there are calls to expand the roles of these nurse practitioners. Urban-based service delivery models simply do not fit the reality of rural and small town places (Northern and Rural Health Task Force 1995; Windley 1983). Nurses need to be 'multi-specialist' in communities that have limited resources. Nurses must be aware of the availability and accessibility of services, as well as the appropriateness of water, housing, social, and various health services. This includes the health status of children living in poverty, the mental health of the unemployed, and substance abuse in isolated communities (MacLeod *et al.* 1998). Nurses must also be aware of cultural safety issues and recognize and respect others' cultural rights, especially where nurses are working with First Nations people. Thus, the work of nurses is a reflection of community social concerns (MacLeod *et al.* 1998). Unfortunately, the Northern and Rural Health Task Force (1995) noted that in the past there has been no training for rural work. Without a general service model suited to rural and small town places, no services often

result (Struthers 1994).

Accessibility and availability of rural services is further impacted by the retention of professionals. Rural and remote communities in northern British Columbia experience regular turnover. Professional opportunities for leadership and community involvement, personal safety, and a sense of community are often heavily weighed against long work hours and little colleague support, as well as few opportunities for spouses or educational opportunities for continuing education and children (Northern and Rural Health Task Force 1995). Confidentiality is also difficult to maintain in rural service delivery (Boone *et al.* 1997; Struthers 1994; Collier 1993). This may cause some residents to seek services in larger centres that can improve their anonymity, while others may not seek help. Services must also adjust to gender and cultural sensitivities. Collier (1993) and Boone *et al.* (1997) acknowledge that health and social services may be foreign to aboriginal communities and must be adjusted to meet their needs. Finally, it may be difficult for service providers to obtain the resources necessary to initiate and maintain service provision in small localities. This is because human and financial resources, such as investment capital, technical expertise, markets, and information, are often controlled by southern political powers (Delaney 1995).

2.4 The Organization of Services in Rural Areas

The increasing mobility of North American society has added a new dimension to the organization of rural services delivery. According to Carrier (1999), if people question the availability and quality of local services in rural areas, they will travel to urban locations to access those services. As Stabler and Offert (1992) point out in Saskatchewan, such substitution places even greater pressure on the organization of rural services.

According to Carrier (1999), it is necessary to define both the local demand for services as well as to identify which local services are actually offered. This permits the differentiation of service needs already fulfilled with unmet service needs. It also allows for the identification of threatened services and how to promote existing services. Once a better understanding of local services is complete, a plan for offering future services can be elaborated. This consists of identifying the jurisdiction appropriate for the organization of services, assessing the financial viability of different options, and determining the place where services will be dispensed (Carrier 1999).

To continue to offer and develop rural services, many solutions or methods may be utilized. The publication 'Rural Europe' proposes many solutions by regrouping services "sous un même toit; un partenariat entre le secteur privé et le secteur public; la mise en place d'un projet associatif suscitant les participation des citoyens; une viabilité économique ainsi qu'un niveau de services professionnels et finalement la création d'une mobilisation et d'une coopération de l'ensemble des acteurs" (Rural Europe 2000). Here, participation and cooperation amongst citizens, private and public sectors are emphasized.

Similarly, Amiel (1993) emphasizes that in order to keep services in rural areas, and indeed even improve them, many options are available. One option includes learning to collaborate and cooperate towards changing the functional logistics of services delivery. This will involve breaking down jurisdictional barriers and forging partnerships between the state, associations, and private companies. The potential for innovation which these ties and partnerships create will suggest ways to adapt services to the changing needs of rural areas. From this base, alternative arrangements for local service delivery can be developed. For example, regrouping some services in the same place can be done in order to limit possible rural displacement. Such outcomes are best established through a closer relationship with rural residents when they, through their elected councillors and associations, participate in decision-making (Amiel 1993).

Carrier (1999) agrees with Amiel that in order for rural areas to maintain, enhance, or develop services, the participation of local people, and a partnership between the different jurisdictional authorities, must have occurred. From that point, it becomes possible to envision more concrete solutions to collective local needs.

In a larger sense, the re-organization of services in rural areas can be completed according to different “logics” or perspectives on development and profitability (Adali and Donzier 1992). In some cases, decisions can be made on a logical basis, where some facilities which were once exclusively urban (pharmacies, music schools, florists) could now be offered in smaller centres. In other cases, a catch up delivery logic can be applied where services are supported by the state (sports and cultural facilities). Re-organization can also come about through innovation, where initiatives come from the private sector or some local committees (domestic transportation for seniors or school transportation as examples). Finally, the re-organization of services can also respond to a logic of “concentration”, where services inherit old networks but work to re-organize in order to serve a sufficient consumer area (Adali and Donzier 1992).

It is not necessarily forgetting that methods mentioned this highly “doivent tenir compte à la fois des mutations affectant le monde rural et la structure des services publics, et des nouvelles aspirations de la population. Toute initiative doit évidemment aussi être adaptée à la situation locale” (Rural Europe 2000). In other words, solutions for service provision must be adapted to the unique situations that may exist in rural and small town places. Nevertheless, the way services are organized, distributed, or used may be influenced by the notion that “si l’absence de services compromet le développement des petites collectivités, la solution [...] ne peut résider uniquement dans le financement de l’État, ou bien par l’initiative du secteur privé. La satisfaction des besoins dans ce domaine devra venir, comme il est suggéré, par une participation des populations à la mise en œuvre de ces services et ce dans le cadre d’une économie sociale portée par les associations locales” (Carrier 1999, 15).

2.5 Services and Economic Development in Rural Places

More and more, services are called upon to not only change or be modified in order to better respond to new needs, but also to better respond to the economic and demographic situation of rural places. According to Abali and Donzier (1992), rural people are asking for more quality services in the same way as urban residents. However, the delivery of quality services in rural places confronts two clear obstacles. The first is that rural residents will travel to services which they feel better fit their needs (thereby by-passing local providers). The second is that the lower client base for rural services often translates as lower profits for service providers. This makes it more difficult to continue offering high quality services. As a result, debate over the improvement or maintenance of quality rural services based upon the notions of costs and profits cuts to the heart of the definitional divide between public and private services. The current application of ideas of profitability to the management and delivery of public services implies minimum thresholds of clients are required in order to guarantee the presence of these services. This runs counter to traditional public services where services are supposed to be offered on a relatively equal basis regardless of geography (Adali and Donzier 1992).

Moreover, changes to the demographic and economic characteristics of remote rural areas have provoked a restructuring for many public and private services. The scale of this restructuring depends upon the nature of the services in question. What is important is that any degradation of services in rural communities must not occur in advance of the loss of demographic or economic resources (Adali and Donzier 1992, 5).

In addition to the observations of Adali and Donzier (1992), rural regions have also been disadvantaged by changes to the “infrastructure” which supports communities and services. These changes include disengaging public services, degradation of infrastructure such as highways, and closure of businesses. This situation forms a vicious circle for rural regions, as the loss of services may dissuade potential residents and companies from settling in these regions. Furthermore, missing services can even motivate residents to leave (François-Poncet 1991).

Despite the general pressures facing service provision in rural and small town places, the particular arrangement of services in specific rural regions will vary according to the particular geographic, economic, and human capital characteristics of that region. That said, however, it is important to note that services create a value which adds to the economy and creates employment. Today in developed countries, “les services représentent plus de 50 per cent de l’activité totale et emploient près de 60 per cent de la population active” (Leroy 1997, 77). Services are no longer considered as unproductive, they are a part of the economy, they provide jobs, they create training opportunities, and they support other forms of economic development (Leroy 1997).

2.6 Services and Small Localities: Synthesis

Services are a complex and complicated part of the economy. They include an array of activities and are delivered and organized in a wide variety of ways. At present, many services are delivered through a cost-effective model, which ignores the context of rural and small town places, with the result that services become concentrated in larger centres. This lack of service provision makes rural places even more vulnerable during periods of economic and social transition when there are more demands for such services. Many rural communities are finding ways to overcome the challenges of distance and the high costs of delivering services to low population density areas. Moreover, services need to be delivered in a way that reflects the rural context, values, needs, and abilities of rural areas, so that they may be maintained over time. There are a range of ways in which services can be re-conceptualized and re-organized for rural and small town Canada. These include cooperation between services, application of generalized services models, clustering of services, and innovative public-private-volunteer partnerships. Struggles to sustain rural services, particularly during economically vulnerable times, can have a significant impact on sustaining rural communities. Fitchen (1991, 279) notes, “to survive, [rural] communities will have to generate determination, innovative ideas, and energy from within, as these are unlikely to be delivered to them from state and federal governments.” Two key concepts have emerged as important in the ways rural communities can generate such determination to provide solutions. These concepts are social cohesion and social capital.

3.0 Services and Social Cohesion

3.1 Social Cohesion

Beckley (1994) defines social cohesion as the extent to which a geographical place achieves ‘community’ in the sense of shared values, cooperation, and interaction. Reimer (2002, 13) builds on this notion of cooperation by defining social cohesion as “the extent to which people respond collectively to achieve their valued outcomes and to deal with the economic, social, political, or environmental stresses (positive or negative) that affect them”. In both cases, collective or community action is key.

‘Community’ can mean different things under different contexts. Halseth (1998) argues for community to be viewed as a set of relationships rather than a concrete entity. He describes two traditional ways of defining community, namely ‘place-based’ and ‘interest-based’. A place-based community is “defined by the imposition of boundaries [jurisdictional, administrative, or otherwise] designed to enclose some part of a local area” (Halseth 1998, 44). However, administrative boundaries may fail to “capture those outside the physical boundaries who also consider themselves part of that community while including those within who consider themselves separate” (Halseth 1998, 44).

An interest-based community refers to a conceptualization of involvement and interaction that forms “the social and spatial framework within which individuals experience and conduct most of their day-to-day activities ... bound together by a shared sense of belonging, and [how] the group defines a distinctive identity for its members” (Halseth 1998, 43). Interest-based communities are especially important in rural areas as the organization of residents over such large areas may include participation in different interest groups or different patterns of neighbouring and social contact with friends. The incorporation of ‘place-bounded’ relationships in ‘communities of interest’ is an important part of community change (Halseth 1998). Therefore, when place-based and interest-based communities come together or coincide, they enhance the local capacity to form bonds, as well as to utilize cooperation and interaction to respond to stresses that affect them.

Social cohesion is highest when groups work together to achieve some self-defined economic, social, political, or cultural objectives. Social cohesion can thus become a resource upon which people or groups might draw upon to achieve future objectives. Social cohesion can also be outcome-oriented, with activities such as visiting, participating, and borrowing (Reimer 2002). A common identity, a feeling of community support, and confidence in one's neighbours, are all perceived characteristics that can facilitate organization.

3.2 Relationship between Services and Social Cohesion

Social cohesion is achieved through social interaction. Such social interactions provide the basis for bonds among individuals, and are produced through interactions in daily life (Potapchuk *et al.* 1997). Social interaction has served an important role in rural and small town places. Robinson (1990) draws on Tonnies’ work on ‘Gemeinschaft’ and ‘Gessellschaft’ to demonstrate the role that social interaction has in local social cohesion. In Tonnies’ work, rural places are typified by social relationships based on kinship, locality and neighbourliness, fellowship, a sharing of responsibilities, and a furthering of natural good through familiarity and understanding.

One example of how social interaction has provided an opportunity to build social cohesion is through child centred networks. Bell and Ribbens (1994, 235) note, a woman's child centred network helps “to promote intimacy between mothers as ‘co-workers’ in the local setting. Women may become ‘friendly’ in quite an instrumental way, to help one another through various exchanges, but in the process they may build a very real sense of community.” Preston *et al.* (2000) have looked at the experiences of women as new residents of instant towns. In most cases, these women have not brought family ties with them, and, therefore, they do not have a ready family network of child care providers. Women in these situations often rely on each other as “local networks and resources to cope with constant responsibilities due to shift work” (Preston *et al.* 2000, 19). By providing services such as drop-in play school, women without family ties can help each other out and build social cohesion through their routine interaction.

However, interaction in rural and small town places can also be difficult. This is because the vulnerability and crisis of many resource-based economies can contribute to declining community cohesion (Reed 1995b). In resource towns, high labour turnover and transience act as barriers to forming social ties and friendships (Halseth 1999; Gill and Smith 1985). This is especially difficult for women in these towns (Gill and Everitt 1993; Gill 1990b). Still, Gill (1990a) found that friendships were formed through the workplace, people known from a previous place of residence, neighbours, the community centre, and others.

It has also been suggested that shift work makes community involvement difficult (Preston *et al.* 2000; Gill and Everitt 1993; Gill 1990a). In single-industry and resource dependent towns, rotating shift work schedules imply that an employee never works the same schedule two weeks in a row. This makes it difficult for families to plan vacations and child care provision. It is also difficult for local groups and organizations to maintain regular meeting times (Preston *et al.* 2000). Thus shift work may impact the operations of voluntary services.

Purposeful creation of social cohesion has been noted as one mechanism to stabilize the population through accelerated social interaction and friendship development. For example, Gill (n.d.) notes that the plans for Tumbler Ridge, B.C. were designed to quickly integrate residents into local decision-making. The physical design of Tumbler Ridge concentrated services in the town centre, creating both a sense of place and a space for social interaction. Moreover, the street and building layout was designed to encourage casual encounters. Hodge (1991) cites other communities including Kitimat and Mackenzie, B.C., Leaf Rapids, Manitoba, and Fermont, Québec, as places which have used physical designs to encourage social cohesion through interaction.

3.3 Services as Mechanisms and Opportunities for Routine Interaction

Volunteer Organizations

Volunteer organizations play an important role in building the social cohesion necessary to act to respond to forces of social change (Beckley and Sprenger 1995). Volunteering is a way to meet people, develop relationships, and participate in the community (Marshall 1999). Moreover, voluntary organizations can provide a range of services that are important during periods of transition. Despite this importance, voluntary organizations are often in a precarious position. Organizations have identified that if they ceased to exist, there would likely be no other organization to step in and fill the void (Bruce *et al.* 1999).

The Women's Resource Society in Tumbler Ridge is an example of a volunteer organization that provided services for women, and through those services created opportunities for social interaction and the building of social cohesion. The Women's Resource Society was formed in 1988. It hosted women centred events such as International Women's Day, and provided women

in town with social networking opportunities. In 2000, the Tumbler Ridge Women's Resource Society established a 'Women in Transition Coffeehouse'. The goal of the coffeehouse was to celebrate friendships and to talk about the changes they were experiencing in the town as it coped with the Quintette mine closure (Community Connections, June 21, 2000). Through their services, voluntary organizations can provide the opportunities for interaction that build social cohesion.

Volunteer organization, however, may face challenges in mobilization. They may lack members, have members who offer little participation, or they may not have adequate training to carry out their activities (Bruce and Halseth 2001; Bruce *et al.* 1999; Marshall 1999). However, Carpenter (1980) notes that long-term retention in a community can have implications for fewer turnover problems and training expenditures for volunteers. Ploch (1980) further notes that newcomers seek membership and positions on community boards and organizations in an effort to show commitment and involvement in their new community. They can quickly rise to leadership positions due to their education and experience (Ploch 1980). A final issue for volunteer organizations is that they face financial constraints with little or no funding. Funding limitations are especially important in circumstances where voluntary organizations are being called upon to fill the gap in services as public or private providers close operations in rural and small town places.

General Public Services

Many public services also serve as focal points for engaging in routine local social interaction. In Britain, for example, many village post offices operate in conjunction with private businesses such as grocery shops or news agents, thus becoming a major focal point for daily community interaction (Robinson 1990). In Canada, the organization 'Dignité rurale du Canada' feels that "les bureaux de postes constituent le coeur de la collectivité de façon aussi bien symbolique que pratique" (Beaudry 2000, 190). It is why they fight for their survival. Schools also serve multi-functions, providing a place for 'assembly' activities such as aerobics classes, Scouts and Guides groups, parent-teacher associations, community councils, art and music groups, recreation organizations, as well as seniors' and women's groups (Robinson 1990). Carter (1990) notes a case where a community in Britain had very few facilities in the area. Consequently, a new school was designed to include a hall, meeting room, snack counter, light crafts area, and a reading and display area. Rural seniors' centres can similarly serve as such multi-function resources for the entire community as well as the elderly (Krout *et al.* 1994).

Within the health care system there may be a local health board, or there may be an active voluntary organization that supports government financed and programmed services. Examples include the Comox Valley Nursing Centre (Attridge *et al.* 1997; Ritchie *et al.* 1995), as well as Guthrie House (Halseth and Williams 1999) where services are organized and delivered in an alternative way to the formal health care system. Without these alternative arrangements, many of the services they house would not be available in these rural places. Within the education

system there may be community involvement through participation on committees or use of facilities (Bruce and Halseth 2001). The withdrawal of public sector funding in health and education has created a vacuum into which rural residents have put innovative and creative solutions.

3.4 Relationship between Changes in Services and Interaction / Mobilization Process

Changes in, or closures of, services can have a profound impact on opportunities for interaction within a community. Service closures in rural and small town places have been brought about by community crises, as well as restructuring policies looking to improve the cost efficiency of service delivery. Such closures have profound impacts on the most vulnerable residents of the community, while at the same time, they can affect the very viability of rural places. For example, the closure of post offices tends to have the greatest effects upon pensioners and young families who obtain social assistance through the post office (Robinson 1990). The impact is particularly difficult for the elderly, who are challenged financially and physically, who may be facing longer distances and more costs to access services (Carter 1990). This can happen at the same time as there are cutbacks to public transport.

Reed (1999) notes that changes in social services affect women who must then travel long distances to access these same services. Closure of rural schools affects young families but may also have implications for the existence of some towns as these young families may move closer to the children's new school (Robinson 1990). However, since many service sites (ie. school buildings) act as multi-functional spaces for different groups, they can also have impacts on a range of local groups and services.

Changes in rural service provision have also been impacted by the increased mobility of rural residents. Halseth and Sullivan (2000) draw upon the experience of a long time northern resident in the upper Fraser River region in B.C. to depict the impact of road infrastructure changes on interaction and mobilization processes. The long time northern resident recalled that:

some people worked equipment, and others had various jobs within the sawmill. As they lived in an isolated town, it took them a long time to go to the city, but people still went. They went for shopping, for a treat, or to see a movie. Then the road was fixed up, then paved, and you could get to town much quicker. As there wasn't much to do in the sawmill town, not a lot of stores, and the schooling was just elementary, more and more people decided to live in a big town and sawmill workers would just commute. Eventually, the town disappeared (Halseth and Sullivan 2000, 9).

In this case, infrastructure changes to transportation led to an increased mobility of rural and small town residents and a decline in community interaction as people left.

Services in rural and small town places play a vital role in retaining residents. Rural inhabitants driving to urban centres in order to buy cheaper goods from a supermarket or big box retailer can bring about the closure of village stores (Halseth and Sullivan 2000; Davidson 1996; Robinson 1990). Such closure of village stores can lead to further depopulation, a greater reliance on centralized services, and hardship for rural inhabitants least able to travel, particularly the elderly and poor (Davidson 1996; Robinson 1990). This is exacerbated by public transport or rail closures that further reduce access to services. The closure of small primary schools has similar effects, as without schools it becomes difficult to retain and attract young families or businesses to rural areas (Carrier 1999). All of these closures and changes in service provision have reduced the places and opportunities for routine social interaction, which ultimately affect the formation of relationships and social cohesion.

It is important to note that such crises in service provision can also provide a motivating pressure for residents to take action to meet community needs. Krout *et al.* (1994) recognize the importance of seniors' centres as places for rural elders to engage in social, recreational, and volunteering activities. These centres serve as 'communities' that provide rural seniors with a sense of integration. Recently, eight rural seniors' centers in northern Alabama were faced with local government funding cuts. Subsequently, the DeKalb County Council's director decided to form a not-for-profit corporation to employ seniors to pair and package socks for local sock mills. The program generates money for rural seniors' centers, and provides employment for older persons in an area where such opportunities are limited. It has also helped to fund the construction of a new center in the largest community in the area. The new center offers programs involving nutrition, transportation, health education, and employment (Krout *et al.* 1994).

In Elgin, Ontario, long-term social and health problems, as well as a lack of resources, led to a mobilization of volunteers to develop Guthrie House (Halseth and Williams 1999). This is a community-based health and wellness centre managed by volunteer organizers that provides services formerly provided by mobile units. Services target specific groups, such as the elderly, and the larger community, such as substance abuse. It also plays a medical intervention and preventative role in community health (Halseth and Williams 1999).

In St. Clement in Québec, the closure of the post office has allowed, after a long battle, for the transformation of this office into a centre where the community can have access to a computer room (Beaudry 2000). This permits, at the very least from a symbolic point of view, maintenance through the use of the Internet and e-mail, the connection to the world that was guaranteed by the old post office.

All of these signal well developed social cohesion as groups have come together to respond to a local service need. These rural and small town residents have demonstrated shared values through participation and cooperation. It is the outcomes of this interaction, cohesion, and service delivery which is transformed into social capital.

4.0 Services and Social Capital

4.1 Social Capital

Social capital refers to social assets, either with respect to the source of investment or with the goods or services produced (Reimer 2002). Social capital is treated either as stock (networks, institutions) or flow (social participation, collective action) components (Reimer 2002). Social capital also includes the extent of social trust and relationships found between individuals or within a particular group or community. This foundation of trust and prior relationships is thus a resource drawn upon to accomplish things for these individuals or groups such as the provision of services to meet local needs (Bruce and Halseth 2001; Wall *et al.* 1998).

4.2 Issues in Building Social Capital

Inclusion and Exclusion

There are several issues and constraints to building the effective partnerships and networks that ultimately contribute to social capital. Such issues include processes of inclusion and exclusion, as well as reciprocity and trust. While participation and interaction is important to building strong relationships within a community, there are times when it is impacted by processes of inclusion and exclusion.

People may be excluded from participation due to political influence, work schedules, lack of resources, racial discrimination, costs, distance, and a lack of education. For example, shift work in resource communities makes community participation difficult (Gill and Everitt 1993). This will have an impact on voluntary organizations that depend on local participation to deliver services. In addition, local business coalitions can exert strong influence on local governments, sometimes closing avenues for participation by other parts of the community, and reducing access to political influence (Reed 1995a; Reed 1993). Limiting factors to local government involvement include access to information, participation rules, and involvement mechanisms. However, Reed (1997) notes that changes in rural places, non-governmental organization structure, and changing government funding mechanisms, have allowed some local non-governmental organizations increased influence in the provision of environmental goods and services.

Access to knowledge is important in the formation of partnerships and networks. The Internet has been a useful tool for overcoming access to information barriers in rural and small town places (Halseth and Arnold 1997). Yet, some rural residents may be excluded from using the Internet because of technophobia, specialized vocabulary, and costs. They may also lack the typing or literacy skills to function in this text based environment. For some rural residents, Internet access is limited and the closest Internet server may be located three or more hours drive

away in an urban center. This translates into long distance telephone charges to connect (Halseth and Arnold 1997). These problems can make it difficult for service organizations to bridge social capital with other organizations, or to access information or funding support that can build partnerships and improve service delivery.

Bruce and Halseth (2001) warn that building strong and cohesive links among a set of decision makers within different organizations may also lead to exclusion of newcomers or new ideas. Furthermore, exclusion has the potential for forcing conformity. Others raise the issue of whether social capital, or the level of trust found within a particular group or community, may exclude others from access to scarce local resources (Wall *et al.* 1998).

In contrast, services can also create an inclusive and collaborative foundation for building effective partnerships for service delivery. For example, the Comox Valley Centre has a partnership with an advisory committee made up of 'ordinary' community members. This allows the nursing centre to develop according to community needs, values, beliefs, and visions (Ritchie *et al.* 1995).

Reciprocity and Trust

Wallis (1998) notes the importance of building networks based on shared values and reciprocal obligations. Drawing on Putnam, she argues that reciprocity is the assurance community members have that their altruistic actions will be rewarded. This assurance of reciprocity ensures their continued willingness to contribute to others' welfare. People are, therefore, less likely to opt out of civic responsibilities and social attachments. In turn, this can create more certainty and stability (Wall *et al.* 1998). Thus, trust and prior relationships are critical to building and maintaining social capital.

Knight (1991) uses the 'Rational Actor Theory' to examine one facet of how the characteristics of interest groups influence reciprocal obligations for participation. The theory specifies that individuals join a group if the expected benefits of group actions outweigh the expected costs to the individual. The most likely groups to form are those promising high benefits for low costs, and which can keep the benefits for group members. Knight (1991) notes that collective goods, such as clean air, cannot be restricted to group members. Therefore, there are benefits for anyone who is or is not part of the group. Consequently, there is no incentive to join because the 'free rider' gets the benefits of the group with no cost. This type of action can hamper effective commitment and participation, and hinder the development of networks and partnerships.

Potapchuk *et al.* (1997) note that racial and ethnic animosity, imbalances in political power, and controversial past policy decisions can all erode trust and cooperation. However, trust may also be eroded through evaluation processes stemming from political power structures. According to Wallis (1998), program evaluation is usually performed at the request of a funding agency. But often this learning is not shared with the organization whose work is being evaluated, or with the

community it serves. Such traditional evaluation is perceived as a top-down requirement conducted to demonstrate accountability for funds. Consequently, the evaluation process becomes a potential source of distrust between community practitioners, evaluators, and funders. Instead, Wallis (1998) feels that evaluation could be a source of mutual learning that operates to strengthen relationships by enhancing an understanding of what is happening in the course of a community building process. Relationships are further strengthened by developing trust in the kinds of contributions that different stakeholders are making in the process. Many local service providers, such as Chamber of Commerce, Tourism Centres, and health and wellness agencies fall into this danger. In such cases, external funding agencies (often a provincial government) change funding levels, criteria, or even eligibility without the knowledge or involvement of rural service providers. Such disjunctures lead to an erosion of social capital between groups and funders.

4.3 Components of Social Capital

Two types of social capital include ‘localized social capital’ and ‘bridging social capital’ (Bruce and Halseth 2001; Wallis 1998). For Potapchuk *et al.* (1997), the strength of localized social capital is the ability to work together to solve local problems and meet local needs. Localized social capital is associated with individuals and is constrained by place (Bruce and Halseth 2001; Wallis 1998). Examples of localized social capital can be found in choral societies, soccer leagues, and social clubs that help to foster local trust and cooperation while providing a range of local services (Potapchuk *et al.* 1997).

Community events are another example of localized social capital as they provide important service and economic spin-offs (Bruce and Halseth 2001). The existence of community events is a critical indicator of whether social capital can be mobilized on a routine basis. Where annual events are carried out, the breadth of social capital linkages is an indicator of the diversity of involvement from across the community.

Bridging social capital extends to individuals and organizations that are not necessarily constrained by place (Wallis 1998). The interest is with linkages between groups and organizations that form a network of support, information, and resources (Bruce and Halseth 2001). Such networks can provide information about how other groups or places are arranging or providing needed services.

Businesses can also play an important role in supporting social capital creation. A cross-Canada study of volunteer sector organizations identified local events and activities as a major contributor to the quality of life in small places, and identified the support offered by local businesses as one of the key reasons why such activities are successful (Reimer 1999).

Local government, and other public and private bodies, can also facilitate the building of social capital. Such local institutions have the ability to convene decision-making processes, sponsor

dialogues, and develop policy that encourages the collaborative decision-making that can build social capital (Potapchuk *et al.* 1997). Halseth and Arnold (1997) provide an example of the formation of partnerships with local government assistance through the development of an Internet Society in a rural community. In order for the Internet Society to arrange Internet access in their community, they had to develop a set of partnerships. These partnerships included Industry Canada (Community Access Program funds), local educational institutions and businesses, the public library, local community groups, as well as the local government. Through building a broad base of social capital, the Internet Society now provides affordable access to the Internet through a local high speed data transfer system (Halseth and Arnold 1997).

To support a nutrition program, the seniors' center in Buffalo, Wyoming (population 3,300) joined forces with four local banks (Krout *et al.* 1994). The banks support the homemade meals program with both money and personnel. The center has become a focal point not just for seniors, but for the entire community. It provides the only public transportation in the county and rents the center facility to other groups for multiple uses.

A final example of bridging capital and the creation of partnerships is in rural England where service provision and development was through shared premises, vehicles, and staff (Rural Development Commission n.d). Potential benefits of joint service provision include better or more secure services, as well as shared premises that can act as a community focal point. Additional benefits include cost savings, additional income from better use of under-used resources, and synergy from working with other organizations. Where a large number of service providers use the same rural facility, there is also an opportunity to enhance client confidentiality as there are many reasons a person may use the facility (Halseth and Williams 1999). These examples demonstrate the important role of partnerships and bridging capital to deliver rural services.

5.0 Conclusion

Rural and small town residents face problems with respect to the accessibility and availability of services that are increasingly delivered under cost-efficient models in higher-order settlements. They must face challenges of distance and find solutions to the high costs of delivering services to low density areas. These challenges can become even more daunting during periods of economic downturns and social transition when there are more pressures and demands for rural services. Social cohesion and social capital can help rural and small town places overcome these challenges and develop alternate strategies for local service provision. In turn, the availability of basic local services plays a key role in community sustainability.

Social cohesion is developed through a sense of community that stems from shared values, cooperation, and interaction. For many rural places, issues such as transience and shift work can be obstacles for routine interaction. However, volunteer organizations and public services can provide forums for residents to develop friendships and mobilize to deal with community issues.

Hence, opportunities for social interaction and mobilization may allow social cohesion to form social capital as residents form networks and take collective action through participation to respond to changes needed within the community. Such networks may take the form of localized social capital through participation in local events, or the form of bridging social capital through the creation of linkages and partnerships with other groups, businesses, and institutions. Hence, social capital enhances social mobility, economic growth, and community viability.

Services provision in rural and small town Canada is under stress and is rapidly changing. The loss of services, on even an incremental basis, is having a significant impact on local quality of life and the ability of places to hold or attract economic development. This loss, however, also provides some opportunities for local communities to come together to create innovative and alternative service delivery means. Therefore, services are one tool for rural and small town places to employ in retaining people and economic activities and services are also a tool for attracting new people and economic activities. Communication, transportation, business, health, and education services each play a role in maintaining local residents and economic activities in communities and are similarly important in their recruitment.

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