

The Elderly Aid The Elderly: The Senior Friends Program

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Eligible elderly persons seeking part-time work were given an opportunity during a demonstration project to serve as senior companions for the less capable aged who needed companionship and care. The services included work both in the community and in nursing homes. The tasks performed by the senior friends in the community varied somewhat, since the needs of each recipient determined the type of assistance. The study findings show that the program's operational goals of providing meaningful employment and job satisfaction were reached. All the senior friends who participated in the project viewed their work as satisfying and valued their work experience. For the community recipients, operational goals were successfully reached, except the aim of bringing about closer social integration of the client with his social environment—his family and his friends. For the recipients in nursing homes, operational goals were not reached as planned; these goals were replaced by others toward which the workers directed their efforts effectively.

IN THE FALL OF 1969, in Cincinnati, Ohio, a group of elderly persons began acting as companions to other less capable aged men and women. Their activities were part of a demonstration project operated by the Catholic Charities of the Archdiocese of Cincinnati and jointly supported by the Social Security Administration and by the Administration on Aging, Social and Rehabilitation Services—two constituent units of the Department of Health, Education, and Welfare.

The Senior Friends Program, which was under the direction of Mrs. Izella Kendrick, was designed to demonstrate that the healthy elderly could serve as senior companions for the less capable aged who needed companionship and care. Both those whose services were employed in the program and those who received the services are target populations for social action.

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Both groups are impoverished, with social security benefits constituting their only source of income, in most cases.

The program offered part-time employment to the elderly seeking work—the “senior friends”—thus directly improving their financial state and indirectly influencing their general welfare through the intangible returns that such meaningful work can bring. For the incapable elderly—the “recipients”—the program offered individualized attention, aimed at bolstering their level of functioning and maximizing their independence.

Program plans called for service to two types of recipients:

- 1 Social security beneficiaries living either in the community or in nursing homes and handling their own financial affairs. The senior friends were to offer this group companionship and supporting services in day-to-day living.
2. Social security beneficiaries in nursing homes whose inability to handle their own affairs has required the designation of a “representative payee” by the Social Security Administration.¹ (The Social Security Administration is interested in assessing the potential value of using outside organizations as representative payees where no relative is available who can perform this function for the beneficiary. For beneficiaries in nursing homes and similar institutions, it is often difficult to find representative payees other than the institution itself. There may no longer be any relatives interested in maintaining or in a position to maintain sufficient contact with the beneficiary to handle his funds for his best interests.)

The second group—those for whom the senior friends program served as representative payee—is not included here, since administrative procedures delayed the start of this aspect of the demonstration project, and evaluation was still in progress when the present report was completed.

¹ A representative payee is a person selected by the Social Security Administration to receive the monthly cash benefit on behalf of a beneficiary whose interests are served by this action. Before payments for an adult beneficiary's use may be made to a relative or other person, positive evidence must exist that he is incapable of managing his own cash benefit.

In the entire program the objective was a one-to-one relationship with the client, made easier by the very small caseload of the senior friend. The emphasis was on friendship, not professionalism, and the workers were to follow diffuse guidelines rather than strict rules. This approach was believed to be appropriate for affecting the conditions of the incapable or marginally incapable aged. The nonprofessional recruits, themselves elderly and poor, were considered able to put themselves in the client's shoes and thus to be particularly suitable for the desired mode of service delivery.

In employing the aged to help other aged persons the demonstration agency aimed at affecting both the helpers and the helped. Those employed by the agency, as well as those who were ultimately to receive assistance, were its clients. The success of the agency's program was thus dependent on two related effects—directly on those hired and indirectly, through these intermediaries, on the recipients.

The demonstration agency had successfully operated a foster grandparents program before submitting an application for the senior friends project. The foster grandparents program offered older persons an opportunity both to obtain the satisfaction derived from helping young children and to earn some much needed income for themselves. The senior friends program was an attempt to apply the same concepts in another effort to help older persons in need. The success of the earlier program was a factor in the submission and approval of the application of the project for senior friends.

To evaluate the success of the demonstration in improving the lot of the elderly involved, an independent research project was undertaken by the Institute on the Family and the Bureaucratic Society in the Department of Sociology at Case Western Reserve University.

SELECTION OF PARTICIPANTS

In the summer of 1969, a newspaper article carried a description of the planned senior friends program, with the information that eligible persons interested in becoming senior friends could apply to the agency for employment in this capacity. Eligibility requirements included an

income level of not more than \$3,000 a year for a couple and not more than \$2,400 a year for a single person, as well as certain personal qualifications specified by the agency. Twenty of those who applied were selected.

Recipients of senior friends service were located both in the community and in nursing homes.

Services in the community.—A metropolitan housing project—a public high-rise apartment complex for the aged—was chosen by the agency to constitute the community setting. Resident managers of three buildings made referrals of the 23 elderly residents who were to constitute the community beneficiary group. Ten workers were assigned to this group, and regular service began early in September 1969.

Services in nursing homes.—The program director selected three nursing homes to receive the services of the senior friends. Under agreements with nursing-home personnel, a head nurse in each institution was expected to act as a coordinator responsible for making referrals of patients to the senior friends and for supervising day-to-day program activities. Forty-four patients of these nursing homes made up the institutional group to whom the other 10 senior friends were assigned. In the middle of November 1969, services for this group began.

Comparison groups.—In order to evaluate the impact of the services, it was necessary to select comparison groups for study who were *not* receiving program aids. For both the community and nursing-home segments of the program the comparison groups were chosen in a fashion similar to that used for the service groups. The Metropolitan Housing Authority of Cincinnati, which houses the community recipients, made available three of its other public buildings for "control" purposes. The resident managers of these buildings were approached by the project director and asked to refer residents under the same criteria as the earlier referrals for service. Thirty elderly persons, thus selected, became the comparison group for the community beneficiaries.

Three nursing homes similar in size to those participating in the program were made available for control purposes by one consenting proprietor of several area institutions, and 40 of the resi-

dents of these homes were selected on the same basis as the program's nursing-home recipients of the service.

Twenty "foster grandparents," chosen from a program also directed by the senior friends project head, constituted the comparison group for the senior friends themselves. Here the function of the comparison group was to determine if the program could match the success of the foster grandparents program in offering elderly persons of similar backgrounds satisfying employment.

PROGRAM GOALS

Among the program's operational goals for the beneficiaries, major emphasis was given to the formation of personal one-to-one relationships between the workers and their clients, not only for greater ease in meeting individual needs but also as an independent value in itself. For those in the community, assistance in home management and closer intergration of the aged person with his social environment were specific goals related to client needs. These goals are considered operational inasmuch as they provided the means of reaching the following long-range objectives of the program: (1) The personal survival of the beneficiary, (2) maintenance of his living independence, if he was in the community, and (3) his personal contentment.

The effects of the program on the senior friends, who found in it a much-sought-after employment, were expected to be different from the effects on the recipients. For these workers, the operational goals were a meaningful job, job satisfaction, and effectiveness in carrying out work tasks. In addition, though the long-range criteria for "success" are elementary for the recipients (survival, living independence, and contentment), for the workers "success" is both more subtle and more inclusive.

Separate sets of goals were formulated for the two groups of clients because each has a different potential. For the healthy elderly who are able to work one strives not only to alleviate stress but to enrich their lives and bring about a higher level of social functioning with accompanying psychological returns. Improved economic resources, increased social integration, personal contentment, and a positive self-image

thus become the long-range objectives. The program goals for workers and for clients are, of course, inextricably intertwined, since achievement of worker goals would lead to success in reaching the operational goals for the recipients.

EVALUATION METHOD

In accordance with the evaluation plan, the principal tool used for collecting data was the formal interview, using a structured questionnaire modified to meet the specific situations of the various subgroups. As the program began, the recipients were interviewed either at their homes or in nursing homes by means of a structured questionnaire. Concurrently, the two comparison groups were selected but not interviewed. Six months later, a postinterview was obtained from the two service groups and the two comparison groups were also interviewed. Twelve months after service began, all these groups were rechecked in order to learn the survival and relocation status of the respondents.

The senior friends were interviewed in the beginning of the demonstration year, and both worker and comparison groups were interviewed 12 months later. (An additional interview at 6 months covered only the areas of worker-client relationships.)

Some of the questions in these interviews produced scales that permitted the measuring of diagnostic and outcome criteria on which the analysis of the program centered. Two experienced interviewers and the field director conducted all interviews.

For the senior friends and the foster grandparents, as well as for most community recipients and their comparison group, interviewing was carried out smoothly and without difficulty. In the nursing homes, interviewers met with situational and personal resistance resulting from institutional factors of which the researchers became aware in the process of administering the interviews. These factors in themselves constitute meaningful findings with respect to the entire senior friends' venture into nursing homes.

An exclusive private interview with a nursing-home patient was in many cases impossible to secure. During most of the daytime hours, patients were gathered in the recreation room—

where a television set commanded the attention of all present—or in the dining room or other communal location. The omnipresence of the group in circumstances of “batch living” did not always mean alert, active interest in the social surroundings. On the contrary, many of those within the group were withdrawn and indifferent. Yet the presence of others, either active or inactive, or the compelling attraction of a TV program presented a major obstacle to the interviewer. Furthermore, some patients were unable to understand questions, others gave grossly inconsistent answers, and some could not grasp the meaning of the desired personal communication.

Many of the nursing-home clients were physically and mentally impaired, but the impact of their institutional confinement had more far-reaching consequences in limiting their potentialities than their illness alone would have implied. Staff members tended to manifest a lack of concern for the resident as an individual and showed a tendency to stereotype and oversimplify. Though the interviewer’s visit was scheduled with the full consent and at the convenience of the institution’s staff and a list of the respondents was submitted in advance, staff members did not explain the forthcoming visit to the patients or prepare them for it.

The prevailing attitude in the nursing homes was that residents do not lead personal lives that may include activities occupying their individual time or attention. Their time is thus unfilled unless the institutional schedule otherwise dictates. Stereotyping of patients, particularly with respect to their mental difficulties, was frequent.

Very often, patients are labeled senile by staff members and considered incapable of comprehending verbal approaches. Any obstacle in communicating with them is used as an excuse for abandoning efforts in this direction. On many occasions the interviewer was discouraged by staff members from initiating an interview with a patient “known” to be “senile” or from persisting in efforts to make herself understood by a so-called senile patient.

These experiences of the interviewers served the purpose, however, of pointing up the need for reconstructing the dynamics of the task the senior friends were to perform in the nursing homes. If underlying institutional structure and

attitudes affected the interviewer’s efforts, clearly they would affect even more the work of the senior friend who had to carve out a continuous role within the system as it exists.

FINDINGS

The study data on the workers show that the operational goals of providing meaningful employment and job satisfaction were reached. All the senior friends viewed their work as satisfying and valued their work experience. It was not clear, however, that those working in the community appreciated their role in terms of the larger goals of the program, despite their involvement in personal relationships with their clients. They exhibited a narrowness of focus that did not go beyond the concrete tasks they performed. Nor was there apparent any awareness of the worker-client relationship as an element of importance in their assignment. Those who provided services in the nursing homes, on the other hand, appeared better able to see their work in the context of an overall set of services to their clientele.

From the viewpoint of job effectiveness, workers in the community succeeded in carrying out the services as planned. Those working in the nursing homes were unable to do so and adopted a new pattern of activities and goals.

The tasks performed by the senior friends in the community varied somewhat from case to case, since the needs of each recipient determined the type of assistance. In most cases, they engaged in housekeeping chores (cleaning, laundry, ironing, cooking), errands and escort services (marketing, paying bills, cashing checks, escorting to doctor’s office), and companionship (talking about family, chatting, writing letters). The workers manifested readiness to meet unpredicted needs characteristic of the uncertainty of the lives of those whose physical and mental health is continuously declining.

The goal of creating one-to-one personal relationships with clients was not reached in the nursing homes. A pattern of long individual visits with clients, originally planned, was abandoned early in the year. Coordinators at the nursing homes felt that a 2-hour period for each

recipient was an excessively long timespan. The program director then suggested a 1-hour daily visit with each of four clients. It was not possible to follow this shortened schedule, however. Coordinators viewed even an hourly visit as inappropriate, since they felt there would not be enough to do or to talk about.

Workers were channeled by nursing-home personnel to recreational group work and encouraged to talk to any patient who seemed to respond favorably to their initiative. In the course of a day's work, the senior friends helped patients dress, brought those restricted to wheelchairs to areas of activities, helped feed patients and read to them, and organized group recreational activities.

It is apparent that the nursing-home situation did not provide fertile conditions for the emergence of personal relationships or for individualized service to the elderly. The aggregation of patients for most of their daily activities, the routinization of most aspects of life, the emphasis on impartiality that predominates on all levels—all these institutional characteristics militated against close personal interaction between the residents and the senior friends.

Measured against the ultimate criteria of improved economic resources, social integration, and contentment, the gains for the entire group of workers were considerable. With respect to the fourth ultimate criterion—positive self-image—the results were different for the two types of workers. Being a senior friend in the community promoted a favorable self-image, but working in a nursing home affected the self-image negatively to some degree.

For the recipients, the outcome of the services varied generally in the two settings. The program's operational goals were successfully reached for the community recipients, except the aim of bringing about closer social integration of the client with his social environment—his family and his friends, in other words. The community client enjoyed close personal relationship with his senior friend, who proved to be sensitive to the client's needs and ready and able to serve them. Though the worker was unable to bring about an active concern on the part of family, friends, or neighbors, she herself provided needed companionship and assistance.

The findings related to the ultimate criteria

of survival and institutionalization are ambiguous: The recipients had lower mortality rates but higher institutionalization rates than the comparison groups. Nevertheless, many of those interviewed manifested improvement in their level of well-being. The program succeeded particularly in raising the contentment of the most desolate among the recipients. Those with no family in the area responded to the help and friendship with increased morale, but those with some family nearby seemed to respond less favorably to the assistance of the nonfamily worker.

A group of elderly persons who refused service were followed up in the same fashion as the program clients. Though their personal characteristics and family networks were similar to those of the clients, their average contentment score—measuring their feeling of well-being—was higher. This finding has significant implications for the services.

For recipients in nursing homes, the operational goals of forming meaningful relationships with the workers and of gratifying needs on an individual basis were not attained. Survival—the first ultimate goal—was not successfully effected. It appeared from the interviews with recipients, however, that some gains in contentment were achieved as a result of the generally increased services and the attention afforded by the senior friends' presence in the nursing homes.

CONCLUSIONS

On the basis of these findings and the interpretations given to them, one may conclude that the senior friends program succeeded in reaching the goals originally set for the workers and for the recipients of the services who resided in their own homes in the community. For the recipients in nursing homes, operational goals were not reached as planned; these goals were replaced by others toward which the workers directed their efforts effectively. There is some indication that ultimate goals for these recipients were thus reached by the substitute means developed in response to the realities of the organizational constraints of nursing homes as institutions.

The following comments on the administration of social service to the elderly are given not as authoritative conclusions but as ideas worthy of

consideration in an area already complex. They arise out of the evaluation of the data and experiences of the program and are designed to suggest more effective methods of service delivery.

1. The engagement of service with clients ought to be welcomed by the clients, if not initiated by them. Social service does carry the burden of advertising what it has to offer and of informing effectively those who are rightfully entitled to it, as well as the responsibility for the procedures for delivery of service, but it ought, wherever possible, to leave to the client the decision of when to initiate intervention and the scope of service most suitable. Many cases do call for intervention in the face of client resistance; as a rule, however, the client has an inherent right in the matter and indeed may be the best judge of his needs.

The elderly, in particular, who are known to be highly reactive to changes in their relationship to their environment, should be approached by any service agency with restraint. Their subjective view of their status must be understood by the worker. Self-sufficiency may be a crucially held value, and any imposed change a major threat. The relatively high morale of those housing-project dwellers who refused service can be explained by their pride in their self-sufficiency.

2. Gains in contentment were greater for community recipients of the service who had no family network available than for those with family ties—a finding that raises the issue of the linkage between the role of a social bureaucratic agency and the family in caring for the needy aged. It suggests that, in the absence of family, social service has the capacity to fill the gap and substitute for lost kin. The senior friends' service increased the faith of those with no relatives that their daily lives can continue without drastic change. For those with family in the area, the fact that an agency worker was actually doing what a family member ought to be doing may have underlined the unpleasant fact that their family had failed them.

The increased care required by the ailing aged puts such stress on their relatives that the burden may be too great for most families. Limited resources in money, living space, time, and energy often combine with psychological factors to create in the aged person's family unresolved conflicts about the responsibilities and actual management of care. For the elderly with family members

around, the needed social service would be more effective if it elicited the cooperation of the family and were perceived and formulated as a family enterprise. In other words, social service, instead of being an independent and alternative agent of intervention, ought to attempt to be a family ally that offers assistance when caring for the aged member is too great a burden.

3. The experience with the nursing homes brought into sharp relief the constraints that institutional structures impose on the kinds of service that workers can offer. Personal attention to individual residents is a virtually unattainable objective in the setting of proprietary nursing homes. Yet providing the service of senior friends in the form of recreational enrichment and added manpower to answer patient needs may produce increased patient contentment and comfort. This improvement is greatly needed in the nursing homes and is worth the effort and expense.

If attending to patients as individuals were to remain as an objective, some changes in the structure of nursing homes would be required. Workers such as the senior friends who were attempting to achieve a personal relationship with patients would have to have a different status in the organization. They could no longer appear as guests but would have to become members of the system, with their roles explicitly defined. Their status would have to be supported by suitable structural elements such as a social service department within the institution—with its own jurisdiction, area of power, and responsibilities. Only through organizational reinforcements such as these can workers pursue an objective that now stands as a high ideal, with no machinery to carry out its commandments in practice.

4. The senior friends who worked alone in the community and succeeded in forming personal relationships with clients that provided a basis for individualized services could not be expected to have the perspective provided by professional training, which would have helped them grasp the total scheme of the service. They seemed unaware that the tasks they executed were related to a hoped-for result in the client. In other words, they did not explicitly view the continued independent living of the client and his feelings of well-being as goals for which chores such as shopping, cooking, and cleaning constituted the means. Yet emphasis on the desirability of a

professional perspective conflicts with the notion that spontaneous involvement on the part of non-professional workers is more meaningful. The suggestion here is that the element of the professional approach that links immediate actions with long-term goals might be included in any orientation of senior friends. Such action could be taken without raising the issues of professional detachment or noninvolvement that might dampen

the willingness of the workers to make emotional investments in their clients.

The overall assessment of the senior friends program, then, is that not only did it attain its major objectives to the extent that they could be measured, but it illuminated some areas of difficulty and concern. These are points that can be taken into account in planning a much-needed continuation of the services.

Notes and Brief Reports

Impact of Black Lung Benefits on Public Assistance*

The Federal Coal Mine Health and Safety Act of 1969 established a program providing monthly payments—"black lung" benefits—to coal miners "totally disabled due to pneumoconiosis arising out of employment in . . . coal mines" and to widows of coal miners who died of the disease. Payments are made from the general funds of the U.S. Treasury—not the social security trust funds—though the program is administered by the Social Security Administration.¹ Benefit levels are based on the number of dependents. The amounts range from \$161.50 monthly for a miner or widow without dependents to \$322.90 for a miner or widow with three or more dependents. From January 1970, when claims were first filed under the program, to the end of December 1971, benefits were awarded to 88,000 miners and 71,000 widows.

One area of interest in the black lung program is the extent to which the program has affected the Federal-State public assistance programs by providing income maintenance independent of what is furnished by those programs. The results of a study of the relationship of the black lung program and the assistance programs in five States are reported here. Though the study was limited to data for miners and widows aged 65 and over, it does provide some insight into the

effect of entitlement to black lung benefits on receipt of public assistance payments.

STUDY METHOD

Information was obtained for a 10-percent sample of black lung beneficiaries whose benefits were currently being paid at the end of November 1971 and who were residing in Illinois, Kentucky, Pennsylvania, Virginia, and West Virginia. These five States—the Nation's leading coal-mining States—account for approximately 80 percent of the national total of black lung benefit awards. Of the 11,540 beneficiaries in the 10-percent sample, 8,240 were aged 65 and older in November 1971.

Public assistance data were secured through the use of Medicare (health insurance for the aged) records. State assistance agencies may arrange with the Social Security Administration to obtain coverage under the supplementary medical insurance segment of Medicare, on a "buy in" basis, both for their money-payment recipients aged 65 and over and for persons eligible only for medical care payments under Medicaid—the medical assistance program authorized by title XIX of the Social Security Act. The five States included in the study have such arrangements, but this report excludes data for persons receiving Medicaid only.² Medicare's "third-party master record" maintains data on the previous and current buy-in status of assistance recipients. The tape file developed for this study represents an

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¹ For a fuller description of the program, see the *Social Security Bulletin*, October 1971, pages 11-21, and August 1972, page 2

² Most assistance recipients aged 65 and over are on the old-age assistance rolls, but some receive aid to the blind. A small number may be counted as recipients of aid to the permanently and totally disabled because their payments have not been redesignated as old-age assistance on their attainment of age 65.