New Concepts in Service to the Aging:
Progress in the Development and Evaluation of
a Friendly Visitor Program for the Community-Based Aged*

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Ass'n Meetings, Concord Hotel, April 20, 1971. We are indebted to the following friendly visitors for both their efforts on behalf of the visitees and filling out research reports: Jean-Marie Neary, Sr. Marion Halpin, Sr. Mary Anne Mulligan, Sr. Katherine Anne Green, Sr. Hildegarde Eblock, Sr. Mary Rose Meade, Sr. Elizabeth Sandemeyer, Sr. Ann Cunningham, Sr. Rita Scheerer, Sr. Joseph Silva, Sandra Whitaker, Dr. Florence Rhyn Serlin.
Last Spring, the pilot phase of a friendly visitor program was begun. Encouraged by New York City's Chapter of Red Cross, this service program was conducted in the Morningside health catchment area of New York City, an area which contains about 20,000 elderly persons aged 65 and over. In order to both extend this visiting program to other parts of New York City and, conceivably to other large cities it was necessary to determine first if such a program had an impact on the social functioning and mental state of a sample of the elderly. Thus, the emphasis of this work was on the development and systematic evaluation of a friendly visiting program using a fairly standard method of evaluation research design.

It seemed clear to us that programs directed at reducing the social isolation of the community-based aged were needed as their life situation continued to worsen. According to Brotman of AoA more older persons seem without help or resources today than ever before. Moreover, as people age and as their need for assistance increases, fewer resources seem available to them.

A major distinguishing characteristic of the aged is their social isolation. To claim that many aged persons are socially isolated is to repeat a truism which by now seems hardly necessary. On the other hand, its repetition has not seemed to provoke any major programmatic effort to reduce the social isolation of the aged. Perhaps, this is because the problem of social isolation seems insurmountable or, perhaps because the solution seems so simple and straightforward that there is no news value in it, or perhaps it is because no systematic evaluation of the effects of such a program has been made.

1. Report in Red Cross Newsletter, January 1970
2. Brotman, H., Useful Facts #42, 1968, p. 10
In our earlier research on the institutionalized aged, one major consequence of social isolation was found to be loss of ability to interpret social cues during social interaction, a phenomenon we have labeled desocialization.  

Both Weiss and Lowenthal point out the need for intimate relationships in the life of the aging person. With the loss of such relationships, the individual seems to be subject to isolation with all its deleterious effects.

Much of our own earlier research tried to deal with the problem of differentiating social isolation from some of its presumed mental and behavioral consequences. The friendly visitor program was, therefore, designed as a social experiment to determine if there is a causal relationship between social isolation and mental disorder, poor social adjustment and cognitive impairment in the aged. The friendly visitor program represents an effort to base a large scale social service program on social gerontological theory and to evaluate the program's effects.

A friendly visitor program reduces social isolation by reconnecting the elderly to others, by indicating an awareness of their presence in the community and by showing concern with their well-being. We expected the friendly visitor program to result in improved morale initially, as well as in improved social and personal adjustment and mental state as the program progressed. The friendly visitors would not only be expected to help reduce isolation but also attendant feelings of abandonment,


as well as feelings of loneliness, depression and anxiety. Moreover, by providing opportunities to engage in discussion we expected to bring about improvement in some cognitive aspects of the mental state of the elderly respondents.

It was expected that friendly visits would have a positive effect on mental status. However, these visits were thought to have only a temporary effect since they brought no assurance of help to those visited and the elderly visitees were not encouraged to initiate requests for help. Thus, in order to determine if the friendly visitor program has any lasting effects follow-up visits will be continued and reported on by community volunteers for as long as we can possibly continue the program. We planned to experiment first and then Red Cross was to take over by setting up a permanent community volunteer visitor service. Unfortunately, things have not gone smoothly.

In 1969 Red Cross showed great interest in the program and encouraged us to undertake it although there was no money to implement it. Although no funds or personnel were made available to us by city, state, federal or private agencies, the program was conducted by N.Y. State Dep't of Mental Hygiene researchers and student volunteers from Teachers College's Program in Recreation and Related Community Services. In the Spring of 1970 two N.Y. City community agencies expressed an interest in our work. By the Fall of 1970, however, the very same two community agencies criticized the program and said they would no longer cooperate with us because we would not do things their way. These agencies wanted our program to provide escort and shopping services. They opposed the friendly visitor aspect of the program, contending that visiting was not what old people needed even though research indicated there was such a need. Moreover, John Skinner, one of our

colleagues, found in an independent survey that most old people do want some sort of friendly visitor program. Members of the two agencies who opposed us went so far as to condemn us at a public meeting, saying we were exploiting people for research and not supplying needed services.

At a meeting with representatives of Red Cross, members of one of these agencies expressed opposition to our program on grounds that we should have worked through them, that research was not needed, and that friendly visiting was not enough. They accused Red Cross of being a "Johnny come lately in the aging business." After that, New York City's Red Cross Chapter decided to withdraw their support for our program. Despite this, we continued to recruit student volunteers and community volunteers to take over visiting when the research visits came to an end. We also worked on perfecting our visiting format and measurement techniques.

We felt adamant about maintaining the research aspect of the program in order to objectively investigate the needs of New York City's elderly, as well as to systematically evaluate the impact of friendly visiting.

It seems especially important to evaluate a visiting program because some friendly visiting programs, including NCOA's Project FIND, had been in operation for a while without systematic evaluation and similar programs will probably mushroom because of the following recommendation made in a recent report about Project FIND: 7

NCOA recommends (further) that a national program of volunteer friendly visiting and telephone reassurance services be organized with high priority as part of every senior center. Such programs can be undertaken, too, by a community agency or by a group organized especially for this purpose.

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Project FIND experience shows the extent to which social isolation increases all the other adverse effects of poverty and age. Programs of personal visiting and telephone reassurance reinforce the impression gained from other experiments that it is possible to overcome social isolation relatively quickly and simply, and with a small expenditure of money. (P. 154)

METHOD

Overall Plan

This section will cover location of elderly, overall design, visiting format, training of visitors and visit evaluation.

The pilot phase of the program was conducted over a period of one year during which time we attempted to (1) locate and visit as many elderly persons as possible, (2) evaluate the visits and (3) turn visitees over to community volunteers. We carved the sample into three groups residing in three adjacent census tract areas within the Morningside catchment area on New York City's West Side. (These three areas were selected because they were more or less comparable in respect to numbers of whites and non-whites, old men and women, and median age.) A survey of all blocks in these areas was done to be sure that they were comparable with respect to ratios of brownstones to apartment houses to stores.

Sample

The experimental group was visited once every two weeks, an intermediate group was seen once a month and the control group was seen only for an initial assessment and an assessment at the end of a year. Thus far ten people were seen in the experimental group.
Locating the Aged

To locate the aged, we first had to utilize the procedure described by Rosow in his study of social integration in Cleveland. He obtained data from building superintendents who proved to be reliable informants about names and ages of tenants. In our study canvassing superintendents took approximately one month but did not prove successful. Generally, we located old people by visiting others. Each elderly respondent was contacted in person at the time of the first visit and notified of the purpose of the visit. He was asked to give an alternate date on which to be visited if he could not see us at that time. Visitors persisted in their attempt to reach the aged person who did not open his door because it was clear that this was the sort of person we wanted to reach.

Screening of Visitors

Selection of visitors is based largely on interest in aged, degree of motivation and some experience with aged.

Pairing of Visitors

Pairs of trained student volunteers visited every cooperative older person found in the pilot study area. The main reason for sending the same two visitors each time was to build up the friendship or intimacy component of the relationship between the visitors and elderly person. However, another and not unimportant reason for sending a pair of visitors to each respondent was to insure the visitors' safety in some of the poorly protected apartment buildings in New York City. Also, two visitors insured continuity of the friendly relationship in case one member of the pair found herself unable to continue to visit. Also, two visitors are better than one at keeping the conversation going.

Training of Visitor-Interviewers

A training program was offered to the visitors, consisting of:

a. Reading and discussing the visiting format.
b. Observing a mock visit.
c. Observing an authentic visit conducted by members of our research team.

Visiting Format

Major features of our program were the emphasis placed on developing a friendship between visitor and visitee, control over the form and content of visits and systematic variation of number of visits. The visiting format shown in Appendix 1 has been concretized as a result of the pre-pilot work. One of the co-authors, Mrs. Sanchez, observed 3 visiting sessions and then developed a standard format for visits, which we are still trying out.

This format is based on a recognition of the fact that friends who visit do not administer formal tests, and that a population located in the community, that is a non-captive one, is very easily "turned off" by a lot of questions. However, since there was a need to evaluate the impact of the program, it was decided to use conversation as a basis for tests.

The format of each visit then is easy and casual though structured. It is at all times geared toward showing a friendly interest in the visitee and is conversational in tone. At the same time, it elicits the information which allows us to measure the impact of the visits.

For example, the sequence for Visit 1, consists of greeting behavior, followed by an explanation of the purpose of the visit. Once admitted, we request permission to ask some questions about mental status which we hope will enable us to determine the difference between aged persons who are institutionalized and those who live in
the community. This is followed by an open-ended phase in the visit in which the visitee is encouraged to talk about himself and his problems in living, e.g. his health, landlord, family, etc. This is followed by some questions on social interaction. One social issue question is asked at the termination of the visit after which the visitor makes a date for another visit. Subsequent visits repeat greeting behavior, some mental state items, pose additional social issue question and leave time for visiting and open-ended conversation.

Visit Evaluation Form

To evaluate visits, we have concentrated on developing observational measures of sociability, mental state, communicativeness, grooming and apartment upkeep. (Table 1 shows the form we have used.) Items were selected because they were in our previous studies, do not destroy rapport, can be given repeatedly, are known to reflect change, and are easy to administer by a minimally trained observer.

Findings

Findings showed observable differences in communicativeness, sociability, the condition of the apartment and in personal grooming between the first visit and the succeeding visits. Of ten persons who received 5 or more visits, all but one altered their personal appearance in anticipation of company. Alterations consisted of wearing a dress instead of a nightgown, curling hair, wearing jewelry, acts which were usually noted with a statement that it was done for visitors. Only one person, (Mrs. F.) showed no change but it should be noted that Mrs. F. was the only one of the group who lives with her family (husband and son) and participates in outside activities.

With regard to the condition of the apartments, one visitee (Mrs. S.) usually neglected her apartment, two were victims of fire and subsequent neglect by their landlord, and one had weekly housekeeping service provided by N.Y. City's Department
Table 1
TEMPORARY VISIT EVALUATION SHEET

Name of Visitee: ____________________________ Address of Visitee: ____________________________

Age of Visitee: __________ Date of Visit: ________________

Research Visit Number: 1 2 3 4 5 6 7 8 9 10 11 12
(Circle Number)
Names of Student Visitors: ______________________________________________________________

Community Visit Number: 1 2 3 4 5 6 7 8 9 10 11 12 __ __ __ __ __ __ __ __ __ __
(Circle or Fill in Visit Number after Research Phase Is Over.)
Names of Community Visitors: __________________________________________________________

Behavior of Visitee:

1.) Apartment Condition: (Check off one)
   a.) Total disorder  b.) Messy  c.) Had not cleaned up - usually tidy
   d.) Fairly clean  e.) Very clean  d.) Other

2.) Grooming of Visitee:
   a.) Extremely unkempt  b.) Messy  c.) Had not dressed - usually tidy
   d.) Fairly well groomed  e.) Very well groomed  f.) Other

3.) Mental State: (Circle choice)
   a.) Extremely  Confused  Upset  Depressed
   b.) Mildly: Confused  Upset  Depressed
   c.) Normal
   d.) In very good mental state, e.g. in good spirits, cheerful, etc. (Write in the word best describing mood)
   e.) Other

4.) Communicativeness toward Visitors:
   a.) Very unfriendly  b.) Moderately unfriendly or suspicious  c.) Neutral
   d.) Moderately friendly  e.) Very friendly, e.g. served tea, lunch, etc.
   f.) Other

5.) Ask Visitee: Whom do you usually call in an emergency? (Ask for example & write in.)
   Whom do you usually call when you (or roommate or spouse) is sick? (Ask for example and write in.)
   Whom do you usually call when you (or roommate or spouse) is very upset? (Ask for example and write in.)

6.) Write in any other comments you have about this visit. ____________________________________
   (Use other side if necessary.)
of Social Service: the others managed to maintain their apartments. For the visitee who had voluntarily neglected her apartment, the difference in the apartment's appearance from Visit 1 to Visit 2 was dramatic. At the time of the first visit, the apartment was described as "bare, dark and dreary." Visitors observed that Mrs. S. "did not seem interested in this aspect of life." On the second visit, the apartment was described as "shining, cheery, cool." The floor was waxed, curtains were in the windows, and two lamps and a fan had been added. The visitors were taken on a tour of the apartment.

Of the two who had been through fires, only one cleaned up her apartment after the landlord had been forced to make the necessary repairs. It must again be noted that the one who did not, Mrs. F., lives with her family and participates in outside activities.

The group of visitees which received only one visit per month also showed observable improvement in appearance of both apartment and personal grooming.

Mrs. A. who boards with Mrs. S. joined her in cleaning and fixing the apartment, and also had her hair done as well as wore special clothing for company. The N's also cleaned their apartment for the second visit and dressed for the occasion.

It would appear both from observation and from communication by the visitees, that the expectation of visitors was sufficient to motivate them to improve both their personal appearance and physical surroundings.

As for sociability and communicativeness, by and large initial reception of the visitors by the visitees was cautious. Once the program had been explained, however, the response was enthusiastic and usually the visitors were asked to "be sure to return" or were told "don't forget me." Several prepared food for the
visitors. In the case of Mrs. S. and Mrs. A., when the visitors prepared to help wash dishes, they asked them not to do so in order to have something to do when the visitors left.

It was not apparent that any of the visitees, with the exception of Mrs. S., had lost any of their social skills. Mrs. S., however, showed a definite improvement in mental state and sociability over time. During the first visit she wept a great deal as she recounted events of her past life. She appeared depressed and mentioned several times that she had thought of committing suicide by jumping out the window. On the third visit she did not weep at all, nor did she mention suicide.

Discussion and Conclusions

While it is too soon to draw any definite conclusions from the pilot study, all of us were encouraged by the results. By and large, everyone improved. However, some improved dramatically, particularly those seen frequently.

Future plans include:

1. Developing better ways to locate old people in order to increase the number of persons visited. Any suggestions will be welcomed.

2. Continued efforts to get a backup agency to fill vacuum left by Red Cross. Also, to get Federal, State, City or any other funds.

3. Continued efforts to increase number of both student and community volunteers, the latter needed until a backup agency decides to take over our people.

4. Continued efforts at standardizing visits and introduce tests and measures.

5. Preparing a manual concerning what to do in emergencies.