Project LINC (Living Independently through Neighborhood Cooperation) organized a neighborhood and built the capacity of its residents to help each other with special attention to serving the needs of frail elderly. LINC formed intergenerational helping networks in which the elderly served as donors as well as service recipients. The project’s evaluation indicated that frail older persons were provided with needed services, acted as volunteers, developed new friendships, participated in more social activities, and increased their life satisfaction.

Key Words: Social networks, Social supports, Service delivery, Elderly

Intergenerational Neighborhood Networks: A Basis for Aiding the Frail Elderly

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Current federal policy is directed toward encouraging reliance on the voluntary sector for the provision of personal care services to the frail elderly. "Of particular interest is the development of volunteer and peer group support . . . which will reduce dependence on social services" (Federal Register, 1982, p. 55114). One impetus behind this policy is the fear that the expansion of formal community-based long-term care services will lead to uncontrollable costs (Sager, 1983).

The literature has recently begun to report on programs which mobilize the voluntary sector by developing and/or strengthening natural support systems to promote mutual help among older persons. For example, Ehrlich (1979) describes a Mutual Help Model, which organized neighborhood-based groups to encourage socialization and peer group support among older persons who traditionally did not use the services of senior centers. Ross (1983) discusses the Neighborhood Family Model, which combined social action with the provision of medical and social services. Haber (1983) describes how an educational focus (i.e., conferences and short-term training programs) was used to stimulate the development of mutual help groups. Similarly, Ruffini and Todd (1979) utilize a Network Model, in which older volunteers identified elderly people on their blocks, distributed newsletters, and provided information and referral. Finally, Nobertini and Berman (1983) developed an organizationally focused barter system of services using a "Skills and Service Swapping Yellow Pages" to promote exchange. None of these models, however, utilized a combination of neighborhood-based intergenerational helping networks connected to the formal service system as a method to provide personal care services to the frail elderly.

The purpose of Project LINC (Living Independently through Neighborhood Cooperation), a recently completed 3-year research and demonstration project, was to organize residents of all ages into neighborhood-based helping networks and link those networks to community agencies for access to additional resources as they were needed. The major intended
recipients of service were frail older persons living in the community. The numbers and types of services exchanged were monitored and the impact on participants was measured through pre-and post-interviews.

Program Rationale

LINC's program design was based on several underlying assumptions. First, as numerous studies have documented, older persons become more neighborhood-bound with advanced age and increased frailty (e.g., Regnier, 1980); therefore, the neighborhood becomes a more important potential service and friendship base. Second, although relatives provide the majority of support essential to maintaining the well-being of frail older persons, an increasing proportion of traditional caregivers (e.g., middle-generation women) have joined the labor force and are less available to provide personal care services. The potential exists for organizing neighbors to help fill this gap by providing assistance to each other, thereby reducing the stress on family caregivers and the demands made on the formal system (Froland et al., 1981). Third, even if neighbors play a greater role in helping each other, older persons will still need to be linked to the formal service system for supplemental assistance unavailable in the informal neighborhood network.

On the basis of this rationale, the LINC model included the following components: 1) co-sponsorship with a senior center, 2) neighborhood-based intergenerational helping networks, 3) an exchange bank of services and skills, and 4) involvement of community-based volunteers.

The Setting and the Co-Sponsor

North Hollywood, located about 15 miles from downtown Los Angeles, was selected as the site for Project LINC because it was considered typical of relatively older suburban areas. The community includes a mixture of age groups and housing types with limited available public transportation. Many older persons live in modest single-family homes built approximately 30 years ago while an increasing number of younger persons occupy the more recently built apartments.

A neighborhood-based senior center located within the community became the co-sponsor in order to 1) help recruit project volunteers, 2) provide a link to the formal system, 3) create a legitimate base for the project, and 4) ensure the project's continuation if the demonstration proved successful.

Community-Wide Meetings

During the first phase of the implementation period, community-based volunteers contacted 2,000 residents, who received information about Project LINC and were asked to register if they were interested. Within 3 months, three networks were formed of 8 to 10 members each. These networks were composed primarily of older people and held weekly daytime meetings.

In order to involve more residents, the project needed broader visibility within the community. Therefore, these small networks were combined and monthly meetings were held using films, lecturers, and public leaders to address relevant issues. As a result, the project gained visibility, community trust was built, and membership increased, providing a large enough population to reconstitute the smaller neighborhood networks on an intergenerational basis.

Neighborhood Networks

The first two networks were organized and functioning after 3 months of concerted effort. Network A attracted the involvement of 104 residents, more than half of whom were new to LINC. Network B covered only six streets and had 41 active participants, 20 of whom were new to the project. Network C was organized during the final 3 months of the implementation period by five LINC participants. They recruited 30 neighbors at their first meeting, many of whom volunteered to act as block captains to ensure the network's continuity.

Network members, two-thirds of whom were 60 years of age or older, attended meetings, organized crime prevention activities, held block parties, exchanged services, and visited back and forth. The well elderly served as indigenous leaders and hosted meetings; the physically frail became the telephone lifeline of the networks, informing neighbors about activities. Meetings were held regularly, and participants were registered in the services exchange bank. Administrative assistance continued to be provided through the project office upon request, and eventually the networks became self-led.

Peer Support Groups

Although not initially conceived as a part of the model, three support groups were organized in response to older persons' desires to expand their peer relationships. The Men's Rap Group, composed of 12 members ranging in age from 60 to 90, met weekly to discuss national issues as well as personal concerns. The Women's Advocacy Group brought together 13 members for bi-monthly meetings to work on community projects. The Social Club of Peers organized its activities around social events which were attended by as many as 40 elderly participants.

The Exchange Bank

Through participation in community-wide meetings, neighborhood networks, and peer support groups, neighbors became acquainted. This evolving network laid the basis for the exchange of personal care services to the frail elderly. The Central Exchange Bank, which listed the services and skills that neighbors wished to donate or receive, was the backbone of Project LINC. When participants telephoned...
LINC requesting a service, a volunteer staff member telephoned those listed as service providers until an available neighbor was located. If the service requested was beyond the ability of a neighbor to provide, the professional staff responded to the request.

Services Exchanged

During the 2-year implementation phase more than 450 participants, ranging in age from 20 to 93 years of age, were served by LINC. Two thousand forty-five service exchanges among neighbors were documented with an added 641 services requiring professional intervention provided by LINC staff. Of the documented services, 72% benefited the elderly. Although many more services were exchanged, they could not be documented as the newly-created friendships in the informal networks took on a life of their own.

Transportation with an escort (823), the most widely exchanged service, enabled frail elderly persons to more easily travel to medical appointments, shop and socialize. Telephone reassurance (694), the next most frequently exchanged service, was provided by homebound elderly. Through the development of an Intergenerational Companionship Program involving students from a local high school, home visits (176) were provided to elderly participants. Assistance when participants were ill, homebound, or during an emergency, included helping with household tasks, food shopping, and meal preparation. Reporting that 138 such services were exchanged does not adequately reflect the time commitment involved. Closely allied to the needs of the homebound and frail elderly are the needs of their caregivers; thus, respite care (115) was also provided, with each visit requiring a minimum of 3 hours.

A range of miscellaneous services (99) was exchanged which primarily benefited younger participants. These included child care, animal care, translating articles and letters, receiving packages, waiting for repair persons, vacation assistance, mending, tutoring, and making household repairs.

Participants also needed services beyond the ability of their support system of family, friends, and neighbors to provide. Professional services (641), which included information, referral, and coordination with other agencies, assisted them in gaining access to resources of the formal system. Counseling was also provided to some participants to enable them to seek the help that they needed.

Unanticipated Consequences

Several unanticipated consequences were revealed by monitoring the exchange of services. Because they valued their independence highly, the elderly sometimes resisted requesting help from the Central Bank. Discussions were held at meetings about interdependence to help overcome the myth that competent people are totally independent. Older persons were given roles as service donors to reduce the possibility that receiving help would be interpreted as being dependent. Younger individuals consistently underestimated the abilities of their older neighbors and had to be encouraged to request services they needed that the older participants could provide.

As participants met face-to-face through their neighborhood networks, peer support groups, or volunteer activities, the number of services exchanged increased. Neighbors formed helping teams and did not identify these transactions as LINC-originated. The elderly were more amenable to accepting help on this basis as they perceived their helpers as “friends” rather than as service providers assigned by LINC.

Participants differed in the pattern of services exchanged. Younger neighbors tended to use the bank sporadically for similar services (e.g., vacation assistance, child care, tutoring), whereas elderly neighbors requested ongoing help with services which enabled them to cope with the tasks of daily living. Younger people were likely to accept whomever was available, but older people preferred being helped by the same person.

Community-Based Volunteers: Roles for Older People

Involvement of community-based volunteers, a key component of the program, focused on recruiting older persons. Elderly men and women volunteered for community, clerical, and administrative tasks tailored to their abilities. Ten volunteers were recruited from a peer counseling class at a local college to launch the project. Over time, these volunteers were replaced by a pool of 70 residents living in the target area.

Knowledge about working with older volunteers helped to develop the structure for their involvement. Since it was expected that older volunteers would drop out from time to time due to health and family problems, a large pool was recruited to staff the project on a rotating basis. Training was provided to help volunteers overcome their reluctance to carry out tasks for which they had little prior experience. Through ongoing supervision volunteers were encouraged to maintain their commitment. Tasks were structured to involve working with other people, since one of the motivations for volunteering was to overcome loneliness. Transportation was provided for frail older volunteers, and the work day was limited to three to 4 hours to reduce fatigue.

Older persons who volunteered gained prestige among their neighbors. They became knowledgeable about community resources and served as a link to the formal system for their neighbors, friends, and family members. They viewed their volunteer job as a work commitment which imposed structure on their daily life and benefited from the expectation that this implied.

Evaluation

An evaluation was conducted to measure the program’s impact on participants (Kaplan et al., 1983). A
pre-test was administered to every other participant as soon as possible after they joined LINC with a post-test scheduled so that a minimum of 6 months elapsed between an individual's first and second interview. LINC succeeded in involving both young and old. Of the 120 participants interviewed, 14% were under 40, 11% were between 40 and 59, 40% were between 60 and 74, and 35% were 75 and over. Although it may appear that the majority of participants were older, the data reflect the difficulty of involving younger people at the early stages of the project when the sample was selected. By the end of the demonstration period, when 349 participants were actively involved in LINC, a more even age distribution had developed, reflecting the intergenerational nature of the project: 21% were under 40, 21% were between 40 and 59, 35% were between 60 and 74, and 23% were 75 and over.

The program reached the intended population of persons whose health problems threatened their ability to function independently. On the pre-test almost half of the respondents aged 60 and over (45.5%, n = 90) described themselves as being in very poor to fair health, and approximately one-fourth (24.4%, n = 90) indicated that, compared to the previous year, they were not managing as well. They also reported difficulty in carrying out activities of daily living.

On the post-test, many participants identified positive changes in their neighborhood compared to when they first joined LINC, indicating that the project helped to create a stronger sense of community. Almost half (45.5%, n = 101) stated that they now knew more people in their neighborhood and that people were more likely to help one another (42.6%, n = 101). The following comments reflect these themes: “People are friendlier. Neighbors now speak to one another on the street and visit in one another's homes”; “People feel closer to one another; they share more and are more willing to help out”; “There is a real sense of community now.”

Most respondents (84.4%, n = 101) indicated that they met new people through their membership in the program, thereby expanding their support system. Six was the median number of new contacts reported. Almost half (47.8%, n = 101) regarded these neighbors as available to help them in emergencies. Similarly, almost half (44.6%, n = 101) felt that they could visit with these newly-met neighbors in their homes, and one-third (34.7%, n = 101) felt that the relationship was such that they could share their feelings and troubles with them. The benefit of this increased interaction is reflected in respondents’ comments: “I get out of the house more”, “I can express my opinions and people will listen”; “I belong; I'm part of a group”; “I have no family locally, so it's good to know that my neighbors care.”

Respondents completed Life Satisfaction Index Z on both the pre- and post-tests (Lawton, 1978). Their scores increased during the course of their involvement in the project ($X_1 = 16.81$, $X_2 = 17.32$, $t = -1.63$, $df = 97$, $p = .05$). This is reflected in respondents’ comments: “I feel better helping others through LINC”; “I'm appreciated and not useless”; “I have a whole new outlook on life”; “I have a sense of purpose.”

Health was a factor in respondents’ perceptions of life satisfaction. Older respondents who were in good health had relatively high satisfaction scores initially, and their perceptions remained constant throughout their involvement with LINC ($X_1 = 18.20$, $X_2 = 18.83$, $t = -1.28$, $df = 39$, $p = N.S.$). A statistically significant improvement in life satisfaction was recorded, however, for older respondents in poorer health ($X_1 = 14.66$, $X_2 = 15.53$, $t = 1.89$, $df = 31$, $p = .03$).

Replication

Based on the services exchanged and the positive impact on participants, the San Fernando Valley Interfaith Council, the umbrella agency of the co-sponsoring senior center, decided to continue and replicate Project LINC at the conclusion of its three year demonstration period. Funds provided by the Los Angeles Area Agency on Aging assisted the council to establish helping networks at several other senior centers as well as to build helping networks among congregants of religious institutions.

Lessons Learned

This model can be adapted by social service agencies, senior centers, religious institutions and other community organizations wishing to reach out to the frail elderly and provide them with needed personal care services. Programs such as LINC, however, do not emerge spontaneously. Several organizing principles must be kept in mind. Professionally trained community organizers who can bring together neighbors on a grass roots basis to build helping networks must be employed. To facilitate participation by older people in community-wide and network meetings transportation with an escort must be made available. Older people must be involved in selecting the topics to be addressed at meetings, and opportunities need to be provided for both socialization and discussion. Networks must be organized around specific concerns, such as neighborhood watch, to involve younger neighbors. To encourage service exchanges, older people, despite their physical limitations, must be given roles as service providers. For example, telephone networks, the basis of many project activities, can be staffed by homebound elderly. Where feasible, neighbors should be assigned to frail elderly as helpers, as these team relationships tend to become ongoing and facilitate the exchange of services. Target area residents must be recruited to serve as volunteers since they enhance the program by serving as a communications link between the project and the neighborhood.

Mobilization of volunteers to provide personal care services on a neighborhood basis cannot replace services available through the formal system.
Informal networks that provide personal care services are not a substitute for programs such as meals for the homebound, day activity centers, homemaker services, and counseling. Both the formal and informal support systems must be strengthened simultaneously if the frail elderly are to receive the help they need.

References


